

**Diversity in Adversity:  
Health Care Provisions by and for the Nikkei in Canada during World War II**

by

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### Abstract

My research aims to add diversity to our understanding of the forcible relocation of Nikkei, or people of Japanese descent, in Canada during World War II. Previous historical examinations presented a seemingly monolithic experience of Canadian Nikkei during the community's forcible relocation. This study, however, uses health care as a tool with which to complicate this history and highlight the theme of diversity among this group. It serves as an example of how the inclusion of health care in a historical analysis can reveal many struggles and adaptations made by a group. Moreover, this study shows the importance of source diversity in an effort to complicate and establish a better understanding of the Nikkei forcible relocation of World War II in Canada, which should no longer be understood as a monolithic experience.

In order to answer the question of how health care was provided to the Nikkei during the war, I draw on a range of primary sources from the Canadian government and the Nikkei. I use expense reports, periodic reports, and visitor reports to show how the official government discourse asserted that sufficient health care was being provided to the Nikkei. I then use the memoir of a Japanese Canadian physician, Dr. Masajiro Miyazaki, as an example of how this rhetoric about sufficient health care is discredited by Nikkei records which document a more complex assessment of health care services. When these different perspectives on health care are considered together, we gain a better understanding of the diverse provisions provided to, and by, the Nikkei during the war. These sources illustrate that health care was as diverse as the Nikkei communities within which it was being provided.

Therefore, I argue that the Nikkei relocated to a wide variety of locales and that these multiple types of relocation sites shaped the health care that people received. I outline the four types of relocation communities, which were: government-relocated self-supported communities

within British Columbia; government-relocated, government-supported communities which were commonly called “interior settlement centres” in British Columbia; the Alberta and Manitoba Farm Plan centres; and the Prisoner of War Camps throughout the nation. I conclude that because of diverse relocation sites, this familiar event in Canadian history did not produce a monolithic experience for the Nikkei. Furthermore, this study illustrates both the limitations in the health care provided to the Japanese Canadian community during relocation and the struggle for Japanese Canadian medical professionals to continue their practice during the war.

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## Introduction

The events and actions which impacted the Japanese in Canada and the United States following the bombing of Pearl Harbor on December 7, 1941, are now well known. Furthermore, the injustice of these actions has become commonly recognized, and formally apologized for, by the Canadian and American governments. However, what is not yet fully understood is the complexity and diversity of these World War II events from the perspective of the Nikkei -- that is, people of Japanese descent, both immigrants (Issei) and their children (Nisei), living in North America. One way of understanding such differences among the people, their communities, and their experiences of forcible relocation is to look at the health care provided to, and by, the Nikkei during this period. Therefore, this work aims to answer the question: How was health care provided to the Nikkei during the war? Health is an important issue to consider within the broader history of Nikkei relocation because it allows for a better understanding of the consequences of political actions, the reality of forcible relocation, and the diversity of experiences among the Nikkei. Previous historical examinations presented a seemingly monolithic experience of Canadian Nikkei during the community's forcible relocation. This study, however, uses health care as a tool with which to complicate this history and highlight the theme of diversity among this group.

This study draws on a range of primary sources, including the memoir of a Japanese Canadian physician, Dr. Masajiro Miyazaki. His story, in conjunction with government records, serves as a guide for understanding the complexity of the government and Nikkei provision of health care during relocation. By considering these varied sources, we learn about the diverse and complicated range of health care sources provided at different types of relocation sites. This includes a clearer understanding of who was responsible for providing the care, and ultimately,

who paid for the health care services for the Nikkei. Specifically, when considering government rhetoric, produced internally by government representatives and by external assessors who were contracted by the government, alongside Dr. Miyazaki's personal experiences, two different perspectives on the wartime relocation are evident. This examination offers some reasons for the disparity between the federal government's positive reports on health care provisions and the Nikkei experience of varied and uneven quality in health care services. It also illustrates both the limitations in the health care provided to the Japanese Canadian community during relocation and the struggle for Japanese Canadian medical professionals to continue their practice during the war.

In Canada, measures were taken as early as January 1942 that were intended to work towards the forcible relocation of the roughly 22,000 people of Japanese descent who lived on the western coast of the nation. On January 8, 1942, there was a conference held in Ottawa on "Japanese Problems." Political leaders, both federal and British Columbian, attended the conference, as well as RCMP and military representatives.<sup>1</sup> This Canadian conference took place earlier than any American conference or other similar action to relocate the Nikkei in the USA. It was at this conference that the foundations for the forcible relocation of the Nikkei from the coast of British Columbia were laid out. By mid-January 1942 there were provincial prohibitions on Japanese fishing legislated in British Columbia, and Nikkei property confiscation began.<sup>2</sup>

Measures were quickly taken by the federal government to ensure that relocation could be swiftly enacted. On January 16, 1942, Order-in-Council P.C. 365 (P.C.365) was passed by the

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<sup>1</sup> Ann Gomer Sunahara, *The Politics of Racism: The Uprooting of Japanese Canadians During the Second World War* (Toronto: J. Lorimer, 1981), 30-32.

<sup>2</sup> Sunahara, *The Politics of Racism*, 37; The "Landscapes of Injustice" interdisciplinary and multi-institutional project is looking at the issue of property confiscation surrounding Nikkei relocation, see "Purpose," *Landscapes of Injustice*, <http://www.landscapesofinjustice.com/purpose/>, accessed January 16, 2018.



federal government. This Order allowed for the creation of a “protected area” within which restrictions on movement could be established and any group could be excluded from inhabiting or entering. It also outlined that male enemy aliens of military age would be removed from this area by April of that year.<sup>3</sup> When considering this event of Nikkei relocation transnationally, it is of interest to note that a similar Order in the United States, Executive Order 9066, was not signed by President Franklin D. Roosevelt until February 19, 1942 -- over one month after Canada’s P.C. 365 was enacted. This serves as an example of how ideas and stereotypes about the Nikkei transcended borders in North America and were not just within the constraints of nation-states. Furthermore, contrary to popular understandings of the relocation of Nikkei from the coast of both nations, Canada did not just “follow-suit” and integrate plans regarding the Nikkei that were mirroring the actions in the United States, but rather it was working independently to instigate rules, regulations, and policies surrounding the Nikkei in Canada. By February 24, 1942, P.C. 1486 was passed which gave the Minister of Justice the power to remove any and all people from the protected area – which was a 100-mile wide strip off of the west coast of British Columbia. This Order also allowed for the creation of further movement restrictions upon the Nikkei, including curfews and confiscation of vehicles.<sup>4</sup>

These restrictive measures, in the form of Orders in Council, impacted a well-established, though relatively confined and segregated, community of Nikkei in Canada. The Nikkei population in Canada by the 1930s was concentrated along the west coast of British Columbia, with roughly one-third of the Nikkei living in what is now considered the greater Vancouver area. There were small pockets of Nikkei communities in other Canadian provinces by 1942,

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<sup>3</sup> Sunahara, *The Politics of Racism*, 37.

<sup>4</sup> Sunahara, *The Politics of Racism*, 47.

such as the roughly 500 Nikkei who lived in southern Alberta.<sup>5</sup> As a community concentrated around the Lethbridge-Raymond districts, residents had well-established clubs and organizations, ranging from church groups to medical professional associations. The Nikkei in British Columbia also founded multiple Japanese institutions and publications, such as Japanese language schools and newspapers that catered to the Nikkei community exclusively.<sup>6</sup> In British Columbia, many Nikkei contributed to various professional associations, but they were particularly impactful in their role in the fishing industry – a role which would instigate racism and hate towards their group based on the economic success of Nikkei fishermen.<sup>7</sup>

Although they were an integrated and established community within British Columbia by 1942, they proved to be vulnerable to government action against them. When William Lyon Mackenzie King's Liberal government passed these two Orders it appeared as though the removal of the Nikkei from their British Columbian homes was imminent. Indeed, historians have argued that representatives from the British Columbia provincial government forced the hand of the federal government in making the removal of the Nikkei from the west coast official.<sup>8</sup> The province's argument for the removal of the Nikkei was pushed by many provincial representatives, but perhaps most adamantly by BC politician and Vancouver Centre Member of Parliament (MP) Ian A. Mackenzie.<sup>9</sup> Though BC was the province with the largest Nikkei population and was closest to the Pacific and the Japanese threat, it would be inaccurate to say its

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<sup>5</sup> Sunahara, *The Politics of Racism*, 85.

<sup>6</sup> Ken Adachi, *The Enemy That Never Was: A History of the Japanese Canadians* (Toronto: McClelland and Stewart, 1976), 122.

<sup>7</sup> Adachi, *The Enemy That Never Was*, 141-143.

<sup>8</sup> Sarah Isabel Wallace, *Not Fit to Stay: Public Health Panics and South Asian Exclusions* (Vancouver: University of British Columbia Press, 2017), 23-25; Stephanie Bangarth, *Voices Raised in Protest: Defending Citizens of Japanese Ancestry in North America, 1942-49* (Vancouver: UBC Press: 2008), 20.

<sup>9</sup> Ian Mackenzie served in the Legislative Assembly of British Columbia and the federal government. He was the Minister of National Defense when the Liberal party won the 1935 election, but with the outbreak of World War II he was appointed Minister of Pensions and Health. He was, among other attributes, particularly racist towards Asian people. Sunahara, *The Politics of Racism*, 16.

representatives truly forced the federal government into the decision to relocate the Nikkei. It did not take much convincing for Mackenzie King's government to see the benefits of the relocation plan. British Columbia's arguments may have moved more quickly the process of legislating Nikkei removal, but the ideas and stereotypes provincial leaders held about the Nikkei in British Columbia were already present in the federal cabinet.<sup>10</sup>

With the relocation of the Nikkei legislated federally, the government now had to determine who, or which group, would be responsible for facilitating the movement of the roughly 22,000 people away from the coast of British Columbia. The Minister of National Defense was adamant that military men could not be spared for the movement of civilians. Therefore, the federal government created a civilian force which would be responsible for the relocation of the Nikkei population from the protected area.

This civilian agency would come to be known as the British Columbia Security Commission (BCSC) and it was created with Order-in-Council P.C. 1665 (P.C. 1665) on March 4, 1942. The movement of the Nikkei was orchestrated through this civilian force which was federally mandated, organized, and funded. The organization reported to the federal Department of Labour, but it was chaired by men with expertise in British Columbian affairs of business, policing, and governing. Its complicated makeup is reflected in the constant discussions of who was responsible for what throughout its existence. Furthermore, the Nikkei predominantly, and accurately, viewed this organization as a national one and therefore by extension their removal as federally mandated and supported.

Though the Nikkei understood the BCSC correctly as a federal organization, the complicated understanding of the BCSC's responsibilities and makeup stemmed from the almost

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<sup>10</sup> Sunahara, *The Politics of Racism*, 16-17.

exclusive prominence of British Columbian men within the organization. The BCSC was originally comprised of a committee of three men who led the organization – Austin C. Taylor, Chairman; F. J. Mead, Royal Canadian Mounted Police, Assistant Commissioner; and John Shirras, British Columbia Provincial Police, Assistant Commissioner. Taylor was a successful industrial businessman in British Columbia, who was involved with mining and power companies prior to and during the war.<sup>11</sup> Mead and Shirras were veteran officers of their respective forces, with first-hand knowledge of the Japanese Canadian conditions and circumstances within British Columbia.<sup>12</sup> In addition to this leading committee of three prominent men from British Columbia, the federal government selected an Advisory Board of twenty British Columbian citizens for the BCSC. It was intended to assist and make recommendations to the three heads of the BCSC. This Advisory Board was a more diverse group and consisted of, for example, physicians, military men, and women.<sup>13</sup>

The duties of the Commission were first outlined in P.C.1665, and then supplemented in various amendments to this Order. The BCSC was responsible for the collection and movement of the Nikkei out of the protected area of British Columbia. Most Nikkei were moved first through the Hastings Park collection centre in Vancouver, B.C. and then further inland in British Columbia or other provinces by September 1942. The BCSC was officially dissolved on

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<sup>11</sup> At the time, Austin C. Taylor was a director of the British Columbia Power Corp. and was the President of Bralorne Mines, Ltd. which had mines in the Bridge River region. "British Columbia Power Elects," *The Wall Street Journal*, October 2, 1934, 8. The fact that the Chair of the BCSC was involved in mining and power companies and the Nikkei were moved to ghost towns and locales surrounding such industries is likely not a coincidence. However, it would require more research to officially link Taylor to the reason behind choosing these locations. Bridge River Valley, a location for the self-supported community of Nikkei in British Columbia, would certainly have had a connection to Taylor's knowledge of the area.

<sup>12</sup> "Removal of Japanese from Protected Areas," Report issued by *British Columbia Security Commission*, March 4, 1942 to October 31, 1942, pp 2-4, Department of Labour Fonds, Government of Dominion of Canada, RG24-G-3-1-a, Vol. 20292, File 934.009, published by the authority of the British Columbia Security Commission, Library and Archives of Canada (LAC), Ottawa.

<sup>13</sup> "Removal of Japanese from Protected Areas," Report issued by *British Columbia Security Commission*, March 4, 1942 to October 31, 1942, p. 4.

February 5, 1943 – the group lasting for less than one year. Once the group achieved its goals and all the Nikkei from the protected area were removed, it was disbanded as a force. The Department of Labour assumed the responsibilities and duties of the BCSC after this date. However, the Department kept the letterhead and staff of the BCSC in order to maintain its duties, as outlined by P.C. 1665 and the amendments. In doing so, the Nikkei continued to correctly identify the BCSC as the federal government force which was responsible for their relocation and continued provisions throughout the course of their forcible relocation in Canada.<sup>14</sup>

Though the movement of all Nikkei was orchestrated by the BCSC, it is essential to understand that the Nikkei were not all moved to the same kind of locations during this process. There were four types of communities that the Nikkei were forcibly relocated to throughout the summer of 1942. These four types of locales do not include the places to which the Nikkei moved of their own accord if they had the means to move before the forcible relocation was officially ordered. Few Nikkei moved on their own, and they are difficult to identify because they do not appear in the official government documents that recorded the forcible relocation. However, the four types of locales that are reflected to varying degrees in official government records over the course of forcible relocation years are: government-relocated self-supported communities within British Columbia; government-relocated, government-supported communities which were commonly called “interior settlement centres” in British Columbia; the Alberta and Manitoba Farm Plan centres; and the Prisoner of War Camps throughout the

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<sup>14</sup> Patricia Roy, *Mutual Hostages: Canadians and Japanese During the Second World War* (Toronto: University of Toronto Press, 1990), 103.

nation.<sup>15</sup> Furthermore, these four distinct types of Nikkei forcible relocation communities in Canada have not been thoroughly compared and contrasted by historians.

These four locale classifications refer to the places where those Nikkei who relocated after the Orders in Councils passed and were therefore mandated to leave the designated “protected” area along the coast. There were some Nikkei who pre-emptively moved on their own before they were ordered to do so. In government records, these Nikkei became associated with the Nikkei who were established outside of Vancouver and the coastal towns of British Columbia before the war. These Nikkei are not part of this examination just as those who lived elsewhere in Canada before World War II (of which there were very few) are not included because the federal government did not place restrictions upon them.<sup>16</sup>

The first type of Nikkei wartime community was the government-relocated, but self-supported communities of Nikkei within British Columbia, in the Bridge River Valley area. These towns included Bridge River, Minto, East Lillooet, and McGillivray Falls. There were about 1000 Nikkei relocated to this area who established self-supported communities. In these communities the Nikkei had to regularly check-in with a BCSC representative to confirm their residence in the area, but otherwise they had no support economically or socially provided to them by the BCSC. In exchange for not being “dependent” on the government, the Nikkei in these communities could stay with their families and generally had more opportunities for mobility to gain work. These communities are important in this examination because Dr.

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<sup>15</sup> There are of course exceptions to these four classifications, that would require more research to thoroughly understand. For the purpose of this study, these four central types of communities that are revealed in the documents considered will be highlighted.

<sup>16</sup> Some Nikkei who already lived elsewhere in Canada may have been exposed to the same prejudice and ridicule that their fellow relocated Nikkei did. This happened, for example, to the Nikkei communities of southern Alberta, such as in Raymond. Sunahara, *The Politics of Racism*, 85. For more details on where small, “eastern” communities of Nikkei were prior to the war, see Adachi, *The Enemy That Never Was*, 299.

Miyazaki was the physician responsible for the Nikkei throughout these four self-supported communities. However, they were a relatively small part of the BCSC's overall operations. They comprised only five percent of the Nikkei who were forcibly relocated from the coast. The Nikkei population in the area constituted only a small portion of the people the BCSC was responsible for, but at the same time, they were a rather large responsibility for one Nikkei physician.

The second type of community was the "interior settlement centres" in British Columbia that were supported economically by the BCSC or Department of Labour over the course of the forcible relocation years. There were six government-supported communities located in Tashme, Greenwood, Kaslo, Sandon, Slocan, and New Denver, as well as their satellite towns. The government support included social welfare provisions, such as health care services and housing. The wartime provisions had to satisfy both the International Red Cross and the Spanish Consul General, which protected Japanese interests as part of Spain's neutral position during the war.<sup>17</sup> Both of these external representatives had to be satisfied that the Nikkei's provisions met the Geneva Convention (1929) provisions for prisoners of war, which their living conditions were compared to, even though the Nikkei in Canada were not recognized internationally as prisoners of war. These communities were often comprised of fragmented families, and were filled with women, children, and other dependents. The BCSC provided work for men and qualified women within these interior settlements to a point, but jobs were limited, pay was low, and poverty was high. These economic conditions therefore necessitated that Nikkei men look for work elsewhere, such as at government-run road camps.

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<sup>17</sup> Roy, *Mutual Hostages*, 131.

For the purpose of my examination, I consider the men who were sent to the road camps or industrial projects of interior British Columbia and along the Alberta border (such as the Jasper area) to be part of the government-supported communities of interior British Columbia. I do this because their work was allocated to them by the BCSC and their families were supported by their wages and supplemented by the BCSC -- both at Hastings Park and then at locations in interior British Columbia.<sup>18</sup> Men at these road camps were paid 25 to 40¢ per hour and typically made barely enough to cover their board and family-support costs.<sup>19</sup> Though these men were sent to yet another location, the road camps, their absence was necessitated by the lack of work which the Commission could provide them within government-supported communities and their absence left their families as dependents of the BCSC in government-supported communities.<sup>20</sup> The road camps separated family units based on economic necessity, but they remained closely tied to the interior settlement centres both financially and socially for the Nikkei. Therefore, I consider the road camps to be an extension of the government-supported Nikkei communities.

The third type of Nikkei community, the Alberta and Manitoba Farm Plans, were like the self-supported communities in British Columbia, which were favoured because they allowed families to remain together and promoted self-sufficiency instead government “dependency.” The use of the term “dependent” in this context is worthy of analysis. The government stripped people of their livelihood and sent them to new locations and then labelled them as “dependents”. Whether this is an accurate label, on the part of the government or the Nikkei themselves, is debatable. The various locations which Nikkei inhabited during the war gave them

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<sup>18</sup> For the breakdown of where the Nikkei were as of October 31, 1942, see “Removal of Japanese from Protected Areas,” Report issued by *British Columbia Security Commission*, March 4, 1942 to October 31, 1942, pp. 28-29.

<sup>19</sup> Sunahara, *The Politics of Racism*, 72. The work which the BCSC designated Nikkei to perform within the interior settlements was paid for within the same range, but these positions were very limited and resulted in most people being dependent on food allowances and other welfare programs. Sunahara, *The Politics of Racism*, 92 and 111.

<sup>20</sup> Sunahara, *The Politics of Racism*, 57.



a sense of dependency or not, but to label the Nikkei monolithically as dependent on the federal government would be inaccurate.

For the Alberta Farm Plan, which was associated with a sense of independence and family unity, the Alberta government had a formal agreement with the federal government, via the BCSC regarding the Nikkei who came to the province during the war. The agreement stated there would be a policy for the wartime education of and health care for the Nikkei and for their postwar removal. This included the coverage of costs for such by the federal government.

Manitoba had no such agreement, but it allowed the entry of approximately 1000 Nikkei through a similar Farm Plan. Alberta accepted approximately 2600 Nikkei over the course of the war and, as historian Ann G. Sunahara has argued, this allowance in Alberta may be attributed both to the earlier presence of a small community of Nikkei residents in southern Alberta prior to the war, and the formal agreement for the removal of the Nikkei from the province after the war.<sup>21</sup> In Alberta and Manitoba, Nikkei families could remain together and served as a cheap, and theoretically temporary, labour force on sugar beet farms. Indeed, the Nikkei were to be tolerated by the public across western Canada because their use as a temporary workforce became accepted – both on sugar beet farms and elsewhere.<sup>22</sup>

Finally, some Nikkei were sent to Prisoner of War Camps, such as Petawawa (or Camp 33) in Ontario. Some of these men were Nikkei who would not comply with the BCSC and its forcible relocation plans. Other internees were men who were Nikkei community leaders. This

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<sup>21</sup> Sunahara, *The Politics of Racism*, 74-79.

<sup>22</sup> Local newspapers served as a reflection of public opinion. See, for example, *The Vancouver Sun*, August 20, 1942, page 3; *The Vancouver Sun*, *The Sunday Sun Magazine*, August 29, 1942, page 1. There were also some Nikkei men who were sent to Ontario through a similar farm plan scheme. However, that farm plan did not allow families to stay together and further, is not mentioned in the documents considered for this study. So while important to note, the Ontario Farm Plan is not of central concern and can be easily incorporated into the considerations of others/exceptions to these four-community types.

happened in the American system of forcible relocation as well, with roughly 5,500 Nikkei men, who were community leaders such as Buddhist Priests and Japanese language teachers, taken to U.S. Department of Justice internment camps.<sup>23</sup> Overall, however, less than 500 Nikkei within Canada went to Prisoner of War Camps and their story is a small part of the larger history of Canadian Nikkei forcible relocation.

Another small group of Nikkei men who shared similarities with their American counterparts are the 150 Nisei, or Canadian-born people of Japanese descent, who were allowed to enlist in the Canadian military. The Canadian government, much like the American government, did allow some Nisei men to enlist in the military. In 1945, after three years in relocation centres of various kinds and years into the Canadian war effort, 150 Nisei men were allowed to enlist in the Canadian military. Canadian Nikkei were hesitant to be enthusiastic about this though, based on fear of the Nisei men being cannon fodder – a fear that was established because of the growing horror stories of the Japanese American regiments.<sup>24</sup>

By early 1945, the Nikkei were subjected to more restrictions upon their continued residence in Canada and given two choices – repatriation to Japan or further relocation and movement east. Repatriation surveys were used by the federal government, perhaps in an effort to appear diplomatic and fair to the Nikkei, but they did not truly offer the Nikkei a choice. They could either choose to go to Japan at an unspecified future date, or move east of the Rocky Mountains at another unspecified future date. There was more financial and logistical support offered by the federal government to those who indicated they would go to Japan. Those who wanted to stay in Canada were all too aware of the hardships of relocation and re-establishing

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<sup>23</sup> Roger Daniels, *Concentration Camps USA: Japanese Americans in World War II* (New York: Holt, Rinehart and Winston, 1972), 32.

<sup>24</sup> Sunahara, *The Politics of Racism*, 120.

one's family in yet another Canadian town or city.<sup>25</sup> The victory in the Pacific War in August 1945 caused the Nikkei who had felt forced into signing the repatriation survey to rethink their actions. Of the roughly 6800 who originally agreed to go to Japan, about 4500 applied to have their signatures revoked and be allowed to remain in Canada in accordance with the dispersal rules that required their settlement east of the Rocky Mountains.

Dispersal requirements were a way to satisfy British Columbian politicians and the public who did not want the Nikkei to return to the west coast. Through Orders-in-Council P.C. 7355 to 7357, the government dictated different options for Nikkei residence in Canada after the end of World War II which remained largely based on the repatriation or dispersal outline of the 1944 and 1945 repatriation surveys. Due to these Orders and the need to satisfy British Columbian politicians and the public, Canada was slow to release the Nikkei population from forcible relocation and allow them to once again move freely along the west coast of the nation. When Canada finally released the Nikkei from their relocation settlements, it was to equally restrictive policies regarding movement. These limitations upon their freedom of movement is what Sunahara called "the second uprooting."<sup>26</sup> These Orders dictated that the only Nikkei who could remain in British Columbia were those who were sick, unemployable, veterans, and those living in self-supported communities.<sup>27</sup> This option was provided to both those who had immigrated from Japan (Issei), and those who were born in Canada (Nisei).<sup>28</sup> Full restrictions on Nikkei movement into, and within, British Columbia were not lifted until spring 1949.<sup>29</sup>

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<sup>25</sup> Sunahara, *The Politics of Racism*, 118-119.

<sup>26</sup> Sunahara, *The Politics of Racism*, 140.

<sup>27</sup> Sunahara, *The Politics of Racism*, 140.

<sup>28</sup> Sunahara, *The Politics of Racism*, 140; Bangarth, *Voices Raised in Protest*, 21.

<sup>29</sup> Sunahara, *The Politics of Racism*, 151.

Previous scholarship and historical analyses have worked toward answering the questions of how and why the Canadian government took action against the Nikkei. Many of the trends in this Canadian scholarship shares themes with the American scholarship. For instance, the first examinations of the internment, or forcible relocation, efforts were conducted by scholars who were not historians. These were the sociologists and anthropologists who studied the conditions of relocation in Canada and the USA from its onset in the 1940s through the 1960s.<sup>30</sup> For example, in Canada, Forrest E. La Violette, a sociologist, studied the British Columbia interior settlement centres of the Nikkei as a social phenomenon.<sup>31</sup>

Then, once again aligned with similar trends in the American scholarship, Canadian publications in the late 1960s and 1970s largely began to be produced by the Nikkei themselves.<sup>32</sup> In Canada, these include the well known works of Ken Adachi and Barry Broadfoot, as well as the lesser known, self-published memoir of Dr. Miyazaki. Dr. Miyazaki's 1973 memoir, *My Sixty Years in Canada*, traces his experience of moving to Canada, working as a physician through the Nikkei forcible relocation, and his career after the war.<sup>33</sup> His memoir was created because of his career as a physician. Unlike Dr. Miyazaki's career-based memoir, Ken Adachi's 1976 work was the first widely circulated and well known Canadian scholarship which traced Nikkei reactions to, and experiences of, relocation. His work, which is comprised of both a historical overview and personal recollections from him and other Nikkei, is entitled *The Enemy That Never Was: A History of the Japanese Canadians*. This work provides details

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<sup>30</sup> For an American example, see Asael Hansen's work: "My Two Years at Heart Mountain: The Difficult Role of an Applied Anthropologist," in Roger Daniels, *et al.*, *Japanese Americans, from Relocation to Redress* (Seattle: University of Washington Press, 1991), 33-37.

<sup>31</sup> Forrest E. La Violette, *The Canadian Japanese and World War II: A Sociological and Psychological Account* (Toronto: University of Toronto Press, 1948).

<sup>32</sup> American examples include Michi Weglyn, *Years of Infamy: the Untold Story of America's Concentration Camps*, (NY: Morrow, 1976).

<sup>33</sup> Dr. Masajiro Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa.

about the forcible relocation which were previously scattered across documents, or unknown.<sup>34</sup> It provides examples of the Nikkei stories, including his own, bringing the lived reality of this event to the forefront of his publication. Building on this, Barry Broadfoot's *Years of Sorrow, Years of Shame: The Story of the Japanese Canadians in World War II* provides further evidence from the Nikkei who share their own words and own recollection of relocation.<sup>35</sup> This work does not offer any analysis of the events, but rather served as a platform for the Nikkei to describe their experiences in their own words. These works all add to the theme of complexity and diversity in the existing scholarship and work against the often monolithic experience presented by later scholarship.

Paralleling this memory-based work by the Nikkei, or work focussed on Nikkei voices, was the emerging historical work on the Nikkei's World War II experience produced by non-Nikkei scholars, in Canada and the USA. One such scholar was historian Roger Daniels, who published a book in 1972 entitled *Concentration Camps USA: Japanese Americans and World War II*.<sup>36</sup> The use of the term "concentration camps" and the associated connotations were one of Daniels' major contributions to this historical field. Indeed, many scholars in both Canada and the USA continue to use Daniels' template and understandings of the underlying injustices which the Nikkei in America were exposed to during internment in their own subsequent studies.

The first major historical work on Nikkei forcible relocation in Canada that was based on an examination of government documents was by Canadian historian Ann G. Sunahara in 1981, entitled *The Politics of Racism: The Uprooting of Japanese Canadians During the Second World*

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<sup>34</sup> Adachi, *The Enemy That Never Was*.

<sup>35</sup> Barry Broadfoot, *Years of Sorrow, Years of Shame: The Story of Japanese Canadians in World War II* (Don Mills, Ontario: Paper Jacks, 1979).

<sup>36</sup> Daniels, *Concentration Camps USA*.

*War*.<sup>37</sup> Sunahara is credited with being the first historian to have access to government documents pertaining to the Nikkei relocation, when they initially became available after time-based restrictions on classification had passed. Her political analysis discusses the underlying racism and prejudice which produced such laws and Orders and which allowed for the Nikkei relocation to occur. While this work remains valuable because of its breadth of analysis of government documents, Sunahara's work lacks Nikkei voices and consideration of the diversity of the lived experiences. Instead, it emphasises the importance of those details which were documented in the official government records.

Political, and by extension legal, analyses became prominent in examinations which asked why or how the Nikkei were relocated in Canada. Canadianist historians, such as Patricia E. Roy, looked to the issues of citizenship rights for the Japanese, and Chinese, in Canada.<sup>38</sup> Likewise, scholar Mary Taylor's, *A Black Mark: The Japanese-Canadians in World War II*, published in 2004, works to further describe the various laws and political strategies which enabled the government to enact the forcible relocation plan.<sup>39</sup> For her part, Roy has also been part of collaborative work which details the wartime prisoner treatment of the Japanese in Canada and Canadians in Japan in *Mutual Hostages: Canadian and Japanese During the Second World War*.<sup>40</sup> This work is particularly important because it outlines the different types of relocation locations in the clearest and most complete way. As well, its analysis of the BCSC is concise and clear on the comparison to its American civilian agency counterpart, the War

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<sup>37</sup> Sunahara, *The Politics of Racism*.

<sup>38</sup> Patricia Roy, *The Triumph of Citizenship: The Japanese and Chinese In Canada, 1941-67* (Vancouver B.C.: UBC Press, 2007).

<sup>39</sup> Mary Taylor, *A Black Mark: the Japanese-Canadians in World War II* (Oberon Press, 2004).

<sup>40</sup> Roy, *Mutual Hostages*.

Relocation Authority (WRA), and the BCSC's role in financially supporting the relocation centres across the Canadian west.

Since the 1980s, there have been studies which bring together some of the stories of both Japanese Canadian and Japanese American forcible relocation during World War II. Once again, one of the first historians to conduct a comparative study was Roger Daniels with his book titled, *Concentration Camps North America: Japanese in the United States and Canada During World War II*, in 1989.<sup>41</sup> This study, and other comparative works which followed it, were an important first step towards understanding these events across North America. Work within the last decade has generally moved towards a more transnational approach to this history, with a return to the emphasis on lived experiences over merely documenting the government discourse. For example, Stephanie Bangarth examines protest and resistance to forcible relocation across borders in her work, *Voices Raised in Protest: Defending Citizens of Japanese Ancestry in North America, 1942-1949*.<sup>42</sup> Greg Robinson, similarly, looks at North America in his examination of the democratic failings of the Nikkei relocation in *A Tragedy of Democracy: Japanese Confinement in North America*.<sup>43</sup> In my own previous work, I examined regional newspapers in both nations as a way of understanding what information the public was receiving about relocation efforts in both countries.<sup>44</sup> Then, in 2012, Mona Oikawa's work once again set the trend for returning to the inclusion of Nikkei voices and interpretations of forcible relocation. *Cartographies of Violence: Japanese Canadian Women, Memory, and the Subjects of Internment*

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<sup>41</sup> Roger Daniels, *Concentration Camps, North America: Japanese In the United States and Canada during World War II* (Malabar, FL: R.E. Krieger Pub. Co., 1989).

<sup>42</sup> Bangarth, *Voices Raised in Protest*.

<sup>43</sup> Greg Robinson, *A Tragedy of Democracy: Japanese Confinement in North America* (New York: Columbia University Press, 2009).

<sup>44</sup> Letitia Johnson, "'They'll Try to Pose as Natives of Whatever Country They're In!': Japanese North Americans and Public Information during World War II" (Honours Thesis, University of Alberta, 2016).

reminds historians that these Nikkei memories are important for the details about forcible relocation which the official government discourse does not, and cannot, reveal.<sup>45</sup>

Concurrent with the publication of all of this scholarly work which emphasised answering why and how the internment happened and highlighting the political injustices of such actions, there were efforts made to include the health care history of these events as part of the broader understanding of relocation. Medical history of the Nikkei relocation has made some advances in the American scholarship, but health issues have not been the focus of Canadianist historians. Beginning with Pamela Iwasaki's MD thesis in 1988, the inclusion of health care was brought to historical discussions of forcible relocation in the United States. Her work includes the stories of physicians within American internment camps, and traces the treatment of various Nikkei within the camps. Incredibly, her thesis even included the records of every death within the ten major camps in the United States for every year of Nikkei internment.<sup>46</sup>

In Winter 1999, the *Bulletin of the History of Medicine*, published a special issue which showcased health care as one method of examining this historical event in the United States. Scholars Roger Daniels, Louis Fiset, Gwen Jensen, and Susan L. Smith all presented different articles which use health care as a window into further understanding the Nikkei past.<sup>47</sup> All these works emphasise the importance of health care as one method of understanding the consequences of political actions and the lived reality of actions taken against Japanese

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<sup>45</sup> Mona Oikawa, *Cartographies of Violence: Japanese Canadian Women, Memory, and the Subjects of the Internment* (Toronto: University of Toronto Press, 2012).

<sup>46</sup> Pamela Iwasaki, "A Look at Health Care in the Japanese American Internment Camps," (M.D. thesis, University of California, San Diego, 1988).

<sup>47</sup> Roger Daniels, "An Introduction to the Symposium," *The Bulletin of the History of Medicine*, 73 (4) (Winter 1999): 561-564; Louis Fiset, "Public Health in World War II Assembly Centers for Japanese Americans," *The Bulletin of the History of Medicine*, 73 (4) (Winter 1999): 565-584; Susan L. Smith, "Women Health Care Workers and the Color Line in the Japanese American 'Relocation' Centers of World War II," *The Bulletin of the History of Medicine*, 73 (4) (Winter 1999): 585-601; Gwen Jensen, "System Failure: Health-Care Deficiencies in World War II Japanese American Detention Centers," *The Bulletin of the History of Medicine*, 73 (4) (Winter 1999): 602-628.



Americans during World War II. Then, further to this article, historian Susan L. Smith published her work *Japanese American Midwives: Culture, Community, and Health Politics 1880-1950*.<sup>48</sup> Though this work's time frame extends beyond World War II, it does further the inclusion of health care analysis in discussions of Nikkei history during the war. Further to this, it works to include both the recorded official policies and the less visible lived realities of the Nikkei – something I aim to continue in my own work.

Iwasaki's health care study, and the ones that followed in American historical scholarship, point to many distinctions which allow for a more expansive discussion of health care provisions in the American context. Because the camps in the United States were centrally controlled by the federal government, formal health care provisions came solely from the United States government. But, in Canada, there were diverse types of relocation communities for the Nikkei, which means that responsibility for health care provisions depended on the type of community the Nikkei opted to go to or were allocated to. There cannot be a complete understanding of health care provided to, and by, the Nikkei during World War II in Canada without looking beyond the official government rhetoric surrounding health care.

In addition, there is the issue of federal versus provincial responsibility for health care provisions in Canada. This event in Canadian history pre-dates a national health insurance program facilitated by the provinces, as we see today. However, by 1942 there were provincial health care plans within British Columbia that the Nikkei could have chosen to participate in.<sup>49</sup> The responsibility of these provincial plans to pay for Nikkei health care once they were forcibly relocated by the federal government was questioned by provincial officials. Were the Nikkei,

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<sup>48</sup> Susan L. Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950* (Urbana: University of Illinois Press, 2005).

<sup>49</sup> Gregory Marchildon, *Making Medicare: New Perspectives on the History of Medicare in Canada* (Toronto: University of Toronto Press, 2012), 72.

similar to Indigenous peoples, the federal government's responsibility within some relocated communities and thus a responsibility under the welfare maintenance directive of the BCSC? If so, what about those Nikkei who were not living in government-supported communities? This complication is rooted, at all times, in the issue of funding, which is as complicated as the various types and degrees of health care available to the Nikkei during World War II.

Expanding upon the work of previous scholars, my project aims to examine diverse wartime Nikkei communities, and add discussion of the topic of health care to the history of Nikkei forcible relocation during World War II. Through the use of various types of sources, I analyze some of the diverse experiences of the Nikkei who were relocated from the west coast of Canada. Different sources allow for the visibility of different communities and various experiences for Nikkei people within these different locations. My thesis sheds light on the importance of consulting a variety of sources when examining the experiences of the Nikkei and other relocated populations. My main first-hand Nikkei source – Dr. Masajiro Miyazaki's memoir manuscript – exists and is archived because of his status as a physician and an engaged community member who was encouraged by journalists and friends to write down his story. The content of the memoir, moreover, exists because he was the physician for a group of Nikkei during the war and he was capable of reflecting on and including other people's stories within his own. In addition to his memoir, I make use of official government records, including commission reports, expense reports, and interdepartmental correspondence in order to illustrate the circumstances and context for the complex experiences of the Nikkei during forcible relocation. This familiar event in Canadian history did not produce a monolithic experience for the Nikkei. My analysis of health care provisions unpacks the history to reveal the diversity of experiences in order to create a more accurate understanding of what forcible relocation was

truly like for those it affected. By using a social history approach, I am able to excavate the everyday, lived experiences of the Nikkei, including drawing on the insights of a Nikkei physician who has not been previously examined in detail, Dr. Masajiro Miyazaki. My findings of diverse experiences are important because they add to our historical understandings of the Nikkei experience in Canada. Furthermore, by including health care considerations in the analysis of Nikkei forcible relocation we get a more complete understanding of one aspect of wartime health care provisions and the Canadian home front during World War II.

Chapter 1 examines the official BCSC reports that illustrate which official health care services were available to the Nikkei. Using expense reports, periodic reports, and visitor reports which were submitted to the BCSC (or the Department of Labour), I show that the official government discourse asserted that sufficient health care was being provided to the Nikkei. This chapter establishes the official picture of which hospitals and health care facilities were established for the Nikkei based on spending and reports on the conditions in which the Nikkei were living – by BCSC officials themselves and the official visitors to the relocation areas. This chapter therefore emphasises the physical structures which were in place to facilitate health care for the Nikkei – the hospitals, clinics, or other facilities. However, it also examines how and why these government reports only cover certain Nikkei communities.

Chapter 2 then expands on this physical description of the health care infrastructure available to the Nikkei by looking at the reports produced by members of two delegations invited to examine the Nikkei conditions. These delegations were organized by the federal government at different times during the war. This chapter moves beyond the understandings of the physical requirements for health care services to an examination of the discourse about the quality of health care provision which the federal government was producing regarding the Nikkei. I look

at the *International Red Cross Report*, produced by Ernest L. Maag on February 19, 1943, and the Royal Jackson Commission Report from January 14, 1944. The first was created by a member of a delegation which was organized in an effort for the Canadian government to present itself as acting justly to an external institution. The second investigation by the Royal Jackson Commission was an internal report commissioned by the federal government to record the continuation of satisfactory living standards for the Nikkei within these interior settlements. By examining these government reports I am able to discern that the Canadian government was reporting an explicitly positive conclusion about the quality and access to health care which the Nikkei were receiving. However, I am also able to illustrate the aspects of the forcible relocation which these reports did not include. Indeed, the silences in these reports are as important to consider when attempting to illuminate the diverse and often negative experiences of the Nikkei during forcible relocation.

The viewpoints and silences in these reports must be read against the varied stories of the Nikkei experiences of forcible relocation. I do this through a case study of one Nikkei physician—Dr. Masajiro Miyazaki. Dr. Miyazaki's memoir manuscript, which I analyze in Chapter 3, reveals what his experience of forcible relocation was like. His experience supports my conclusions in Chapter 2 that the official government reports did in fact possess many silences and limitations in their consideration of the health care provided for all Nikkei. Dr. Miyazaki's found himself, like many other Nikkei, on the outskirts of official history in many ways. Since he was part of a self-supported community he was not included in the official government reports on health care provisions. Therefore, any subsequent historical analyses which looked to these reports as sources did not include his experience of being a Nikkei physician in a self-supported community in their discussions. Furthermore, as a physician who specialized in a relatively new

field of osteopathy, he also found himself on the outskirts of medical history. The addition of his story, and his memoir, to this history adds new layers of complexity to the history of Nikkei forcible relocation in Canada. This work aims to include his name among those physicians who were central to the continued health care services for the Nikkei during this time. It also works towards complicating the story of the Nikkei experience beyond a monolithic understanding. Furthermore, Dr. Miyazaki's experience with diverse patients lends itself to understanding how Nikkei history of World War II should be included in other historical considerations including, but not limited to, the history of Indigenous health care during World War II, wartime medicine, country-doctors, the hospital, and modern understanding of medicine at mid-20th century.

However, using government reports on formal health care provisions alongside Nikkei recollections of the same, necessitates the understanding that Nikkei perceptions of health care quality was highly personal and based on individual circumstances and expectations prior to the war.<sup>50</sup> Though this goes beyond the scope of considering the health care provisions during the war years and the forcible relocation, it is of interest when considering the Nikkei's own comparative statements about the quality of health care provided to them at this time and within this context of relocation. Any initial examinations – medical or otherwise – conducted by the BCSC upon entry to Hastings Park Depot, could be another avenue for consideration, however this is not an event which is commonly mentioned in Nikkei memoirs or oral history records, and may have been mostly applicable to men in order to assess their ability to work.<sup>51</sup> The lack of records about these initial medical exams therefore make them a harder avenue for thorough

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<sup>50</sup> This issue of healthcare quality prior to relocation in relation to perceptions of care during relocation is discussed primarily in the American context. For example: Michelle Gutierrez, "Medicine in a Crisis Situation: The Effect of Culture on Health Care in the World War II Japanese American Detention Camps," (MA Thesis, California State University, Fullerton, 1989), 8.

<sup>51</sup> Sunahara, *The Politics of Racism*, 57.

examination and as such will not be included in this study. Additionally, assessing the health care provided could include the consideration of provisions during the Nikkei's movement to the original collection centre at Hastings Park Depot and then across British Columbia, or further into other Canadian provinces. The consideration of health care provided to the Nikkei when they were physically being transported is harder to deduce and even more diverse. Therefore, it will not be of direct consideration but will be of mention mostly, and briefly, in reference to the movement of Japanese people with contagious diseases from the Hastings Park Sanitorium to the New Denver Sanitorium.<sup>52</sup>

Throughout this work, terminology is of importance and essential to consider. I will use the term "Nikkei" when referencing those who were forcibly relocated. The label "Japanese Canadians" encompasses 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 within internment conditions (Sansei). The Japanese term Nikkei encompasses all "Japanese emigrants and their descendants who have created communities throughout the world."<sup>53</sup> The use of this term alleviates the need for clarification at every point of who the terms "Japanese Canadian" includes since it includes all of the above mentioned generations of people of Japanese descent in Canada. Additionally, this term is suggestive of the transnational aspects of Nikkei life in North America and beyond, which is prominent throughout their newspapers and personal writings.<sup>54</sup>

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<sup>52</sup> There are even more Nikkei patients and aspects of health care which this study will not directly examine. For example, there are the small number of Nikkei who were at the "mental hospital" in Vancouver who were not removed from the coast during the relocation years. Oikawa, *Cartographies of Violence*, 210.

<sup>53</sup> "What is Nikkei?" *Discover Nikkei*\*, Japanese American National Museum, last edited January 2017, <http://www.discovernikkei.org/en/about/what-is-nikkei>

<sup>54</sup> The Japanese Canadian newspaper, *The New Canadian*, maintained strong transnational themes in its articles throughout the war and the relocation in both nations. See, "Expect Mass US Evacuation," *The New Canadian*, March 20, 1942, 2; "American Evacuee Tells His Tale," *The New Canadian*, April 6, 1942, 1.

Also, the terminology for relocation continues to be debated among scholars. My approach will hopefully be reflective of respect for terminology within primary documents from World War II, as well as reflective of historians assessments of the actions taken and their preferred terminology based on their conclusions. While the terms “internment camps” and “concentration camps” are commonly used among scholars who look at Nikkei treatment during World War II, especially in the U.S., I prefer to use the term ‘relocation’ for the Canadian context. I provide a very inclusive picture of the Nikkei in Canada during the war. I include those Nikkei who moved of their own accord to other provinces, those who were in work camps, those who were part of the Alberta or Manitoba Farm Plans, those who lived at interior housing centres, those who were self-supporting but lived in interior British Columbia and those who were too ill to leave Sanitoriums. Indeed, it has been recognized by historians that not all Canadian Nikkei were sent to “internment camps,” and therefore the continued use of internment as a term for their treatment during World War II does not do justice to the wide range of relocation experiences for the Nikkei in Canada. However, “relocation” may be seen as a term which does not do justice to the forced nature of the relocation. I will attempt to respect both aspects of this debate over terminology by using the term “forcible relocation” in reference to the movement of the approximately 22,000 Canadian Nikkei from the 100-mile protected area of the British Columbian Coast from 1942 to 1949. My use of “forcible” instead of “forced” is also intentional and aims to suggest the active, ongoing process of relocation that did not only constitute one move for most Nikkei in Canada. The term “forcible relocation” is therefore my own, and hopefully respectful of my interpretation of this event in Canadian Nikkei history.

In addition to these terminology distinctions, I will strive to refer to the different types of relocation sites by their names within official government documents in an effort to maintain

clarity about the differences among them. This will include referring to Hastings Park, in Vancouver, British Columbia, as either the “Hastings Park Depot” or simply “Hastings Park.” When not referring to this location by name, I will refer to it as a “collection centre,” a common label attributed to Hastings Park. Its American counterparts were called “assembly centers,” by the United States government and later scholars. The government-supported interior locations to which the Nikkei were forcibly relocated in British Columbia will be referred to as “interior settlements” or “interior housing” centres or locations, as they are commonly labelled by official government discourse and Nikkei memoirs. This will encompass the ghost towns, camps, and existing towns which the Nikkei established or moved to in interior British Columbia. However, this label does not include the self-supporting communities in British Columbia which the Nikkei were moved to which will simply be called “self-supporting” locations. Finally, Nikkei relocation communities in Alberta and other provinces will be referred to more specifically by their town, city or township name, even though they were part of the “Farm Plan” or “Work Plan,” depending on the specific location’s classification.

This study examines how the federal government and the Nikkei produced different perspectives of health care provisions for the Nikkei. The federal government’s rhetoric surrounding health care was explicitly positive, regardless of whether reports were created by government representatives or representatives from international organizations. I speculate that this is because the government’s goal was to justify their actions to their own citizens, ally nations, and enemy forces. But these reports do not illustrate the health care diversity among the various types of Nikkei communities established during relocation. Therefore, to answer the question of how health care was provided to the Nikkei at this time, other sources, such as Nikkei memoirs, must be consulted. When these different perspectives on health care are



considered together, we gain a better understanding of the complex and diverse provisions provided to, and by, the Nikkei during the war. Overall this study shows the importance of drawing on diverse sources, as well as the importance of the inclusion of health care considerations in historical examinations, especially those that look at wartime crises. The incorporation of health care in this historical discussion allows for various types of Nikkei relocation locales to be brought together in a comprehensive and more complete way than previous work.

In the process of looking at the health care provided to the Nikkei during the war, I found that the Nikkei relocated to a wide variety of locales and that these multiple types of relocation sites shaped the health care that people received. Therefore, first, I demonstrate that place shaped health care for the Nikkei during the war.<sup>55</sup> Second, I discuss how the official government discourse about sufficient health care is discredited by Nikkei records which document a varied perception of health care. It can therefore be understood that health care differed, and at times was inadequate, based on the type of relocation site, which varied so greatly for the Nikkei. This is because there was no concrete government plan in place to support the needs of people relocated to varied locations. Lastly, I call on historians to rethink how we view the history of Japanese Canadians during World War II by recognizing the need for a clearer understanding of the different types of sites and associated experiences of Nikkei relocation.

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<sup>55</sup> Erika Dyck and Christopher Fletcher, *Locating Health: Historical and Anthropological Investigations of Health and Place* (London: Pickering & Chatto, 2011), 1-9.

## Chapter 1: BCSC Reports and Formal Health Care – Facilities, Employees, and Jurisdiction

In order to answer the question of how health care was provided to the Nikkei during forcible relocation, there must first be an understanding of what infrastructure and formal health care professionals were made available to the Nikkei. The BCSC Expenditure Reports are a rich resource because they include health care and medical expenses for particular locations, as well as reports from visitors to these locations, from 1942 to 1944. The reports demonstrate that formal health care facilities were made available to the Nikkei in Canada during their forcible relocation of World War II. These facilities and their accessibility, however, varied considerably from location to location. Therefore, I work towards understanding what formal health care was reported to be provided to the Nikkei at each of the four types of relocation sites, and Hastings Park Depot.<sup>1</sup> First, I consider which of these sites are documented in the BCSC Expenditure Reports. Then, if a particular site is mentioned, an examination of what is documented for formal health care at that locale sheds light on the differences in health care provided at different types of relocation sites. By considering the mention of health care costs and descriptions of provisions in these government reports, it is possible to get a better understanding of what was physically available to the Nikkei and how these physical structures and tools allowed for health care to be provided at each location. Furthermore, the reports provide evidence of the infrastructure – through buildings, equipment, and even people – that the government was proving that it had provided sufficient health care to the Nikkei.

The central organization that was responsible for the care and welfare of the displaced population of Nikkei people in Canada during World War II was the BCSC. The BCSC was created under Order-In-Council PC 1665 (PC 1665). As previously stated, the BCSC was a

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<sup>1</sup> Ken Adachi, *The Enemy That Never Was: A History of the Japanese Canadians* (Toronto: McClelland and Stewart, 1976), 238.

federal organization that was chaired by three British Columbian provincial delegates from government and policing institutional forces, and was advised by a committee of 20 professionals from British Columbia.<sup>2</sup> The organization was intended to be the orchestrating force behind the round up, removal, control, and care of the Nikkei who were to be removed from the coast of British Columbia, which had been declared a protected area under Order in Council PC 365.<sup>3</sup> With specific reference to the health and medical care of the Nikkei, PC 1665 states that one of the “duties and powers of [the] Commission” would be to “provide for the housing, feeding, care and protection” of the Nikkei.<sup>4</sup> The text of this initial Order in Council did not specifically identify the medical care of the Nikkei, but mentioned the general care of the community instead.

However, subsequent Orders and amendments to PC 1665 included clear guidelines for certain aspects of medical care for the Nikkei that the BCSC was responsible for providing. On March 30, 1942, there was an Amendment to PC 1665 under PC 2541 which added a new subsection to the regulations of the BCSC as per the original Order in Council. This amendment stated that “the Commission may (a) issue or arrange for the issuing of direct relief, *including necessary medical attention to any indigent persons of the Japanese race located either within or without any protected area of British Columbia . . .*”<sup>5</sup> This amendment meant that the BCSC was capable of and responsible for arranging for medical attention for the Nikkei and, furthermore, identified that this responsibility could extend past the protected area of British

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<sup>2</sup> “Removal of Japanese from Protected Areas,” Report issued by *British Columbia Security Commission*, March 4, 1942 to October 31, 1942, p 7, Department of Labour Fonds, Government of Dominion of Canada, RG24-G-3-1-a, Vol. 20292, File 934.009, published by the authority of the British Columbia Security Commission, Library and Archives of Canada (LAC), Ottawa.

<sup>3</sup> Adachi, *The Enemy That Never Was*, 208.

<sup>4</sup> Regulations Respecting the British Columbia Security Commission, PC 1665, 4 March 1942, Canada Gazette (Extra), 167-169, 11 March 1942.

<sup>5</sup> Amending PC 1665, 4 March 1942 – British Columbia Security Commission, PC 2541, 30 March 1942, Canada Gazette, 257, my emphasis.

Columbia. This meant that medical provisions could reasonably be provided by the BCSC in the other provinces to which the Nikkei were relocated, including Alberta. Based on this responsibility, there were various reports and checks which were ordered by the federal government which included a discussion of the medical care and provisions for the Nikkei. This ultimately suggests that the health care at various relocation centres and other locations was indeed central to the Canadian government's plans for the maintenance of the Nikkei who were forcibly removed from the west coast of Canada in 1942. The centrality of health care in these reports, and the emphasis that it was being sufficiently provided, was one tool which served the Canadian government's goal of justifying their actions.

The BCSC Expenditure Reports span the period of 1942 to 1944, which is a particularly important time period because it encompasses the initial health care provisions by the BCSC, as well as the Department of Labour's initial assumption of these responsibilities after the BCSC was dismantled in 1943. Changes in how and where money was spent and subsequent visitors' impressions are all deducible from these documents, within this time frame. By comparing the expenses and descriptions of medical facilities at these locations, the physical nature of the medical facilities, their employees, and the jurisdiction over various facilities can be better understood in the Canadian context of Nikkei forcible relocation.

There are, however, silences within these documents, and aspects of their preservation which must be acknowledged to appreciate their limitations. One needs to consider the creation of the archive itself. The reasons why these particular documents have been kept over others is, of course, of interest. Their existence allows the historian to place documents side-by-side to create a fuller image of what health care was provided for this group at this time. This opportunity was created by the construction of the BCSC collections at the Library and Archives

of Canada in Ottawa. Furthermore, the information which these documents do not reveal, such as details about informal health care, is potentially more interesting and certainly harder to consider without first-hand accounts which directly include health care considerations. Finally, given that the records include financial documents, one must consider the motivation of the accountant or auditor who would have had a hand in constructing the categories of expenses within these documents. However, with these issues in mind, the details which these documents do reveal are worthy of discussion, examination, and analysis.

For the purpose of this study, two BCSC Expenditure Reports will be examined in order to begin to illustrate how health care was provided to the Nikkei. The first is an Expenditure Report dated as “up to July 25, 1942,” (from hereon referred to as the “1942 expense report.”) The second is dated as “inclusive of March 31, 1944,” (from hereon referred to as the “1944 expense report.”)<sup>6</sup> Of particular interest to the discussion of where and what medical services were available during forcible relocation are the categories of expenses, rather than the figures and reported costs.<sup>7</sup>

The 1942 expense report immediately suggests what medical facilities the federal government considered essential to providing sufficient medical care, and where such medical facilities were available to the Nikkei. This is done within the report by indicating medical

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<sup>6</sup> Expenditure to July 25, 1942, *British Columbia Security Commission*, Department of Labour Fonds, RG36-27, Volume/Box number: 42, File number: 3006, Library and Archives of Canada (LAC), Ottawa; Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, Department of Labour Fonds, RG36-27, Volume/Box number: 43, File number: 3006, Library and Archives of Canada (LAC), Ottawa.

<sup>7</sup> Without dismissing the importance of dollar value and costs to the government, the BCSC, or other institutions, the examination of costs and spending on medical related expenses is not as impressive without contextual understandings of other spending, which goes beyond the scope of this examination. So, the categories and method of recording the breakdown of medical and health care costs in the Expenditure Reports will be examined. However, when useful for making comparisons or differentiations in spending between locations with medical facilities, the spending amount will be included. This will add to an understanding of the level of expense and care at each camp.

expenses at Hastings Park, Sandon, and Slocan (City).<sup>8</sup> The first location, Hastings Park, is broken down into various building categories, including the “Hastings Park Hospital.”<sup>9</sup> Immediately this places a distinction on this particular building and its related services. This points to the importance of the hospital, a modern, western-style medical facility and a physical structure which indicated sufficient health care provisions were supplied by the federal government.

Moreover, the presence of a hospital within Hastings Park, and elsewhere as the report goes on to state, suggests a potential need for medical services, which further illustrates different aspects of the experience of relocation for the Nikkei. The reason for this distinction and importance of the hospital within the collection centre cannot be deduced from the Expense Report alone, but alongside other sources it becomes evident that there were serious problems at the collection centre with contagious diseases and illness among the Nikkei. Many Nikkei remember these issues in their recollections about Hastings Park.<sup>10</sup> Jean Shigeko Kitagawa, a medical secretary who trained and worked at the medical facilities in Hastings Park, remembered that “[l]ots of people had diarrhea, athlete’s foot and contagious diseases spread easily.”<sup>11</sup> The importance and emphasis placed upon hospital costs at Hastings Park should therefore be attributed to these health and sanitation concerns, which the government appeared to be addressing at the collection centre.

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<sup>8</sup> Other locations were included in the expense report but had little to no (\$20.00 or less) expenses reported for the medical category and as such are not included in this examination. The other locations were: Greenwood, Head Office, and the “Winnipeg Immigration Hall”.

<sup>9</sup> Expenditure to July 25, 1942, *British Columbia Security Commission*, LAC, Ottawa.

<sup>10</sup> Among the most detailed record of people and conditions in print format is in Adachi, *The Enemy That Never Was*, 246-248.

<sup>11</sup> “Jean Shigeko Kitagawa,” Hastings Park 1942, accessed June 12, 2017, <http://hastingspark1942.ca/hastings-park-stories/jean-shigeko-kitagawa/>

The 1942 expense report also provides details about the staff at the Hastings Park hospital which is evidence of the complicated and diverse group of health care providers which were enlisted by the BCSC to care for the Nikkei at this location. Under the Hastings Park Hospital expenses, a category of wages for “Doctors and Nurses” was recorded but not made racially distinct. Whether this would include the Japanese doctors, nurses, and other health care providers who worked within the Hastings Park Hospital is not clear, but the lack of racial distinction under the hospital expenses is notable. Once again, the 1942 expense report alone cannot answer this question, but in conjunction with other sources it is plausible to argue that this lack of racial distinction among the hospital staff was based on the necessary, inclusive nature of the Hastings Park Hospital. Given the necessity to care for the sick Nikkei, there was no time for demanding racial separation, or racial preference, among the caregivers which the federal government, via the BCSC, was responsible for putting in place.<sup>12</sup>

These problems which the BCSC 1942 expense report suggests the federal government was addressing correlates to Nikkei and white recollections about the rudimentary conditions of the Hastings Park Hospital. It was set up quickly, and largely by public health nurse Trena Hunter who was working under BCSC medical advisor Dr. Lyall Hodgins. According to her own recollection, in early 1942 she set up a 60-bed hospital which was quickly adapted as a Tuberculosis Hospital for Japanese patients of the Vancouver General hospital. This necessitated a second hospital facility, which was complete with 180 beds and staffed by Japanese Canadians, such as Jean Shigeko Kitagawa.<sup>13</sup> According to a diagram of the facility from 1942, the Hospital (TB and General), was in Building A, alongside a clinic, kitchen, formula room, dining hall, and

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<sup>12</sup> Ann Gomer Sunahara, *The Politics of Racism: The Uprooting of Japanese Canadians During the Second World War* (Toronto: J. Lorimer, 1981), 56.

<sup>13</sup> As cited by Sunahara, *The Politics of Racism*, 56.

isolation wards. This was alongside the Women's and Children's Dormitory as well – all within a building with a footprint of 284,900 square feet.<sup>14</sup> This hospital facility was intended to provide medical care to the roughly 8,000 Nikkei people who passed through Hastings Park from March until September, 1942.<sup>15</sup> By the late fall of 1942, the Hastings Park collection centre had been emptied, except for TB patients and the staff who were caring for them. Thus, hospital expenses at Hastings Park were not included in the later expense report from the BCSC. In fact, on March 31, 1943, one year from the date of the 1944 expense report, the TB hospital staff and patients were being transferred to New Denver and the new Sanitorium at that interior settlement location.<sup>16</sup>

The 1942 expense report goes on to document the medical costs at a second location – the Slocan interior settlement centre. In many ways this location's expenses were reported in the same fashion as the Hastings Park Depot expenses in Vancouver. In particular, it included the costs of a hospital, the "Slocan Hospital."<sup>17</sup> This hospital, like the one inside the Hastings Park Depot, was set up and maintained by the BCSC and served the purpose of providing a physical demonstration of the government's provision of health care for the Nikkei.<sup>18</sup> The report documented that there were costs incurred at Slocan Hospital for the acquisition of new medical equipment. Combined with details from other sources, it can be deduced that the hospital at Slocan (City) was newly built by the BCSC in May 1942.<sup>19</sup> This report, from late July 1942, and the high cost of equipment acquisition which it reported for this location can certainly be

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<sup>14</sup> Appendix 3, "Map of Buildings" Hastings Park 1942, accessed August 30, 2017, <http://hastingspark1942.ca/wp-content/uploads/2015/09/Map-with-Key.jpg>

<sup>15</sup> "History," Hastings Park 1942, accessed January 16, 2018, <http://hastingspark1942.ca/history/>

<sup>16</sup> "Jean Shigeko Kitagawa," Hastings Park 1942.

<sup>17</sup> Expenditure to July 25, 1942, *British Columbia Security Commission*, LAC, Ottawa.

<sup>18</sup> R. and P. Dubois, eds., *Medical Aspects of Evacuation Days, 1942-1946 (New Denver – Slocan)* New Denver, B.C.: J & G Brighton, 1986: 46.

<sup>19</sup> Dubois, eds., *Medical Aspects of Evacuation Days*, 42.



attributed to the outfitting of this new hospital facility for the relocated Nikkei in order for the government to justify its claims of providing sufficient, modern health care provisions.

Once again, at Slocan, the expenses of medical staff salaries were not racially identified even though there were Nikkei employees at this hospital. Included in this staff of Nikkei health care providers were Dr. Edward Kuwabara, Dr. Kamitakahara, and numerous Nikkei nurse aides who worked alongside Caucasian nurses and physicians in the Slocan hospital.<sup>20</sup> Much like with the Japanese American internment, within the government camps young, forcibly relocated Japanese American women were trained as nurses' aides and performed most of the day-to-day tasks of providing health care to their fellow Nikkei, with the formally educated nurses acting more often as supervisors.<sup>21</sup>

Finally, in the 1942 expense report there were also medical costs recorded at the Sandon interior settlement centre in British Columbia, which once again emphasised and distinguished the hospital from the rest of the centre's facilities with its own expenditure category.<sup>22</sup> More than any specifics, the report indicated that there was a conscious effort to provide some kind of medical facility at Sandon. In conjunction with other records, we know that the medical facility at Sandon included a ten-bed hospital, nursery, pharmacy, and clinic which Dr. Kuwabara was in charge of from 1942 to 1946.<sup>23</sup> This small hospital would not have met the needs of the hundreds of Nikkei who were relocated to the Sandon area, but, it did, like the other hospitals at Hastings

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<sup>20</sup> Dubois, eds., *Medical Aspects of Evacuation Days*, 42.

<sup>21</sup> This has previously only been examined within American studies on Nikkei relocation, but can be supported by memoirs and recollections, such as Jean Shigeko Kitagawa's. See Susan L. Smith, "Women Health Care Workers and the Color Line in the Japanese American 'Relocation' Centers of World War II," *The Bulletin of the History of Medicine*, 73 (4) (Winter 1999): 585-601.

<sup>22</sup> Expenditure to July 25, 1942, *British Columbia Security Commission*, LAC, Ottawa.

<sup>23</sup> Dubois, eds., *Medical Aspects of Evacuation Days*, 36.

Park and Slocan, provide physical evidence to Canadians and visitors alike that infrastructure was in place to maintain sufficient health care of the Nikkei.

Though this 1942 expense report appears to have more silences than insights into the health care provisions for the Nikkei, it does indicate the importance of the physical structure of the hospital. At all of the locales where medical expenses were recorded, they circulated around the successful management of a hospital. This indicated, and was in line, with early twentieth-century understandings of modern, western health care and the importance of the hospital. The Canadian BCSC expense report from 1942 therefore provides evidence that the government was providing health care to the Nikkei in the form of hospitals at various relocation sites. The limitation in this provision was, however, the inadequacy of these hospitals to care for the large population of Nikkei at these locations. Furthermore, the 1942 expense report did not provide evidence of any health care provisions which were made for the other interior settlement centres, or other types of relocation sites.

By March 31, 1944 the second Expenditure Report from the BCSC included medical expenses at six interior settlement locations: Sandon, Slocan (City), Tashme, Kaslo, Lemon Creek, and New Denver.<sup>24</sup> The first three interior settlement locations mentioned in the 1944 expense report contain fewer clues in their details and are not mentioned in other BSCS descriptive reports from the time. As such, the details about these three locations cannot be read in conversation with other documents which may give further clues as to the medical care provided at these centres. Sandon, for instance, which was mentioned in the earlier 1942 expense report, continued to show a portion of money going towards what was, in this report, referred to

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<sup>24</sup> Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, LAC, Ottawa. The report is printed on BCSC letterhead and reported as expenses for BCSC, even though it had been dissolved the previous year.

as “Hospital and Clinic” costs. The costs were substantially higher in the 1944 expense report than in the last, but where this money was being allocated is unclear.<sup>25</sup> Without other sources to clarify where these funds were being spent there is little analysis possible for these locations of the Nikkei forcible relocation. This trend continues with two other interior settlement centres in this 1944 expense report: Slocan (City) and Tashme.<sup>26</sup>

However, in contrast to these first three location reported expenses, with their silences and limitations, there are three other interior settlement centres, Kaslo, Lemon Creek, and New Denver, mentioned in the same report which indicate how medical care was being provided to the Nikkei at these locales. They provide many details that are useful and insightful for understanding different medical care facilities across the interior settlement centres. The physical structures, people, and jurisdiction behind the medical care at these three locations are more easily discerned because the 1944 expense report can be read in conjunction with descriptive mentions of health care provided in these locations throughout other BCSC documents.

Continuing a trend from the earlier expense report, the importance of the hospital continues to be prominent among the discussions of these three locations. The expenses for Kaslo, for instance, included expenses for its “Hospital and Clinic”.<sup>27</sup> The expense report does not specify if these costs were for the construction of a hospital or clinic, but by examining other BCSC reports, it becomes evident that there was a medical facility made available to the Nikkei in Kaslo.<sup>28</sup> In a year-long report entitled *Visits by Various Persons to Japanese Internment*

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<sup>25</sup> Schedule 14, Sandon, Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, LAC, Ottawa.

<sup>26</sup> Dubois, eds., *Medical Aspects of Evacuation Days*, 36; Schedule 16, Tashme, Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, LAC, Ottawa.

<sup>27</sup> Schedule 8, Kaslo, Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, LAC, Ottawa.

<sup>28</sup> Kaslo, p.8, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30, 1945, *British Columbia Security Commission*, Department of External Affairs Fonds, Series G2-Vol 3006, file 3464 AN 40, pt 2, Library and Archives of Canada (LAC), Ottawa.

*Camps and Settlements in Canada – Arrangements and Reports*, dated from April 10, 1942 to April 25, 1943, there was specific mention of the “Medical and Hospital Facilities” in Kaslo. The report detailed how:

[b]y arrangement with the town authorities the Commission was privileged to use the local hospital . . . [a] 24 bed, fully equipped hospital . . . [T]here is also a resident dentist and optometrist available, and . . . [t]he local white doctor has the assistance of a fully qualified Japanese doctor and the hospital is staffed by both white and Japanese help.<sup>29</sup>

The importance of the hospital as the centre of health care provisions therefore becomes evident by reading the 1944 expense report in conversation with the BCSC visitors’ report. The costs associated with the Kaslo “Hospital and Clinic” can be reasonably associated with maintaining and expanding the local hospital which the Nikkei were given access to when they were forcibly relocated to this area. Coming to an agreement with local authorities over the use of an already established hospital indicated another way in which the federal government could support their claims of providing sufficient health care for the Nikkei.

The second centre which was documented in the 1944 expense report that can be read alongside visitor reports was Lemon Creek, one of the satellite towns of Slocan (City). Similar to the report details on Kaslo, Lemon Creek also had “Hospital and Clinic” expenses.<sup>30</sup> The importance that the federal government placed upon having a physical structure which was complete with modern medical equipment and trained health care providers is evident in their decision to build a medical facility even within the satellite communities of interior settlements. The comparatively small expenses incurred and recorded for Lemon Creek can be explained

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<sup>29</sup> Kaslo, p.8, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30, 1945, *British Columbia Security Commission*, LAC, Ottawa.

<sup>30</sup> Schedule 9, Lemon Creek, Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, LAC Ottawa.

through the details provided about the medical facility at this location in a visitor report which stated:

An emergency hospital was built at this point with a Japanese doctor and a nurse in attendance. All major work is taken care of by the Slocan hospital. The Dentist located in Slocan and the Optometrist each visit the Lemon Creek area weekly.<sup>31</sup>

This text suggested that the expenses incurred for the “Hospital and Clinic” in Lemon Creek were for the building of this “emergency hospital,” its maintenance, and potential wages for those Nikkei who were running the hospital. The emergency medical facility in Lemon Creek was in fact run by the brother of Dr. Kamitakahara, the Nikkei physician at Slocan. His brother was a qualified first aide provider but not a physician himself.<sup>32</sup> The information provided in this visitor report, in correlation with the comparatively small expense incurred for “Hospital and Clinic” costs in Lemon Creek, suggests that there were some provisions in this relocation centre for emergency and regular medical care, but most health care was provided through the central, larger community facilities in Slocan, located about ten kilometres away. However, by having the emergency medical facility in Lemon Creek, the federal government could be physically seen to be taking steps towards providing more than sufficient health care provisions for the Nikkei.

The last interior settlement centre which was detailed in the 1944 expense report was New Denver, which was truly the central hub of Nikkei formal medical care within western-style medical institutions during the war, and the expense report reflected this.<sup>33</sup> New Denver’s importance is supported by the substantial cost incurred to build and support its facility, its lengthy description in BCSC reports, and its presence in Nikkei memory shared through memoir

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<sup>31</sup> Lemon Creek, p. 7, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa.

<sup>32</sup> Dubois, eds., *Medical Aspects of Evacuation Days*, 42.

<sup>33</sup> Schedule 13, New Denver, Summary of Expenditures, March 31, 1944, *British Columbia Security Commission*, LAC, Ottawa.

and oral history. The 1944 expense report detailed the costs for the “Sanitorium” and “Sanitorium, Hospital and Clinic” at New Denver. The expenses reported for these two categories combined are the largest amount of money spent by the BCSC for a medical, health, or hospital facility in the expense reports from 1942 through 1944. This cost is reflective of the new Sanitorium, or tuberculosis facility, that was built at the New Denver interior settlement centre, intended solely for Nikkei use.<sup>34</sup> This facility was detailed in the visitor report as well, which stated:

. . . [the] Commission built a Sanitorium for the hospitalization of Japanese TB patients. The hospital accommodates approximately 100 beds. The building was constructed as a permanent building so that it could be used after the war as a TB Sanitorium. The houses were also built by the Commission for patients during their convalescent period. Nurses quarters were also built by the Commission.<sup>35</sup>

The large costs reported in 1944 would have had to do with the building, maintenance, and staffing of this new facility. Additionally, since the category of cost considers “Hospital and Clinic” expenses, these costs could have been incurred because of other health needs, which the visitor report also alluded to in its description:

The well equipped local hospital serves the needs of the whole adjustment district covering New Denver, Rosebery . . . A resident white doctor is in charge of the medical work in the entire area and is assisted by a fully qualified Japanese medical doctor. There is also a resident Japanese dentist located in this Project, and also a resident Japanese Optometrist who is fully qualified to conduct this work.<sup>36</sup>

Further to these descriptions, one of the satellite locations for New Denver, Rosebery, is detailed in the BCSC visitor report. In reference to Rosebery the report stated:

[t]his Project is served by the hospital in New Denver, but is supplied with a first aid post in charge of a Japanese nurse’s aid who is on duty at all times.<sup>37</sup>

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<sup>34</sup> Adachi, *The Enemy Who Never Was*, 263.

<sup>35</sup> New Denver, pp. 3-4, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa.

<sup>36</sup> New Denver, pp. 3-4, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa.

<sup>37</sup> Rosebery, p. 4, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa.

This mention of the hospital in New Denver within the description of medical and hospital facilities at Rosebery further supports the centrality and importance of the facilities at New Denver – in a similar fashion to the importance of the Slocan hospital in the Lemon Creek passage. As well, the first aid post which is reported to be in Rosebury, once again indicates the importance of a building which can be directly identified by Canadians and international visitors, as a medical institution which was provided by the federal government and continues to be the source of sufficient health care for the Nikkei at any given location.

Nikkei recollections of the health care provisions in New Denver also support that this was truly the central place and institution for formal medical care in the British Columbia interior. Jean Shigeko Kitagawa who worked as a medical secretary in Hastings Park in Vancouver continued to perform that role at the Sanitarium, “the San,” in New Denver. She worked under Miss Boyd, a white nurse, who served as the Matron at the New Denver Sanitarium from 1942 to 1944.<sup>38</sup> Kitagawa recalled that Dr. Uchida was the physician in charge and physically present, even though a Caucasian doctor was the head of the institution formally. Furthermore, she added that “[t]he Nisei were hired as nurses because the patients were Japanese but the supervisors were all white.”<sup>39</sup> The nurses, like the Nikkei physicians, were subjected to racialized stereotypes and understandings that their work in health care was inadequate and had to be supervised at all times by more qualified, white professionals. In his recollection, Dr. Henry Shimizu remembered moving to New Denver as a young man to “help build the houses for the internment camp.” But, interestingly, he also noted that he was “not aware [that] there was a TB Hospital in Hastings Park,” yet he was among those responsible for the building of the

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<sup>38</sup> “New Denver Sanatorium,” Hastings Park 1942, accessed July 15, 2017, <http://hastingspark1942.ca/history/new-denver-sanatorium/>

<sup>39</sup> “Jean Shigeko Kitagawa,” Hastings Park 1942.

new Sanitarium in New Denver which would come to replace the informal sanitarium which was set up within Hastings Park.<sup>40</sup>

The continued mention of the Sanitorium within expense reports and visitor reports, as well as the permanent nature of the institution which the federal government promoted, suggested the centrality of tuberculosis to the history of health and health care for the Nikkei during forcible relocation. Like other immigrant populations at the time across North America, tuberculosis had come to be associated with them and, often, with those among them who were poor. Indeed, as Sheila M. Rothman states in her work, by the turn of the 20<sup>th</sup> century, tuberculosis was a disease of the “others.”<sup>41</sup> In Canada, from the late 19<sup>th</sup> through 20<sup>th</sup> centuries, tuberculosis has been widely associated with ethnic minority groups and with Indigenous populations – both of which are perceived by the mainstream as “other” and are typically of lower economic standing. Therefore, from the onset of the forcible relocation plan, tuberculosis was of central concern to the government. It sought to provide appropriate care and eventually eliminate the disease among the Nikkei population. This, ultimately, was out of the concern that this population could infect the white population with tuberculosis and perhaps, could have been of central and timely concern during relocation because the Nikkei were moving near more white Canadians.<sup>42</sup>

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<sup>40</sup> “Dr. Henry Shimizu,” Hastings Park 1942, accessed June 7, 2017, <http://hastingspark1942.ca/hastings-park-stories>

<sup>41</sup> Sheila M. Rothman, *Living In the Shadow of Death: Tuberculosis and the Social Experience of Illness In American History* (New York: BasicBooks, 1994), 181.

<sup>42</sup> For more on the history of tuberculosis and Indigenous populations in Canada, see Sara Komarnisky, Paul Hackett, Sylvia Abonyi, Courtney Heffernan, and Richard Long, “‘Years Ago’: Reconciliation and First Nations Narratives of Tuberculosis in the Canadian Prairie Provinces,” *Critical Public Health* 26 (4) (2016): 381-393; Laurie Meijer Drees, *Healing Histories: Stories from Canada’s Indian Hospitals* (Edmonton, Alberta: The University of Alberta Press, 2013); Maureen K. Lux, *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s* (Toronto: University of Toronto Press, 2016). To the best of my knowledge, there have been no Canadian historians who examine tuberculosis and Japanese Canadian populations. There are some works on Japanese Americans and tuberculosis. See, H. E. Bass and G. D. Carlyle Thomspn, “Incidence of Tuberculosis in Japanese-Americans,” *American Review of Tuberculosis*, 52 (no.1) (July 1945): 46-50; Rothman, *Living in The Shadow of Death*, part 4; Monica Itoi Sone, *Nisei Daughter* (Seattle: University of Washington Press, 1979), 136-143.



In addition to the information which these reports provided about the central importance of New Denver's medical facilities, particularly the Sanatorium, there was also a brief passage about Lethbridge, Alberta, in the BCSC visitor report and the health care facilities made available to the Nikkei there. The descriptive report included a passage on the "Medical and Hospital Facilities" for the 5006 Nikkei reported to be living in this Albertan community.

Among various details provided by the report is the opening statement:

The commission have contracts with the various hospitals in this area, and medical attention is under the supervision of Dr. Murray who acts in the capacity of Medical advisor to the Commission. We do not have a Japanese doctor in this area. Dental treatment is supplied by local dentists within the area.<sup>43</sup>

This general description of the medical facilities available in this Albertan locale, where most of the Nikkei in the province were concentrated, provides a direct description about the medical care available to them via the same medical institution which was emphasised by the government at other relocation sites – the hospital. The most important aspect of this description is the fact that the Commission had "contracts" with local hospitals that were to provide care to the Nikkei who required it. The report goes on to explain:

Hospital arrangements have been very satisfactory, and we have had no complaints from the Japanese people, either as to their treatment in the Occidental hospital or their admittance to these hospitals.<sup>44</sup>

Once again, the federal government through these BCSC reports has emphasised access to hospital care as the evidence for sufficient health care. The physical structure of the hospital would, in Alberta like in British Columbia, prove that the federal government had followed through on the commitment to ensure the Nikkei had sufficient medical care during relocation.

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<sup>43</sup> Lethbridge, pp. 10-11, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa. Dr. Murray served as the medical advisor to the BCSC for Alberta, according to this passage. What he did and what this informal title entailed was not specified, but his role in medical care in Alberta for Nikkei during forcible relocation could be an avenue for further research.

<sup>44</sup> Lethbridge, pp. 10-11, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa.

Furthermore, the details that the visitor report provides about the health care provisions for the Alberta Nikkei demonstrated how health care was one aspect of the experience of relocation that varied among the Nikkei depending on place. Its inclusion suggested that the BCSC recognized a spectrum of responsibility and jurisdiction over paying for medical and health care needs of the Nikkei. The report on Lethbridge even alluded to an important aspect of Nikkei medical care that was not mentioned in the descriptions of other locales, particularly those of interior British Columbia – the distinction of self-supported families. The report closed by stating:

Japanese families who are self-supporting in this area are paying their own hospital accounts. The Commission are only taking care of these accounts [tallied above]. . .<sup>45</sup>

Why this clarification was included here and not with other centres is likely reflective of the larger number of Nikkei who were self-supported in Alberta compared to other locations. But, it is nonetheless indicative of the fact that the BCSC recognized self-supporting communities as being responsible for their own health care and therefore provides a reason for their lack of inclusion in expense reports. Their absence however from the BCSC report suggests that the federal government did not cover the health care costs for all Nikkei.

The complete lack of expense information or visitors reports about the self-supported communities of Nikkei in British Columbia complicates our understanding of the responsibilities of the BCSC. The silence reveals the limitations of the BCSC's health care provisions, even though the health care reported in these government documents was recorded as sufficient. Indeed, there were about 1000 Nikkei who were allowed to relocate to the Bridge River Valley region of British Columbia – including the Nikkei physician Dr. Masajiro Miyazaki – who are

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<sup>45</sup> Lethbridge, p. 10-11, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30 1945, *British Columbia Security Commission*, LAC, Ottawa.

not accounted for in these reports. These Nikkei – their health care and the facilities which were supporting such care – are not mentioned in the official BCSC expense reports or visitors reports to relocation centres, from 1942 to 1944. This suggests a differentiation in the level or responsibility for health care provisions which the BCSC was providing to various Nikkei depending on where they lived during forcible relocation. In order to deduce these differences in experiences of forcible relocation, Nikkei accounts of the medical care at self-supported locations are of central importance to consider, as shown in Chapter 3.

Thus, there are some precise details which the examined Expenditure Reports and visitor reports from 1942 to 1944 would suggest. They indicate that in the official discourse among the BCSC, and by extension the Canadian government, by July 1942 there were health care provisions at the Hastings Park collection centre, as well as the interior settlement locations of Slocan and Sandon in British Columbia. Furthermore, they suggest that these health care provisions relied on the successful operation of a hospital as the central health care facility. Then, by March 31, 1944, expenses from new locations would suggest an expansion of medical care based on the movement of the Nikkei to further interior locations. This 1944 report continued to emphasise hospitals and western-style modern medical facilities. The amount of spending is furthermore reflective of the population clusters of the Nikkei in particular locations – so, the concentration of health care spending in Slocan and New Denver as central communities for many satellite towns within their vicinity. And, further to that, the lack of spending reported in other locales can be suggestive of many potential aspects of the limitations within these reports themselves, including no discussion of self-supporting health care provisions in other areas of Nikkei forcible relocation, a lack of reporting by the BCSC from certain areas,

or a difference in jurisdiction in other locales which may once again suggest that some self-supporting communities are missing from these government reports.

This begs the question, why would the government be so concerned with providing these facilities, and by extension paying for them, when keeping the costs of forcible relocation low was central to their goals. Historian Mona Oikawa suggests that the overall goal of having hospitals within the relocation centres in Canada was another method of ensuring the Nikkei did not have a reason to re-enter the protected area where they originated. Further to this, I would suggest the presence of hospitals had two related purposes for the Canadian government. First, they were a physical structure which could be seen and understood by the public and visitors as a health care facility. Then, further to this, reports of hospitals within Nikkei relocation sites allowed for the government to present their actions as positive – internally and externally. For instance, Canada could present concrete financial evidence of health care costs to Japan as a tactic of ensuring Canadian prisoners of war were being treated as fairly as the Nikkei in Canada. Or, this information could be used to appease third party interests, such as the International Red Cross or the protecting power of Japanese interest in Canada, the Spanish Consul. Most likely, reports from the government on the provisions of health care services to the Nikkei would be another avenue for Canadian citizens to support the action plan of forcible relocation – at the time, or in the future. For the Canadian public, these reports, and the eight hospitals that they reported were build or adapted for the Nikkei in government-relocated government-supported relocation communities in British Columbia, could serve as another example of how the Nikkei were not being negatively impacted by the forcible relocation.<sup>46</sup>

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<sup>46</sup> Or, these reports could be the cause of some anger from Canadians, since some reports claimed that they Nikkei were receiving better medical care than other Canadians. This was also a concern shared by American citizens surrounding the care that Japanese Americans received in their camps. See, Adachi, *The Enemy That Never Was*, 232.

Thus, these documents indicate a great deal about the physical make-up of these health care facilities, and the physical structures put in place by the federal government. However, they also generate more questions about the quality and accessibility of health care for the Nikkei. Some of these questions can be answered by looking to third-party reports on the conditions within various forcible relocation sites, such as the International Red Cross delegate's correspondence and report on the interior settlement centres, and the Royal Jackson Commission's Report.

Chapter 2: Third Party Reporters: The International Red Cross and the “Royal Jackson  
Commission”

In addition to the British Columbia Security Commission (BCSC) Expense Reports that documented the costs and logistics of providing health care to the Nikkei, there were delegations and commissions which the Canadian government facilitated to investigate the care of the Nikkei in Canada during their forcible relocation. Following the creation of the BCSC in March 1942 there was a delegation that toured some interior settlement centres from January 11-19, 1943, which included an International Red Cross representative. Then, from December 20, 1943, to January 12, 1944, members of a Royal Commission visited select relocation centres in a similar fashion to the delegation the prior year. By examining evidence from these two groups of visitors to the relocation centres it is possible to deduce that even these “third-party” reports were producing the same rhetoric as the BCSC in suggesting that the Canadian government was providing sufficient health care to the Nikkei during their forcible relocation.<sup>1</sup> Health care appears within these reports as an important part of Nikkei welfare, and therefore serves as a central aspect of the Canadian government’s justification that their actions did not produce hardships for, or mistreatment of, the Nikkei during World War II.

In late 1942 the Canadian government put together a group of men, delegates and representatives from international organizations and some Canadian government representatives, who would visit the camps. The two central participants in this visitor group were the Canadian

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<sup>1</sup> An examination of health care adds to the already established conversation about mistreatment and Nikkei counter rhetoric about forcible relocation which has been developed by Canadian scholars such as: Ann Gomer Sunahara, *The Politics of Racism: The Uprooting of Japanese Canadians During the Second World War* (Toronto: J. Lorimer, 1981); Ken Adachi, *The Enemy That Never Was: A History of the Japanese Canadians* (Toronto: McClelland and Stewart, 1976); Stephanie Bangarth, *Voices Raised in Protest: Defending Citizens of Japanese Ancestry in North America, 1942-49* (Vancouver: UBC Press: 2008); Roger Daniels, *Concentration Camps, North America: Japanese In the United States and Canada during World War II* (Malabar, FL: R.E. Krieger Pub. Co., 1989).

representative of the International Red Cross, who was a Swiss national living in Montreal, and the Consul General of Spain, who represented the Protecting Power of the Japanese in Canada.<sup>2</sup> The report by the International Red Cross entitled “Report on Visits to Settlements of Japanese Removed from the Defence Area on the Pacific Coast in the Province of British Columbia, Canada,” provides a look at an early federally mandated inspection and report on Nikkei living conditions and provisions which the Canadian government organized. The report serves as an example of official reports that included details about sufficient health care provisions. The reliability and importance of health care provisions, especially during wartime, would have served the Canadian government well in any potential need to justify their actions internally or externally. These very details could have been used to support official discussions and justifications for Nikkei mass removal. As early as May 18, 1942, there were letters exchanged detailing how an International Red Cross delegation was being organized by the Canadian government.<sup>3</sup> The letter stated that in addition to a representative from the International Red Cross the delegation would include a representative from the Department of External Affairs, and a neutral, third party representative from the Spanish Consul General in Canada. It went on to state that each representative had their own interests in assessing the living conditions of the Nikkei. The Spanish representative, as the delegate of the Protecting Power, was interested in the “hospital and . . . the equipment therein.”<sup>4</sup> Meanwhile, the International Red Cross delegate, the letter stated, was Mr. Ernest L. Maag of Montreal who was “a Swiss national and an active,

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<sup>2</sup> For more on the Spanish Consul as the “protecting power” of Japanese nationals see, Mona Oikawa, *Cartographies of Violence: Japanese Canadian Women, Memory, and the Subjects of the Internment* (Toronto: University of Toronto Press, 2012), 50.

<sup>3</sup> Letter introducing the visitors of the International Red Cross delegation, 18 May 1942, in Visits by Reps. Of Spanish Government to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942-1943, Department of External Affairs Fonds, RG25, Series G-2, Vol. 2937, file 2966-0-40, pt 1, Library and Archives of Canada (LAC), Ottawa.

<sup>4</sup> Letter introducing the visitors of the International Red Cross delegation, 18 May 1942, LAC, Ottawa.

vigorous, and very intelligent man.” His interests and focus on this inspection tour would be “in the sick, in collective treatment of invalids, and in the help of particular patients.”<sup>5</sup>

As a Swiss national and the designated International Red Cross representative in Canada, Mr. Maag’s interest in the health care of the Nikkei was not surprising, and certainly his preliminary and official reports on this visit which followed this introductory letter reflect this particular emphasis in his inspection of the Nikkei’s living conditions. Indeed, Mr. Maag did have previous experience with mass relocations and people’s subsequent resettlement. He was directly involved with inspections of other Canadian relocation camps and prisoner of war camps. In September 1940, he had made an inspection trip to Camp Petawawa (Camp 33), a prisoner of war internment camp in southern Ontario. This inspection trip, much like the one he later made to the interior settlements centres of the relocated Nikkei population, was to determine the quality of the living and working conditions for the internees and to ensure that the Geneva Convention’s protocols were being honoured within this camp.<sup>6</sup> At this time, Maag would have been working within the specific protocols set out by the 1929 Geneva Convention relative to the Treatment of Prisoners of War, which specified that prisoners of war should “at all times be humanely treated and protected.”<sup>7</sup> Many of the details that he included in these previous reports on Canadian internment camps and the concerns which he raised in his report were repeated in some fashion throughout his report on the Nikkei interior settlements.<sup>8</sup> For instance,

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<sup>5</sup> Letter introducing the visitors of the International Red Cross delegation, 18 May 1942, LAC, Ottawa.

<sup>6</sup> “Canadian Internment Camps,” Petawawa Heritage Village, <http://www.petawawaheritagevillage.com/history/canadian-internment-camps>, accessed Sept 20, 2017.

<sup>7</sup> “Convention relative to the Treatment of Prisoners of War,” Part 1, General Provisions – Article 2. Geneva, 27 July 1929, <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/ART/305-430003?OpenDocument>. These protocols have since been replaced by the protocols of the 1949 Geneva Convention, but prior to the end of World War II Maag would have been attentive to the 1929 protocols.

<sup>8</sup> For instance, he was interested in ensuring family members were supported outside of the internment camps and cared for if they were ill, and therefore being kept elsewhere and away from relations within settlements or camps. For example, see “Letter addresses to Vincenzo Poggi,” Memories of World War II, [http://www.italiancanadianww2.ca/collection/details/ldicea2011\\_0017\\_0007](http://www.italiancanadianww2.ca/collection/details/ldicea2011_0017_0007), accessed Sept 20, 2017.



he emphasised medical technologies and advancements as central aspects of his interpretation of hospital facilities as adequate or not, and the importance he placed on prisoner accessibility to family members who were ill, were both important trends which were repeated in his report on Nikkei interior settlement health care conditions.<sup>9</sup> What is not revealed in his report, however, is whether or not Mr. Maag, or the Canadian government, was openly labelling the Nikkei as prisoners of war. Evidently, a connection or similarity in their treatment and living conditions had been made to some extent because Mr. Maag's expertise in prisoner of war camp conditions, which were to remain in line with the 1929 Geneva Convention protocols, was deemed necessary in assessing sufficient provisions of health care.

Mr. Maag's expertise was therefore utilized by the Canadian government and his contribution to supporting their actions of forcible relocation of the Nikkei came in the form of his positive reviews of health care provisions via the preliminary and official reports of his visit. All preliminary reports, as well as his final official report, were submitted to the Department of External Affairs in Canada and to the International Red Cross headquarters in Geneva, Switzerland. By February 4, 1943, Mr. Maag was sending preliminary reports of his visit to the attention of Mr. Alfred Rive of the Department of External Affairs. The short preliminary report provides examples of the type of details which Mr. Maag would come to include in his more detailed final report on the state of medical care provided to the Nikkei in interior British Columbia and Alberta. His preliminary description of the delegation's visit to Nikkei settlements stated that they began their tour "with the TB hospital [in] Vancouver," and ended their tour in Nelson, British Columbia.<sup>10</sup> Maag further noted that they saw the settlements in and around other

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<sup>9</sup> "Letter addresses to Vincenzo Poggi," *Memories of World War II*.

<sup>10</sup> Ernest L. Maag to Mr. Alfred Rive, 4 February 1943, in *Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25*, Department of External Affairs Fonds, RG25, Series G-2, Vol. 3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

British Columbia settlements, including Greenwood, Sandon, Kaslo, Slocan, New Denver, and Tashme and the satellite towns which circled them. He went on to discuss health care issues throughout the last half of his preliminary report. He stated:

Hospitals with competent white and Japanese staffs are established within or near all settlements and 200 bed TB hospital is nearing completion at new Denver . . . Medical and dental care available to all.<sup>11</sup>

Even within this preliminary report there was a sense of the fulfillment, and indeed even an excess of provisions, for the medical care of the Nikkei. Maag was able to suggest, even in two short paragraphs, that the medical care available to the Nikkei at interior settlements in British Columbia was sufficient and that there were steps being taken to continue to provide the most modern medical treatment for this community.<sup>12</sup>

Indeed, in his full-length report these sentiments were continued and elaborated on regarding his visit to the Nikkei interior settlements. On February 22, 1943, Mr. Maag wrote to Mr. S. Morley Scott of the Department of External Affairs that he was “enclosing herewith a copy of [his] report dated February 19, 1943 covering the settlements of Japanese in British Columbia and Alberta.”<sup>13</sup> The report, which he sent to the Department of External Affairs, was the official report of the International Red Cross on Nikkei conditions in Canada. For several pages the report detailed the living conditions and provisions provided to the Nikkei. Maag documented his impressions of the medical provisions made at eight hospitals at several interior settlement locations and further locations with medical centres or where medical provisions were of interest, even if there was no BCSC or local hospital that he had inspected. The tone and aims

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<sup>11</sup> Ernest L. Maag to Mr. Alfred Rive, 4 February 1943, LAC, Ottawa.

<sup>12</sup> Ernest L. Maag to Mr. Alfred Rive, 4 February 1943, LAC, Ottawa.

<sup>13</sup> Ernest L. Maag to Mr. Morley Scott, 22 February 1943, in Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25, Department of External Affairs Fonds, RG25, Series G-2, Vol. .3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

of the report are evident from his statements. His general tone was positive when addressing medical and health provisions. Furthermore, his sense of the medical professionals' ability to provide good care was also reported in a positive light. Though overtly positive in its observations and summaries, the report also contained indications of the hardships and obstacles which the Nikkei's health care providers were dealing with and chose to be vocal about. Therefore, his report was at times contradictory and provided insight into the lived realities of these health care providers and patients, and the health care made available to the masses of relocated Nikkei in interior British Columbia and Alberta. His report also invoked the desired tone of the federal government at this time – one that used evidence of health care institutions to verify that the consequences of their decision to relocate the Nikkei were not harmful and Canada, as a nation, was still acting democratically. By extension, this could plausibly be used by the government as positive reinforcement of its decision to forcibly relocate thousands of Nikkei from the west coast of the nation.

However, it is essential to note that Maag's report only discusses eight formal medical facilities, which he recognized within his western, modern medical understandings. The silences in his report are also telling of the Canadian government's, and indeed social and cultural, understandings of health care at the time. The informal health care provided to, and by, the Nikkei by such people as midwives, is not included in his report. The only areas of interest to Maag are the physical structures and provisions which are being made within western understandings of sufficient medical care at the mid-20<sup>th</sup> century which would prove that the government was providing care for this population and was acting fairly towards them.

Maag's positive report of the health care and medical provisions provided for the Nikkei began on January 9<sup>th</sup>, 1943, when he attended a meeting of the BCSC in Vancouver. However,

his first medical-related notes in his report are from two days later, when he visited the TB Hospital in Hastings Park, Vancouver. He claimed that the hospital was “still maintained . . . [for] a limited number of patients . . . namely 96, both men and women,” by the time of his visit in early 1943.<sup>14</sup> The presence of these patients at Hastings Park, after the rest of the Nikkei had left for interior settlements was also recalled by Jean Shigeko Kitagawa – the medical secretary at Hastings Park. She remembered, “by the end of fall 1942 . . . only the TB patients and the staff were left waiting for the sanatorium in New Denver to be built and completed. We survived the winter months with two small furnaces.”<sup>15</sup> That winter, Maag visited the institution and made his overall positive report of the conditions within the Hastings Park make-shift TB hospital. Canadian doctors and nurses continued to provide care to the patients who remained here, Maag’s report went on to state.<sup>16</sup> Maag made no mention of the Nikkei staff, such as Jean Shigeko Kitagawa, who were also left behind to care for the TB patients.

Reading further through the report, it becomes clear that the reason for the visit to the TB Hospital in Vancouver was to situate the building of the TB Sanatorium in New Denver in a more positive light. Immediately after the mention of the TB Hospital which was being maintained at Hastings Park, Vancouver, Maag went on to note that a new facility was being built in New Denver, which would house more patients and would be visited later in his travels. This brief visit to the make-shift tuberculosis hospital which was established within the

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<sup>14</sup>Ernest L. Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 1, in Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25, Department of External Affairs, RG 25, Series G-2, Vol. .3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

<sup>15</sup> “Jean Shigeko Kitagawa,” Hastings Park 1942, accessed June 12, 2017, <http://hastingspark1942.ca/hastings-park-stories/jean-shigeko-kitagawa/>

<sup>16</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 1, LAC, Ottawa.

confines of the Hastings Park collection centre would have given Maag, and his fellow delegates, a more positive view of the Sanatorium which was being built in New Denver for Nikkei with tuberculosis. Then, their subsequent report on the excellence of the institution at New Denver served the federal government well, because they intended for the Sanatorium at New Denver to be a permanent structure which was erected to address tuberculosis within the Nikkei population. The Sanatorium was intended to confine and treat the tuberculosis problem among the Nikkei, and was in line with contemporary perceptions of confinement as part of treatment of the disease and immigrant associations with the disease.<sup>17</sup> In order for the government's installation of the Sanatorium to be perceived as beneficial for the Nikkei, it is reasonable to see the delegates' visit to the temporary TB hospital at Hasting Park as strategic for two reasons. First, it showed how the government was addressing disease issues among the Nikkei in an immediate, although temporary, fashion. Second, it provided evidence for the need of a Sanatorium among the Nikkei and the federal government's benevolent action in building such an institution amid the chaos of a mass evacuation.

Maag's report then moved on to trace his travels out of Vancouver and into the interior regions of British Columbia. The first stop for the delegation was at the newly built and organized town of Tashme, which he stated was "built specifically to house Japanese evacuees."<sup>18</sup> With every entry of a town or area where there was a sizable population of Nikkei who were forcibly relocated, Maag noted the hospital or clinic facilities available. The details he provided about each locale's medical care and facilities usually included a description of the

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<sup>17</sup> Sheila M. Rothman, *Living In the Shadow of Death: Tuberculosis and the Social Experience of Illness In American History* (New York: BasicBooks, 1994), 181.

<sup>18</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 2, LAC, Ottawa.

state of the hospital or clinic itself and the medical practitioners who ran the facility – men and women, Nikkei and white. Beginning with Tashme, Maag provided these details for seven different interior locations with medical facilities of some degree, and medical care providers of varying degrees as well. His overall impressions were positive, despite the fact that some of the conditions that he described were not acceptable at all to the Nikkei community representatives and white camps supervisors with whom he interacted during his visit.

Maag's description of Tashme followed these trends, and set the tone for the remainder of the descriptions of the other five hospitals and medical centres which are described in his report. He began by noting the "large and modern hospital . . . under construction expected to be ready by the end of January" in Tashme.<sup>19</sup> This began his description of this interior settlement quite positively and places the hospital in this locale within the modern and ever-advancing understanding of what a hospital should look like.<sup>20</sup> Maag goes on to state, however, that the Nikkei residents of the area told him that the "medical services are claimed to be not satisfactory."<sup>21</sup> Even though there is "one British and one Japanese doctor and two nurses in the settlement . . . it is claimed that they are not usually responding to calls at night except in very urgent cases."<sup>22</sup> After noting this detail, he claimed that three people died within the settlement since its inception: a 58-year-old male who died of a heart attack, an 18-year-old male who died

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<sup>19</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 2, LAC, Ottawa.

<sup>20</sup> For a list of works that look at the history of Canadian hospitals and schools of nursing, see the directory of the McGill University Osler Library of the History of Medicine, which has the most complete and updated works. David Crawford, *Histories of Canadian Hospitals and Schools of Nursing* (Montreal: McGill University, 2008).

<sup>21</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 2, LAC, Ottawa.

<sup>22</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 2, LAC, Ottawa.

of meningitis, and a 54-year-old woman who died of cancer. Maag seems to be documenting these three deaths as a way to disprove the inadequate health care claims of the Nikkei. He does not name the individuals, and without further research there is no way of knowing who they were or if their deaths were because of the inability for the health care providers at Tashme to answer all calls, at all times. But, the simple assessment that only three people had died at the settlement centre seems to be a positioning tactic for Maag's later assessment of the health care provisions at Tashme as sufficient.

Then, his report shifts to name the practitioners at this centre:

The British doctor is Mr. Cook, M.D. and the name of the Japanese doctor is M. Shimokura, a graduate of Toronto University and also holding a Japanese degree.<sup>23</sup>

Another important trend in his reporting was established with these details – Maag always notes the Canadian university where the Nikkei physician from a given interior settlement centre received his medical degree. This inclusion may be in support of, and work to refute, a general sentiment in Canadian society that Nikkei physicians, or perhaps all minority physicians, were not qualified to do such work. While interesting in and of itself, this viewpoint cannot be proven through Maag's report alone, but certainly lines up with racist sentiments in Canadian society at this time.

However, more importantly, the quick shift away from the complaints made by the residents of Tashme and surrounding areas is notable, and perhaps most interesting, because Maag never returned to this issue, or attempted to address how it could, or should, be rectified. Instead, his report moved on to other descriptions of the people and Tashme as a place, including a discussion of the two road camps associated with the Tashme interior settlement centre. There

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<sup>23</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 2, LAC, Ottawa.

were obvious complaints and issues that were being raised during his visits, such as the inability or perhaps a lack of desire, for the physicians and nurses in Tashme to answer calls twenty-four hours of the day.<sup>24</sup> However, he chose not to focus on these in his official report. Perhaps with his position in the International Red Cross, it was outside of his area of expertise or expectation to make recommendations, but rather his role was solely to observe and document concerns. However, the language and structure of his report certainly presents a positive view of the medical care provided to the Nikkei overall, regardless of the concerns or issues which he may or may not have chosen to document in his official report as the International Red Cross delegate. Moreover, by not addressing these complaints as important or worthy of immediate attention, Maag's official *International Red Cross Report* reflected the Canadian government's outlook of sufficient medical care and provisions for the Nikkei during forcible relocation. His report ultimately is indicative of health care provisions being both an issue of services and of the political meaning behind sufficient health care.

Four pages later, Mr. Maag continued his descriptions of other interior settlement locations, including their medical provisions. The next location that he described which included details of medical facilities and providers was at Greenwood, British Columbia. Following the trend which Maag established with the description of Tashme's medical services and professionals he began by detailing the "hospital with fifty beds," which was located within the settlement. He then went on to name the physician who was in charge of the hospital, Dr. Burnett, "who [was] employed by the BCSC," and the matron, "Mrs. Randall, R.N. plus one

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<sup>24</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 2, LAC, Ottawa.



Japanese registered nurse and other helpers.”<sup>25</sup> Maag summarized the state of health care in this settlement by simply stating, “the general state of health is good.”<sup>26</sup> The chief complaint which he documented for this settlement was the difficulty for the Nikkei to receive travel permits to visit their sick relatives who were at other settlements. This, Maag noted, was being addressed by the Royal Canadian Mounted Police (RCMP).<sup>27</sup> Once again the tone towards health care in the Greenwood settlement was a positive one. Furthermore, the one criticism that was raised by the Nikkei at this settlement is documented as being addressed – another successful action taken by the appropriate government department and more evidence that Canada was acting appropriately.

Next, Maag and the other delegates visited Grand Forks, British Columbia, which was host to a self-supporting group of Nikkei within the interior of the province. Like other self-supporting groups, these Nikkei could approach the BCSC for medical assistance if they required it – something which Mr. Maag noted in his report. His complimentary outlook on medical care conditions was supported by his report on this locale also. He stated that there were “no complaints about medical care” from this group.<sup>28</sup> Later in his report, this representation of self-supporting groups as being content with the medical care provided to them continued, and

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<sup>25</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 6, LAC, Ottawa. This is the first of many times when “other help” is left unidentified in Maag’s report. I would suggest this refers to Nikkei nurse aides who, like their counterparts in the US Nikkei camps, did the day-to-day work of nurses while RN’s held administrative positions and physicians worked alongside both of these types of nurses, both Nikkei and white. Susan L. Smith, “Women Health Care Workers and the Color Line in the Japanese American ‘Relocation’ Centers of World War II,” *The Bulletin of the History of Medicine*, 73 (4) (Winter 1999): 585-601.

<sup>26</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 7, LAC, Ottawa.

<sup>27</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 7, LAC, Ottawa. This interest in mobility for the sake of caring for loved ones in other locations harkens back to Maag’s previous work with POW camps. See “Letter addresses to Vincenzo Poggi,” *Memories of World War II*.

<sup>28</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 8, LAC, Ottawa.

supported the conclusions provided about the interior settlements, which were produced by the BCSC in their own reports. Combined, these conclusions constructed an image of sufficient care being provided by the Canadian government to all relocated Nikkei in British Columbia and, later, Alberta and further east. This repetition of opinion and sentiments about health care for the Nikkei suggests an overall positive conclusion which the Canadian government wanted to produce, and reproduce, through such reports. These conclusions, in turn, allowed for many sources of justification which could help support Canada's actions against the Nikkei because, for instance, it could be proven by an *International Red Cross Report* that the move was not detrimental to their quality of health care.

From the self-supported community of Grand Forks, Maag travelled to Lemon Creek, British Columbia, arriving on January 15, 1943. This settlement, as he noted, was one of the "Slocan Extension[s]."<sup>29</sup> Although it was only an extension settlement, Lemon Creek had a small hospital at its disposal. He went on to clarify that this was "intended as a field hospital only . . . and [was] staffed by Dr. Sai."<sup>30</sup> The committee and representatives he met from this location, he further stated, were "satisfied with the medical care, although the equipment and medical supplies at the hospital are as yet limited."<sup>31</sup> Once again, Maag noted a problem but did not provide a solution with recommendations on how to rectify these shortages.

On the same day, Maag also made his way to another interior settlement location that had a hospital facility – Slocan City. Here, he noted that there was a "hospital with about 200 beds

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<sup>29</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 8, LAC, Ottawa.

<sup>30</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 8, LAC, Ottawa.

<sup>31</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 8, LAC, Ottawa.

and a nursery for newborn babies.”<sup>32</sup> This relatively large facility, by comparison to the others which Maag and his delegation visited, was under the charge of Dr. Kunitakahara, who Maag noted was a University of Alberta medical school graduate, and two nurses, as well as, other help. The complaints which Maag chose to include from this location centred once again on the availability of medical supplies in these remote regions of interior British Columbia. Here, it was stated that “medical supplies and medications are available only in limited quantities . . . .”<sup>33</sup>

However, arguably this was a problem for all regions of Canada during this time of war, not just this particular Nikkei-concentrated region. More important than the lack of supplies, which was a common obstacle in home-front medical care in Canada during World War II, and certainly in other nations as well, is Maag’s continued reporting trend of listing Nikkei medical providers’ concerns without indicating a directive or solution. His report indicated problems without proposing any solutions, and then finished with positive conclusions about the health care provided to this forcibly relocated population no matter the previously discussed issues – indicating that the overall goal of the report was to reinforce positive sentiments rather than any actual correction of problems or obstacles for Nikkei health care.

As Maag’s visits to interior settlement centres continued, these notes on limitations and problems in health care provision alongside an overtly positive conclusion about health care continued. For instance, this trend was present in Maag’s description of the medical services available at the interior settlement of New Denver, British Columbia – the next stop on his delegation’s trip. This description was long and full of revealing details about the infrastructure

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<sup>32</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 10, LAC, Ottawa.

<sup>33</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 10, LAC, Ottawa.

within this interior settlement and the people who were running the various medical facilities for the Nikkei in New Denver, and its surrounding satellite communities. Maag stated:

Dr. Arnold Francis is in charge of medical care and he has at his disposal the so-called Slocan Hospital in New Denver and will also shortly have the use of the 200-bed T.B. Hospital which is under construction in New Denver and which has been mentioned before. Dr. Francis has the assistance of Dr. Uchida (University of Toronto), plus seven trained nurses . . . [H]e as well as his assistant are also visiting homes . . . [I]t is complained of that no first-aid kits are available at either Rosebury or the camps where firewood is cut. The situation, however, is being remedied immediately. . . . The new sanatorium for tubercular cases will be a showplace when finished.<sup>34</sup>

Once again Maag's description of the health care provided circulated around who the physicians were at this given location – the white doctor and the “assisting” Japanese doctor. As well, Maag's report once again emphasised the Canadian university where this Japanese doctor, Dr. Uchida, received his degree.

However, there is also a distinct difference within this entry on New Denver in that there was a proposed resolution documented – suggesting that the problem of limited first aid kits would be rectified. Why this is, and what made this demand different from others previously mentioned from other interior settlement locations is difficult to determine. Perhaps it could be attributed to Dr. Francis's level of involvement and his general support of the Nikkei doctors in the surrounding area. Dr. Francis was indeed known for working alongside, and in support of, Nikkei physician efforts in the area. For example, when the Nikkei doctors from the interior settlements petitioned the federal government for fairer wages and remuneration, Dr. Francis supported their claims and demands.<sup>35</sup> It is unclear at this point if that is why this demand was

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<sup>34</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *Internationale de la croix-rouge delegation au Canada*, 19 February 1943, 11, LAC, Ottawa.

<sup>35</sup> Spanish Consul General to Mr. Alfred Rive, 6 December, 1943, in Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25, Department of External Affairs Fonds, RG25, Series G-2, Vol. .3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

noted as being addressed quickly or not, but Dr. Francis's opinion would have certainly furthered a cause. Additionally, this may be an aspect of medical provisions which are within Maag's jurisdiction to correct and therefore it was something he was able to note as being addressed in his official report. Regardless, this detail sets the complaint from New Denver apart from the others which Maag noted because it was (theoretically) being addressed in an immediate fashion.

Finally, of particular interest to Mr. Maag at New Denver was the tuberculosis sanatorium which was under construction at the time of his visit. As he had previously mentioned, this facility was intended for use by Nikkei patients, some of whom were still being housed and cared for at the Hastings Park collection centre in Vancouver, and were awaiting transfer to the completed facility. His summation that "the new sanatorium . . . will be a showplace when finished," further suggested Maag's appreciation for new medical technologies and modern facilities as the deciding factors in assessing and quantifying the modernity of a medical facility. These types of details, as previously stated, were not new to his reporting style and were similar to his reasoning for modern facilities and adequate care for Prisoners of War at Petawawa as well.

After documenting his visit to New Denver, Maag continued on to Sandon, British Columbia, on January 16, 1943. Though he listed many aspects and characteristics of the town and the Nikkei relocated to Sandon, he made comparatively very little mention of the health care provided at this interior settlement. Here he stated that there was a twenty-bed hospital under the control of Dr. Kuwabara, a graduate of the University of Alberta, plus a registered nurse and other help.<sup>36</sup> Maag did not note much else about this particular hospital other than to indicate that

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<sup>36</sup> Though Maag incorrectly notes in his report that Dr. Kuwabara was a graduate of the University of Manitoba, Dr. Kuwabara was a University of Alberta MD graduate. This is according to his own recollection and University of Alberta yearbook records. "MD Program," University of Alberta Medical School Class Photos, 1933-1942, accessed Sept 18, 2017, <https://cloudfront.ualberta.ca/-/media/medicine/ume/grad-class-comp-photos/md1934.gif>

it was “particularly clean and well appointed.”<sup>37</sup> There is no evidence that I have found which suggests Sandon’s hospital was exceptional or vastly different from the other interior settlement’s medical facilities, so the limited details provided here are an interesting anomaly. Perhaps part of the reason for the short entry about Sandon was that there were no complaints from this location and the people here, as he summarized, were happy and content.

The next location which Maag visited was Kaslo, British Columbia. This was the last interior settlement location for which Maag included descriptions of medical services and facilities which had been made available for the relocated Nikkei. The eighth and final hospital which he detailed was the one at Kaslo, which he described as a “hospital of fifteen beds and a staff of three nurses,” which was under the control of “their own Japanese medical doctor, vis. Shimotakahara . . . and the Canadian doctor . . . Dr. Gibson.”<sup>38</sup> Maag did not document any explicit complaints about the medical care or the supplies available for the medical practitioners in Kaslo. Rather, he noted demands by various Nikkei who wanted more information about the care of their family members who were in “the Mental Hospital in New Westminster, B.C.”<sup>39</sup> This passage in particular is where Maag’s interest in keeping family members in contact across various relocation centres comes through again, as it had previously with Italian prisoners of war at Petawawa.<sup>40</sup>

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<sup>37</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 12, LAC, Ottawa.

<sup>38</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 13, LAC, Ottawa.

<sup>39</sup> Maag, “Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia,” *International de la croix-rouge delegation au Canada*, 19 February 1943, 13, LAC, Ottawa.

<sup>40</sup> “Letter addressed to Vincenzo Poggi,” *Memories of World War II*.

Finally, Mr. Maag's travels and his subsequent report took him to southern Alberta where he made observations about the Nikkei population which had been relocated to that region. He noted that "there is a population of 2632 Japanese under the supervision of the B.C. Security Commission in this district known as the Alberta Project . . . ." <sup>41</sup> He visited three major centres where the Nikkei in Alberta were situated: Lethbridge, Picture Butte, and Raymond. Though he had three pages of descriptions for the conditions, including living situations of and relief payments made to the Nikkei who are in and around these centres in southern Alberta, there was no direct mention of the medical services made available to the people in this district of the Alberta Farm Plan. The only mention of medical care was a brief, generalized statement that "the care for the sick on the whole is adequate" throughout the whole Nikkei relocation scheme in Alberta. <sup>42</sup>

Apart from various Appendixes, such as population figure charts and maps of the interior settlements, which Maag provided alongside his written report, his notes on the Alberta Project and final general remarks were the end of his official report. Importantly, Maag only discussed eight hospital or medical care facilities. These were the formal medical facilities which he recognized within his western, modern medical understandings. The information about informal health care provided to the Nikkei, either from community outsiders or fellow Nikkei, would not have been recorded in this official document, even if they were of interest to Maag personally. This limitation in this record must be acknowledged because it, like the official government discourse which it supported, did not acknowledge a large segment of the health care provided

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<sup>41</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 14, LAC, Ottawa.

<sup>42</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 14, LAC, Ottawa.

for any community – Nikkei or otherwise. His report left out the care provided by people such as midwives, mothers, Japanese traditional health practitioners, and more.<sup>43</sup>

Maag's report was brief, sporadic, and limited in the scope of understanding about what medical care may be available to the Nikkei. However, it does provide some information about who was practicing and providing medical care in these locations – both the white and Nikkei. It also indicated some of the issues and obstacles that these health care providers were facing, from supply availability to staff shortages, which were leading to complaints about their staff ability to remain on call at all times. Moreover, his report presented a positive, decidedly sufficient evaluation of the health care provided to the Nikkei during their forcible relocation.<sup>44</sup> This was one of the reports upon which the Canadian government officials could, and likely did, base their understandings and public representations of the Nikkei relocation. This would have added to their formation of an opinion of some of the aspects of this forcible relocation. More specifically it would have constructed their understanding of the medical care aspects and issues involved with a mass, forcible relocation of an ethnic community. Indeed, this presented a positive outlook on the Nikkei's condition and an overtly "can-do" attitude of the level of care the medical professionals were capable of, and currently, providing. Similar to the official discourse across various government levels, Maag's official report for the International Red Cross is therefore an important consideration for understanding how others, particularly those in positions of power within the government, may have perceived and disseminated information about the quality of medical care for and by the Nikkei.

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<sup>43</sup> Susan L. Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950* (Urbana: &University of Illinois Press, 2005), 17 and 169.

<sup>44</sup> Maag, "Report on visits to settlements of Japanese removed from the Defence Area on the Pacific Coast in the Province of British Columbia," *International de la croix-rouge delegation au Canada*, 19 February 1943, 17, LAC, Ottawa.



Similar to the report which Maag produced as part of a visiting delegation in early 1943, the Royal Jackson Commission was another example of a group of people who were organized and invited by the Canadian government to visit some of the Nikkei relocation sites. The Royal Jackson Commission was created by the federal government in late 1943 and would add to documentation of the medical care and provisions made for this population. The Commission was “appointed pursuant to PC # 9498, to enquire into the provisions made for the welfare and maintenance of persons of the Japanese race resident in settlements in the province of British Columbia.”<sup>45</sup> The Commission was chaired by Dr. F.W. Jackson, the Deputy Minister of Health and Public Welfare from Manitoba. It also included Dr. G.F. Davidson, Executive Secretary of the Canadian Welfare Council from Ottawa, Ontario; W. R. Bone, Administrator of Social Services for the City of Vancouver, and Mrs. Mary Sutherland, from Revelstoke, British Columbia. These delegates represented federal, provincial, municipal, and public interests based on their varied positions. Therefore, this report, even more so than Maag’s *International Red Cross Report*, represented various government interests and provided a version of a cohesive discourse across the various levels of government in Canada which were all, at some time and in some way, involved with the relocation of the Nikkei.

Interestingly, Dr. Jackson, the chairman selected to head the Commission, was a delegate from the province of Manitoba – where there were Nikkei relocated by the BCSC through the Manitoba Farm Plan.<sup>46</sup> However, the Commission was not tasked with visiting the Alberta or Manitoba projects. Why the emphasis was on British Columbia is unclear, but it may have had to

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<sup>45</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 1, online archived publication, <http://publications.gc.ca/pub?id=9.828120&sl=0>.

<sup>46</sup> Expenditure to July 25, 1942, *British Columbia Security Commission*, Department of Labour Fonds, RG36-27, Volume/Box number: 42, File number: 3006, Library and Archives of Canada (LAC), Ottawa.

do with the larger population of Nikkei in British Columbia or with the diminished amount of government support and relief issued to the Nikkei in Alberta and Manitoba.<sup>47</sup> However, the fact that the chairman of the Commission was someone who likely had come in contact with these issues of providing sufficient care for this displaced community within his own province was not a coincidence. The other members of the Commission were also probably involved or had predecessors who were instrumental in the initial removal of the Nikkei from the coast. For instance, Commission member Mrs. Sutherland was also part of the Advisory Committee for the BCSC.<sup>48</sup> The experience of the provincial government in Manitoba, in relation to the observations and recommendations which are made in this report, would be an interesting point of comparison for future studies but, for the purpose of this study, it is the mention of medical care, provisions and complaints or concerns, which are the focus.

Unlike the *International Red Cross Report*, the structure and focus of this report was clearly outlined in the beginning and followed throughout the report. *The Royal Jackson Commission Report* began, therefore, by stating the four goals of the delegates upon their visits to all the locations they were scheduled to see, which were:

1. Discussion on camp management with the camp supervisor.
2. Meeting with the Japanese Camp Committee
3. Investigation of all situations alleged by the Japanese Camp Committee to be undesirable and visits to all parts of the Settlement accompanied by members of the Japanese Camp Committees.
4. A final discussion with the Settlement executives.<sup>49</sup>

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<sup>47</sup> Sunahara, *The Politics of Racism*, 79-83.

<sup>48</sup> "Removal of Japanese from Protected Areas," Report issued by *British Columbia Security Commission*, March 4, 1942 to October 31, 1942, pp 2-4, Department of Labour Fonds, Government of Dominion of Canada, RG24-G-3-1-a, Vol. 20292, File 934.009, published by the authority of the British Columbia Security Commission, Library and Archives of Canada (LAC), Ottawa.

<sup>49</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 2. Who these "Japanese Camp Committees" and "Settlement executives" were is unclear within the report, but based on other communication from Maag and other visitors to the camps, the "Japanese Camp Committees" were groups of 3-5 Nikkei, all men, who

In addition to this outlined formula for their visits and the report, the Commission had particular concerns which they tasked themselves with investigating. One such issue was “that the health of the people is adversely affected by inadequate housing and insufficient food and that this has resulted in increased illness and malnutrition.”<sup>50</sup>

*The Royal Jackson Commission Report* claims that the concerns which the Commission would address were established by the Commission, based on their visit to Tashme, the first Nikkei interior settlement center they visited. Tashme served as an example to the Commission of the general conditions within these British Columbian settlement centres. The subsequent centres they visited were reported on in relation to the concerns seen, or brought up by the Japanese Camp Committee at Tashme.<sup>51</sup> Ultimately though these concerns were related to maintenance and welfare provisions for the Nikkei that the Department of Labour was responsible for, pursuant to Order-in-Council P.C. 946 (PC 946). It appears, from the pre-amble within the report from the Royal Jackson Commission, that the Department of Labour wanted to ensure that these responsibilities were being fulfilled, hence the ordering of the royal commission through Order-in-Council P.C. 9498 (PC 9498). It remains unclear, however, what initiated the Department’s desire to check that their responsibilities were being fulfilled – it may have been that Nikkei were raising concerns to the BCSC. But, further research into the communication,

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were among the Nikkei sent to build or renovate the “camps” before others arrived en masse. They represented the interests of the Nikkei within their relocation communities. Further research is needed to confirm who these groups were composed of at each camp. The difference between them and the Settlement executives is that the executives were white men, typically designated by the BCSC to fill that role at a select camp. More often than not, the executives did not readily take the side of the Japanese Camp Committee when requests or demands were made. For more on both these groups, see Sunahara, *Politics of Racism*, 93-96.

<sup>50</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 3.

<sup>51</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, pp 2-3.

exchanged throughout the fall of 1943, between the BCSC in British Columbia and the Department of Labour representatives in Ottawa would be necessary to fully understand what began this demand for a review of provisions.

With this structure and the responsibilities of the Department of Labour to the welfare of the Nikkei in mind, the Royal Jackson Commission visited various British Columbian interior settlement locations from December 20, 1943, to January 12, 1944.<sup>52</sup> “Medical Care” was a main category of consideration when looking at the general well-being and provisions for the Nikkei. The findings of the Commission regarding medical care were generalized and very positively constructed, similar to the *International Red Cross Report*. For instance, the findings began in a general sense by stating, “at all interior settlements Your Commission found an excellent programme of medical care including hospitalization, medical and dental services.”<sup>53</sup> This generalization that the entire settlement operation in interior British Columbia was providing “excellent” medical care was an over-simplification of the diverse levels of medical care and services available to the Nikkei from place to place. However, this was the official federal government report which would be used to justify and defend the adequacy of the care which the Nikkei were receiving within the interior settlements. Furthermore, the Commission’s report was, like Maag’s *International Red Cross Report*, a tool with which Canada could support their sufficient care of the Nikkei. This could be in conversation with Japan – in order to ensure that Canadian prisoners of war were treated with the same level of care – or with the Canadian public

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<sup>52</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 1.

<sup>53</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 11.

who could see, because of such reports, that the Nikkei did have sufficient welfare considerations being met despite any Nikkei complaints the public may hear.

The report then goes on to say:

Sufficient hospital beds are provided by the B.C. Security Commission or arranged for through local hospital facilities. Well-staffed medical clinics are established at each centre. Your Commission is gratified to note that the emphasis on the medical programme is on the prevention of disease. Accepted immunization procedures are carried out at each of the Settlements and practically all children have been protected against smallpox, diphtheria, scarlet fever, typhoid fever, and whooping-cough. Pre-natal and baby Clinics are available at all Settlements and are well patronized by the Japanese people. School medical services are also provided. Both Occidental and Japanese Doctors are employed on a full-time basis, in centres where there are no local Doctors available or are used to augment the local Physicians.<sup>54</sup>

This summary report of the medical conditions raises new topics of concern, such as public health, immunizations, baby clinics, and school health, while also containing details and facts that Maag included in his earlier report. Like with the *International Red Cross Report*, adequate and modern hospital facilities were of the utmost importance to the Royal Jackson Commission analysis of the quality of health care provided for the Nikkei. This was further supported and emphasised in the report when it continued on to note that the “B.C. Security Commission’s hospitals are well constructed and adequately staffed.”<sup>55</sup> Furthermore, the prevention of contagious diseases through immunization was seen as central to the medical care of this immigrant community, chiefly circulating around the discussion of tuberculosis through isolation and hospitalization. The report stated, “tuberculosis has always been a serious problem amongst the Japanese people. To combat this the B.C. Security Commission has established a Sanatorium

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<sup>54</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 11.

<sup>55</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 11.

at New Denver.”<sup>56</sup> These two points were repeatedly the focal points of this report, placing hospitals and disease prevention – via public health education and practices or institutions – central to the discussions of health care for the Nikkei.

Whether or not these were truly the central health care concerns of the Nikkei is debatable. But, these were the points which both official reports focused on, suggesting a number of things about the nature of the official discourse surrounding the medical care provided to the Nikkei during relocation. Primarily, it would suggest that these reports were a time for the Canadian government, at various levels, to take the opportunity to prove the sufficient level of care which the Nikkei were receiving. In proving that the Nikkei were receiving good medical care at the interior settlements, the government was able to use health care provisions as a way to justify that their forcible relocation plan and actions were not negatively impacting the Nikkei.

This documentation of the sufficient level of health care was constructed within the mainstream, white, majority population’s understanding of what sufficient health care looked like. The importance of the hospital, as well as the prevention of contagious diseases which were associated with minority groups and children at this time, reflect this point of view within the official reports and subsequent official discussions based on these reports’ findings. This western understanding of medical care was further supported through the scientific study which the “Royal Jackson Commission” conducted in order to prove that the “Japanese people [were] exceptionally healthy.”<sup>57</sup> This conclusion in particular suggests the central aim of the report was to justify the government’s treatment of the Nikkei.

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<sup>56</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 11.

<sup>57</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 12.

One of the ways that the Commission proved that the Nikkei were provided sufficient health care and were indeed healthy was by documenting the examination of 1,319 Nikkei children within the interior settlements of British Columbia. These children, according to *The Royal Jackson Commission Report*, all proved to be of average height and weight compared to Nikkei children of their same age and weight group prior to evacuation. Indeed, for the Commission this sufficiently proved that the Nikkei, and the children in particular, were not being malnourished or going without sufficient medical care to ensure their healthy growth. This study's findings therefore effectively disproved, in the eyes of the Commission, the concern initially raised at Tashme that there was "insufficient food . . . increased illness and malnutrition of children . . ." which was one of the central complaints that they charged themselves with investigating at the onset because it directly related to the Department of Labour's mandate to provide maintenance and welfare assistance to the Nikkei during relocation.<sup>58</sup> The emphasis on the children, the younger generation of the Nikkei, is an interesting decision on the part of the Commission. The Commission's study did not demonstrate that there was no malnutrition among the older generations of Nikkei who were also within the interior settlements or those who were living elsewhere. Rather, the emphasis on children seems to suggest the future success of this ethnic community not being hindered by the relocation efforts, and, perhaps even more so, could be considered another tactical decision on the part of the Commission and the federal government to show that even the vulnerable segment of the population – children – were being sufficiently cared for. This was another method and avenue for proving the legitimacy of the Canadian government's actions and that the Nikkei have not been harmed in the process.

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<sup>58</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 3.

The final, central statement made by the Commission regarding medical care was a positive one. It claimed that “the medical care provided at the interior settlements for the Japanese people exceeds that received by the average Canadian.”<sup>59</sup> There was no context provided for this statement – whether the Commission members meant emergency care, general care, or they were specifically comparing this to the level of medical care provided within one province is not clear. However, this powerful and clearly positive statement, leaves readers of the “Royal Jackson Commission” convinced that the Nikkei were not suffering from poor medical conditions. As an important part of general welfare, sufficient health care was therefore a central aspect of the Canadian government’s justification for their treatment of the Nikkei during World War II.

Due to this explicitly positive summary of the health care provided to the Nikkei, there were few recommendations made by the Commission for changes or enhancements of the medical care. The “recommendations” merely state that the “tuberculosis case-finding programme [should] be extended to all Settlements,” and recommends that the Japanese Nurse at Kaslo, who was hired by the BCSC, be placed in charge of a larger programme of public health education among all the Nikkei at the interior settlements in British Columbia.<sup>60</sup> There was no recommendation regarding the need to address insufficient staffing or medical supplies being

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<sup>59</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 12.

<sup>60</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 12. This was seen in the American Nikkei camps as well. As a collected and contained group the Nikkei in both countries could not avoid public health programs which were put in place at their centres. Further research is needed to know how, or if, such programs were started in Canada. However there has been some documentation of this in America. Edna A. Gerken, “Health Education in a War Relocation Project,” *American Public Health Association* Vol 33, (1942): 357-361.



difficult to acquire – something which was likely not entirely rectified within the year since the *International Red Cross Report*.

This final recommendation also hints at a larger and central issue which the Royal Jackson Commission and the *International Red Cross Report* spoke around, but never directly about. Both reports suggest that the staff, white and Nikkei, were capable of providing the necessary care for the Nikkei. The Royal Jackson Commission even recommended a Nikkei registered nurse be put in charge of a contagious disease education programme throughout the interior settlements. However, neither address the hardships and the difficulties that these medical practitioners faced in delivering this care. Certainly, the health care may have been adequate for the Nikkei, but by whose hard work and effort was it delivered in this fashion? The explicitly positive assessments of health care in these reports was made possible by the efforts of the physicians and nurses – Nikkei and white – who were working among the Nikkei interior settlements, and further afield in Alberta, Manitoba, and Ontario.<sup>61</sup>

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<sup>61</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 11.

### Chapter 3: The Case of Dr. Masajiro Miyazaki: A Doctor's Experience of Relocation

Dr. Masajiro Miyazaki was one of the physicians who worked among his own forcibly relocated community of Nikkei. He was one physician whose successful work contributed to positive reporting and a positive assessment of health care provisions within government documents. His story offers insight into the lived, real experiences of those who were providing the “excellent programme of medical care” for the Nikkei.<sup>1</sup> Dr. Miyazaki's memoir offers details, which are not explicit in government records, about how the specific type of community shaped the Nikkei experience of the war and their understanding and views about the wider forced relocation. He is a key medical practitioner in the under-examined history of health services provided to the Nikkei during World War II. His work in a self-supported interior community of British Columbia sets him apart from those doctors who worked within the government-supplemented relocation interior settlements, such as Dr. Matasaburo Uchida at New Denver, or Dr. Edward Kuwabara at Sandon.<sup>2</sup> His area of speciality – osteopathy, which emphasizes the physical manipulation of the muscles and bones – set him apart as well in the medical profession, but that is not the central concern in this examination.<sup>3</sup>

Dr. Miyazaki was placed at an interior location by the BCSC and he was responsible for the medical care of the roughly 1000 Nikkei in and around his self-supported community of Bridge River, British Columbia, during the war. However, this was not a government supported

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<sup>1</sup> Government of Canada, *Report of the Royal Commission Appointed Pursuant to PC # 9498, To Enquire into the Provisions Made for the Welfare and Maintenance of Persons of the Japanese Race Resident in Settlements in the Province of British Columbia*, Ottawa: Department of Labour, 14 January 1944, p 11, online archived publication, <http://publications.gc.ca/pub?id=9.828120&sl=0>.

<sup>2</sup> R. and P. Dubois eds., *Medical Aspects of Evacuation Days, 1942-1946 (New Denver – Slocan)* New Denver, B.C.: J & G Brighton, 1986: 8 and 36.

<sup>3</sup> Though his specialty of osteopathy is not of central concern for this study, it did not seem to impact the type of health care which Dr. Miyazaki offered. He certainly was not limited by this specialty. For more on the origins, history, and struggles for recognition of osteopathy and osteopaths, see James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2002), 141-164; Norman Gevitz, *The D.O.'s: Osteopathic Medicine in America* (Johns Hopkins University Press, 2004).

relocation community, by which I mean a community where economic, welfare, medical, employment, housing, and other basic needs were subsidized for the Nikkei. The Nikkei within these government-supported communities (which, for my analysis, includes those at the male-only road work camps) would have constituted about 60% of the forcibly relocated Nikkei population, whereas the self-supported communities surrounding Bridge River housed roughly 5% of the Nikkei. Those who were residents of the Bridge River Valley settlements could in theory ask for various welfare assistance from the BCSC as well, but few did as they were more inclined to support themselves than become dependent on the state. This appears, through various Nikkei recollections, to be because they did not want to become dependents of the state – who the Nikkei, like other Canadians, criticised greatly.<sup>4</sup>

Dr. Miyazaki was born in Japan in 1899 and moved to Vancouver with his family in 1913, making him a young member of the immigrant or Issei generation. He was educated in both Japan and Canada, and attended the University of British Columbia (class of 1925).<sup>5</sup> Because of his “race” he was not allowed to serve as an intern at university hospitals in Canada, so he applied to attend medical school in the USA. In order to go to school in the USA, however, he was required to put up a \$1000 cash bond to enter the country. He eventually chose to attend the Kirksville College of Osteopathy and Surgery because that school was willing to pay the bond on his behalf. He graduated with his MD from Kirksville in 1929. He took his medical examination in British Columbia shortly after and was licensed by the College of Physicians and Surgeons of B.C., though he chose to return to Los Angeles for further training. In Los Angeles

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<sup>4</sup> For instance, Dr. Miyazaki speaks about how many Nikkei did not have enough money to support themselves in a new place so they tended to get second or third jobs (usually seasonal labour positions) in order to support their families. Dr. Masajiro Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 31-32, in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa.

<sup>5</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 9, LAC, Ottawa.

he practiced at a “Mexican hospital” where he treated patients who mostly spoke Spanish, and he learned skills from a fellow Kirksville graduate, Dr. Hoeffler.<sup>6</sup> By May 1930, Dr. Miyazaki returned to Vancouver and opened a practice on Powell Street – the hub of the Japanese district of Vancouver. He remained in Vancouver, and was an engaged member of the Japanese community in the city until he was relocated to Bridge River – a previously inhabited mining town, north-east of Vancouver that was much closer to the coast than the other government-supported communities of the Nikkei relocation within the Okanagan in the interior of British Columbia.<sup>7</sup>

Dr. Miyazaki had a reputation as a successful and respected physician in British Columbia. As such, he has been remembered by various institutions and his own home in Lillooet, B.C., is now a museum.<sup>8</sup> *The British Columbian Medical Journal* published an article about his life and work in August 2016. In this feature Dr. Miyazaki’s life –from his childhood in Japan, and his journey to Canada, to the hardships he experienced as a Japanese medical student – is discussed.<sup>9</sup> Similarly, as part of its feature “150 Noteworthy British Columbians” in honour of Canada’s 150<sup>th</sup> anniversary of Confederation, *The Vancouver Sun* remembered Dr. Miyazaki. On February 28, 2017, Dr. Miyazaki’s work as a physician who was “interned as [an] enemy alien . . . at a camp near Lillooet,” was featured by this daily newspaper. The article highlighted his work during the war – in the face of adversity, as well as his achievements after the war, such as becoming the first Japanese Canadian to be elected to a public office at any level of

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<sup>6</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 10, LAC, Ottawa.

<sup>7</sup> See map, Appendix 2.

<sup>8</sup> “Dr. Miyazaki,” Miyazaki House, last modified January 2013, <http://www.miyazakihouse.com/dr.-miyazaki.html>

<sup>9</sup> Sterling Haynes, MD, “Dr. Masajiro Miyazaki – enemy alien?” *BC Medical Journal* Vol. 58, No. 6, (July/August 2016): 344-346, <http://www.bcmj.org/good-doctor/dr-masajiro-miyazaki%E2%80%94enemey-alien>

government in Canada.<sup>10</sup> The article goes on to note that Dr. Miyazaki was appointed to the Order of Canada in 1977, and published a memoir entitled *My Sixty Years in Canada*. It is this memoir, which he self-published, that provides an understanding of what Dr. Miyazaki thought about his situation and experiences during the war. When examined within the context of the conditions in which doctors were practicing during the forcible relocation, this memoir provides personal details about the lived reality of one Nikkei physician who strove to balance heroism and adaptation in his day-to-day practice. The published memoir and original manuscript, which is held at the Library and Archives of Canada, are quite similar in content. However, the manuscript includes handwritten additions to stories, notes, and spelling and grammar corrections, that are reflected in the later, published version of his memoir.

However, well before he published his memoir or was recognized by these organizations for his medical and political achievements, Dr. Miyazaki was beginning to be recognized by his community for his abilities and achievements. On 15 March, 1939, the Japanese Canadian newspaper, *The New Canadian*, featured an article on Dr. Miyazaki entitled, “Doctor is Nisei Issei Bridge.”<sup>11</sup> The article praised the doctor for his ability to connect with both generations of the Nikkei. As a young Issei himself, he was indeed an ideal “bridge” between the immigrant population, or Issei, and the children of these immigrants who were born in Canada, the Nisei. His ambition and drive to become a physician even in the face of adversity was praised and highlighted by the newspaper. Dr. Miyazaki’s work with various Japanese clubs and institutions in Vancouver was also highlighted. The newspaper article pointed out that he was involved with

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<sup>10</sup> Stephen Hume, “Canada 150: Interned during war, Masajiro Miyazaki later became first Japanese – Canadian politician,” *The Vancouver Sun*, February 28, 2017, <http://vancouver.sun.com/news/local-news/canada-150-interned-during-war-masajiro-miyazaki-later-became-first-japanese-canadian-politician>. Dr. Miyazaki served on the Town Council in Lillooet, BC in 1950.

<sup>11</sup> “Doctor is Nisei Issei Bridge,” *The New Canadian*, March 15, 1939, 3.

the Japanese Student's Club, both as a student and as an alumni member, and was the treasurer of the Canadian Japanese Association. This involvement, the article explained, showed his overall commitment to his community.<sup>12</sup>

His commitment to community and civil service was also highlighted in postwar articles about his wartime service to and impact upon the community of Lillooet, British Columbia, and its surrounding communities. Dr. Miyazaki came to live in Lillooet in 1945 and would eventually settle in this community permanently. During the war, he lived in the ghost town settlement of Bridge River in the region surrounding Lillooet and treated people from all over the area. After the war, in 1951, Dr. Miyazaki corresponded with Hugo Yamamoto, a writer for *The Continental Times* about his growing career and success in Lillooet. Yamamoto wanted to write an article about Dr. Miyazaki for the "Pictorial Magazine published in Chicago by Japanese Americans," *Scene Magazine*, focusing on his experience as a way in which "through the work of individual initiative, progress in the welfare of the Japanese population in Canada can be made."<sup>13</sup>

One of the most interesting aspects of this article that Hugo Yamamoto wanted to write was the impact Dr. Miyazaki's story could have upon transnational understandings of the Nikkei in both Canada and the USA. Indeed, as mentioned earlier, this is still a topic of discussion today among historians of the Nikkei North American forcible relocation or internment, as most American scholars refer to the mass relocation.<sup>14</sup> The transnational nature of the Nikkei

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<sup>12</sup> "Doctor is Nisei Issei Bridge," *The New Canadian*, March 15, 1939, 3.

<sup>13</sup> Hugo Yamamoto to Dr. Miyazaki, January 11, 1951, in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa.

<sup>14</sup> The importance of transnational approaches to history has indeed been embraced by Nikkei historians, see, Roger Daniels, *Concentration Camps, North America: Japanese In the United States and Canada during World War II* (Malabar, FL: R.E. Krieger Pub. Co., 1989); Stephanie Bangarth, *Voices Raised in Protest: Defending Citizens of Japanese Ancestry in North America, 1942-49* (Vancouver: UBC Press: 2008); Eiichiro Azuma, *Between Two Empires: Race, History, and Transnationalism in Japanese America* (New York: Oxford University Press, 2005); Greg Robinson, *A Tragedy of Democracy: Japanese Confinement in North America* (New York: Columbia University Press, 2009).

population is undeniable. Even flipping through the articles in *The New Canadian* during the war, one can find instances of the Nikkei in Canada being equally invested in learning about their American counterparts as about their fellow Canadian immigrants.<sup>15</sup> The national boundaries which separated Japanese Canadian from Japanese American were important to outsiders, or the majority mainstream populations, but for the Nikkei – perhaps most specifically the Issei – these national borders were irrelevant since they were all immigrants from Japan and “others” on this continent. Yamamoto’s desire to use Dr. Miyazaki’s experiences and triumphs as an example of Japanese Canadian history demonstrated that the Nikkei community, as it was understood at that time, was diverging in understanding their national stories and seeing them as separate – but there was still a conscious effort being made to remember similarities. Dr. Miyazaki’s story would help to foster “the relationship between the two countries.”<sup>16</sup>

By January 16, 1951, Dr. Miyazaki had already responded to Hugo Yamamoto and consented for him to write the article for *Scene Magazine* and he stated that he would send Yamamoto any required information. Dr. Miyazaki presumed that the magazine was interested in him “because [he] was the first Japanese to be elected to public office.”<sup>17</sup> Shortly after, Hugo Yamamoto wrote back to the doctor confirming that his election to public office was one of the reasons which *Scene Magazine* wanted to run a story on him, but it was also his “widely acclaimed” position as the “only Japanese ‘Country Doctor’ in Canada,” which enticed the magazine.<sup>18</sup>

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<sup>15</sup> Though there are many examples of this in the newspaper, for two from the time when evacuation was debated and orchestrated, see “Expect Mass US Evacuation,” *The New Canadian*, March 20, 1942, 2; “American Evacuee Tells His Tale,” *The New Canadian*, April 6, 1942, 1.

<sup>16</sup> Hugo Yamamoto to Dr. Miyazaki, January 11 1951, LAC, Ottawa.

<sup>17</sup> Dr. Miyazaki to Hugo Yamamoto, January 16, 1951, in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa.

<sup>18</sup> Hugo Yamamoto to Dr. Miyazaki, January 19, 1951, in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa.

On January 27, 1951, the largest exchange of information between these two Nikkei men was sent in the form of a letter from Dr. Miyazaki to Hugo Yamamoto which had enclosed detailed descriptions of some of Dr. Miyazaki's more interesting or unusual cases – which he wrote out on his own letterhead paper. These recollections, written in 1951, were later incorporated into Dr. Miyazaki's own personal, self-published memoir. Whether he had already written these details out in the form of a draft memoir, or first in this letter – which at times matches the published memoir word-for-word – is unclear. However, the impact of the stories that he wished to share time and time again should be valued for their importance in his understanding of the lived experience of a Nikkei physician during forcible relocation.

In particular, the details in the letter that Dr. Miyazaki provided about his initial move to the Bridge River area in August 1942 were closely related, with similar terms and language, to his memoir which was published just over twenty years after these letters were exchanged. In this initial exchange, he speaks to his initial move away from Vancouver and his role in the community. He specifically highlights the lack of other physicians in the area which necessitated his broad patient range and 'country-doctor' type practice. In doing this, he also explains the demographics of his patients – 20% of whom he says were Indigenous.<sup>19</sup> From his memoir manuscript, we are then told that these were Indigenous people from the reserves of: "D'Arcy, Seton Portage, Shalalth, Lillooet, Cayoosh, Neskip, Bridge River, Fountain, and Pavilion."<sup>20</sup> Furthermore, many of those cases he remembered were maternity cases of Indigenous women.<sup>21</sup>

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<sup>19</sup> Dr. Miyazaki to Hugo Yamamoto, January 27, 1951, in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa; Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 80-84, LAC, Ottawa.

<sup>20</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 26, LAC, Ottawa

<sup>21</sup> Dr. Miyazaki to Hugo Yamamoto, January 27, 1951, LAC, Ottawa; Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 80-84, LAC, Ottawa.



His descriptions of the health care at his relocation site in these letters, his memoir manuscript, and its later published version, sometimes fit with, but more often are in opposition to the reported circumstances of the forcibly relocated Nikkei in Canada during World War II. Furthermore, his role as a physician provides evidence to support the idea that medical history and the examination of health care provided at a moment of crisis such as war is a vital tool in gaining a window into the past because health care provisions are an expression of political power, prerogatives, and ideals. Rather than directly examining what Dr. Miyazaki said in this work, or how he said it, the importance here is the choice of which experiences he shared and the fact that these exact details were once again put to paper in his official memoir. By examining sections of the original manuscript from the archives, his recollection of the experience of health care provisions, as a Nikkei physician, can be compared and contrasted to the reported, official political statements made through various outlets of government discourse.

There were very few Nikkei physicians in Canada at the beginning of World War II.<sup>22</sup> By Dr. Miyazaki's recollection there were six physicians registered as MD's and two practitioners of osteopathic medicine, in addition to himself. As well there were seven dentists, two optometrists, and four midwives.<sup>23</sup> As such, there were only a handful of Nikkei physicians who could be enlisted to provide care to their forcibly relocated communities. Of this limited physician group, there were only some who were mentioned in the official government documents, including, Dr. Shimotakahara (in Kaslo), Dr. Kamitakahara (in Slocan), Dr. Uchida (in New Denver), Dr. Kuwabara (in Sandon), and Dr. Shimokura (in Tashme). These physicians were part of the Canadian Japanese Medical Association and thus had a pre-established organization with which

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<sup>22</sup> For information on Nikkei medical practitioners in Canada prior to the war, see Michiko Midge Ayukawa, *Hiroshima Immigrants in Canada, 1881-1941* (Vancouver: UBC Press, 2008), 106-107.

<sup>23</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 19, LAC, Ottawa

to formulate demands and hold discussions among themselves even after forcible relocation. The importance of such a professional community must be emphasised, and is certainly evident through the examination of doctors' demands for remuneration and fairer wages very early in the relocation years.<sup>24</sup>

On October 14, 1943, the physicians of the Japanese Medical Association, via their secretary Dr. Shimokura, wrote to the Spanish Consulate in Vancouver, British Columbia, regarding their concerns and demands for fairer wages. In his letter to the Spanish Consul General, Shimokura pointed out that there was one central complaint made by all his fellow Japanese Medical Association members who were working in the interior housing settlements – their “ridiculously low salary.”<sup>25</sup> The remainder of his letter illustrated the conditions and context within which these physicians were attempting to practice. Among these concerns were issues of discrimination which these physicians were facing. Shimokura stated:

We are all members of the Canadian Medical Council and graduates of Class A medical schools. We are given full rights as physicians and surgeons in Canada. Our work is similar to that of the Red Cross. It is international. We treat every patient exactly in the same manner and the questions of race, creed, peace or war do not enter into our work.<sup>26</sup>

While it is impossible to verify whether each of these physicians agreed with this statement entirely, regarding providing service to every patient they saw or were asked to examine, the themes which this passage emphasised are interesting to consider. First, these doctors were within a situation where they had to constantly reaffirm their abilities and education to local governments and institutional, often hiring, bodies. Even within the reports from the

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<sup>24</sup> This was not the only formal Nikkei organization which was present prior to the war, and therefore impacted the ways in which the Nikkei formed groups and self-governing bodies during the war. For more on these ethnic community-based groups, see Ayukawa, *Hiroshima Immigrants in Canada, 1881-1941*, 142-145.

<sup>25</sup> H.M. Shimokura, M.D. to Spanish Consulate in Vancouver, B.C., October 14, 1943, p 1, in Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25, Department of External Affairs, RG25, Series G-2, Vol. .3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

<sup>26</sup> H.M. Shimokura, M.D. to Spanish Consulate in Vancouver, B.C., October 14, 1943, p 1, LAC, Ottawa.

International Red Cross and the Royal Jackson Commission there was continuous mention of Nikkei physicians' medical training and a reaffirmation of their qualifications was a commonality among all the interior settlements where a Nikkei physician was described as participating in the care of his community. Second, these physicians, via this letter, claimed that their work was international because, even though they were relocated with their fellow Nikkei, as physicians they were treating non-Nikkei people as well. This reflects a feeling of being caught between two nations, and not belonging strictly to one.<sup>27</sup> Finally, this statement is adamant about the inclusivity of these physician's practices – presumably, in direct opposition to the actions that have been taken against them, and perhaps even the accusations made against them. The final sentence of this particular passage from the physicians' letter carefully spells out the discrimination which they have been subjected to themselves but, they claim, they do not reciprocate.<sup>28</sup>

The letter then goes on to describe in more explicit detail the issues which low salaries are creating for these physicians. Dr. Shimokura stated that some of the physicians who had “children attending schools [could not] keep up with the expenses of education.”<sup>29</sup> Indeed these sentiments have been echoed elsewhere by these physicians, including Dr. Uchida who claimed that his daughter “didn't get a sufficient education” while at New Denver.<sup>30</sup> Therefore, Dr.

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<sup>27</sup> For more on these feelings of the Issei being “between” two nations, see Daisuke Kitagawa, *Issei and Nisei: The Internment Years* (New York: Seabury Press, 1967), 11 and 34; Azuma, *Between Two Empires*, 4; Monica Itoi Sone, *Nisei Daughter* (Seattle: University of Washington Press, 1979), 216 and 237.

<sup>28</sup> However, elsewhere and in postwar reflections some, such as Dr. Uchida, who was located in New Denver, claimed he did not treat white Canadian patients, only Nikkei ones. Barry Broadfoot, *Years of Sorrow, Years of Shame: The Story of Japanese Canadians in World War II* (Don Mills, Ontario: Paper Jacks, 1979), 210.

<sup>29</sup> This letter pre-dates the BCSC's assumption of the responsibility for paying for Nikkei education up to grade 8, which was assumed and integrated into the forcible relocation plan by Spring 1943. This letter and the complaints of the Nikkei physicians surrounding education costs would certainly have aided the argument and eventual success of the Nikkei in securing funding for the costs of educating their children to a degree. H.M. Shimokura, M.D. to Spanish Consulate in Vancouver, B.C., October 14, 1943, p 2, LAC, Ottawa.

<sup>30</sup> Broadfoot, *Years of Sorrow, Years of Shame*, 209.

Shimokura made the demand, on behalf of his organization, that these Nikkei doctors should receive fair pay, a level of personal freedom, and better housing, all of which would be expected for a professional in their position.<sup>31</sup> He asked for this or for the option “to resign our present post in the evacuee towns, and strike out on our own elsewhere where medical profession is in great demand.”<sup>32</sup> These demands raise some questions about the quality of life which the BCSC was creating for these professionals, as well as those around them in the Nikkei relocation centres and interior housing settlements. What ability did other Nikkei families have to pay for schooling for their children if physicians were not being paid enough to support this cost? Also, were others so desperate for fair wages that they were willing to leave their community and move to a more eastern location? What would this have done to the Nikkei community in the British Columbian interior settlements if the physicians had left? And, ultimately, why did they stay? While the answers to some of these questions are beyond the scope of this work, the Canadian government response to this initial letter of complaint sheds some light on what the federal government was prepared to provide.

The government’s answers clearly reflect a positive assessment of the entire relocation process and situation – in a similar fashion to the official reports which were at all times positive in their outlook. The first letter in this chain of communication was from the “Consul General of Spain in charge of Japanese interests,” located in Montreal, Pedro E. Schwartz. He forwarded the original letter from the Nikkei physicians, who wrote to his counterpart in Vancouver, to a federal government representative asking to be informed of any “decisions reached by the Canadian authorities concerned.”<sup>33</sup> In turn, this letter was answered by “Alfred Rive, for the

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<sup>31</sup> H.M. Shimokura, M.D. to Spanish Consulate in Vancouver, B.C., October 14, 1943, p 3, LAC, Ottawa.

<sup>32</sup> H.M. Shimokura, M.D. to Spanish Consulate in Vancouver, B.C., October 14, 1943, p 3, LAC, Ottawa.

<sup>33</sup> Pedro E. Schwartz to Department of External Affairs, November 17, 1943, in Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25,

Undersecretary of the State for External Affairs.”<sup>34</sup> Rive wrote that “concerning the remuneration of Japanese doctors in British Columbia . . . , [he had] received a report from the Department of Labour on [the] subject.”<sup>35</sup> He then continued to detail how every complaint made by the Nikkei physicians was untrue or misguided. He stated that the doctors were paid ample salaires, in addition to receiving “free fuel, free lighting, free medical services, . . . a car allowance, and also free educational facilities for their children.”<sup>36</sup> He further claimed that the Nikkei physicians were not doing more work than their “white doctor” colleagues, and that their claim to be working twenty-four hours a day was common to the medical profession – particularly as circumstances, such as war, dictate. The letter closed with:

If any Japanese doctors are not content with their present situation, there is nothing to prevent them from moving eastward, and thus striking out on their own, as suggested in their letter.<sup>37</sup>

This letter from the Department of External Affairs, suggests that the federal government was under the impression that the conditions which the Nikkei physicians were facing were reasonable, if not better, than other professionals’ current conditions. It also highlighted an interesting option which the Nikkei physicians in Canada were given – they could move eastward, at any time if they were not “content with their present situation.” What permissions would be needed to achieve this, and if this option was available to all Nikkei at all times, is unclear in this letter. It appeared to be an option within official policy, but in reality the cost and logistics of moving further east would have been difficult for any Nikkei – physician or not.

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Department of External Affairs Fonds, RG 25, Series G-2, Vol. .3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

<sup>34</sup> Alfred Rive to Pedro E. Schwartz, December 6, 1943, Visits by Various persons to Japanese Internment Camps and Settlements in Canada – Arrangements and reports, 1942/04/10 – 1943/04/25, Department of External Affairs Fonds, RG25, Series G-2, Vol. .3006, file 3464-AN-40, pt. 1, Library and Archives of Canada (LAC), Ottawa.

<sup>35</sup> Alfred Rive to Pedro E. Schwartz, December 6, 1943, LAC, Ottawa.

<sup>36</sup> Alfred Rive to Pedro E. Schwartz, December 6, 1943, LAC, Ottawa.

<sup>37</sup> Alfred Rive to Pedro E. Schwartz, December 6, 1943, LAC, Ottawa.

While Dr. Miyazaki worked within a context that offered many of the same conditions that were brought up by his fellow Nikkei doctors, his experience also sheds light on an aspect of evacuation which was not told in the official government reports or within the letters of complaint from these five Nikkei physicians. His story presents some of the history of the Nikkei who lived within self-supporting communities, in British Columbia or further afield in Alberta, Manitoba, or Ontario. Therefore, while surely experiencing many of the same logistical, jurisdictional, or racial-based issues as Nikkei physicians who were relocated to government-supported interior locations, Dr. Miyazaki's experience of internment provides unique insights into an under-acknowledged aspect within the already under-acknowledged history of the medical care provided to, and by, the Nikkei during forcible relocation.

The first time Dr. Miyazaki addresses the impact of forcible relocation upon Nikkei physicians, and others within the Nikkei community, is when he speaks about "Japanese registration," and "wartime curfew." Here, Dr. Miyazaki's role as a physician in Vancouver sets him apart from his Nikkei community. For example, when he reported to the RCMP to be sent to a road camp, he was told he would not have to go because the BCSC needed Japanese doctors to look after the Nikkei who were to be moved.<sup>38</sup> Then, further to this initial special treatment, as he stated:

On March 6, 1942 I received a permit from the B.C. Security Commission, signed by Austin Taylor, Chairman of B.C. Security Commission. It states "Pursuant to Order of the Minister of Justice dated 4<sup>th</sup> of March, 1942, Japanese medical doctors are relieved from compliance with curfew on automobile restrictions of Order dated February 26<sup>th</sup>, 1942." Thus I was able to keep the car while other Japanese had to sell their cars.<sup>39</sup>

This is a prime example of exceptionalism in the situation of Nikkei physicians which, when acknowledged, indicates larger trends in the lived reality of the Nikkei, as well as those in power,

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<sup>38</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 21, LAC, Ottawa.

<sup>39</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 26, LAC, Ottawa

that may not otherwise be evident in official recorded documents. Certainly, this order which allowed Nikkei doctors to keep their vehicles is possible to find in official government records – however, the sense of retaining car ownership and an element of privileged independence within a community when restrictions are being placed upon you cannot be found unless one looks to such personal recollections.<sup>40</sup> The elements which Dr. Miyazaki chose to write down, what he remembered and chose to share of those memories, are all reflected as important aspects of his experience in this text. Indeed, his memoir has many of the same themes which scholars such as Pamela Sugiman have pointed to in other memory-based works of the Nikkei which reflect upon the World War II forcible relocation. Sugiman argues, among other things, that memories of relocation are relationally constructed, very personal, and more nostalgic among younger generations – all of which contribute to the Japanese sense of *shikata ga nai*, or “resignation to the situation, or, what can be done.”<sup>41</sup>

Dr. Miyazaki, details his experiences as various Orders in Council were passed, as well as the formation of the British Columbia Security Commission via one of these Orders. He notes where and how many Nikkei were sent to various places under the umbrella of forcible relocation – which, as has already been discussed, happened in various ways, not in one monolithic movement of an ethnic community. These elements are certainly not unique to Dr. Miyazaki’s memoir. Indeed, other Nikkei include these aspects in their collections and works as well, such as Ken Adachi in his work *The Enemy That Never Was*.<sup>42</sup> However, the differences

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<sup>40</sup> This is also remembered by Dr. Uchida, see Broadfoot, *Years of Sorrow, Years of Shame*, 208.

<sup>41</sup> Though Sugiman’s work is on Japanese Canadian women, her work on memory of internment is relevant to understanding Dr. Miyazaki’s own memoir. Pamela Sugiman, “Memories of Internment: Narrating Japanese Canadian Women’s Life Stories,” *The Canadian Journal of Sociology/Cahiers canadiens de sociologie*, 29(3): 369-380.

<sup>42</sup> Ken Adachi, *The Enemy That Never Was: A History of the Japanese Canadians* (Toronto: McClelland and Stewart, 1976), 252-235.

which each Nikkei memoir reflects in understanding these subdivisions and these types of relocation options are interesting to note. For instance, Dr. Miyazaki said that people were moved

. . . in family groups to the sugar beet areas of Alberta, Manitoba, or Ontario. . . [and] were permitted to relocate voluntarily to eastern Canada or self supporting projects in the B.C. Interior, such as Christine Lake, East Lillooet, Bridge River-Minto. . . [or to] rehabilitated ghost towns of the Slocan Valley. . . .<sup>43</sup>

The difference which Dr. Miyazaki presents here is the understanding that the sugar beet farms of Alberta, Manitoba, or Ontario were not the same as the self-supporting communities of the British Columbian interior. This lies in opposition to some of the details of the communities in Alberta which official government reports provided. For example, the BCSC Report on various locations from May 1943 suggested that there was a section of the population in Lethbridge, Alberta, which was self supporting and therefore “paying their own hospital accounts.”<sup>44</sup> So, Dr. Miyazaki’s understanding of Lethbridge not being among the self-supporting communities of Nikkei presents a differentiation in his mind, which is not always evident or supported in other sources.

This differentiation can be attributed to the peripheral position which Dr. Miyazaki was placed in – both as a physician whose impact upon the larger Nikkei forcible relocation history has been under-acknowledged and as a member of a self-supported community in that relocation. Moreover, as a member of this different type of relocated Nikkei community, Dr. Miyazaki would have been readily aware of the differences his colleagues were experiencing in their communities that were directly subsidized through the BCSC and its associated federal

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<sup>43</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 27, LAC, Ottawa.

<sup>44</sup> Lethbridge, p 9, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30, 1945, *British Columbia Security Commission*, Department of External Affairs Fonds, RG25, Series G2-Vol 3006, file 3464 AN 40, pt 2, Library and Archives of Canada (LAC), Ottawa.



departments. His exposure to these differences make his acknowledgement of different communities valuable, for he is a prime example of how the Nikkei may have interpreted differences among their relocated people based on the type of community they were made to be a part of – by choice or by necessity. Dr. Miyazaki’s memoir is an example of how the specific type of community shaped the Nikkei experience of the war and their understanding and views about the wider forced relocation.

Dr. Miyazaki goes on to recall the day he was called to the office of “Dr. Hodgins who was in charge of Medical Department of the B.C. Security Commission.”<sup>45</sup> Dr. G. Lyall Hodgins was selected to sit on the BCSC’s Advisory Council, and more specifically to serve as the welfare and medical advisor for the BCSC. His role was to ensure that there were systems and people in place to address the welfare and medical needs of the Nikkei at all points of the forcible relocation, from Hastings Park, to the sugar beet farms of the Alberta Farm Plan, and all the locations in between.<sup>46</sup> Dr. Miyazaki recalled being called to Dr. Hodgins office near the end of July 1942. It was during this encounter that he was “told to go to Bridge River and look after the Japanese evacuees there.”<sup>47</sup> Furthermore, he noted that his refusal to do so would result in him being sent to Camp 33, or Petawawa, Ontario – a prisoner of war camp where those Nikkei community leaders who did not comply with BCSC regulations were sent to live alongside German and Italian prisoners of war. Unsurprisingly, Dr. Miyazaki “chose” to go to Bridge River, where he could take his family and ensure they remained together during the process of forcible relocation. Like the Nikkei physicians who were told to relocate to the Slocan Valley

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<sup>45</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 27, LAC, Ottawa.

<sup>46</sup> “Removal of Japanese from Protected Areas,” Report issued by *British Columbia Security Commission*, March 4, 1942 to October 31, 1942, p 8, Department of Labour Fonds, Government of Dominion of Canada, RG24-G-3-1-a, Vol. 20292, File 934.009, published by the authority of the British Columbia Security Commission, Library and Archives of Canada (LAC), Ottawa.

<sup>47</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 27, LAC, Ottawa.

Interior Settlement Centres, Dr. Miyazaki was also given an impossible choice which forced his decision – move or be separated from his family and sent to a prisoner of war camp. Dr. Miyazaki shared this dilemma with his fellow Nikkei physicians, however upon his arrival in Bridge River there were differences between his practice and those who were practicing medicine within the government-supported communities of interior British Columbia.

Dr. Miyazaki, upon deciding to comply with the BCSC's demand and leave Vancouver, was given a permit from the BCSC which authorized him, his wife, and his two children to

travel in accordance with the provisions of Orders-In-Council Nos. 1665 and 365 to Bridge River, B.C. They will go up there in car, driven by Mr. Miyazaki . . . . They will leave Vancouver on August 5<sup>th</sup> and must not re-enter the Restricted area. This commission assumes no responsibility for the cost of education of school-age children.<sup>48</sup>

The permit clearly stated which members of his family, and when they were allowed to leave – even how and where they were permitted to travel – illustrating very well the restrictions on movement which the Nikkei were facing during World War II in Canada.<sup>49</sup>

Additionally, this permit explicitly stated that the BCSC would not be responsible for the cost of education for his school-age children – any school-age children, really, since it did not explicitly identify his children alone. This was characteristic of the BCSC and the federal government's role in education initially. However, this would come to change in the spring of 1943, when the federal government would come to assume the responsibility for paying for the education of those children in grades one through eight, because of Nikkei demands for such.<sup>50</sup>

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<sup>48</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 27-28, LAC, Ottawa.

<sup>49</sup> For more on restrictions on movement for the Nikkei in Canada in relation to various orders in council, see Ann Gomer Sunahara, *The Politics of Racism: The Uprooting of Japanese Canadians During the Second World War* (Toronto: J. Lorimer, 1981), 51-55; Mary Taylor, *A Black Mark: the Japanese-Canadians in World War II* (Oberon Press, 2004), 29-32.

<sup>50</sup> Sunahara, *The Politics of Racism*, 97. Further education (high school) was also somewhat supported by private organizations and, to a lesser degree, provincial government. For more details, see Helen Raptis, "Pushing Physical, Racial, and Ethnic Boundaries," in *One Step Over the Line: Toward a History of Women in North American Wests*, eds. Elizabeth Jameson and Sheila McManus (Edmonton: University of Alberta Press, 2008), 224-226.

In his memoir, Dr. Miyazaki remembered that “unlike other government supported project[s], B.C. Security Commission did not provide school for children of self-supporting evacuees so the Japanese [around Bridge River] hired two teachers.”<sup>51</sup> This illustrates that the government made a commitment to cover education costs for only some of the Nikkei once they had been removed from the “protected area” of the west coast. Once again the importance of location is brought to the forefront, as he demonstrated that the government funding of education varied by location type.

Upon their initial arrival in Bridge River, the Miyazaki family lived in the “former hospital building,” which was built in the area during the time that the town site was used for local miners. The building, which was built in 1928 according to Dr. Miyazaki, reflected the ghost town standard which the Nikkei were subjected to when they relocated to the interior region of British Columbia. The Miyazaki family lived in this old hospital facility, along with the family of the dentist, Dr. Fujiwara. It is unclear whether Dr. Miyazaki and Dr. Fujiwara also used the building to practice and see patients, but this is a good assumption. Once again, these rudimentary living quarters within an abandoned building reflected the reality of many relocated Nikkei who lived in what many historians, including Ann Sunahara, have called “shacks,” which were thrown together or appropriated quickly in the summer of 1942 in anticipation of the Nikkei’s arrival.<sup>52</sup>

Dr. Miyazaki’s memoir gives us a more detailed understanding of the connected and interdependent nature of the Nikkei relocation sites. After recalling the state and context of his initial settlement in Bridge River, Dr. Miyazaki, in his memoir, went on to detail the demographics of his patients. Unlike details about education costs or housing, his description of

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<sup>51</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 30, LAC, Ottawa.

<sup>52</sup> Sunahara, *The Politics of Racism*, 91.

demographics is not similarly reflected in any other Canadian Nikkei memoir or article about a physician's experience. Therefore, it is this inclusion about the demographics and statistics behind his patient mix which truly begins to reveal the value in Dr. Miyazaki's memoir, because of the aspects of his experience of relocation which it details in a way that other memoirs and government documentation do not.

This unique, personal information from Dr. Miyazaki's memoir begins when he recalled:

Although I was sent to Bridge River to look after Japanese evacuees which number 250 in Bridge River, 300 in Minto, 300 in East Lillooet, 150 in McGillivray Falls, many Indians consulted me and I made visits to Seton Portage and Shalalth Indian Reserves.<sup>53</sup>

His discussion of patients reveals many aspects of the relocation experiences which government records did not include. First, Dr. Miyazaki presents the number of Nikkei who he treated as a whole, regardless of town or regional boundaries. This presents a clearer image of the true scope of work which these Nikkei physicians were responsible for. Whereas in the official government statements, the number of people at each of the mentioned locations, Bridge River, Minto, East Lillooet, McGillivray Falls would have been presented as individual, separate entities with differing issues, Dr. Miyazaki presents a more nuanced understanding of how interconnected and interdependent these make-shift communities of Nikkei relocated people were. Indeed, he indicates that though these numbers alone may seem irrelevant to larger demographic issues – what impact do 300 people really have on a region as a whole – they were a substantial population to care for. Dr. Miyazaki alone, as he recalled, cared for circa 1000 Nikkei – that is, 5% of the entire population of Nikkei who were moved from the protected area of the west coast of Canada were officially dependent upon Dr. Miyazaki for medical care. Furthermore, he

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<sup>53</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 31, LAC, Ottawa.

provided health care to the local Indigenous and white populations, including employees of BC Electric on occasion, who sought out his expertise and aid as well.<sup>54</sup>

As a physician who was responsible for the health care of 1000 Nikkei people, Dr. Miyazaki noted that he had at his disposal in Bridge River a “three bed hospital.”<sup>55</sup> Certainly other physicians in the interior settlement centres were limited in hospital bed capacity, but these doctors were usually located in satellite towns – meaning their patients could be transferred to a hospital with a larger patient capacity.<sup>56</sup> In Dr. Miyazaki’s case this may not have been feasible based on the lack of availability of transfer vehicles, the weather conditions in the northern region of interior British Columbia and, even more so, the limited number of physicians and hospital facilities in the remote region already.

As Dr. Miyazaki remembers his time in Bridge River and the surrounding area in his memoir, more details and truths about the self-supported communities of relocated Nikkei are revealed. For example, he stated, “although self supporting project[s] like Bridge River [were] supposed to be settle[d] by people with money, some didn’t have too much.”<sup>57</sup> He goes on to reveal that some Nikkei got jobs by their own volition and ambition to do something with their time, and as a way to make money, as the war dragged on and their forcible relocation was not lifted by the federal government. As a professional Nikkei who served the public through health care, Dr. Miyazaki would have been rather uniquely aware of the monetary hardships which his fellow Nikkei were experiencing in these self-supporting communities. Indeed, he would have known which families were incapable of paying for health care, education, or other costs that

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<sup>54</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 31, LAC, Ottawa.

<sup>55</sup> Again, it remains unclear if this was within the same building that the Miyazaki family was living, but I would suggest that this is likely the case. Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 31, LAC, Ottawa.

<sup>56</sup> There was the outpost hospital at Lemon Creek. See Lemon Creek, p. 7, Report on Inspection Trip to Vancouver and through Japanese Projects; June 15-30, 1945, *British Columbia Security Commission*, LAC, Ottawa.

<sup>57</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 31, LAC, Ottawa.

were not explicitly covered by the BCSC or other government departments within or outside of interior settlement centres.

Further, adding another aspect to the lived reality of these Nikkei experiences, Dr. Miyazaki's memoir provides insight into the restriction of free movement that the Nikkei had even within a self-supported community. "To over-see all self supporting projects, the B.C. Security Commission sent a supervisor," he recalled. "[W]e Japanese Nationals (Enemy Aliens) were required to report to him once a month to have our Parole papers stamped."<sup>58</sup> Even the language which he chose to use here is interesting and reflects the type of relationship that government officials, via this BCSC representative, had with the Nikkei in these self supporting communities. The use of the word "parole papers" explicitly suggests a prisoner-type mentality or understanding. Whether these were the titles of the papers officially, or their colloquial reference, both indicate the type of relationship and the restrictions upon the movement of the Nikkei which the BCSC was imposing even within the so-called self supporting and non-government-funded communities of Nikkei.

Another aspect which his individual experience offers that complicates the official government statements is a more nuanced understanding of the role of white physicians working with the Nikkei. Contrary to letters from Alfred Rive, or official reports about the presence of white physicians aiding the work – or indeed, doing the majority of the medical work – within various relocation centres, Dr. Miyazaki's responsibilities were at no point lessened by the presence of a white physician.<sup>59</sup> In fact, the death of the local white physician actually increased the work which Dr. Miyazaki performed for the people in his region – for Nikkei, white, and Indigenous patients. He recalled, "when Dr. Paterson of Lillooet died in the Fall of 1944,

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<sup>58</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 32, LAC, Ottawa.

<sup>59</sup> Alfred Rive to Pedro E. Schwartz, December 6, 1943, LAC, Ottawa.

Lillooet was without a doctor for six months as no doctor wanted to locate in a small village like Lillooet and there was a shortage of doctors during the war so many people came to Bridge River to consult me.”<sup>60</sup> White patients from Lillooet had to come to Dr. Miyazaki in Bridge River because the Nikkei were not allowed to live directly within Lillooet, but rather were allocated to ghost towns surrounding the town, such as East Lillooet village, Bridge River, and Minto. Therefore, this extended his responsibilities to caring for those who were not Nikkei and led to his eventual relocation to Lillooet.<sup>61</sup>

Dr. Miyazaki was approached by the Constable from Lillooet and asked to move his practice to this larger community in February 1945.<sup>62</sup> His response once again illustrated the restrictions on movement which the BCSC imposed upon him and his family – even though comparatively, as a physician, he had many more liberties than the average labouring Nikkei. Dr. Miyazaki told the Constable that he was willing to move to Lillooet if he “could get a release from the Japanese colony at Bridge River and a permit from the B.C. Security Commission.”<sup>63</sup> These conditions were eventually met for the doctor when the Lillooet Board of Trade and citizens petitioned the BCSC for his official move. The BCSC approved the relocation of Dr. Miyazaki and his family with the condition that he return to Bridge River on Tuesday and Friday every week for clinical hours. So, on March 31, 1945, the Miyazaki family resettled in Lillooet, British Columbia where Dr. Miyazaki would remain for the rest of his career.<sup>64</sup>

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<sup>60</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 32, LAC, Ottawa.

<sup>61</sup> Lillooet was much like Lethbridge in southern Alberta, and upheld a rule that the Nikkei were not allowed to enter the city centre. For instance, “Lethbridge Opposed to Japs ‘In Any Capacity’”, *The Vancouver Sun*, August 28, 1942, 20.

<sup>62</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 32, LAC, Ottawa.

<sup>63</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 32, LAC, Ottawa.

<sup>64</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 33, LAC, Ottawa.

Yet again, one of the seemingly minor details which Dr. Miyazaki shared through his memoir becomes so valuable to the understanding of the lived reality for this ethnic community. He, like many others around him, had become conditioned to know he could not move himself or his practice without the permission of the government, and its agencies, which was restricting his freedom of movement. These types of sentiments are not deducible from government documents and once again illustrates the importance of Dr. Miyazaki's story.

Beyond his recollections of Bridge River and his movement in and around this area, Dr. Miyazaki offered insights into the surrounding town of Minto as well. Minto was another location which was chosen to be a Nikkei community because "it was vacant since the Minto Mine shut down. . . but by 1943 these houses were occupied by Japanese evacuees."<sup>65</sup> Once again his experiential knowledge of the town and its people came from his professional visits, which he made to the town twice a month in order to hold clinic hours for the Nikkei people who were now its occupants. Interestingly, his knowledge of Minto and its residents allowed him personally to become a point of communication and a stop for people to make on their way out of the area, if they were inclined to take the risk and move to eastern Canada and other opportunities outside of the interior settlement area.<sup>66</sup> In his recollection, people began doing this as early as the winter of 1943, when work was no longer available, but before they ran out of money to make the move. Since he was a community figure, people would say their good-byes to Dr. Miyazaki and his family before departing. This allowed him to recognize that Minto, by the end of the war, was already half abandoned. A large portion of its population of Nikkei residents

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<sup>65</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 44, LAC, Ottawa.

<sup>66</sup> Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 46, LAC, Ottawa.



had already moved east.<sup>67</sup> Indeed, as Dr. Miyazaki remembered, Bridge River was closed by September 1945 because of a similar trend, and Minto closed shortly after.<sup>68</sup>

Perhaps the most personal reflection on these ghost town settlements of Nikkei which Dr. Miyazaki provides comes when he asks the question, “what happened to Minto after the Japanese left?”<sup>69</sup> Almost sentimentally he remembered that later a dam was built and “obliterated the town of Minto. . . . [T]here [isn’t] a trace of the town site. . . , just a large body of water.”<sup>70</sup> This also identifies another aspect of the Nikkei experience in interior British Columbia, and certainly could be applied to other areas where the Nikkei lived during the war years – what history did they leave behind, how did they impact the area, or, conversely, what was destroyed of the history of their presence? Dr. Miyazaki is just one example of a Nikkei who impacted a locale immensely over the course of the war, and after. His role in the area cannot be overstated – he truly made a difference in the lives of many, Nikkei and otherwise. But where is this information in the official government discourse, the reports from the BCSC, the International Red Cross delegate report, or the Royal Commission sent to investigate the impact of the relocation of this ethnic community? It is not present. It would not be known if it were not for the memoirs and efforts of the Nikkei, like Dr. Masajiro Miyazaki, who worked to remember their experiences and whose experiential knowledge provides insights into the history of the Nikkei in Canada during the World War II relocation.

Further to these insights into the reality of the Nikkei during forcible relocation, Dr. Miyazaki’s memoir, like other Nikkei memoirs, adds to our historical understanding of the

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<sup>67</sup> This is something which was characteristic of these interior settlements as time passed and Nikkei families realized there would be little to return to on the West coast. Sunahara, *The Politics of Racism*, 120.

<sup>68</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 46, LAC, Ottawa.

<sup>69</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 46, LAC, Ottawa.

<sup>70</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 46, LAC, Ottawa.

context in which the Nikkei were living prior to the forcible relocation. His recollection of medical discrimination provide insight into the personal experiences of Nikkei physicians in Canadian society even before the restriction and relocation Orders were executed in 1942. He encountered “many [types of] discrimination because of [the] color of [his] skin and Osteopathic Profession.”<sup>71</sup> Indeed in more ways than one, Dr. Miyazaki was often on the outside or identified as the “other” by his professional peers, or because of his ethnicity. However, and perhaps most importantly, he stated that when he had his “hospital in Bridge River, [he] was completely in charge so there was no problem.”<sup>72</sup> This sense of freedom within a hospital facility, a structure which he was previous denied entry into on multiple occasions in Vancouver, ironically came about because of a lack of freedom for his community and the need for physicians during wartime.

But, this liberty over a hospital space which he was granted in Bridge River was cut short by his move to Lillooet, which had no hospital in 1945. Dr. Miyazaki recalled that because there was no hospital in Lillooet, he “delivered babies at home,” and did “surgery at [his] office or at [the] patient’s house.”<sup>73</sup> It was not until 1947 that the Red Cross built an “Outpost Hospital” in Lillooet, which had three beds (the same size as his previous hospital in Bridge River). However, Dr. Miyazaki “never asked to practice in the hospital,” in Lillooet, since he managed without it.<sup>74</sup> Based on his prior experiences, such as the racial discrimination he had faced from hospitals affiliated with medical school in Canada, he was resolved to not go to the Lillooet District Hospital unless he was invited.<sup>75</sup> Moreover, even with complaints from his patients, both white

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<sup>71</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 191, LAC, Ottawa.

<sup>72</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 192, LAC, Ottawa.

<sup>73</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 193, LAC, Ottawa.

<sup>74</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 195, LAC, Ottawa.

<sup>75</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 195, LAC, Ottawa. For discussions of discrimination at these places, see Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 191-194, LAC, Ottawa.

and Nikkei, in the postwar period that he should be able to take his patients to the Lillooet District Hospital without concern, he did not obtain admitting privileges at the hospital. He was, for one brief day in September 1954, granted “permission to practice in the Lillooet District Hospital” because of a petition submitted by one of his female patients in Lillooet. However, this privilege was revoked the day after this letter was delivered to Dr. Miyazaki with the delivery of another letter which said that the Hospital Board had to “temporarily at least, withdraw” his privileges because of “some confusion as to [his] status.”<sup>76</sup> Whether this “status” the letter referenced was his professional position as an osteopath, or his racial status, was not clarified in the letter. Nevertheless, Dr. Miyazaki “never heard anymore from them.”<sup>77</sup>

Dr. Miyazaki’s memory of who he was responsible for, where, and often when and how, reveals aspects of the lived reality of a Nikkei physician whose views were not included in the government discourse, or even in the records of complaints from other Nikkei physicians themselves. The themes and issues which are remembered by Dr. Miyazaki in his memoir should be considered aspects of the lived reality which many Nikkei faced during forcible relocation. If there are unique aspects then this too shows the value in his experience, for it reveals both similarities and differences which are not deducible by only examining the official government discourse and records. Though his memory of the war years is constructed by his context – his age, generational associations, profession, and gender – his memoir nevertheless can be read along with the official government records to complicate and give a more accurate representation of health care during Nikkei relocation in Canada.

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<sup>76</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 195-196, LAC, Ottawa.

<sup>77</sup> Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 196, LAC, Ottawa.

### Conclusion

This study has worked to illustrate the differences between, and the reasons for, the various perspectives of health care provisions for the Nikkei which were produced by the federal government and the Nikkei themselves, during and after World War II. The federal government's rhetoric surrounding health care was explicitly positive. Whether reports were created by internal government officials or external association representatives, both reflected the same opinion that health care was sufficient for the Nikkei during their forcible relocation in Canada. This was because the purpose of the government discourse was to justify its actions, by providing evidence that the relocation did not produce hardship for, or mistreatment of, the Nikkei. What these reports do not include, however, is an examination of the health care diversity among the various types of Nikkei communities established during relocation. In particular, the official reports do not address health care considerations within self-supported communities within British Columbia, Alberta, and Manitoba. Since the BCSC, a civilian agency for the federal government which reported to the Department of Labour, did not provide financial or social-welfare support to these communities regularly, they were not of concern in their expense reports or to an official visitor delegation.<sup>1</sup> Therefore, in order to more accurately answer the question of how health care was provided to the Nikkei during relocation, one must look to other sources beyond the official government records to discern a better understanding of all aspects of the diverse Nikkei health care experience.

One way to do this is through the examination of Nikkei recollections and memoirs, such as Dr. Masajiro Miyazaki's. His story serves as a guide to understanding and unpacking

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<sup>1</sup> Though the Nikkei within any self-supported community could petition for support from the BCSC, this was rarely done. Dr. Masajiro Miyazaki, "My Sixty Years In Canada" (manuscript, 1973), 31-32, in Masajiro Miyazaki Fonds 1926-1975, MG31-H63/R3948-0-3E (Mikan 102358), Library and Archives of Canada (LAC), Ottawa.

different, and diverse, experiences of the Nikkei based on their types of communities. As a Nikkei physician within one of these self-supporting communities, his memoir reveals many different aspects of the reality of Nikkei health care during the war that government documents do not.

By bringing together these different kinds of sources, this study illustrates how this familiar event in Canadian history did not result in a monolithic experience for the Nikkei. The varied perceptions of health care that the documents which have been examined present is based on the fact that place shaped health care for the Nikkei and government documents did not explain how health care was provided at all types of relocation sites. Therefore, in order to create a more accurate understanding of what forcible relocation was truly like for those it affected, a variety of sources must be consulted by historians. Personal experiences are therefore important in complicating and adding nuance to the history which the official government records produce.

The viewpoints and silences in the government reports must be read against the disparate stories of the Nikkei experiences of forcible relocation. A preliminary understanding of what health care was provided to the Nikkei can be deduced from examining BCSC expense reports and visitor reports which all record details about the physical structures which were in place to facilitate formal health care for the Nikkei – the hospitals, clinics, equipment, and health care professionals who staffed such facilities. Understanding the quality of health care provisions can then be examined through analysis of government-contracted delegations. This aspect of examination adds some diversity to the understandings of physical structures which were in place to facilitate health care for the Nikkei. But, more so, these reports illustrate that the positive government discourse about health care provision was reproduced by visitors for the use of the Canadian government. Specifically, this was done in the *International Red Cross Report*,

produced by Ernest L. Maag on February 19, 1943, and *The Royal Jackson Commission Report* from January 14, 1944. Finally, through a case study of one Nikkei physician, Dr. Masajiro Miyazaki, it becomes evident that the official government reports did in fact possess many silences and limitations in their consideration of the health care provided for all Nikkei. Dr. Miyazaki's experiences, while not identical to other Nikkei experiences of health care during the war, are indicative of the fact that health care was as diverse as the Nikkei communities within which it was being provided.

Different sources allow for the visibility of several types of communities and diverse experiences for Nikkei people within these varied locations. This study has shed light on the importance of consulting a variety of sources when examining the experiences of past populations. Furthermore, it serves as an example of how the inclusion of health care in a historical analysis can reveal many struggles and adaptations made by a group. The symbolic weight of sufficient health care provisions for a targeted population on the home front in times of war cannot be overstated. The political aspects of health care are both evident and proven important in this study. The inclusion of health care considerations proves that William Lyon Mackenzie King's Liberal party wanted to appear as though it was treating the Nikkei well in order to gain justification of, and internal and external support for, its actions.

This method of reading these different types of sources in conversation could be applied to understanding health care at home during times of war, Indigenous health care provisions, and even when examining refugee health care provisions in Canada. Furthermore, Dr. Miyazaki's experience in particular lends itself to understanding how Nikkei history of World War II should be included in other historical considerations, such as the history of Indigenous health care

during World War II, wartime medicine, country-doctors, the hospital, and modern understanding of medicine at mid-20<sup>th</sup> century.

These different perspectives of health care provisions must be read together in order to gain a better understanding of the complex and diverse provisions provided to, and by, the Nikkei during the war. Both source types, government and personal, are important for understanding the formal health care provided because they both possess details which have not been previously examined within Canadian discussions of Nikkei relocation. However, the perspectives within the sources are different because the federal government's aims in showing health care provisions in a positive light were those of justification and positioning, whereas the Nikkei experience was personal and based on first-hand knowledge. Overall this study shows the importance of source diversity in an effort to complicate and establish a better understanding of the Nikkei forcible relocation of World War II in Canada, which should no longer be understood as a monolithic experience.

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Appendix 1 – Timeline of Important Dates

1930	Dr. Masajiro Miyazaki opens his practice in Vancouver
15 March 1939	The New Canadian publishes “Doctor is Issei Nisei Bridge”
16 January 1942	Order in Council P.C. 365 (protected area, male enemy aliens)
5 February 1942	Order in Council P.C. 946 (gave minister of labour the right to control movement/employment/place of the Nikkei)
24 February 1942	Order in Council P.C. 1486 (further control of movement, curfew, confiscations)
4 March 1942	Order in Council P.C. 1665 (BCSC)
6 March 1942	Dr. Miyazaki given permit to keep his car (as with other Nikkei MD’s)
30 March 1942	Order in Council P.C. 2541 (Amendment to P.C. 1665)
18 May 1942	First Letter Mention of International Red Cross Delegation
25 July 1942	“Up-to” Date of first examined BCSC Expense Report
July 1942	Dr. Miyazaki called to Dr. Hodgins’ office, “asked” to move to Bridge River
5 August 1942	Dr. Miyazaki, wife and two daughters, leave Vancouver for Bridge River
11 – 19 January 1943	Dates of Mr. Maag’s Visit to Interior Settlements for his <i>International Red Cross Report</i>
4 February 1943	Mr. Maag’s Preliminary Report for the International Red Cross Sent to Mr. Alfred Rive (Department of External Affairs)
5 February 1943	BCSC officially dissolved
19 February 1943	Date of Mr. Maag’s Official Report for the International Red Cross. Sent to Mr. Morley Scott (Department of External Affairs) 22 February 1943
31 May 1943	Visitor Reports
20 December – 12 January 1944	Royal Jackson Commission Members Visit British Columbian Interior Settlements
14 January 1944	Royal Jackson Commission Report Submitted
31 March 1944	“Up-to” Date of second examined BCSC Expense Report
January 1945	Order in Councils P.C. 7355-57 (loyalty/deportation/repatriation)
February 1945	B.C. Police Constable asks Dr. Miyazaki if he would move to Lillooet
March 31, 1945	Dr. Miyazaki moves to Lillooet, with the permission of the BCSC
September 1945	Bridge River closes. Minto follows shortly after.

Appendix 2 – Map of Relocation Centres

From Patricia Roy, *Mutual Hostages: Canadians and Japanese during the Second World War*. Toronto: University of Toronto Press (1990), 105.





