

COMMISSION ON WARTIME RELOCATION AND INTERNMENT OF CIVILIANS

PLEASE TYPE OR PRINT:

1. (Mrs.) Yuriko Domoto Tsukada
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WISH TO SUBMIT:

- ☒ WRITTEN ONLY
☐ ORAL AND WRITTEN
☐ TAPED AND WRITTEN

TESTIMONY IN

- ☒ ENGLISH ☐ ALUT
☐ JAPANESE ☐ OTHER

AT THE COMMISSION'S PUBLIC HEARING IN: If in N.Y., will appear

I WILL BE REPRESENTING

☒ MYSELF
☐ ORGANIZATION (NAME: _____)

AS AN

- ☒ INDIVIDUAL
☐ MEMBER OF A PANEL

MY TESTIMONY WILL INCLUDE VISUAL AIDS (PLEASE SPECIFY: _____)
 LASTING _____ MINUTES.

MY TESTIMONY IS RELEVANT TO:

NAME		FROM	TO
Merced, (Calif)	ASSEMBLY CENTER	5/13/42	8/42
Granada, (Amache, Col)	RELOCATION CENTER	8/42	4/44
	INTERMENT CAMP		
	ISOLATION CAMP		
	OTHER		

BIRTHDATE: April 6, 1915 (66)

BIRTHPLACE: Oakland, Calif.

GENERATION: 2nd gen. - Nisei

PRE-EVACUATION RESIDENCE: Hayward, Calif. (Alameda Co.)

POST-EVACUATION RESIDENCE: Boston, Mass. (44-45), New Rochelle, N.Y. (45 to present)

PRE-EVACUATION OCCUPATION: Social Worker

SUMMARY OF KEY AREAS OF TESTIMONY:

Research Outline

III. Implementation of E.O. 9066

(A) Impact

- (1) Economic
- (2) Social
- (3) Psychological
- (4) Physiological/health
- (5) Education/opportunity

SIGNED: Yuriko D. Tsukada

DATE: 9/15/81

TESTIMONY FOR THE COMMISSION ON WARTIME RELOCATION
AND INTERNMENT OF CIVILIANS

Introductory Statement

This testimony consists of two sections: Part I - Personal Status and Part II - Cases referred to the Granada Relocation Center, Public Welfare Section, Community Services. Part I is presented to add greater credibility to Part II and is not a request for redress on my own behalf.

As a professional social worker in the Relocation Center, I worked with and witnessed the trauma of the mentally/physically handicapped and socially deprived. Granted, many of these psycho-social-medical problems existed, but these were contained within the family of the individual. The uprooting into a communal society with diminished parental authority, responsibility and resources weakened the manageable coping mechanisms.

If any of the information is, today, legally "Privileged and Confidential," I will withdraw that segment of my testimony for I cannot participate in another infringement of evacuee/client rights and privacy. In the event that withdrawal is in order, I propose the CWRIC conduct a research of WRA Public Welfare case records for official, original documentation. I offer my services in this review study.

Part I: Personal Status of Yuriko Domoto Tsukada.

Present Status: 1981

I am (Mrs.) Yuriko Domoto Tsukada, a resident of New Rochelle, N.Y. since 1945 and a widow with three adult sons, not living in the home.

I am a social worker with my master's degree, M.S.W. and New York State certification, C.S.W., A.C.S.W. and with a faculty appointment from the Albert Einstein College of Medicine. My current primary assignment is Director of Services for Abused and Sexually Assaulted, Department of Social Work, Bronx Municipal Hospital Center, N.Y..

Pre-Evacuation: 1942

When the Presidential Executive Order 9066 was issued, I was living with my father and siblings, comfortably in the county of birth, growth and education, and active in Japanese American activities.

Having received in 1940, my one year graduate social welfare certificate from the University of California, Berkeley, I was employed as a social worker at the Alameda County Charities Commission with civil service status, which was subsequently lost.

Based upon the government announcement that the non-coastal inner region of California would not be evacuated, we left our home to live with a married sister. We were inducted into Merced Assembly Center on May 13, 1942, the same day all our life-long friends in Alameda County were inducted into Tanforan Assembly Center.

Father's philosophy of living and pervading positive spirit created for me a favorable milieu for the vicissitudes of life, including relocation. I believe it was this challenging attitude that inspired our father, Kanetaro Domoto, to leave Japan for the United States in 1884 at the age of eighteen. He pioneered the nursery industry, introducing many new plants into this country, and teaching/encouraging others to become nurserymen. He was recognized and highly respected for his contribution in the field of floriculture and for his role in the establishment of a humane, productive society of Japanese immigrants and their children.

Pre-evacuation, father was semi-retired, enjoying good health, a very sound mind, but not the privilege of citizenship. In 1943, he died in the Relocation Center at the age of 77. Regulations and displacement prevented our and his many friends the right to honor our father with a funeral service and a burial befitting the man.

Part II: Case Situations - 8/43 to 4/44

The following brief statements have been written from existing personal notes recorded during the internment period. These illustrate each evacuee's crisis and manifest

the impact in the five categories enumerated under the Research Outline, i.e. economic, social, psychological, physiological/health and education/opportunity.

A. Physically Handicapped

Children known to Crippled Children's Services were deprived of continuing services at their former health care facility. Provision of the medical care was delayed for re-application to the Denver, Colorado Hospital, certified for these specialized services was required; approval and scheduling of appointments, made; and arrangements for the patient's hospitalization by the Center discussed. Parents or a substitute adult were not permitted to leave the Center to accompany a child undergoing surgical procedures.

1. A 14 year old boy, crippled (both legs and right arm) by infantile paralysis at the age of six was due for another corrective operation prior to induction. Postponement may have retarded progress and caused adverse effects, orthopedically; and disappointment and anxiety/uncertainty, psychologically.
2. A young teenage male required a brace adjustment, not available for 3-4 months in the Assembly Center. His request upon arrival in the Relocation Center was again postponed, pending completion of induction and above-mentioned re-application process. Braces give support to muscles and aid in ambulation. Adjustments are necessary to prevent pain and, therefore, decreased mobility further disabling a handicapped youth.
3. A one year old baby girl with cleft lip and palate was sent to Denver for surgical repairs. Another child whose diagnosis I do not recall was also sent. Children develop fears of abandonment, sometimes not readily overcome when separated from a protective motherly contact. Parents' anxieties about the medical care is further heightened when not involved with process and progress.
4. The Relocation Center Hospital medical records may unearth a compiled list of children known to the Crippled Children's Services and subsequently received

the required surgical attention. Record review would probably reveal some reactions exacerbated by the temporariness of relocation.

Medically ill persons, in particular the aged, with allergies, arthritis, cancer, cardiac conditions, diabetes, etc. had to change their health maintenance routine to prevent deterioration. The barracks did not protect the chronically ill from the sand storms, drifting snow and summer heat. Special diets and supplies were not readily available or were issued to those able to manipulate the "red tape". To be assertive to secure what they normally managed was contrary to their life style. As an example;

A middle-aged woman, who pre-evacuation had undergone surgery removing her nose, leaving her with open nostrils (probably cancer) was confined to the one room as evacuees cringed at the sight of her. Securing a housekeeper aide to bring her the food from the mess hall and assist in some personal hygiene was difficult. The patient had managed her daily and surgical dressing needs in her home but now she was ostracized and further disadvantaged by reduced follow-up care and greater susceptibility to infection.

B. Mental Illness

The care and treatment of the emotionally and mentally ill have progressed in the last forty years with increased human services and focus away from institutional placement to individual or family self-care and small supervised group homes.

The families of Japanese ancestry, in most part, did provide the home and resolved each problem as they arose. Relocation disrupted this balance at great expense financially and psychologically.

1. A 12 year old mentally retarded girl with a reported I.Q. of 50, whose constant crying in school and unpredictable departures, disturbed the class. She formerly lived with parents and siblings for about ten years in a private house located in a farming community, with closest neighbors about $\frac{1}{2}$ mile away. Father was regularly employed; mother managed home and watched over daughter,

apparently with no serious problems. Mother appeared frail and bewildered and depressed, exercising little insight into daughter's behavior and needs. The family structure had already been fragmented.

2. A 16 year old, mentally retarded girl with reported mentality of a six year old, joined younger children in laundry room and pushed them playfully, too forcibly, causing minor injuries. Parental complaints and fears, repeated teasing by older children, and an incident wherein she struck a waitress when latter refused her a second helping, all contributed to larger problems, where none existed before.

Normal birth and development was interrupted at age 3 by strychnine poison, found on their 60 acre farm, causing "deep sleep" of more than a year duration. Ambulation began about age seven, and at time of evacuation, she managed activities of daily living and mastered such household tasks as washing and ironing. She, also, participated in informal games of baseball and basketball. Although, she did not attend public schools, her achievement included recognition of both English and Japanese alphabet and the Arabic numerals. In 1940, convulsions began and occurred 2-3 times per year; and since evacuation, increased to 2-3 times per month, probably due to massive group pressures.

Family had obviously been very attentive, supportive and protective of the girl who seemed to be consistently developing toward her potential. The parents wanted to keep their daughter but expressed willingness to cooperate with the Center's suggestion for an evaluation and possible placement.

My impression was that anxieties about any "trouble" had forced parents to relinquish their daughter whom they had so well nurtured.

3. A 13 year old mildly retarded girl with I.Q. of 79 was referred by the school as she had been reported for truancy, day-dreaming, and taking articles (pencils, plastic objects) and money (small change) belonging to others.

The girl is the youngest of a large family with 8 years between her and next

sibling. Present family consisted of mother and four children. Family was aware of the girl's taking small coins from the family "kitty" and quantity of sweets to distribute to friends. A common behavior often corrected. They recognized and were involved in diminishing incidents of neighborhood teasing/ domination and school problems. Unfortunately, what was accessible to the girl was now absent in the camps, resulting in this crisis. Plans were to send her to visit a married brother who was extending himself as a recent outside relocatee with his own family to support on a marginal salary.

4. A mentally disturbed, 24 year old college educated woman with a history of two previous short hospitalizations for psychiatric case was living at home with parents (father died early '42) and siblings in a farm in a community of her life-long residence. With the family's intelligent and understanding assistance, she was functioning well and improving with no major episodes. Employment in the Center school system was tried as a measure to maintain her interest and to avoid seclusion in the barracks. She lost her capacity to concentrate and subsequently, manifested confusion and disorientation. Diagnostic evaluation to determine advisability for readmission to an institution was being planned. The adjustment to unfamiliar people in a strange closed environment was too stressful.
5. The number of mentally retarded and disturbed who suffered almost irreversible damage cannot be estimated. Add to this number, those persons of Japanese ancestry who remained in the West Coast institutions without benefit of personal family contacts and loss of opportunity to live at home, again.

C. Social Problems

A community of 6-7,000 has its share of social problems, and Granada Relocation Center was no exception. Citing a few;

1. Illegitimate Children: The number of babies born out of wedlock to evacuee

women may have reflected the increase in the general wartime population. I know of two young women who stayed during their confinement at the Salvation Army Home and one at the Florence Crittenton Home - both in Denver.

One was a 14 year old girl, whose behavior was that of a younger, naive child. Her description of the putative father and his death seemed improbable and protective of someone else. Parents were ashamed and distraught, but participated in placement planning, refusing adoption and foster care. The girl failed to communicate or to further elaborate as if to deny it had happened. She returned to the Relocation Center and the baby was sent to the Children's Village, Manzanar Relocation Center, California.

2. Child of Mixed Parents: A 16 year old, eldest of four sons of a Japanese father and Mexican mother (not in the Center) was noted as missing 2-3 days from the Camp. He was found a distance away, wanting to return home and "to get away from all the boys who are always fighting me". Pre-evacuation, he had worked fairly regularly; associated with American boys; and, had almost no contact with the Japanese people.

In spite of different work assignments in the Center, he did not feel he belonged and wanted to leave. He was confident of his capacity to be independent and self-supporting. As his father preferred his son staying with the family until, he hoped, they all could return. We could only offer to listen whenever he felt troubled.

3. Death and Dying: The WRA allowed monies only for burial on or near the Relocation area. A family wishing interment elsewhere had to bear the total costs, which was prohibitive for the average family whose savings had already vanished. The evacuees, especially the older Issei suffered through the dying process, died away from home and possibly wondered about his/her final resting place. The families were unable to provide services or burial with dignity, and respect due their loved ones.

Closing Statement

It would hardly be possible to compensate these cases individually. If, however, the Commission's finding is that a reparation is just and a must, I think that a Committee representing the Wartime Relocation and Internment Civilians can come to an agreement of reparation.

My suggestion is:

- The establishment of a special federal grant,
- to be administered by the CWRIC or similar federal body,
- to be allocated to designated existing credible public or private agencies, professionally staffed, with the objective
- to provide social services to a person or groups of persons requesting assistance with problems arising out of Executive Order 9066, and
- to conduct a research study
 - to identify the problems and resolutions, in order
 - to better understand to effectively program services for any individual or groups of displaced people.

Yuniko R. Tsukada

9/15/81