

OREGON HEALTH & SCIENCE UNIVERSITY ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

William Shunsuke Ito, M.D.

interview conducted on: February 20, 1998

by: Sarah Porter



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SUMMARY

Dr. William Shunsuke Ito, University of Oregon Medical School alumnus, shares his experiences as a Japanese American physician and World War II veteran in this interview. He begins with a brief account of his family background and early years in Portland before moving on to describe his years as a medical student at UOMS. He notes that he encountered no racial discrimination at all in his time at the University and that the excellent medical training he received had prepared him well for a career as a private practitioner.

Dr. Ito first began to encounter racial prejudice when applying for internships. Japan had recently invaded Manchuria and anti-Japanese sentiment was growing. Having been turned down at several programs across the country, Dr. Ito ultimately resolved to intern at the Multnomah County Hospital. He faced the same obstacles when applying for residencies, and was glad to finally be accepted at Queen's Hospital in Honolulu, Hawaii. He arrived there in 1940, and was serving as chief of the surgical service when Pearl Harbor was attacked on December 7, 1941. Ito describes that event and the chaotic days following. He also talks about the fate of his family members in Portland: his father taken by the FBI to an undisclosed location, his mother and brothers interned at Minidoka, all family possessions seized by the government.

Dr. Ito was drafted into the Army in 1943. Initially stationed at Schofield Barracks in Honolulu, he was reassigned once casualties from Saipan began arriving there. He was then transferred to an engineer construction battalion, finally serving in several different hospitals before his discharge in 1946. He quickly established a private practice in Honolulu, where he has remained. He talks about his practice and comments on changes in medicine from the 1930s to the 1990s. He was the first Japanese American elected as president of the Honolulu County Medical Society and helped pass a physician-choice bill during his tenure.

Appended to the interview transcript is a short autobiography, written by Dr. Ito after the interview. Hoping to remedy perceived shortcomings in the recorded dialogue, Dr. Ito "took the liberty of summarizing what [he] thought Dr. Porter probably wanted in this interview." The same topics discussed with Dr. Porter are chronologically organized and supplemented with additional information in the written document.

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Interview with William Shunsuke Ito, M.D.
Interviewed by Sarah Porter
February 20, 1998
Site: Dr. Ito's office, Hawaii
Begin Tape 1, Side 1

[Editor's Note: Immediately following the interview transcript is a supplement written by Dr. William Ito.]

PORTER: This is the interview for Dr. Ito, February 20, 1998, in Hawaii in his office.

Okay. I do have somewhat of an outline, so I'll just start right at the very beginning. When we talked at lunch, I realized you were born and raised in Portland.

ITO: Yes, that's correct.

PORTER: What year were you born?

ITO: Nineteen fourteen.

PORTER: In what part of Portland did you grow up?

ITO: As a small child, I grew up in North Portland. It was in the Union Avenue area. Then we moved to Southeast Portland, and I went to grammar school there and, then, Franklin High School there, and then from there went on to the University at Eugene.

PORTER: Oh, the University of Oregon.

What was your parents' business?

ITO: Dad was an insurance man for—at that time called Oregon Mutual Life Insurance Company. My mother, of course, was a housewife. And I have two brothers, and we all lived in Southeast Portland.

PORTER: Were your parents bilingual? Did your parents emigrate from Japan?

ITO: Yes. They were born in Japan, so they're what we call Issei, first-generation Japanese in the United States. Dad spoke English, so all three of us kids conversed totally in English at home. My mother didn't speak English, she spoke Japanese; so as we grew up, we understood enough Japanese that we could understand what she was saying, but we would reply in English, and she would understand our English. But she never actively, voluntarily spoke English, although I can't help but feel that when the neighbor across the back yard said something, she probably could understand it.

PORTER: How much of their Japanese heritage did they attempt to keep going?

ITO: Very little. My dad was a firm believer of being a good American, and he encouraged our speaking English. He was not interested in sending us to the Japanese language school, because he used to say, “Well, you’re an American, you be American”—although things Japanese that were close to the family we were exposed to, but there was no sense of nationalism. The old Japanese traditions were never handed down to us, so I’m—from the standpoint of Japanese background, historically, socially—almost totally uninformed.

PORTER: Did you find that your sense of respect or manners—I think we talked about it earlier—were pretty much the same as your peers?

ITO: Oh yes. Within a three or four mile radius from where we lived, I think there were only two Japanese families, and we didn’t see them very often, and all our friends and neighbors were Caucasian, so it was actually—to be living among Japanese came after I moved to Hawaii.

[Tape stopped.]

PORTER: So here you are at the University of Oregon, going to school. When did you decide to become a physician?

ITO: I think probably before, while I was still in high school. When I was a little kid—all of us, in fact; Dad sent us out to work during the summer. He says, “You don’t play around, you go to school, and, then, in the summertime you can work.” And I worked on the farm, cabbage farm; I picked berries, drove tractors; I worked in a railroad section gang line putting down railways; and drove trucks into southern Washington. So by that time I just felt, well, I don’t like physical labor. I don’t mind sitting down and studying and doing a profession—I just leaned toward the professions. So I think about the time I left high school and went into the University of Oregon, I was pretty well set to go into a profession.

I liked law, but I just—I’m not very good in expressing myself verbally, and so Dad says, “Well, do what you like to do.” So I decided to go into medicine. So, through the university undergraduate work was all in science and preparation for medical school.

PORTER: Their premed program?

ITO: Premed program.

PORTER: So your parents were encouraging?

ITO: Yes. Actually, they said, “Well, we don’t care what you want to be, just so long as you get a good education,” and I think I leaned toward medicine. There were no doctors in our family, at any generation, but that’s what I decided to be.

PORTER: And your brothers went to college also?

ITO: My brother next to me went to work in Portland, or in that area; but my younger brother went to the University of Oregon and then had to leave his freshman year when the war broke out.

PORTER: That's when they were put in the detention camp?

ITO: That's right. And, then, he was asked to leave the school.

PORTER: So you were the first one in your family to graduate from college?

ITO: Yes, although my younger brother eventually finished college after he got out of relocation camp, but I was able to finish in Oregon.

PORTER: Right, because you got in before that. And you were in medical school during the Depression?

ITO: Pretty much, 1935 to '39.

PORTER: So, actually, your whole college education and medical education occurred in the Depression years.

ITO: In that time, yes; from 1932, I think I went to the University, and then went to medical school in '35, and then got my bachelor's degree from the University in '37, and then my medical degree in '39.

PORTER: So was that a hardship on your parents, or did you have to work as well in medical school?

ITO: I worked in the summertime. Of course, in the medical school, I lived at home and then drove up to the Hill. And once I got into medical school, of course, you know, there was no time to go to work because of school and internship. But in the undergraduate period, I worked every summer, whether it be a grocery clerk or—for two years I worked in a salmon cannery up in Alaska. So we tried to help our way through school.

PORTER: When you got into the medical school, what were your days like?

ITO: Academically?

PORTER: Um-hmm. Academically and socially.

ITO: It was great. I felt welcomed; the faculty welcomed all of us. The school made us feel that we were special. And, of course, in those days we all wore white coats and dressed up, not like it is now where you can't tell the doctors from anybody else. It was a

period that I really enjoyed. Academically, I found it very difficult. There were some things like physiology and chemistry that were difficult. But from the standpoint of being among my classmates, my peers, I was just one of them. I had no problems at all.

PORTER: Is there anything that stands out—like during your clerkship days when you started having patient contact?

ITO: No, not really. I had no bad experience. Whether I was in class or whether we went through the clerkship at the [Multnomah] County Hospital at that time, contact with patients, contact with faculty, there was absolutely no racial problem. I enjoyed that period very much. The students in the nursing classes were in the school and back in the hospital, and we were in contact with them all the time, and even amongst the nursing staff, I can't ever recall having a bad experience. There were three Japanese and two Chinese in our class.

PORTER: All from the Portland area?

ITO: Yes. Dr. K. Nakadate is still living and is in Portland; Dr. J. Sato went to Japan before the war, and he practiced medicine there, and he died there. I think it was in Yokohama. Dr. Sam Liu practiced in Portland and retired, and he's in California; and Dr. Louie died, but it was after I left Portland, so I don't know the circumstances. So there are still three of us Orientals [laughs].

PORTER: Well as you went through your clerkships, did you start to get a sense of what type of medicine you wanted to practice when you got out?

ITO: Yes. I leaned toward surgery, general surgery, but, you know, that was a rotating internship up there. The services were much different from the setup now. So we went through everything from dermatology to ENT, and the psychiatry, and laboratory work, surgical clerkship, OB-GYN—so we had a good, rounded service. And, in that, I think I leaned toward, and hoped someday I'd be, a general surgeon.

PORTER: Can you remember some of your patients that you had as a medical student?

ITO: No, I don't remember any specific patient, but I know that when I started my internship there, I had never started an IV. I asked the nurses to help me and show how to do it. And there was a head nurse on one of the floors that graciously helped me with everything I wanted to know. She was a wonderful person. And once I got into the hospital and took care of patients, I enjoyed it. I just felt that I'm in the right place.

I think the thing that I remember most: my first patient was a very elderly individual that had a respiratory distress. I treated him for several weeks, and he seemed to improve. So we were making rounds one day, and my medical resident asked me to give a report on the patient, and I was very proud I kept this person alive. And the thing that shocked me was, "Well, now that you've done all that," the resident said to me, "what have you got?" I felt hurt because I worked so hard to keep him alive, and, yet, he, with vastly more experience

than I had, probably knew that this was a terminal situation, that all I was doing was prolonging his death, or whatever you want to call it. But as a greenhorn, you know, this idea of saving people's lives and—so that shocked me, and I always remember that particular episode.

I don't remember any particular person. When I was on the gynecological service, Dr. Stearns was the attending and Dr. Fearl was my resident, and they were very generous in giving us work to do with our hands. We would help them in surgery and then we'd take care of them postoperatively, and it was a good service.

Dr. Tom Joyce was the head of Surgery, and he was a lion. He was strict, he was overpowering. We were making rounds one time when he was discussing infections that occurred in the wounds of these patients that were on the surgical service, and I remember his asking our gynecological resident, "Dr. Fearl, I don't seem to see any infections on your service. What is the secret?" He said, "We let the interns do the work here" [laughter]. And that was another incident I recall, because we were all scared of Dr. Joyce. He thought he was number one in the whole hospital, and when he asked a simple question like that and got that answer, I was pretty proud of Dr. Fearl [laughs]. But I had a good service.

When I finished medical school, I had a great deal of difficulty getting an internship because it was, oh, during the period when Japan invaded Manchoukuo, and there was a lot of anti-Japanese feeling. We didn't have an internship pool like we do now. We applied for internship individually. And I applied four or five places and they just didn't want me. They were honest. They said, "At this particular state of the nation we're not able to take those of you of Japanese ancestry."

Just about the time I was finishing school and wondering what to do—Dr. Rieke had a service at the County, and the summer before he started this service, I guess he traveled across the country in a car and developed a phlebitis in his leg, an inflammation, and he was forced to go to bed rest in the hospital. So they were short one intern, and so, fortunately, I was able to take that open position. So I completed his service for him, and I felt very fortunate, because I didn't know what I wanted to do, and here I was amongst people that I went to school with and in an institution with which I was familiar. So it turned out to be nice.

And, then, about that time I looked around for residencies, and it was just as difficult. It was during that same period. After all, it was just a year later.

PORTER: It must have been around 1940?

ITO: It was 1938. I graduated in '39, so it was '38, '39, '40, in that period, when we had to look for service. So I applied to Michael Reese in Chicago and hospitals in New York, San Diego, and San Francisco, all over; and the reply was, there again, "We feel that it is not appropriate to take students of Japanese ancestry." Other hospitals would say, "We have a vacancy, but we are keeping this open for our doctors to return from service." But whatever the reason, I couldn't get it. And, then, some way, some how, I heard that Queen's Hospital

in Honolulu was looking for house staff, so I wrote to Queen's, and they said, "Well, we're looking for doctors who have previously had one year of service. We don't want anybody out of school." And that was great, because I was just finishing at County Hospital, and so they accepted me here, and I had two years at Queen's in the surgical service, and I was the chief resident when the war broke out. This was 1941.

At that time I did want to go into surgical residency, but it was just not available.

PORTER: So the experience you had at Queen's was in the surgical service, but not a residency?

ITO: No, it was not a full, accredited residency as we see it now. They had a medical service and, you know, various other services; and of the services, I was on the surgical service during the two years I was there.

PORTER: Did you find yourself making comparisons between Multnomah County Hospital and Queen's, or did you see much difference in the way care was—

ITO: Oh yes, there was a difference, because up on the Hill, it was a teaching institution, and you were supervised and you were watched and you were taught; and once I got to Queen's, there were attending men to teach, practicing physicians teaching, but I learned to be on my own a great deal and draw from what I had learned up at the Medical School.

PORTER: Did you feel like you were well grounded and well prepared?

ITO: Yes, very much so. I didn't feel that I would be taking a back seat to any of the other members of the staff.

PORTER: Was there anything in your upbringing that had prepared you for the people's reactions towards you as a person of Japanese ancestry? Do you know what I mean?

ITO: [Pause] No, I don't really understand the question.

PORTER: Well, it sounds like up until the time the war broke you were really very well accepted and integrated, and then all of a sudden the door slams in your face. I was thinking that it's possible there really wasn't very much in your upbringing that would help you deal with that level of prejudice and discrimination.

ITO: Well, where we lived, in my immediate area, the neighborhood, so to speak, there was no evidence of prejudice. We were just one of the people in the area. But when I got to high school and—it was great, everything was fine, except socially. If the fellows would say, "Well, Saturday we've got a dance at the lodge. Can you come over?" I would say, "You'd better ask your parents." And I'd find that I could not be invited. So there were areas, certain groups and certain meetings and certain social affairs in which they didn't come out and say, "You can't come," but we were just not invited. And it was obvious.

Also, at that time Jantzen Knitting Mills created the Jantzen Beach amusement park. The Japanese were permitted to go into Jantzen Park, but we were not permitted to use their swimming pool at that time. So there was that type of prejudice. The public parks never gave us any trouble. In the summertime we'd run down to the public parks and go in their swimming pool with no problem.

But I think the first taste of prejudice was in that high school in the social area. But, golly, the people were—the fellows that I went to school with and grew up with, there was no problem. I played football and ran track and participated in all the activities. But that was the first experience of prejudice. Then, of course, the other was the inability to get an internship and residency.

One other period was—[pause]. After I finished Queen's, I was there when the war broke out, and I was the chief resident; and we had a hectic week, not knowing exactly what was going on. We could see—we could hear the bombers, we could hear the guns, we could see tracer bullets at night, but I think the scary part was not knowing what's going on out there. Nobody was communicating with you.

But after I finished that service, I helped create a Honolulu blood bank for a period of time and decided, "Well, I'll go into practice here." I volunteered for the—I've forgotten the name of the outfit—442 Regiment. I volunteered for 442, because I didn't want to start practice and then be activated. After I volunteered and was waiting for orders, I got a call from the headquarters here saying, "Our records show that you're a reserve officer in the medical corps from Portland." I said, "That's right." They said, "Well, since you're from Portland, we prefer not to send you back to the mainland. We'll deactivate you and take one of the Hawaiian boys." So that's what they did with the 442 group that left here.

So I decided to open an office, and I think I had practiced about—well, less than a year, eight or nine months, when the headquarters here called me and asked, "How long will it take you to close your practice? We're going to call you into active duty." So I said, "Well, why don't you give me a month to close up my practice?" And whoever was on the telephone said, "Well, I'm sorry, sir, but the orders are in the mail, and you will report to Schofield Barracks in forty-eight hours." Just like that.

You know, the officers have to provide their own uniforms. They're not government issue. So I had to scrounge around for some tailor to make uniforms for me, and then—and actually I went to Wahiawa to find a tailor and got several uniforms made. And I did report in forty-eight hours to Schofield Barracks.

I was assigned to what was at that time called North Sector General Hospital on the surgical service. I had a good service; I had a good commanding officer; I had good colleagues that helped me; and things went well until the Saipan casualties began to come in to the hospital. And at that time the commanding officer in this area told my chief that, "We have to transfer your Captain Ito because we don't want him to be exposed to casualties from Saipan."

[End of Tape 1, Side 1/Begin Tape 1, Side 2]

ITO: So he tried to get a change in the order, but an order is an order in the military, and so I was transferred to the 1399 Engineer Construction Battalion, which was composed of all local boys.

That was my only other exposure to changes or restriction because of race.

PORTER: Was your commanding—or were the powers that be afraid that if the servicemen saw you, they would become extremely upset and agitated?

ITO: I think they were afraid for me. Not that I would do anything to them, but I think they were afraid for me.

PORTER: Afraid for the reaction.

ITO: Right. So rather than to have any confrontation or unfortunate incident—

PORTER: They were actually protecting you at this point.

ITO: That's right. But I had a nice service. They were all local boys, and they were healthy as could be. And we had companies attached to our battalion from the mainland and from Puerto Rico, and I think they had more health problems than our boys did. It was a good experience to have. I'd made friends with people who lived here, and their families.

After that, when I was transferred to Fort Lewis, I found out that it was just a medical pool, there was no specific assignment. And I guess I was only there two days when they transferred me to Letterman General Hospital in San Francisco, and there they put me on a gynecological service.

PORTER: Oh, that's right, I remember seeing that [laughter].

ITO: When I got there, the chief of the surgery service [L.D. Heaton] was an officer who had been out here in Hawaii. According to his story, he was told to set up a field hospital in Ie-Jima, and he told his commander he knew nothing about setting up a hospital, he was an operating surgeon; and they transferred him to the Mediterranean area, from what I hear. He finished that service and then came back to Letterman.

When I got there, and when he asked where I was from and I told him from Hawaii, he greeted me with open arms, which was very unmilitary-like. But he gave me a good service. He said, "What would you like to do?" "I'd like to do surgery." He says, "Well, Captain, you're kind of outranked here in my department. How would you like to do gynecology?" I said, "I'd be glad to do gynecology." And I really got a good service. I took care of the military dependents and the WACs and the Red Cross. It was nice. And the chief gave me a lot of work right out of his office. He loved to operate, and he'd schedule about

three or four surgeries in the morning, and he'd start in the morning, but, being the chief, he had a lot of administrative work to do, and he had to get back to his desk, so he'd have his secretary call me: "Will you have Captain Ito come in and finish my surgery for me." So I really had a good service.

So I had no problems at Letterman, I had no—well, I wasn't at Fort Lewis very long. Actually, it was an enjoyable period.

PORTER: It sounds like you were able to piece together a lot of surgical experience that would almost equal a residency.

ITO: When I was told that I was eligible for discharge from the service, the colonel asked me if I would stay, and I said, "Well, if I have this service, I will be glad to stay for an extension"—of about two years, I guess, at that time. And he said, "Well, as long as you're assigned to this hospital, I can guarantee you the service, but I have no way to know how long you'll be assigned to this hospital." So I said, "Well, under those circumstances, who knows, I might be transferred to field duty" [laughs]. So I decided to take my discharge. But I think I've been very fortunate. I've had a lot of good experiences.

PORTER: Yeah, it sounds like it was really quite good, and you had a good grounding to begin with.

When you left Letterman, then, did you—by that time had you decided that Hawaii was more of a home than Portland?

ITO: Yes. I had nobody. I mean, my parents were on the Coast, but they had been evacuated, and actually, they had no place to come back to. So I felt, well, at least I'm acquainted with things in Honolulu, so I asked them to discharge me here rather than over there. So I came back here and I restarted—I came back and worked for two years in the Leahi tuberculosis center. And at that time streptomycin had just come into use, and so we were able to do surgery, whereas prior to that, it was just bed rest. And Dr. P. Gebauer, who was probably one of the world's outstanding thoracic surgeons, was chief surgeon at Leahi; and so I worked with him for, oh, a little over a year, and then I stayed with him "on call" basis when he needed me.

I guess in 1946 I started to practice. And, of course, just starting from scratch was a little difficult, so I picked up a little work at well baby clinics, state health department, venereal disease clinics—anything to pick up a few dollars. Then, as the business picked up, around 1947—it was shortly after I started practice. One of my University of Oregon classmates, who was working in the city and county health department, said he was being called into active duty in the Navy, so would I take his job for him. I said, "I don't want your job" [laughter]. He said, "Well, that's why I want you to take it, because I want it back when I get back." So I said, "All right. We'll just talk to the chief and see what he says." And they permitted me to be assistant director of the city and county health department, that I would put in my time per day, but I could also break it up so I could go to my office and then come

back during lunch hour and evenings. So I did that for a couple of years, until the doctor got back, and so I had that experience.

The physicians here, the Caucasian physicians that had already established practice—it used to be called the Medical Group; they had the Straub Clinic and, then, the Medical Group—they helped me along. They would send me patients, or they would—in those days we made house calls, and so they would call me and say, “Well, I have such and such a patient who needs a little help, and I’ve told them that I’m going to call you, so will you please go over and see them.” So gradually all that helped me build up my own practice.

PORTER: Was there a Dr. Tilden? Was he there?

ITO: Dr. who?

PORTER: Tilden.

ITO: No, Dr. Tilden was at Straub Clinic. A very good pathologist.

At the beginning, I sent most of my patients to Queen’s, because I trained there and knew my way around. But as time went on, I got a lot of Japanese patients, and they wanted to go to Kuakini Hospital, which was at that time called the Japanese Hospital.

I had a little difficulty with the language, because—ordinary, family conversation I could understand, because I conversed with my mother. But when it came to medical words and the more difficult—I had difficulty. So I would write what we call *romaji*, which is—in English, you’re writing what it sounds like, see. And so I would keep a pad in my pocket, and then the patient would say something, and I’d step out and write it down a little bit, and then I’d go back and try my best to take care of the patients here. Then, at the end of the day, I’d go to Kuakini Hospital and find the doctors or somebody working over there, “Can you tell me what this means?” I developed a fairly good vocabulary where I could practice medicine and speak to the Japanese people. So what I know of Japanese now, for the most part, I picked up here, with no formal training. But I know enough of it to take care of my Japanese patients.

PORTER: Did you feel as accepted in the Japanese community here as you did in the Caucasian community in Portland?

ITO: Well, not—being accepted, I felt, was a little on the slow side. I was not ostracized or pushed away or insulted or anything, but to be warmly accepted into the Japanese community was a little slow. But when I was at Queen’s, there were a half a dozen other young Japanese on the staff, and—although they didn’t go into the military service, they went into practice after they finished here, so I knew them well. So at least this core of people welcomed me when I got back, and helped me. And they were very nice to me as I got on my feet. And, then, from the Caucasian standpoint, I was having no difficulty, because they were sending patients; and so I felt that they were helping me first, and then my friends were helping me second.

Then I got into medical politics, like all the young people do, and eventually became president of the Honolulu County Medical Society, which was—I think I was the first of Japanese ancestry to become the president. But after that—and I went into a few things at the state level, but then the practice got busier, so I just dropped out of medical politics and stayed with my private practice.

PORTER: Was that in the early fifties that you got into medical politics?

ITO: Let's see [sound of pages turning]. It was from 1953 to 1954.

PORTER: What were some of the big issues at the time?

ITO: Free choice of physicians.

PORTER: [Laughs] Interesting.

ITO: And the insurance coverage, and workers' comp. In fact, we had to work with the governor—not just myself, but the group, a committee—to have the Legislature pass a law stating that the patient had the choice of physician at the time of injury, although it was an insurance compensation type of a thing. And we succeeded in getting that at that time. But other than that, there was no issue, really, that I can think of.

At that time, Honolulu County Medical Society was the big society, and all the neighboring island societies were so small, so if there was any business to be done that was of any import or impact, it had to come into Honolulu to discuss it. Now all the county societies are big, so they take care of themselves.

So I had that experience, and, as I said before, it just seemed like I had a lot of nice things happen to me.

[Pause.]

As time went by, more and more of my patients went to Kuakini Hospital rather than to Queen's, and so I became more active in that hospital, and I think it was around 1990 to 1991 I served on their medical executive committee; and then from 1993 to 1997 I was on their board of directors.

PORTER: At Kuakini?

ITO: At Kuakini Hospital.

It was kind of a piecemeal kind of history [laughs], but I always look back and just feel that there's been a guardian angel up there who was taken care of me.

PORTER: It sounds like it. You've had—well, you've been able to piece together a number of opportunities out of being blocked. Other opportunities seemed to come up that you were—

ITO: A little bit of here and there.

PORTER: Able to take advantage of.

I'm really interested in the—there's a lot of kind of indigenous or traditional health practices that people have, from all the different cultures in Hawaii, and they're not necessarily the Western medicine approach, and I was just wondering if you have experience?

ITO: No, I have no experience. Western medicine is the only medicine I know. You know, we hear of moxibustion, we hear of herbs, we hear of acupuncture and hypnosis and things, but I have no personal knowledge of them. There was a period when acupuncture became very popular here—I would imagine fifteen or twenty years ago now—and half a dozen doctors from here went to China to take lessons and then come back, and they felt that they could apply that to their work. But it didn't take very long to show that that was not the type of medicine that was being practiced here. So as far as I know, they've all given up the acupuncture, except for the Chinese or the Japanese who practice that, alone (non-licensed physicians).

I think there's quite a history of Hawaiian herbs, but I know nothing about that. It's kind of a whole world of its own.

PORTER: Yeah, it is. Do you have patients coming in having tried various other remedies, kind of on the side?

ITO: No. You know, they've had the usual manipulation of joints and massages and heat treatments, and we hear of people taking megavitamins and things, but I don't think that fits into any special category.

PORTER: Did you see a lot of changes over the years in medical practice with women and minorities?

ITO: [Pause]. Well, not in my personal practice, but I know that as I look out and have watched Kapiolani Hospital grow—it was first Children's Hospital, alone, then it merged with Kapiolani Hospital, and now that institution has grown into a first-class women's and children's hospital with a great deal of emphasis on women's health care and child care. We didn't have that before: it was just thrown in with the general hospital, the pediatric department, or the women just mixed in with all other groups. Geriatrics has become a very prominent field, important field. There are geriatrics services available now, and we didn't have that.

PORTER: Looking back over the time when you were in medical school and did your year at Multnomah County [Hospital], what were the biggest problems in health care that you saw?

ITO: [Pause]. Well, I really can't answer that. It was a period when antibiotics first came out, the sulfonamides came out during the time I was there; and prior to that we had no antibacterial drug, so that played a big part in our care of patients. And so that change in the care of infectious disease was very outstanding. Other than that, there was really nothing that I can remember as a big change in the science of medicine.

When I went into the service, penicillin had just come out, so that added a great deal. And, then, when I left the service and went to Leahi Hospital, streptomycin just came out. So I benefited greatly at the time when the new drugs were coming out.

PORTER: How about the treatment of burns and that kind of thing?

ITO: Well, in my day, treatment of burns was—if you got a third-degree burn, an extensive burn, it was just a lost cause. But minor burns, it was just a matter of getting it clean and then just covering it up with a lot of ointments. Of course, now we've got burn centers with special expertise and burn patients' survival improves, so there's been quite a big change. But as you get out of institutional work and go into private practice, more and more your practice becomes limited within your own field, so you don't see this thing. If you've got a burn, you want to send them to a burn center; if you've got a severe infection that's got to be isolated, there's a place for that. Those of lesser severity we can take care ourselves.

I know when I first came to Queen's, we did everything. Of course, I felt confident in that because of my training at Oregon, but we'd get up at night and do blood chemistries; we'd get up at night and give anesthetic; we'd get up in the night and help the surgeons. We just had to do almost everything. We did it, you know, because there was no specialty in anesthesia at that time, and there was no specialty—the laboratory wasn't open at night over here, and so if we had to do blood sugar, we did blood sugar. We did everything. But having had the training at Oregon made a big difference.

PORTER: It sounds like it was a really broad experience.

ITO: It was good training, and I know it is a good school.

PORTER: I notice—did you do some homework before you came?

ITO: [Referring to document] No, this is—one of my colleagues retired, and he said to me, "I'd like to—for the Japanese Chamber of Commerce, I want to gather some information regarding the doctors, some of the doctors here." And so he came in here one time and asked me if I would just talk to him like I'm talking to you, and he just put this thing all together.

PORTER: So this is a transcript of your dialogue?

ITO: Uh-huh.

PORTER: [Laughing] You didn't know you'd be so interviewed.

ITO: Nowadays I can't remember dates, you know. In fact, last night I had to ask Mrs. Ito, "What year did I serve on the Board of Directors at Kuakini?" She knew. I just couldn't remember.

No, I feel I've been very fortunate. I've had my share of good things. And that's the reason this particular paragraph bothers me, because I can't ever recall saying that I wasn't promoted because it was prejudice. I mean, I've seen prejudice, as I've described to you, but not to this degree. Who knows, as a young guy, I might have said it [laughs].

PORTER: Do you think it would be a possibility?

ITO: That I would say it?

PORTER: Oh, not that you would say it, but that you could have been denied a promotion because of your race.

ITO: Well, I suppose that's always possible, but I wouldn't know anything about it. And I don't know who this individual would have been, see. In the service.

PORTER: [Laughing] Something at that time.

ITO: I mean, I had medical school, went to medical school with Chinese boys. I don't ever recall being in a military service with a Chinese officer, so I don't know where that came from. [Laughter] But, you know, who knows. I must have said that some time.

PORTER: Well, you have some nice, eloquent writing there, expressing your feelings and talking about your outlook at the time.

ITO: Dr. Rieke, it was unfortunate he died in an accident. It was his service that I took at County Hospital.

PORTER: Oh, okay. I did want to ask you about one thing, and that is, I understood that you were present when Pearl Harbor was bombed.

ITO: I was present. I had a rooming house just about two blocks away from Queen's Hospital when I was on the staff there, and I'd walk to work, and then work as long as I had to, and then go home. And on Sunday mornings, as I would walk to work I'd—if you looked in the sky toward Pearl, we always used to see white puffs of smoke there, and that was their practice, their drill. That morning, December 7, 1941, as I walked to the hospital, all this smoke was black, and I thought that was unusual. So I went into the hospital, and they had

the radio on in the emergency room when I went down there, and they said Pearl Harbor had been attacked. I was the only one on duty, so I called everybody back in.

It didn't take long for casualties to come in. At that time we didn't know that they were just civilian casualties, and as it turned out, that's all there were. We saw no military casualties. But apparently these anti-aircraft shells exploded, and a few of them hit the city and exploded and injured civilians; and we saw those people. So we spent most of the day and night that first day taking care of casualties. And, of course, we weren't prepared for war, so we ran out of gloves and gowns, so we used the same gown from one patient to another. We'd wash our hands in alcohol and use the same gloves. We had a lot of volunteers come in to give blood, and we ran out of blood receptacles, so we had no choice but to just take a sterile jar that was open and a sterile tube with a needle and just openly pour it into the jar—not this closed system that we have now. But we made do [laughter].

PORTER: It must have been a chaotic feeling.

ITO: It was. It was frightening.

PORTER: Well, you didn't know whether the planes would come back.

ITO: Right. And we didn't know—you know, you'd hear rumors about ships being out in the harbor, and the soldiers were going to land, and all that, which was all a wild story, but we didn't know. But we could hear the planes coming. And at night, we couldn't tell whether they were our planes or somebody else's planes, but we could hear them [sound effect] over the city. But when you look back, then you realize that they were not enemy planes, that most enemy planes were confined over the targets.

PORTER: Right. So did you stay up day and night, day and night?

ITO: Yeah. The first day and first night we stayed up, and the second day. Then, when things began to calm down, why, we worked only during the day. We still had our sick patients to take care of, as well as the casualties.

PORTER: You were working really hard.

ITO: Yeah, it was hard work.

PORTER: Did the military help you out at all with any supplies or any of that?

ITO: I don't think so. I think after things slowed down, I think Queen's was pretty much able to take care of things by cleaning up. Of course, there was travel restriction immediately.

[End of Tape 1, Side 2/Begin Tape 2, Side 1]

ITO: Japanese on the West Coast, I think they were treated badly. Those of us who were here actually were more fortunate. There were a lot of things we couldn't do. We couldn't go out at night and we couldn't do a lot of things, but at least we were not rounded up into camps. There were a few people who were relocated into a temporary camp and then moved to the West Coast, but the general population—no!

PORTER: Not too many.

ITO: But, then, you lose contact with your family when the war broke out.

PORTER: What was that like?

ITO: Well, when—see, my dad was very active in the Japanese Chamber of Commerce and in the community. He sold insurance, so he traveled a great deal.

[Tape stopped]

When the war broke out, of course, there was no way to contact the family. From my brothers I learned that the day that Pearl Harbor was attacked, the FBI walked into the house and said, "Mr. Ito, we're taking you." He was amongst those that were picked because for years he had been active in the community, and he used to serve as interpreter when they went to court or to the police station or to the tax department and things; and because he was active, they took him. And, apparently, just from my brother's report, they didn't know where he was for a while. Then, a few days later they told the family to pack up and leave.

Now, I have this because this is the insurance company for whom Dad worked, Standard Life Insurance Company, and they wrote this article. Apparently, they talked to my brother.

PORTER: Okay. Now, this is called [reading] "The Ito Story. What happened to agent George Ito, one of Standard's top producers. His career ended after December 7, 1941. The mystery has finally been solved." And it goes on to explain. There's a nice picture of your family, your granddaughters.

ITO: Apparently, they had a rigorous life and not really a happy experience during the time that they were taken. I think my mother and brothers went to Idaho, and my father was taken to, I think, Lordsburg, I thought. New Mexico, at Lordsburg?

PORTER: So they were separated?

ITO: Yeah, they were separated. So I didn't see them till—I guess the war ended in '46. Anyway, it was just before I was discharged from the military service, before I came back here. I stopped in Portland because my parents had been released because the war had ended, and they had returned to Portland, and so I stopped by to see them for a couple of days. But up until then I had no contact with them.

PORTER: Were your parents resilient? Were they able to kind of recover, or did it change them?

ITO: Well, they had no choice. They adjusted to everything that had to be adjusted to. The sad thing was that after they got back—you know what Vanport was?

PORTER: Yes.

ITO: Well, there used to be housing, all townhouse-type, in Vanport. And so they moved in there because they had no place to come home to, and then they had that Vanport flood, and so they lost everything. The townhouse that they were in, it just floated off the foundation, floated away. But, fortunately, it was on a Sunday, and Mother always went to church on Sunday, so she was at church, and Dad says, “I’m going to stay home and write letters to the boys,” and so he was home. And when the alarm broke that there was impending flood, he says, “I ran in the house and grabbed my heart pill, and I ran outside and jumped on the running board of a car that was going by,” and he got up to the highway. And he says when they got up there and looked back, there was this big sheet of water coming down. He said he lost everything. Only the clothes he had on and a bottle of digitalis is all he had [laughter]. But he says, “I’ve still got to grateful. I could have been swept away in that.”

PORTER: So the whole time you were dealing with your medical experiences, as an intern and so forth, they were—you couldn’t contact them, by the time you got over here?

ITO: Well, I had contact with them until the war broke out, although I was here and they were there.

PORTER: Did you have any notion of what was happening?

ITO: No. I had—in fact, I had a ticket on the *Lurline* to go back to the West Coast on January 10, 1942, and then the war broke out in ’41, and that was it. So my intention was to go back, go back to my own community, but that was all lost.

[Pause.]

PORTER: So you must have had—did you have a family reunion at the end of the war?

ITO: Yes.

[Pause.]

When my brother was in Chicago and my youngest brother was in Portland—the family lived in Portland—my wife said one day, “I’ve never met your family.” She says, “Let’s have a Thanksgiving reunion.” So she called my brother in Portland, and she went through the telephone operators in Chicago—I don’t know how she did it, but located my

other brother in Minnesota, and so we all met and had a reunion one Thanksgiving in Portland.

Later on, I went to a medical meeting one year, and Dad had already had a stroke, and he was living with my brother and doing fairly well. While I was there, he suddenly didn't feel well and said he had to go to bed. Apparently, he had another stroke while I was there, when he was in bed; and a couple of days before I left, he was bedridden, a little confused, and just didn't seem to do well. So I postponed my return home, and I sat by his bedside and took care—talked to him and tried to cheer him up. I got up in the morning that one morning, and his breathing was a little deeper, so I sat by the bed and held his hand and talked to him, and he died just like that at that time. Now, I was here when Mother died, so I didn't get to see her.

My brother's daughter, the one who was in Portland—her name is Christy—became an ice skater. She skated in all the West Coast competitions; and my brother used to take her every place for skating competitions. He used to take her to skate early in the morning and late at night. One year they went down to Los Angeles for a competition, and Christy got the flu when they were down there, and, then, when they came back, apparently my mother got it; and she just got the flu and pneumonia and went to the hospital and died. I got a chance to talk to her on the phone in the hospital once, but then she suddenly passed away.

Christy became a good skater and skated for Johnson and Shipstad for several years. She said, "I'm tired of living out of a suitcase. I'm going to quit." So she went into—she does costume designing for Hollywood movies.

PORTER: Very talented, then.

ITO: Yes. My brother sent this to me. You can have that if you want background. I've got a stack that much.

PORTER: I was wondering if—or we could make a xerox?

ITO: You can have it because I've got that much.

PORTER: Oh, wonderful.

ITO: This was, apparently, from the insurance company.

And this little summary essentially just—Dad was born in Okayama, Japan, and my mother was born in Shizuoka, Japan. Then he came over to the United States as a laborer and opened up a restaurant, in—you know where North Powder is in Oregon, beyond Pendleton, near the Idaho border?

PORTER: Yes.

ITO: He had a restaurant there. And then he came back into Portland and worked as a chef in several of the hotels, and then about the time I started school, he went into the insurance business.

PORTER: He probably became fluent in English by that time. Do you know why they emigrated to the United States?

ITO: No. But we had some friends in and around Portland that came over with him, and they remained friends together for a long, long time. But I never heard him tell me why, but I guess a lot of people did. They probably rode the ships, steerage class, and tried to find whatever work they could find.

[Tape stopped.]

[Reading] I went to the University of Oregon from '32 to '35. In 1932, the student body at Oregon numbered around 2,500 students, of which there were only three of Japanese ancestry. When I registered and was assigned to a dormitory, I overheard the monitor of the dormitory say to another employee, "Did you notice that Japanese fellow speaks English?" [Laughter] I remember overhearing that.

PORTER: Is this something I can also take?

ITO: Do you want a copy of this?

PORTER: Yeah, that would be wonderful.

ITO: I was telling my wife I don't know who wrote this, but the English is very good. I said to her, "Did I talk like this?" [Laughter.]

PORTER: Well, are there any other things you'd like to tell me?

ITO: No, not really. I'm very fond of that medical school. They treated me well, and medically I grew up there, got my roots there. You know, you sort of—as you grow up and there's a little prejudice here, a little prejudice there, you sort of tiptoe into new areas. I was just warmly welcomed, and there was never a moment that—from the patients or from the staff or my colleagues, did I have one moment in which I felt there were some ill feelings. I just have a very good feeling about the education there.

[End of Interview]

DR. WILLIAM SHUNSUKE ITO

Background and Early Years

I was born in Portland, Oregon on December 16, 1914, a Nisei. My father Kowsuke came from Okayama and my mother Kei from Shizuoka, Japan.

When he first arrived in Oregon, my father worked as a laborer. Then he developed a skill for cooking and baking and worked as a chef. Being an aggressive individual he moved to a place called North Powder, Oregon, near the Idaho border where he established his own restaurant. The area was bitterly cold in the winter months so he would send his family to Portland until spring. We have pictures showing how he cut huge blocks of ice from the frozen lake. The ice blocks were stored in a shed covered with sawdust, and later used in the restaurant during the summer. Later on when the family moved back to Portland, Dad became a chef for several of the large hotels. However, by the time I was born, he was into the insurance business.

I went through the fourth grade in a downtown school called Eliot Grammar School. Then we moved to southeast Portland and I went to Joseph Kellogg School where I was advanced a year in grade. After completing the ninth grade, I went to Franklin High School, about a mile from my home, and graduated in 1932.

My high school years were a very happy period in my life. I participated in many school activities, served in several class and school offices, and engaged in sports. There were only four Japanese families in the vicinity and in 1928 I was the only Japanese student in my high school. Later on my brother and a few neighborhood Japanese children entered the school.

In school I had no difficulties although I was Oriental. But I remember my brother Harold, when he was young and during the period when Japan invaded Manchoukuo, came home from school crying one day because the kids picked on him and called him a “damn Jap.” Fortunately I never went through that kind of experience. The only unpleasant experiences that I had were minor. For instance, if I had to socialize with a *haole* (Caucasian) family, I had no trouble with the family, but if they said “Let’s go to the school dance” downtown at a private lodge or club, because I was Japanese, I couldn’t get in. Jantzen Knitting Mills built an amusement park in Portland, and at that time Japanese were not allowed to go into the swimming pool, although they were permitted in the park.

I had no difficulty racially in the neighborhood public parks. My brothers and I took judo lessons for four years so any prejudicial confrontations were ended quickly.

I was an undergraduate at the University of Oregon from 1932 to 1935. In 1932 the student body at Oregon numbered around 2,500 of which there were only three of Japanese ancestry. When I registered at my assigned dormitory, I overheard the monitor of the dormitory say to another employee, “Did you notice that Japanese fellow speaks English?”

During my second year at Oregon, my roommate was Minoru Yasui who, during World War II, defied and challenged as unconstitutional the presidential orders for the evacuation of Japanese from the West Coast and their confinement in the internment camps. He was the foremost figure in obtaining reparation and apology for the Japanese evacuees.

In 1935 I was accepted at the University of Oregon Medical School in Portland, now called the Oregon Health Sciences University. I had no difficulty getting into medical school. After the first year of medical school, one could transfer enough credits to get the bachelor's degree. So in 1937 I got my B.A. degree in German language and literature while I was in medical school.

I sort of backed into medicine. My Dad just said he wanted me to study. And I wasn't afraid to study. I was interested in a number of things including medicine, journalism and law. But I wasn't a good talker, so I thought I'd better eliminate law. And then when it came to deciding between journalism and medicine, I decided that medicine was a better career, something that could take me further than journalism. My dad didn't push me and he didn't care what I did but he felt that education would bring me a livelihood. Of course, he was pleased that I went into medicine. My family tree included no physicians but with my dad's encouragement I decided to meet the challenge of a subject and a profession about which I knew nothing.

My first realization of difficulties associated with being of Japanese ancestry came during my senior year of medical school when I began searching for an internship. In 1938-39, during a period of growing anti-Japanese sentiment, I applied for internships in teaching hospitals in New York, Chicago, San Francisco, Oakland, and San Diego, and was rejected by all of them. The ace-in-the-hole was my own university hospital and the [Multnomah] County Hospital of Portland. And so after I finished medical school, I served a rotating internship there. The services were thorough and excellent.

And when I wanted a residency, I just couldn't get one. I applied to Los Angeles County and they replied that they're not taking any Japanese. I applied to the Highland Hospital in Oakland and they said the same thing. Michael Reese in Chicago said, "We are saving our positions for the men who return." I think I applied to six places and they all rejected me.

Then I heard about Queen's Hospital, and when I contacted them they said they weren't accepting anyone unless they had one year of service. That was just right for me because I was just finishing an internship at the University hospital.

I came to Honolulu on the *Matsonia* in 1940 and immediately reported to the Queen's Hospital. It was a fine service with many surgical cases available. The private practitioners gave their time and were excellent teachers. [Editor's Note: Missing one line from original transcript.]

World War II

Most of my work at Queen's was in surgery because I intended to become a surgeon. I was the senior surgical house officer when the war broke out on December 7, 1941. That Sunday morning I was headed for Queen's from my rooming house to check the hospital patients. Frequently on my way, I would see white puffs of smoke over the Pearl Harbor area where they'd be practicing anti-aircraft shelling, but that morning all the powder puffs up there were black and more numerous. So when I walked into the hospital, I said, "There's something funny going on." And it was just a few minutes later that the radio announced that the war had broken out and that we were being attacked.

As chief surgeon, I was the only doctor on duty that Sunday morning, but the other staff doctors were called in immediately just as civilian casualties began to arrive in the emergency rooms. Within the hospital we knew nothing of what was going on out there, except we could hear airplanes and the distant shelling. We didn't know where the casualties were coming from until later when we found out that they were being picked up in town, in Nuuanu and McCully and so forth. The city itself wasn't being bombed but apparently the anti-aircraft shells were falling all over.

From a seminar being held at Mabel Smythe Auditorium many doctors reported to military hospitals and various Honolulu hospitals.

At Queen's we worked all that day and through the night and the next day taking care of civilian casualties. All the surgical suites were activated. I don't know how the surgical instruments were recycled, but we ran out of sterile gloves, we ran out of scrub gowns. As the day passed we wore the same gown and the same surgical gloves. After a soap-water wash and alcohol rinse and we just went from table to table. We needed blood and many volunteers lined up to give blood. We ran out of sterile receptacles, so after a while, we poked the donors and let the blood drip into an open sterile jar and collected the blood like that. The bottles weren't even sealed, but we had to have the blood for immediate use.

I set up a triage group downstairs. Those who looked good were sent one way, those who didn't look salvageable were sent another. I recall vividly an elderly man supported with blood and fluids, on whom his bowel and liver injuries were repaired. Upon attempting to lift him from the stretcher to the gurney, my hand grasped a billfold embedded in an open wound next to his kidney.

I think the frightful thing at that time was that we didn't know to what extent the fighting was to go on. We didn't know whether the ships were close by, whether the enemy troops were landing, and we didn't know how hard Pearl Harbor was hit. At night we could see the tracer bullets and we didn't know who or what they were shooting at. We could hear the planes go over the city. It was scary mostly because we didn't know what was happening.

My brothers told me that the F.B.I. walked into our home in Portland the very day when the war broke out. My dad had been very active in the Japanese community. He was a member of the Chamber of Commerce and various Japanese associations. He did a lot of interpreting for the Japanese people who needed help in business and in dealing with the

legal system. At that time he was selling insurance for Oregon Mutual Life Insurance Company and he was on the road all the time and knew a lot of people. So when the war broke out, the F.B.I. walked in and picked him up and took him away to some undisclosed confinement and eventually to Lordsburg, New Mexico.

The rest of the family, my mother and two younger brothers, were evacuated a short time later to a relocation camp in Idaho. My brother Harold was a freshman at the University of Oregon when the war broke out but he had to leave school. Albert was working at that time and was also evacuated with the family. The confiscated personal property, home and land were lost during their absence and never regained after the war.

And so during the war, my parents were in separate camps and they didn't get together until each one was released from his and her particular area and permitted to come back to Portland. I didn't see either of them during the entire duration. I didn't see the camp site at all. We only corresponded by mail which was censored by the Army.

My brothers eventually left camp during the war. Albert obtained work in the Midwest and ended up in Chicago. Harold talked his way into a football scholarship and completed his schooling at Drake University in Iowa. After graduation he volunteered for the M.I.S. at Ft. Snelling. His assignment took him to Japan where he completed his service and married a wonderful Japanese girl.

At that time they were talking about organizing a regiment of Hawaii soldiers for the military. I went to this meeting at which Colonel Kendall Fielder talked about the feasibility of organizing an all Hawaii unity. So I volunteered for the 442nd.

While I was in medical school I was a medical reserve officer, in name only, because there was no duty and no training. So when I volunteered for the Army, they called me from Ft. Shafter and said, "We find in our records that you are a medical reserve officer from Oregon, and in view of the fact that you are here from Oregon, we are not going to activate you and send you back to the mainland, and for the time being your status is 'inactive reserve officer.'" Well, now at least it was clear, so I thought I'd start a practice. I think I started the practice in 1943.

Military Duty

I didn't practice for long, perhaps nine months, when I got a telephone call from Ft. Shafter. They said, "We are going to call you into active duty. How long will it take for you to close up your office?" I said, "Give me a month". He said, "Sorry sir, but you will report to Schofield Barracks in uniform in 48 hours because your orders are already in the mail." I guess that's how the military does things. They ask you what you want, and then just tell you what you're going to get. I had to scrounge all over the city because I had to report in uniform. Over one Saturday and Sunday, a tailor in Wahiawa made me a couple of uniforms real quick.

I reported to Schofield and was assigned to the North Sector General Hospital. I was assigned to the surgical service there and I enjoyed it. But when the battle casualties from Saipan began to come in to the hospital, I was told that it was too risky for a medical officer of Japanese ancestry to face the injured from the Pacific Theatre. Although I had no personal conflicts and in spite of an appeal from the hospital commander, I was relieved of my hospital duties and assigned to the 1399th Engineer Construction Battalion in July, 1944.

So I stayed with the 1399th as a battalion surgeon. They were all local kids and they were a pretty healthy bunch. We didn't see some of the crap that some of the other soldiers were having. We weren't even seeing athlete's feet because of their Kanaka feet and tough skin from running around barefooted. The detachments that were attached to our battalion from Puerto Rico and the mainland had everything from athlete's feet, jock itch, to gonorrhea that our boys were not getting. So from the standpoint of medicine, it was a very boring duty. It was good in that I got to know the gang that lived here because I was a relative stranger. I enjoyed their company, learned about their families, etc. and became friends.

In March 1946, I was transferred from the 1399th to the Madigan General Hospital in Ft. Lewis, Washington. When I got there they said they had no assignment open and put me into a replacement depot. But within two or three days I got an order to transfer to Letterman General in San Francisco.

I was assigned to the surgical service and had a good service there. But there too, they had majors doing histories and physicals in the wards and they didn't need a captain around there. But I was fortunate in that the chief of surgery was a fellow by the name of Colonel Leonard Heaton, who apparently had served in Hawaii. He said he was ordered to Ie-Jima to set up a field hospital and I think he told his superiors that he knew nothing about setting up a field hospital, so he was transferred to Europe and later to Letterman.

When I first reported to him, he asked me where I was from. "I'm from Hawaii, sir." "Well, I'll be darned. Sit down and take your shoes off." So we sat down and chatted for a while. He asked, "What would you like to do?" I said, "Most of the assignments that I've had have been in surgery." "Gosh, I don't have anything for you in the surgical department, but would you like to do gynecology?" So I said, "Sure," and I was assigned to the gynecological service and took care of the nurses, military female dependents, the WACs and the Red Cross staff. It was a good gynecological service. Also, instead of taking my rotation as a house officer, he put me on the surgical call team, so that I was on call every third night. And as long as I stayed on the post, it was just a matter of waiting for calls. It was a good experience. I recall doing three appendectomies in one night. We used to get airplane casualties and training casualties as well as acute surgical problems.

Col. Heaton was real nice. I don't know why he was so nice to me. He would assign himself three surgical cases in the mornings and then being the chief, he also had to do a lot of administrative work. So he'd often give me his surgical cases—the stomachs, the hernias and other cases that he had assigned for himself. So it was a good service for experience.

In August 1946, the military received a request from Dr. F.J. Pinkerton and Dr. H.H. Walker to release me from active duty in order to work with Dr. Paul Gebauer at Leahi Hospital. When I got my orders for discharge, Col. Heaton called me into his office and asked me if I would stay for a couple more years. I said I would if I could stay in this assignment. He said as long as I was assigned to his hospital, I could have this service, but since transfer orders come from the upper echelon, he couldn't assure me that I might not end up in Timbuktoo, Wake Island or some other remote assignment, so I thanked him for his consideration and took my discharge.

Incidentally, Col. Heaton shortly thereafter was promoted to a General and later became the Surgeon General of the U.S. Army and personal physician for Dwight Eisenhower when the latter became president. So he became a big shot. I've often asked myself, "Why was he so good to me?" He could have picked on anybody else and besides I was Japanese. And yet he treated me with respect and with good assignments.

Post-War

My family got to come back to Oregon after the war, but they had nothing to come back to. They returned to the Portland area and obtained housing in a subdivision in Vanport which was located right along the Columbia River. A few years later, they had a severe winter followed by a warm spring and all the snow melted up in the Cascades and flooded the Columbia River. On a Sunday, when my mother was at church and Dad was at home writing letters to the kids, the land barrier between the Columbia River and Vanport broke down and flooded the entire area. Dad said that when the flood warning came, he grabbed his bottle of digitalis and jumped on the running board of a passing car. He was able to escape to higher ground and watched the townhouses submerge in water up to the second floor windows, then loosen from their foundations and float down the flooded river. Once again my parents lost everything except the clothing they wore and a bottle of digitalis.

I saw my family once when they were living in Vanport. It was during my transfer order between Ft. Lewis and the Presidio. I stopped over and saw them for two days.

After my discharge, I came back to Hawaii rather than go back to Oregon because I had nothing there. Of course, my parents wanted me to go back, but that was a very disruptive period and I don't know how I would have done medically. I'm sure some of my classmates would have said, "Sure, come and be part of us," but with all the Japanese dislocated and displaced, Hawaii became my home. I think I made the right choice.

1946, Back to Hawaii

When I returned to Hawaii after my discharge, I worked at Leahi Hospital and did their general surgery. Paul Gebauer had just gotten there. He was a superb surgical technician and had one of the keenest medical-surgical minds of any physician that I have had the pleasure of knowing. It was a period when streptomycin and other antibiotics became available so that they were able to do thoracic surgery for the treatment of tuberculosis. I helped Paul do a lot of the chest surgery and gained much experience.

After a while Dr. Walker permitted me to work at Leahi on a part-time basis and afforded me the opportunity to begin a private general practice. I opened an office in 1945 in Kaimuki on Ninth Avenue and Waialae.

I did general practice. I loved surgery, but I didn't have the opportunity to go back for a surgical residency and it was a period when I couldn't get a residency. Time had passed and I had to earn a living so I decided to do general practice. In those days general practitioners did everything, including surgery and obstetrics.

I've been on the staff at Kuakini Hospital since the beginning of my practice, but initially I sent all my patients to Queen's because I trained there. But as the number of Japanese patients coming to my office increased, gradually I went more and more to Kuakini.

At first I had difficulty communicating with the older Japanese patients and with the nursing staff at Kuakini because of my language deficiencies. In Portland we did not have Japanese language schools. As kids my brothers and I conversed entirely in English with our father. My mother spoke Japanese but we replied in English. And so I know bits of conversational Japanese but my patients would often stump me with words that I could not understand. I tried to appear intelligent, leave the examining room and write the words on a piece of paper in *romaji* as closely as they sounded. And I'd go down to see Miss Sato at the Kuakini...

[Editor's Note: Missing one line from original transcript.]

...ask for help, and I gradually built up my Japanese medical vocabulary that way. I got a lot of Japanese patients after a while. I still have trouble with my Japanese. If somebody from the Japan Travel service comes in here and starts to speak Tokyo Japanese, I can't handle that.

I still practice in the mornings. We don't usually schedule patients in the afternoons unless a patient can't come in that morning. I see maybe a dozen patients every morning. Keeps me busy and I enjoy what I'm doing. No night calls and no hospital work. All my hospital patients are referred out to internists and surgeons or other specialists.

In 1953-54 I was the first of Japanese ancestry to be elected President of the Honolulu County Medical Society. I had the opportunity of being councilor and officer at the territorial level, but with an increasing practice load, I withdrew from medical politics. In those days the neighbor island medical decisions were made in Honolulu. During my administration as president, with the help of Governor Samuel W. King, we were able to place "free choice of physicians" into the Workers Compensations law. For two years I was the Assistant Director of the City and County Health Department.

I used to be very active at Kuakini in those days, and at one time was appointed to the Board of Directors at Kuakini Medical Center, and also served on the Medical Executive Committee.

I've enjoyed Hawaii. All the guys that I've met have been real good to me. I've never known any situation in which anything detrimental or derogatory was said to me, directly, at least. I've been treated with respect and kindness. I've made lots of friends. So for a *Kotonk*, I think I've been very fortunate.

My life has been good. My experiences were widespread, most of which have been good, happy and beneficial. My father believed in the kids working during summer vacations from school. I have lived on farms picking berries and making berry crates. I have planted strawberries and cabbages and have operated tractors to till the ground. I have worked in markets and grocery stores. I have labored on railroad section gangs replacing old wooden ties and steel rail tracks. I have driven produce trucks at night across northern Oregon and southern Washington. I earned my way through college working summers in Alaska salmon canneries. I have done many things and I have accomplished a few. I have a wonderful loving family. What more can I ask for?

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