HISTORY OF THE MEDICAL DIVISION

103/034 101/061

TO All Division Heads, Crystal City Internment Camp, Crystal City, Texas

July 20, 1943

From J. L. O'Rourke, Officer in Charge
Crystal City Internment Camp

Subject: History of Facility

Our Central Office has instructed that a history of the Crystal City Internment Camp be prepared for submission to the Bureau of the Budget for incorporation into a general war effort history of government agencies.

To insure full coverage of all historical operations here, each of you is directed to furnish the Operations Officer with a summary narrative covering operations of your division from the beginning of this camp until the present time. While this particular report we must make will be specific and represent a general picture of the life and problems of the Crystal City Internment Camp, you should go as much into detail as possible in arranging your summary, so that it may be retained for use in preparing a detailed history of this camp at some future date.

In submitting your report, you should consider not only operational problems and functions, but the ~~various~~ problems you have encountered as well. Also, outline as many human interest stories as you are able to recall.

Officer in Charge
Operations Officer
Administrative Services Officer
Surveillance Officer
Internal Relations
Internal Security
Medical
Education

History of the Medical Division
Crystal City Internment Camp

At the opening of the Camp in December of 1942, the Medical Division was assigned to the old clinic rooms of the Migratory Labor Camp. There were six small rooms. Our supplies and equipment consisted of two small home-made tables, an empty wooden bookcase, four folding chairs, two pair of scissors, the personal property of the two nurses detailed here, and one twenty-five cent first aid kit which some thoughtful person procured. There were no doctors regularly assigned here. A local dentist and medical man were called as necessary.

We were told at once to submit a list of supplies and equipment necessary for the operation of a clinic which would serve men, women, and children of all ages. Our nursing experience with women and children had been very limited. We felt it quite a responsibility to decide what was necessary and what was not. We were very conscious of the fact that we were spending government money and wanted to be as economical as possible; but we also realized that our government had assumed a great responsibility in building this camp and that we had been assigned to the task of taking the medical end of that responsibility. We argued over many items: Is a stomach tube necessary, for instance. It did not seem that anyone would ever attempt suicide by poison and that we would need to produce a stomach tube in a hurry; still, there was a possibility such a thing might happen, and how could we then explain that we had thought it unnecessary? So we ordered it and did eventually use it under just such circumstances as we had pictured.

Supplies and equipment were at this time very hard to obtain. The answer so often was, "Not available for thirty days -- sixty days, six months", or, even more discouraging -- "Not available." The Supply Division deserves a great deal of credit for the cooperation, patience and persistence they exhibited in trying to obtain the articles we said were essential.

We placed an order also for emergency and staph drugs. This was somewhat easier, and with the small group we had at that time, did not call for such a large outlay of money. Drugs were more readily available, too.

In January 1943 a doctor was assigned to this station by the United States Public Health Service. This eliminated the necessity of calling the local doctor so frequently. Until we had a building of our own, it was still necessary to send patients into town for hospitalization. In February 1943 a Public Health Service dentist was assigned here.

February of 1943 saw the plans being drawn for the hospital. It was rather fun, watching it grow on paper, being asked for our opinion -- nurses are usually ignored when a blueprint is made of a future hospital. We realized more and more what a big experience was ahead of us -- and how great was our responsibility.

At this time we had secured cotton gauze, adhesive, and drugs. Our instruments still consisted of two pair of scissors. In March we received a few instruments, enough so that we could suture a small wound, open an abscess, or excise a splinter. We also received a small instrument sterilizer. We could now boil instruments!

All through her nursing school days, every nurse has drilled into her the importance of surgical technique, until it almost becomes a religion. However, our faith was sorely tried these days. Our dressings and linens were clean — but had never been near a sterilizer — but no clean wound ever became infected during the ten months we operated without one.

Our first internee employee came to us in February. He had had a bad abscess on his hand, and we treated him daily. The day after we discontinued the dressings, he offered his services; said he thought we needed a man to help us — someone to sweep, mop, or do anything we wished. We had been doing everything ourselves. The clinic was becoming more active. We were delighted; besides, it was the first evidence we had seen of any cooperation on the part of the internees. Up to this time, their attitude had been more or less one of antagonism. Shortly after this, six girls started working in the clinic, rotating each day.

February 12 was a big day. We received our first (what at that time seemed) large increase in population: a hundred and twelve Germans from Costa Rica. There were numerous cases of impetigo and about forty cases of whooping cough, some very severe. The entire group was, of course, isolated within the camp, and all children in the camp were immunized for whooping cough. It was also our first encounter with the language hardship. It was often necessary to go from English, through German, to Spanish and back to find out if a child complained of headache. We set up a small clinic in this area and were proud of the fact that the whooping cough did not spread outside this area.

After the quarantine was lifted, we built up our group of nurses' aides to thirteen. We then began having classes regularly and tried to teach the girls correct clinic procedures and also bedside nursing. Although, as I said, we had no autoclave, linen was packaged as if sterile, and the girls were taught proper technique. We also taught them what we could about medicine and had them give hypodermics. In fact, we tried to teach them everything that would be of benefit to them and to us when the new hospital was completed. The girls were enthusiastic and interested during this period. We had supplied them with uniforms of which they were quite proud. There was an element in camp which resented having their own people take care of them. They felt that our government should supply enough personnel to take care of all their needs, and that all they needed to do was to demand and accept. When we felt the nurses' aides were qualified and capable of carrying out a certain assignment, once the assignment was made, if the internee patient refused and "demanded" that it be done by an official, we always backed up the aide, and the patient either accepted the services of his fellow countryman or went without treatment and in time learned that the aides were as capable as we claimed.

The hospital was under construction in April, and our larger stocks of supplies and equipment began to come for it. Our chief cry now was storage space. Supplies were opened, checked, and repacked. That small clinic became so full of boxes there was hardly room for patients. We didn't fuss too much. We had wanted supplies so badly, could see the new building being rapidly constructed, and knew it would not be too long before we would have what we thought would be plenty of space.

Our first birth was a Caesarian in March. It was in this connection that I felt my first sympathy for an "enemy internee". The mother was among the Costa Rican group and knew when she came to the States that, because of a deformed hip, a Caesarian would be necessary. We were sending her to a hospital where we knew she would receive adequate treatment. Surveillance picked her and her husband up at the clinic. When they reached the gate, the husband, of course, had to leave her. That big gate swung open, and she went out to face a major operation among strangers in a strange land, with little knowledge of its language and customs. The husband stood there as she drove away, and to me he looked so forlorn and helpless. He was a normal husband; this was their first child, and they were older than most couples. He must have wanted very, very much to accompany her. After the birth, he was permitted to visit her each day, and a woman internee friend was permitted to stay with her at the hospital, so that she was not entirely alone.

The first birth in the camp area took place in the home and was the granddaughter of one of our internee doctors. The day before her scheduled arrival, we took the necessary linens home with us and baked them in our gas oven. They came out nice and brown but eased our conscience on technique. The mother had become pregnant in Seagoville. Her father had delivered her other two babies, and the family requested transfer to this camp so that he might deliver the third.

On May 15th, the clinic part of the hospital was completed enough so we could move in. It consisted of an operating room, obstetrical room, an empty sterilizing room, three doctors' offices, waiting room, pharmacy, and nurses' office. We had so much space and so much equipment! If we only had an autoclave, we thought we would have everything. We still continued to use unsterile gauze and were fortunate. During this month 430 patients received office treatment; so we really needed our increased space. At this time our internee staff was increased to twenty. We needed janitors, orderlies, pharmacists. There was a lot of packing and uncrating to be done. How precious lumber was. No matter how large the box or how much work was involved in opening it — you never, ever had any trouble getting it done. You had to be very diplomatic about rotating the boxes, or you were accused of showing favoritism. It was understood that the one, or ones, who uncrated it could have it, unless the Supply Division had requested that it be saved. It was the same with baling wire, which ended as a grilled window or porch. String was never cut, but was carefully unwound and used later for vines around the houses.

The mud that was around the hospital at this time! That area had never seen anything but cactus and mesquite, and when it rained, which it can do in Texas, you went in mud practically up to your knees. We would take extra shoes and stockings with us in order to change after we reached the hospital. And the mud that was brought into our pretty new clinic — we just knew the floors would be ruined, but they were not. The boys would clean it up, and it would look just as nice as it did before. For a while they tried having a detail outside the front door with buckets of water to scrape and wash the mud off before the people entered the hospital. This was some of our original group, and they appreciated our new hospital as much as we did. However, as usual, there was the uncooperative group who knew that if they could mess up the hospital, they could be that much more annoying to the officials; so the experiment of washing shoes failed.

However, it was not long before we had a board walk leading from the hospital to a paved road. Construction was most apologetic about the lumber used, saying it was only scrap. We did not mind; it would keep us out of the mud. We have the same board walk, and it is a good one, but I shall never forget the mud in Texas.

In June, Japanese gardeners were assigned to us. The Japanese know their gardening, and do they love it! To beautify a spot, the Japanese have unlimited patience, and nothing is ever too much work. They began by trimming the mesquite trees and cactus, digging up some, leaving just what they wanted. They could picture what it would be like a year from now. After this they drew plans of where the driveway would be -- when the time arrived to have one -- where the flower beds should be, etc.

When it came time to plant grass, no seed was available. They were determined that there would be grass around the hospital; so, in neglected places around the camp where there were spots of grass, they dug it up -- probably three blades in a bunch -- brought it down to the hospital and transplanted it about two inches apart. There was no water outside -- no hose (and now there is no mud); but they did have a wheelbarrow and fifty gallon G.I. cans, and there was water in the kitchen at the back end of the hospital. So in this way, water was carried around to the front and sprinkled on the coming new lawn with a small hand sprinkler.

Today that lawn is popular. Patients waiting their turn in the clinic visit there; ambulatory patients are out there in the evening visiting with the family, often having a picnic lunch; families out for an evening stroll stop for a rest; and those twosomes seem to find it the most inviting place in the camp; but I believe there are only a few people --internee and official -- who really appreciate that green grass!

During June we were preparing for the opening of the hospital. It consisted of four wards, sixteen private rooms, and a nursery. The capacity was 70. Everyone was quite excited. It was the day that we had all looked forward to for six months. There was not much we could do for the aides who had helped us so faithfully and attended classes so regularly. By this time they were receiving the 10¢ an hour, but nowhere, least of all in an internment camp, can you buy loyalty and enthusiasm, and we had it from them. The white uniform was fine, but to be able to wear a cap would give them prestige! So we designed a cap. The girls asked if they could wear the Red Cross on it. At that time the Red Cross, to them, stood for a friend that was above war and internment. It seemed the one thing that united the world, and to wear the insignia on their caps would be an honor! The International Red Cross approved, but the American Red Cross objected. The girls were disappointed, and we too felt that the American Red Cross had not come up to the standard of understanding we had set for it.

So on June 30th, the day before the opening, we had our capping exercise in the hospital mess hall. There were appropriate speeches by Acting Officer in Charge, the Medical Officer and others. The presentation of caps ended, I believe, with ice cream, cake, and coffee. After this, caps were given to girls who worked three months in the hospital.