

SPECIAL ARTICLE

The Training of George K. Kambara, MD

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George K. Kambara has been a leader in ophthalmic education and practice on the West Coast. His choice of ophthalmology arose in part because of his experience running an eye, ear, nose, and throat clinic while interned as a Japanese American during World War II. His training took him from San Francisco, to the Tule Lake Relocation Center, to the Memphis Eye, Ear, Nose and Throat Hospital, to the University of Wisconsin, and eventually back to Los Angeles. He saw both sides of discrimination, as a Japanese American in California and as a "white" in the South. He was turned down for positions that he should have had based on his education, but he was also supported by many individuals who put aside public fears to help him. His story shows a triumph of the spirit, but is also a reminder of dark times that should not be forgotten.

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George K. Kambara, MD, retired in 1983 as chair of ophthalmology at the White Memorial Medical Center, Los Angeles, Calif. He cared for thousands of patients and educated 2 generations of residents, infusing them with not only knowledge but an understanding of the ethics and moral responsibilities of ophthalmology. He has been honored by the mayor of Los Angeles, and praised at many functions since his retirement, and one might ask, "Why write an article about his training?" Why indeed? Because his education during the years of World War II, when Japanese Americans were discriminated against and incarcerated, is a story of events that should not be forgotten.

SOURCES

Material for this article was gathered from several sources. Background information on the Japanese in America before World War II is derived from 2 books about wartime incarceration.^{1,2} These books also provided information about life in the internment camps, along with other sources.³⁻⁵ The story of Kambara's experiences in different periods of his training comes from short articles on his life,^{4,5} personal cor-

respondence to me (1996-1998), a written statement by Kambara titled, "The Stanford Story of George Kambara, A.B. '37 and M.D. '41," an apparently unpublished account sent by Kambara to *On Wisconsin* (the University of Wisconsin Alumni Bulletin) on August 6, 1996, and a 1996 document by Kambara titled, "Words of Appreciation to College of Medical Evangelists, to White Memorial Medical Center, and the Loma Linda University." Quotations are cited in the text from correspondence between Kambara and L. R. Chandler (1942-1947), J. W. Bettman, Sr (1942-1944), C. E. Smith (1942-1948), and W. H. Boyd (1948). The correspondents are identified in the text, and the quotations are dated where relevant. Copies of these unpublished materials have been placed in the Historical Archives of the Lane Medical Library at the Stanford University School of Medicine.

JAPANESE IN AMERICA BEFORE WORLD WAR II

Commodore Matthew Perry sailed into Japan in 1853 and broke forever its isolation from the western world. As feudalism in Japan was being gradually replaced, the United States was hungry for labor to harvest crops and build railroads. Black sla-

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very had provided labor in the South, but the railroads and plantations in the West and Hawaii were built to a large degree by Chinese laborers who either came on their own or were brought by contractors. The Chinese were a significant part of the labor force in California; although they worked for poor wages and under poor conditions, they were often blamed by politicians and white workers for unemployment and for the bad labor conditions that existed in the developing economy of the West. This discriminatory propaganda led to passage of the 1882 Exclusion Act, which specifically prevented further Chinese immigration. The legal basis for this act was found in the language of an old naturalization law from 1790, which restricted citizenship to "free white persons." By the turn of the century, employer groups such as the Hawaiian Sugar Planters Association were actively recruiting Japanese workers to augment the Chinese labor force, but the new Japanese immigrants faced similar types of racism. Although the Japanese laborers generally worked in low-paid jobs, and farmed land that was deemed unusable by white farmers, they were nevertheless accused of taking over white resources and threatening to populate, or take over, the West Coast of America. The immigration of Japanese male laborers was eventually limited by an international agreement in 1908, although the immigration of "picture brides" continued until 1921. The California Alien Land Law of 1913 made it illegal for noncitizen Asians to buy land, but many Japanese Americans worked around this law by leasing land or purchasing it in the names of their children until a revised law in 1920 made these practices illegal. Many Japanese Americans thrived and melded into the Californian population despite these barriers and this discrimination, but their tendency to live in close-knit "Japantowns" left them vulnerable to racism.

When the Japanese military bombed Pearl Harbor in 1941, the Japanese Americans were in a difficult position. Some were still Japanese citizens (*issei*), but many had been born in the United States (*nisei*)

and were US citizens. As public fear of Japanese invasion reached a high level, politicians found it expedient to speak out against the "yellow peril" from within as well as without. German Americans had been in the United States for a long time, and were assimilated to a degree that isolation during the war would have been difficult. The Japanese, however, because of visible racial differences and the relative isolation of their communities, became an easy target during the backlash from Pearl Harbor.

The commanding general of the Western Defense Command, LTG John DeWitt, proposed a plan to exclude Japanese Americans from the West Coast, ostensibly to lower the risk of subversive activity. He wrote:

A Japanese race is an enemy race and while many second and third generation Japanese born on the United States soil, possessed of United States citizenship, have become "Americanized" the racial strains are undiluted. . . . it therefore, follows, that along the Pacific coast over 112,000 potential enemies . . . are at large today.⁶

These arguments, along with the virulent anti-Japanese propaganda in public circulation, led President Franklin Delano Roosevelt to sign on February 19, 1942, the infamous executive order 9066, which legalized the relocation of Japanese Americans, regardless of whether they were US citizens.

"Now, therefore, by virtue of the authority vested in me as President of the United States . . . I hereby authorize and direct the Secretary of War . . . to prescribe military areas . . . from which any or all persons may be excluded."⁷

We must presume that this executive order paid political dividends in an America that was angry and under siege, because it was issued despite Federal Bureau of Investigation intelligence reports that indicated that there was little danger of sabotage from the Japanese American community. On March 2, 1942, DeWitt declared California, Oregon, and Washington to be strategic areas from which persons of Japanese descent should be removed. In the several months that followed, most of the Japanese

Americans on the West Coast were relocated to concentration camps, often with only 1 or 2 days' notice in which to sell businesses or arrange for disposal of assets. In Hawaii, where a substantial percentage of the population was of Japanese extraction, the Japanese were not incarcerated. The program would have been difficult to implement there because so many people were Japanese American, and the loss of labor force would have made it difficult for Hawaii to function economically during the war.

GROWING UP IN CALIFORNIA

George Kambara grew up in Sacramento, Calif, where his father owned a shoe store and had purchased a home (in a daughter's name) in the outskirts of the city. Since the Kambaras did not live in the local Japantown, George recalls little discrimination as a youngster. He did well in school, and held several offices in his high school. However, a local swimming place did not allow access to Japanese Americans, and when his Boy Scout troop planned a party there, he was conveniently sick. When he finished high school, he was accepted to Stanford University, Stanford, Calif (which he had admired for its athletic victories), and he hoped to study engineering or architecture. However, bank closures had reduced the family's assets, and he could only afford to go to Sacramento Junior College, Sacramento. He also observed that there were no jobs anywhere for engineers or architects, and reasoning that there would always be a need for physicians, he switched to premedicine. His family was finally able to raise the \$115 quarterly tuition, and he transferred to Stanford University in 1935, from where he was graduated Phi Beta Kappa in 1937 with a degree in basic medical sciences.

Kambara believed himself to be fortunate to obtain a place at Stanford University School of Medicine, since "it was known" that only 2 *nisei* students would be admitted. On the first day of school, he was told that 20% of the class would not be around the next year, but he did



Figure 1. George K. Kambara, MD, at the start of his internship in 1940.

well and survived. The curriculum then was grueling, with classes from 7 AM until evening 5 days a week, and on Saturday morning. After graduation in 1941 and during his surgical internship (**Figure 1**) at Stanford-Lane Hospitals, San Francisco, Calif (**Figure 2**), he considered several fields, including ophthalmology (on which he had a 2-month rotation), but the latter required an extra year of medical residency. He finally decided on ears, nose, and throat (ENT), and thought of applying to Los Angeles County Hospital, but since the application required notarization that cost \$0.50 (which he could not afford) he stayed at Stanford. When the residency started, he received a salary of \$25 per month (plus room and board) and for the first time he was earning an income. This was enough for him to be able to marry his high school sweetheart, May, who was graduated from the University of California at San Francisco with a registered nurse degree and was making the rather impressive salary of \$95 per month as a nurse. Life was looking good . . . until Pearl Harbor.

INCARCERATION

The day after Pearl Harbor, the Stanford-Lane Hospitals superintendent, Anthony O'Rourke, MD, summoned Kambara to his office—and Kambara went in shaking with apprehension. However, O'Rourke's purpose was to reassure him (and



Figure 2. The Stanford University Hospitals (including the Lane Hospital) in the era of George K. Kambara's internship. Courtesy of the Lane Medical Library Archives, Stanford University School of Medicine, Stanford, Calif.

other nisei students and workers) that Stanford would not tolerate any negative behavior against them by staff or patients, and to ask him to report any untoward incidents. At the same time, it was clear that the West Coast environment had become difficult, and Dean Loren (Yank) Chandler of the Stanford University School of Medicine (**Figure 3**) began immediately to transfer its nisei medical students into eastern medical schools. Not all schools were so accommodating, and Kambara recalls that the administration of the University of California at San Francisco at that time would not release transcripts so that its Japanese American students were unable to get into other medical schools. Since Kambara was no longer a medical student, he stayed at the Stanford-Lane Hospitals until March 26, 1942, when an army order restricted travel of all Japanese Americans to 5 miles (8 km). This meant that if the area were evacuated, he would be sent to a relocation camp with strangers. Thus, the Kambaras resigned their positions and went to Sacramento, where they moved into his parents' crowded home. The next morning, however, his father was taken to the county jail by the Federal Bureau of Investigation without apparent reason and Kambara and his sister found themselves selling shoes and dealing with the "vultures" who were buying up stock,



Figure 3. Loren (Yank) Chandler, MD (1895-1983), dean of the Stanford University School of Medicine, Stanford, Calif, from 1933 to 1953. Courtesy of the Lane Medical Library Archives, Stanford University School of Medicine.

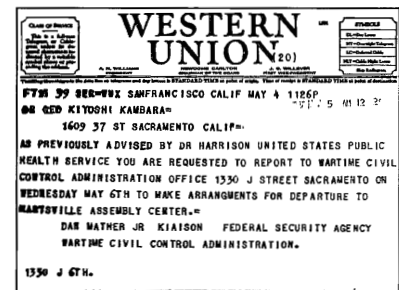


Figure 4. Telegram calling George K. Kambara, MD, to report for internment in 2 days.

equipment, and properties at rock-bottom prices. On May 4, 1942, at 2 AM, Kambara received a telegram from the War Department to join a medical team that was to set up at a hospital in the Arboga War Assembly Center for Japanese Americans, near Marysville, Calif (**Figure 4**). After 6 weeks there, he was ordered to take the train to the Tule Lake Relocation Center, near Newell, Calif, in the northeast corner of the state.

Dean Chandler remained a staunch supporter of the Japanese Americans from his school, and he carried on personal correspondence with Kambara for a number of years to give advice and assistance. Unfortunately, he could do little to help the immediate situation. He wrote Kambara, while Kambara was awaiting relocation, that:

I have been advised . . . unofficially, that as soon as you are settled it will be per-

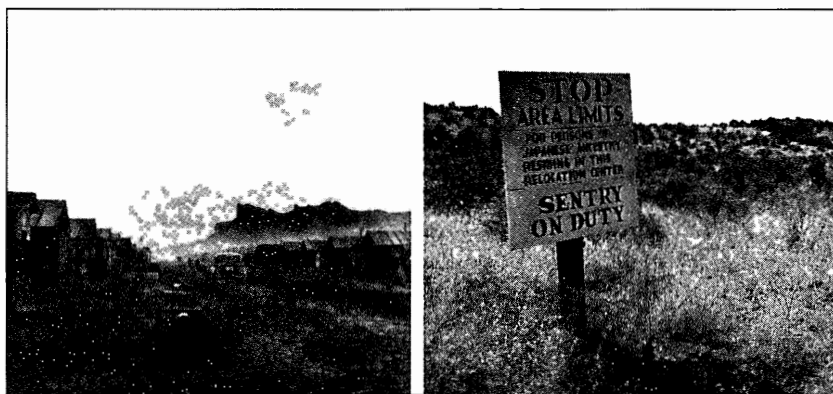


Figure 5. *The Tule Lake Relocation Center. Left, The camp in 1946 (photographed by R. H. Ross). Right, One of the boundary signs at the camp in 1943. From Pike and Olmsted.² Used by permission of the California Historical Society/Japanese American History Archives.*

missible . . . [to] move to one of the medical school or hospital areas in the Midwest. . . . It might be worth your while to think now of applying at such places as Cincinnati, Ohio; Cleveland, Ohio; Northwestern University; Minnesota; Wisconsin; Washington Medical School in St Louis; University of Tennessee Hospital at Memphis; but I know now that you will not be considered at University of Chicago, University of Iowa or Colorado [April 15, 1942].

The help that Chandler, and other physicians from the Stanford-Lane Hospitals, offered to Kambara became crucial to Kambara's development as a physician and ophthalmologist. It is hard to imagine a medical school dean today writing so many personal letters to individual students, especially at a time when public opinion ran in another direction. The years of internment for Japanese Americans were a black mark in the history of the United States, but also a time that revealed the inner strength and courage of many who recognized and fought against the injustice.

TULE LAKE

The relocation and segregation camps were built hastily by the War Relocation Authority. The intent was to provide a civil living environment, but resources were marginal in the war and feelings against the Japanese ran strong. One might view the camps as benign, relative to those constructed by the Nazis for equally blameless citizens in Europe. But they were still dehumanizing, marginal in resources, and devastating on their impact for citizens who were wrenched from their lives. Although

reparations of \$38 million were ultimately paid to Japanese Americans who had been in the camps, this money represented a small fraction of the economic and social loss that occurred when businesses and homes were sold precipitously, and lives and education were irreversibly altered.

The Tule Lake Relocation Center was located in the northeast corner of California, amidst a barren, dusty desert with little human activity (**Figure 5**). Roughly 17 000 people were held there. Residents of Tule Lake and other camps were housed in long wooden barracks that crowded multiple family members into a single room. Long lines formed for wash facilities, toilets, food, and other resources. The camps were surrounded with barbed wire and guard towers, although the residents were civilians for whom military trappings seemed extreme. Visitors to the camps were allowed, but advance arrangements had to be made and the distance from cities was a disincentive. Nevertheless, some prominent individuals, such as Mayor Ambrose Rivolta from Pleasanton, Calif, and Jessie Knight Jordan (wife of David Starr Jordan, the president of Stanford University), came to visit regularly at camps to give encouragement to friends and former employees. Kambara recalls a visit to Tule Lake from his former high school Latin teacher, May Seitz, who came 640 km from Sacramento at a time of wartime gas rationing. She had sponsored the high school Japanese Students' Club, and had volunteered to store things for the Kambaras in her attic for the "duration."

With her German name "Seitz," she had felt the effects of discrimination during World War I.

Perhaps the greatest difficulty with the camps was the appalling lack of privacy. Many of the latrines and showers were open when first constructed, and the more conservative and fastidious of the Japanese could not accept the performance of private functions in a public environment. Some people would only use the facilities late at night, with families forming a cordon around members who were showering. Eventually, the degree of privacy was improved, but it was never adequate. Furthermore, large families were thrown together, with all generations included. This was a particular problem for the Japanese, because the older relatives who were raised in the home country often did not understand or tolerate the ways of the younger generation raised in America. These differences had existed before the evacuations, of course, but there was enough separation in daily life to allow each generation to thrive while maintaining family respect. With the crowding in the camps, there was a continual clash of styles and a breakdown of the family values that were important in Japanese culture.

Little provision had been made for medical care, and physicians, dentists, and nurses from the Japanese American community were called into service at the camps to which they were assigned. They were paid a small stipend (\$8-\$16 per month) by the government, but this was less than even a beginning resident would normally receive. Make-shift hospitals were constructed, although sterility was hard to obtain in the dusty environment of desert camps like Tule Lake. There was no ophthalmologist at Tule Lake, and since Kambara had had at least some exposure to eyes as a surgical intern, he was pressed into service to provide the eye care for the camp. As Kambara related in a letter to Jerome W. Bettman, Sr, "Up here in the neck of the woods called Tule Lake no one knows anything about eyes; and furthermore they don't care to handle any of it. So I have it thrown in my lap along with ear, nose and throat" [September 26, 1942].

OPHTHALMOLOGY AT TULE LAKE

Kambara was immediately put in charge of the eye and ENT clinic, while his wife, May, was put in charge of the 2 operating rooms (for which she was on call at all times). As Kambara described in an account written for *On Wisconsin*:

The Tule Lake camp was built on a dry lake bed, and fine dust would fly all over the place on the frequent windy days; they had to place wet towels around the windows to try to keep the fine dust out to have some sense of sterility.

Kambara saw all of the patients with medical eye problems, since he had never performed any refractions and there were 3 optometrists in the camp to prescribe glasses. The patients with eye complaints generally outnumbered those with ENT complaints, and a few months after his arrival at Tule Lake he tabulated the problems in his files (**Table**). Realizing the magnitude of eye disease in the camp, and the limitations of his minimal ophthalmology training (only a 2-month rotation during internship with Robert Shaffer, MD, as his eye resident), he sought help from his alma mater, the Stanford University School of Medicine: "I had as many as 125 patients from noon to 6 PM [6 days per week] in the Eye-ENT Clinic at Tule Lake. I didn't know anything about eyes, so I wrote to . . . ask the eye professor how to treat these various eye cases."⁵

His query was eventually referred to one of the junior faculty members, Jerome W. Bettman, Sr, MD (**Figure 6**), who began a correspondence—and long friendship. At first, Bettman tried to answer questions by mail and offer "how-to-do-it" advice. This was gratefully received by Kambara, who wrote back:

I have just received your fine letter answering my questions. It was certainly appreciated. One could read pages and pages in textbooks and yet not know exactly how to go about treating a patient in reality. Your letter gave me exactly that practical information [September 26, 1942].

But it soon became clear that mail was insufficient to teach so

**List of Cases from the Files
of George Kambara, MD,
at the Tule Lake Relocation Center***

No. of Cases	Ophthalmologic Problem
14	Cataract (most ready to extract)
5	Chalazions (4 operated on)
3	Keratitis (associated with trachoma)
2	Nonspecific corneal ulcers
4	Interstitial keratitis (2 syphilitic)
1	Ocular nystagmus
1	Glaucoma
2	Iritis
1	Perforating wound of the eyeball
13	Lacrimal duct stenosis
17	Pterygium (2 operated on by McReynold operation)
1	Diabetic retinitis
3	Strabismus
28	Trachoma (mostly old cases)
4	Bacryocystitis (1 congenital)
1	Detached retina (bilateral; in a 1-year-old child)
1	Anomalous nasolacrimal duct opening
1	Primary optic atrophy (syphilitic)
Many	Conjunctivitis
Many	Foreign bodies

*From a letter by George K. Kambara, MD, to Jerome W. Bettman, Sr, MD, September 26, 1942.

many new skills. The differentiation of trachoma from more benign conjunctivitis was a major problem, and, of course, Kambara lacked any surgical training for cataracts. In response to these various problems, Bettman wrote:

I showed [your interesting letter] to Dr Barkan who in turn passed it on to Dr Chandler. . . . Dr Barkan felt that it might be a good idea if I could run up to your encampment for a couple of days to help out with the operating . . . perhaps you could line up all of your cataracts . . . and I could do the first few and you would do the rest from there [October 2, 1942].

Of course, making a visit to a camp of sequestered people during the war was not a trivial exercise, and not everyone liked the idea of helping the Japanese Americans. Nevertheless, Chandler prodded Barkan to get permission from the army, and a few weeks later Bettman wrote that "after communicating with Dr Thompson of the war re-location authority, it was decided that I should



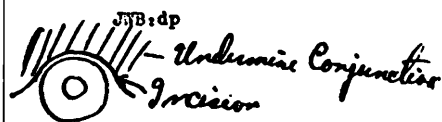
Figure 6. Jerome W. Bettman, Sr, MD, in the 1940s.

leave for Tule Lake" [October 23, 1942].

The trip 2 weeks later was a lengthy one by train, terminating in Klamath Falls, Ore, which was the closest station. As Bettman was preparing to go, the chair of ENT caught him in the hall to propose that since Kambara had not yet had enough dissection experience, perhaps he could take a couple of cadaver heads along. Heaven knows what laws applied, but Bettman put the heads in a bag and headed off: "I was worried about the smell and didn't trust the porters with them, so I kept them in my bed with me and we rolled around together all night."⁵

At Tule Lake, Kambara had arranged for patients to be seen in an efficient manner. Twenty minutes after he arrived at the camp, Bettman was seated between 2 stools on which more than 100 patients were placed alternately and rapidly to check for trachoma while an attendant recorded the diagnosis. Then Kambara and Bettman moved to a darkened room for retina cases, and the next day to the operating room, where 16 patients were operated on by going back and forth between 2 rooms in which patients were made ready by assistants. Bettman could only stay for 2 days, however, and afterward, Kambara was left to do what he could with his limited experience and poor equipment. He did not

lens, I agree that it would probably be wise to leave him alone, everything considered. If the tension should increase, you might try some esorine; if this doesn't help, then an operation may be forced upon you. Subluxated and dislocated lens are rather difficult cases to handle in anyone hands, and if they should go sour, remember that the best eye surgeons have had the same experience with them. Write to me again if and when any problem should arise.



Cordially,

Jerry
Use double
armed silk
sutures to
pull flap out

Figure 7. A portion of a letter from Jerome W. Bettman, Sr, MD, to George K. Kambara, MD, written November 18, 1942.

believe that his training was sufficient for elective cataract surgery, especially with poor equipment and few antibiotics, but did his best to handle emergency eye problems.

He continued to correspond with Bettman for clinical guidance. In one long letter, Bettman gave advice on pulling a conjunctival flap over a wound, treating an iris prolapse with trichloroacetic acid, putting eye pads on postoperative cases, refracting cataract and strabismus cases, giving eye exercises to children with facultative strabismus, and managing a difficult patient with a subluxated lens (Figure 7).

Kambara recognized that the forced crowding in conditions of dust and poor hygiene would lead to problems of public health, and he also began a correspondence with Charles E. Smith, MD, the chair of the Department of Public Health and Preventive Medicine at Stanford University School of Medicine, (Figure 8). Kambara wrote to him, that,

There's an amazing number of flareups of trachoma . . . all these patients had trachoma in Japan years before. . . . The food, living conditions and mental conditions in these camps have helped lower their resistance and hygiene so that once again they have been afflicted [September 8, 1942].

In a later note, he stated that "I have forty cases in this camp already, and I'm afraid to look for more because I know I'll find them" [October 17, 1942].

The management of these cases was difficult because camp physicians had little experience with sys-

temic sulfa drugs, and many patients were allergic to sulfa and broke out with rashes. For topical treatment, Kambara applied painful silver nitrate or copper sulfate, and he performed a tarsectomy for 1 patient who had severe entropion and corneal abrasions from markedly deformed eyelids. He also observed complications of tuberculosis and lost 2 patients who had tuberculous mastoiditis, meningitis, and brain abscesses.

But efforts to establish public health programs were largely lost amidst the pressure of more pressing demands. At 1 point, Kambara wrote wistfully to Smith: "A public health nurse, one of our own people, has arrived but she is so worn out from working in the Assembly centers that she is still recuperating. If and when she gets back in shape, perhaps the public health part will progress" [September 8, 1942].

Professor Smith wrote long handwritten letters to Kambara, mostly to cheer him up and provide news of Stanford. For example, as Kambara struggled during the first several months in camp, Smith wrote: "We are all mighty proud of the way you are carrying on . . . were it not for key people like you, the bitterness which must be inevitable would make a breach which could not be spanned after this ghastly business is now over" [October 13, 1942].

OPPORTUNITY TO LEAVE

After the attack on Pearl Harbor on December 7, 1941, the Japanese had rapidly taken control of the west-



Figure 8. Charles E. Smith, MD (1904-1967), in the 1960s. He was professor of public health and preventive medicine at the Stanford University School of Medicine, Stanford, Calif, from 1932 to 1949, and then dean of the School of Public Health, University of California, Berkeley. (Photograph by Barry Evans, courtesy of the University of California, Berkeley, School of Public Health.)

ern Pacific, including the Philippines, Hong Kong, the Malay peninsula, the Netherlands' East Indies, and many of the smaller Pacific islands. However, in the crucial Battle of Midway, in early June 1942, the Allies administered a first major defeat to the Japanese fleet and turned the course of the Pacific war. Territory was won back slowly and methodically in hard-fought battles, and the threat of invasion to Hawaii and the West Coast seemed less pressing. As the short-term paranoia about the yellow peril subsided, Japanese Americans became eligible to leave the relocation camps if they could find employment away from the coastal states. Kambara was eager to finish his training and sought a position in ENT.

Kambara wrote an account intended for *On Wisconsin* of his experiences leaving Tule Lake and arriving in Memphis. He recalled that:

They sent the 12 applications which I filled out and attached photographs. 10 rejections came back saying the positions had been filled. I knew this was not likely since the Dean at Stanford said they had lost 90 doctors to the war effort. Wisconsin would take me but could not pay me the \$25/month salary because of my "Japanese heritage." Memphis would take me and pay me the \$25/month so I decided to go there.

Kambara also noted, “[I] had some misgivings about going down South, where we suspected discrimination would be the worst, but it was the only available place.”⁵ Perhaps fortuitously, the Memphis program combined eyes and ENT (EENT) so he would keep some contact with ophthalmology.

Kambara eventually received clearance papers to leave the camp in the summer of 1943, and he hustled to get railroad tickets that were hard to obtain during the war. His account continued:

Finally on July 8th I was able to walk out of the barbed wire gate from that which had been our “home” for 13 months. It was touching as my elderly patients lined up to say teary good-byes and hand me envelopes with small amounts of money, which they could ill-afford. . . . On our way down from Tule Lake to Reno we took the small back roads. When we passed some small towns there were placards posted in front of their stores which read “No Japs Allowed.” This was our greeting back into the outside world.

The Kambaras’ journey by train was long and hot, but they finally arrived safely in Memphis, Tenn. They were also introduced to another level of discrimination:

In the train leaving from St Louis going to Memphis I sat down and was promptly told by the conductor that I couldn’t sit there. Being just out of concentration camp and defensive, I asked meekly “why not?” He said that this section was only for Negroes and I would have to sit back with the whites. Now I was to be considered “white??”

Southern mores were especially distressing to Kambara, coming from a cultural heritage in which respect is important.

I was told not to address the Negroes by “Mr or Mrs” but only use their first names, even clergymen and distinguished appearing well-dressed blacks, or call them “boy or girl.” This was uncomfortable for me as I was brought up to respect our elders and address them properly and with respect. I just couldn’t get myself to call them “boy or girl” but managed by using their first names.

He was affronted by the segregation in the hospital—separate waiting areas and even operating rooms—let alone in stores, buses,



Figure 9. The Memphis Eye, Ear, Nose and Throat Hospital, Memphis, Tenn. Courtesy of Roger Hiatt.

movie theaters, and drinking fountains. At the same time, he realized that “as a recent refugee from the US concentration camp and on ‘probation’ . . . [he] could not change the situation which had existed for centuries.”

He would write later, somewhat wistfully, that: “I realized in Memphis that being of Japanese descent wasn’t so bad after all. Having been through the evacuation and all, we had often wondered. . . .”⁵

MEMPHIS AND THE SHIFT TO OPHTHALMOLOGY

In Memphis, Kambara worked hard in the combined EENT program at the Memphis Eye, Ear, Nose and Throat Hospital (Figure 9). Now that he could watch experienced surgeons, and acquire proper knowledge of eye surgery, he also reflected on what he had been struggling to do in Tule Lake. He wrote gratefully to Bettman:

As I watch the various men operating here, I can appreciate more and more how difficult a time you must have had trying to show me the easiest and most adaptable method of doing eye surgery in so short a time. I can see how you had to choose the safest method in inexperienced hands [September 26, 1943].

He had no problems with anti-Japanese discrimination, perhaps because there were so few Japanese people there: “We were treated as curiosities there as most people had never seen an oriental face. We received many stares but naively felt they were more from curiosity rather than malice.”

However, he was never comfortable with the segregation in the town or hospital. He had to tell blacks to sit on the proper side of the waiting room, and he had to use the



Figure 10. Edward C. Ellett, MD (1869-1947), professor of ophthalmology at the University of Tennessee, Memphis, from 1906 to 1922 and chief of staff at the Memphis Eye, Ear, Nose and Throat Hospital from 1926 until his death.

proper wards and operating facilities for them. Nevertheless, he recalls one episode when a large electric magnet was needed for a black patient with an intraocular foreign body. The magnet was too heavy to move down from the regular operating room, so he covered the patient’s face with drapes and towels and wheeled her to the white operating room.

Kambara had signed on as an EENT resident at Memphis for an 18-month rotation, with the intention of doing primarily ENT, but he found the ophthalmology work to be the most interesting, and the ophthalmologists in Memphis to be especially willing to teach and encourage his ophthalmic interests. He was granted the opportunity to assist a well-known eye surgeon, Edward C. Ellett, MD (Figure 10), with his private cases for 1 year. He was taught refractions by a European refugee, Alice Deutsch, MD, who had training in the clinic of Ernst Fuchs, MD, in Vienna, Austria. The eye staff generously sent Kambara, all expenses paid, to attend the American Academy of Ophthalmology convention in Chicago, Ill, in October 1944, where he took courses in ocular tuberculosis, neuro-ophthalmology, keratoplasty, and the Lempert fenestration operation. It was the inspiration given by these physicians that moved him to change his specialty to ophthalmology.



Figure 11. *The State of Wisconsin General Hospital in Madison, in 1940. Courtesy of the University of Wisconsin-Madison Medical School.*

He realized that his combined EENT training would not provide enough eye experience to pass the board examinations in ophthalmology, so he sought additional residency training in ophthalmology alone. The ophthalmologists in Memphis tried to place Kambara into the Wilmer Institute at the Johns Hopkins University School of Medicine, Baltimore, Md, since one of them had a contact there, but the Federal Bureau of Investigation and the War Relocation Authority would not allow him to go since it was on a coast and the war was still going on. By June 1944, the Allies had won back much of the Pacific and the Battle of the Philippine Sea destroyed any realistic chances of Japanese victory. The Allies had also established the D-Day beachheads in France. But a long year of hard fighting was still ahead before the war would end, and the relaxation of quarantine requirements was capricious.

Kambara inquired about training appointments at Stanford, writing to Bettman that, "If Stanford is ever short one resident in Eye, let me know and I shall come a flying . . . with the Army now relaxing the restrictions so that some of the Japanese-Americans are now returning to California, I might try to get back" [October 16, 1944].

But Chandler wrote:

Dr Bettman showed me your recent letter and I discussed this whole situation with him. I think it would be unwise, George, for you and your family to return to California at the present time. Already there is considerable uncertainty as to how this is going to work out [November 20, 1944].

He found that most states would not accept his California license by reciprocity, but Wisconsin was willing to do so and also was able to pay the \$25 per month sti-



Figure 12. *Frederick A. Davis, MD (1882-1970), chairman of ophthalmology at the University of Wisconsin Medical School from 1925 to 1954. Courtesy of the University of Wisconsin-Madison Medical School.*

pend. So Kambara accepted, and left Memphis in January 1945 for Madison, Wis, and his first full-time ophthalmology training.

OPHTHALMOLOGY IN WISCONSIN

Kambara arrived in Wisconsin with the expectation that he would begin training at the State of Wisconsin General Hospital in Madison, which served as the university hospital (**Figure 11**). But, as it turned out, the licensure issue was not so simple in Wisconsin either. Kambara thought a license would be granted by reciprocity, but the day after his arrival, Frederick A. Davis, MD (**Figure 12**), the chair of ophthalmology, rushed him into a state board meeting where he was asked orally "about everything in medicine, even fractures of the hip." The license did not get approved despite frequent calls from Davis, who put considerable effort into trying to sway the state board. Since he could not practice, even as a resident, Davis obtained for Kambara an appointment as a teaching assistant with the university; he was assigned to teach ophthalmology to fourth-year medical students while he waited for permission to do his own clinical training. Actually, this was better financially than being a resident because the pay was \$75 per month.



Figure 13. *George K. Kambara, MD (left), and Jerome W. Bettman, Sr, MD (right), at the American Academy of Ophthalmology Meeting, San Francisco, Calif, 1985. Courtesy of the American Academy of Ophthalmology, San Francisco, Calif.*

May had no trouble obtaining her registered nurse license by reciprocity, and she worked as an eye scrub nurse at the State of Wisconsin General Hospital.

Life in Madison was different from Memphis, and the Kambaras had no trouble adjusting. There were about 75 nisei in town, including university students, and the 100th Battalion from Hawaii (which had many nisei) was stationed close to Madison. They received few stares in Madison. They enjoyed the countryside and lakes, although Kambara had some trouble with hay fever. Finally, on or shortly after the day Japan surrendered (V-J Day), his medical license appeared suddenly in the mail. Thus, he became a senior resident to finish 1 additional year of ophthalmology training and become board eligible. When he finished the year, he was made an instructor in the School of Medicine, which gave him a chance to do surgery, do clinical research, and teach. He was extremely grateful to Wisconsin for these opportunities, which were still not available everywhere to people of Japanese extraction.

Some of Kambara's colleagues wondered why he stayed at the university, rather than going into practice, especially with the likelihood of "glass ceilings" in academia. The reason was that he had hopes of returning to California, but his correspondence with Stanford and with Japanese American physicians who had gone back to the West Coast revealed that there were still many ill feelings. Japanese American physicians were having trouble obtaining positions on hospital staffs, and were often unable to admit patients

unless under a white physician's name. Kambara reasoned that if he became board certified in ophthalmology and a fellow of the American College of Surgeons before returning to the West Coast, he would have credentials with which hospitals could not deny him privileges. Academic work seemed the most direct step toward this goal.

Once he had obtained his board certification and fellowship, with the help of recommendations from colleagues in Memphis and Madison, he had to face the decision of whether to stay in Madison or go "home" to California. Everyone was gracious in Madison; the countryside was beautiful; and he had nice job offers from the university, from another hospital in town, and from a good private group. Furthermore, if he stayed at the university he could continue to get tickets at student prices to athletic events, of which he was a great fan. But the Kambaras were "thin-skinned" Californians who did not tolerate the cold Wisconsin winters. Furthermore, he had severe hay fever in the summers and had to take triweekly painful desensitization shots. Thus, they bought a car, said sad good-byes, and headed for California in June 1948.

SETTING UP A PRACTICE IN LOS ANGELES

The war had been over for several years, but discrimination was still present in California. Kambara wrote to Chandler, who mentioned several possibilities in northern California, noting that "prejudices against Nisei in the Bay region are a minor factor now" [December 19, 1947]. However, Kambara was leaning toward the Los Angeles area, where there was a large Japantown and a population that he could serve. Chandler recommended he con-

tact a former Stanford graduate, Walter H. Boyd, MD, in Long Beach, Calif, but Boyd wrote back: "I do not believe it would be wise to consider your locating in Long Beach at the present time. As you are aware, racial prejudice in this portion of California is still quite high" [January 20, 1948].

Kambara finally elected to go to central Los Angeles and establish an office on his own. He was the first mainland board-certified nisei to do so. He had trouble finding office space and equipment, but he found to his surprise that he was accepted without difficulty to the staff of White Memorial Hospital, Los Angeles, and given an appointment in the College of Medical Evangelists in Los Angeles as instructor in ophthalmology even before he had opened his office. He eventually became a clinical professor at Loma Linda University, Loma Linda, Calif, University of California-Irvine, and University of Southern California, Los Angeles, medical schools, but he also maintained a full-time office in Japantown to serve the Japanese population, an obligation that he felt from his time in the camps. He eventually became chief of the eye service at White Memorial Hospital and at Rancho Los Amigos Hospital, Downey, and later chairman of the department and president of the staff at White Memorial Hospital. In these positions, he served people of all races and all faiths with equanimity. He always remembered the impact on his development of that first academy meeting he had attended from Memphis, and as soon as he was in a position to do so he began to send his own senior residents to the meeting.

POSTLUDE

Kambara is now retired, having attended more than 50 meetings of the

American Academy of Ophthalmology (**Figure 13**) since that first one in 1944. Shortly after he arrived in Memphis, he reflected on the help that Bettman had given to him and wrote: "I have never once ceased remembering all that you did for me and my people. It was one of the finest things anyone could have done. I shall never forget it" [September 26, 1943].

Kambara's experience during the war years was a remarkable triumph of the human spirit in the face of adversity. However, it is disheartening that such adversity and discrimination was able to develop in a free society, and in the world of medicine, even under the pressure of war. Kambara's story reminds us of this risk, and compels us to be vigilant.

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