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EXECUTIVE ORDER 9066:
ITS LONG-TERM MANIFESTATIONS ON THE
JAPANESE AS AN AGING POPULATION

Testimony of
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I would like to thank the Chair and the distinguished members of this Commission for opportunity to provide testimony before this body on behalf of the Japanese elderly.

I will present such testimony as the Director of the National Pacific/Asian Resource Center on Aging and as a second generation Japanese.

The National Pacific/Asian Resource Center on Aging is one of the four National Minority Organizations funded by the Department of Health & Human Services/Administration on Aging. The primary focus of the Center is to improve the delivery of services to the Pacific/Asian elderly in communities throughout the country. To this end, the National Pacific/Asian Resource Center is committed to:

- * clarify on a national level the characteristics of existing and desired approaches that facilitate access to services by the Pacific/Asian elderly;
- * impact the relevant service delivery systems and aging network contingencies to increase the sensitivity and circumstances of the Pacific/Asian elderly;
- * strengthen the resources and capabilities of local Pacific/Asian communities for developing and improving service delivery to the elderly; and
- * develop national policy recommendations which would insure access to public health and social services by the Pacific/Asian elderly.

The generic identifier "Pacific/Asian" includes 18 ethnic subgroups; the Japanese population is one of the three largest subgroups.

The primary focus of the testimony is to provide an analysis of the outcomes derived from the internment of the Japanese in 1942. Further, it is our intent to create the necessary linkage and interface between personal testimony and universal applicability in the human services area.

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The issues and concerns articulated across the country in the past two months, in the hearings held by the Commission on Wartime Relocation and Internment of Civilians reflect a revisionist perspective. It is within such an evolutionary context that the unique problems and needs of the Japanese elderly have been synthesized.

Historical distance has provided the Japanese community an opportunity to reassess and confront the philosophical basis for their internment in 1942, and to reevaluate their status as a minority population in the United States.

It is not without great forethought and analysis that the Japanese community with the leadership of the Japanese American Citizens League initiated the arduous process which culminated in Congress enacting legislation to duly constitute the Commission.

The Japanese experience in the United States has been systematically infused with exclusionary and isolation mechanisms; the denial of citizenship, of the right to own property, the threat of deportation and incarceration in camps.

Until as recently as 1950, there were as many as 500 federal, state and local laws and ordinances directed against the Japanese. Public policy discriminating against the Japanese and other Asian groups had been blatantly espoused since the migration of such groups to the United States.

When accepting his Republican nomination for President in 1924, Calvin Coolidge stated with respect to the exclusion of Japanese:

"... restricted immigration is not an offensive, but purely defensive in action. It is not adopted in criticism of others in the slightest degree, but solely for the purpose of protecting ourselves. We cast no aspersions on any race or creed, but we must remember every aspect of our institutions of society and government will fail unless America be kept American."¹

And although many of the Japanese elderly had resided in the United States for more than four decades, it was not until 1952 that they were allowed to become naturalized citizens.

The results of such public policies and racist-based legislation have been to hamper the economic, social and psychological well-being of the Japanese elderly; engendering feelings of distrust, helplessness and fear of government. This has generated a reluctance or refusal on the part of many Japanese elderly to utilize public social and health services. This, coupled with the systematic refusal on the part of the larger society to acknowledge the Japanese elderly as a population in need of services has led to the underutilization of services.

As of the 1970 Census data² there were 588,324 Japanese Americans; those ranging in the 65 years and over group number 47,159. The larger percentage (57%) of the elderly population were women and 43 per cent were

¹Trevor, John B., Japanese Exclusion: A Study of the Policy and the Law

²Census Data

men. Sixty-five per cent of the total Japanese elderly population were foreign-born, Issei.³ The first generation immigrant Japanese in the United States are identified as Issei.

However, the preliminary data presented in the Los Angeles Asian American Field Study identifies twice as many Japanese elderly, 60 years and over as reported in the 1970 Census for Office of Economic Opportunities Low-Income Neighborhood.⁴ Which further supports the position that minorities, in this case the Japanese elderly, were severely undercounted. Logically, those of low income and lacking English language capability would not have participated in the 1970 Census.

Japanese Elderly: Demographic Profile

Of all the Pacific/Asian groups, the proportion of Japanese elderly at 8.0 per cent more closely approaches the national average. There is also a high percentage of extreme aged (75 years and over) with 41.2 per cent of all Japanese elderly in this group, indicating a much longer life span than the general population.

The majority of Japanese elderly live in urban areas, but the percentage of elderly Japanese (15.2 per cent) in rural areas is greater than for Japanese of all ages (10.9 per cent).

The sex ratio of 77 males per 100 females also is similar to that of the total elderly population. This is a result of the fact that Japanese males were able to bring wives to America in the early 1900's (picture brides). Although only 2.0 per cent of all Japanese women lived on farms, 13 per cent of the Japanese elderly women lived on farms. The latter tended to remain in the rural areas after their husbands died.

³Fujii, Sharon, Understanding the Pacific/Asian Elderly--Census and Baseline Data, A Detailed Report, the Pacific/Asian Elderly Research Project, Los Angeles, August 1977.

⁴Matsunaga, Geraldine H., "A Study of the Utilization and Non-Utilization of Social Welfare Services and Needs of Japanese American Elderly in Los Angeles," Masters thesis, M.S.W., March 1976.

The majority of Japanese elderly were foreign-born, and immigrated before 1925; three-fourths of the extreme aged were foreign-born. However, among the 60-64 age group, this situation is reversed wherein three out of four are native-born. Succeeding generations of elderly most likely will be native-born, insofar as immigration by elderly Japanese is not increasing. In regions outside the west, the majority of elderly Japanese are native-born.

Only 0.7 per cent of the foreign-born elderly Japanese had English as a mother tongue. Even for the native-born, this was low at 6.1 per cent. Obviously, there is need for services to take into account acute language difficulties among the Japanese elderly.

Half (50.4 per cent) of all Japanese elderly were heads of households, much less than the national figure of 61.0 per cent for all elderly. Of the foreign-born, only 44.5 per cent were heads of households compared to the native-born elderly at 59.2 per cent, the elderly foreign-born tending to be other relatives of the head.

Of the heads of families, the majority were headed by men. There was a greater proportion of family heads 65 years and over in Hawaii and California than in other parts of the United States, indicating a familial pattern. Almost half of all households outside the west were one-person households.

More than two-thirds (70.7 per cent) of all one-person households were headed by women, many of whom had outlived their husbands and contrary to popular belief did not reside with other family members.

The majority of elderly Japanese men were married with spouse present (68.0 per cent), while the majority of elderly women were widowed at a greater proportion than the total population (57.8 per cent versus 52.2 per

cent). Nationally, only 7.2 per cent of the men were single, but a regional difference exists in New York where 17.3 per cent were single.

The educational attainment of the elderly Japanese was significantly lower than the total Japanese population. Elderly males had only 8.5 median school years completed compared to 12.6 median school years completed by males 16 years and over. This situation was also repeated for Japanese elderly women. The Japanese elderly in Hawaii had the lowest educational attainment (7.4 median school years for men and 6.1 median school years for women), followed by California, and the more educated elderly resided in the Eastern United States. While not great difference in median school years completed existed between foreign-born and native-born, there was a much larger percentage of foreign-born who had completed no school years at all (10.4 per cent versus 2.7 per cent for males and 15.1 per cent versus 3.8 per cent for females).

Labor force participation by Japanese elderly males (29.3 per cent) was much higher than the total elderly population (24.8 per cent). Private wage and salary workers (63.4 per cent) comprised the bulk of workers, followed by 28.6 per cent self-employed workers, with a greater proportion of the foreign-born being self-employed (33.8 per cent versus 23.6 per cent).

Elderly males were in blue collar (38.8 per cent) and white collar (30.9 per cent) occupations. By contrast nativity was a factor in occupation differences. A large percentage of foreign-born were blue collar workers whereas a large percentage of native-born were white collar workers. While 30.9 per cent of the Japanese elderly were engaged in the agricultural industry, in California over half (53.3 per cent) were thus involved.

Japanese elderly women were predominantly service workers (38.5 per cent) and then white collar workers (26.7 per cent). A large percentage of foreign-born women were service workers (41.1 per cent) while native-born elderly women were in white collar areas (33.6 per cent). Regional differences were obvious; in California women were more often employed as farm workers.

Median annual incomes in 1970 for Japanese elderly males and females were much less than the total elderly population, \$266 less for males and \$128 less for females. Foreign-born heads of families had lower median incomes than native-born heads of families, which was the same pattern for unrelated individuals.

One out of five (19.5 per cent) families were receiving social security at an average payment of \$1,493 annually. A greater percentage (31.1 per cent) received social security benefits in the rural farm areas than in urban areas (18.3 per cent).

As expected, the Japanese elderly were much poorer than the total Japanese population. For the elderly, 20.8 per cent were below poverty with the rural nonfarm areas indicating 28.9 per cent poor. In contrast, only 7.5 per cent of the Japanese of all ages were poor. Unrelated individuals had an even greater percentage below poverty with 31.1 per cent, but persons in families with female heads and female unrelated individuals had the greatest incidence of poverty. One out of five Japanese elderly had incomes less than poverty level, the majority of whom lived as one-person households and were widowed women.

Thus, the profile of Japanese elderly indicates that, contrary to popular myths, many live alone, have very low median incomes on which to subsist, and are below poverty level. In addition to language difficulties, planning and providing services need to take into account the extreme aged of this population.

Service Implications

In establishing a system of health and human services, the underlying assumption has been that there is equal opportunity for accessing and utilizing those same services. The modus operandi has been to place the burden of responsibility for utilization on the individual consumer.

With the Japanese community, and particularly the Japanese elderly population, external factors have been significant in minimizing utilization of services.

As with all Asian Americans, the Japanese are handicapped by ". . . a myth that pervades the society at large and permeates the policy decisions of agencies and governmental entities that are charged with the responsibility of helping the aged in the United States: Asian American aged do not have any problems, that Asian Americans are able to take care of their own and that Asian American aged do not need nor desire aid in any form."⁵

The Japanese moreover have been proffered as a "model minority,"⁶ and are touted as having "made it". Yet, clearly, statistics prove otherwise. The interment in 1942 created the atmosphere and insured the promulgation of such a myth. The Japanese community, after World War II had to prove

⁵The Asian American Elderly, White House Conference on Aging, 1971. (Washington, D.C.: U.S. Government Printing Office, 1972).

⁶Kim, Bok-Lim C., "Asian Americans: No Model Minority," Social Work 18(3) (May 1973), pp 44-53.

itself. They had to demonstrate they were "good Americans," self-reliant, hard-working and stoic. One of the criteria became that the Japanese would not ask for help of any kind--that the Japanese would maintain a demeanor of self-sufficiency. Individual experiences highlight the effectiveness of the process. Oftentimes individuals, in need of assistance, would apply for public assistance; they were oftentimes greeted with, "but your family should take care of you." Such discriminatory behavior undoubtedly discourages utilization of such entitlement programs.

The largest percentage of the Japanese elderly do not enjoy English fluency; the median educational level of this group is 8.3 years. Significantly, these factors are barriers to accessing services. Information is not provided that would enable them to use such services, i.e. what is available, where to go, how to get there, who to see.

For a person familiar with bureaucracies, the process of registering for any kind of health or social service is intimidating. The system is fragmented and inconsistent; the intake procedures arduous and cumbersome. But for a person unfamiliar with the language and the system, it is awesome; for the older Japanese person it is also embarrassing and reinforces his/her feelings of inadequacy and guilt. The Los Angeles Asian American field outcomes support such premises.

Transportation is another major obstacle to accessing services. A high proportion of Japanese elderly do not drive; whether in urban or rural settings, viable modes of transportation are not available.

Staffing patterns of generic human services agencies have not taken into consideration the level of need for bilingual/bicultural personnel. Nor have cultural differences been acknowledged or stressed in the service modality. Outreach methods have been inadequate in communicating with special populations such as the Japanese elderly.

The paucity of empirical data which describes and documents needs has further hampered efforts to make the service delivery system responsive to the needs of the Japanese elderly. One need but review the literature and data available on the Japanese elderly to see the glaring absence of such information. Without the accurate knowledge base, justifying programs becomes almost impossible.

As summarized by Kalish and Yuen:

"Professionals and planners working with the aged are faced with two very distinct but equally severe problems: First, many of the elderly have general needs which are obvious and critical; they need the means to purchase goods and services; they need the opportunity and setting to be with others with whom they share values and traditions; they need access to supportive services provided by knowledgeable persons who speak their language literally and figuratively; they need the support of persons who understand the mores and customs of their reference groups; and they need whatever little they receive from their society to be given a sense of respect and their dignity. Second, the urgent task of compiling, systematizing the vast body of data required . . . maximizing the effectiveness of existing funds and programs, pointing the way to appropriate new kinds of services."⁷

⁷Richard A. Kalish and Sam Yuen, "Americans of East Asian Ancestry: Aging and the Aged." The Gerontologist, II (Spring, 1971)II, Part II, pp 37-38.

The overview of the state-of-the-art regarding the service delivery system related to the Japanese elderly paints a bleak picture. The experience of the older Japanese in the United States continues to be at best that of "benighted neglect."⁸

Service Utilization

The mechanisms for collecting data regarding utilization is ineffective except for compiling gross statistics and identification of larger service populations. Information regarding special populations, minorities, is not easily retrievable without refinement of the procedures and incurring additional costs. Unfortunately, the smaller the population, i.e. Japanese, the less cost effective is the process.

However, in utilizing secondary data and drawing from available statistics, in the Pacific/Asian community we can delineate the patterns of utilization of certain services by the Japanese elderly. Such patterns show significantly that the Japanese elderly are not receiving services correlate with the level of need.

Title XX/Supplemental Security Income

Of the approximate 20 per cent below the poverty level, only 9.5 per cent⁹ are receiving Supplemental Security Income or any entitlement benefits through Title XX of the Social Security Act. Since the poverty population has increased for the larger aging population, the assumption can be made that the number within the Japanese aging population has, as well, increased. The economic indicators in determining poverty levels are net real income, medical coverage, etc. With fewer resources to attain such income and lowered propor-

⁸Owan, Tom, "Asian American: A Case of Benighted Neglect," Chicago: Asian American Mental Health Research Center, Occasional Paper, 1, p. 8.

⁹Fujii, Sharon, Understanding the Pacific/Asian Elderly--Census and Baseline Data, A Detailed Report, the Pacific/Asian Elderly Research Project, Los Angeles, August 1977.

tionate use of medical care coverage, the Japanese elderly would commensurately have greater numbers falling below the poverty levels, as the numbers increase for the all aged group.

The numbers in the category falling within the near poverty levels is 42 per cent. Close examination of the eligibility criteria for a number of Title XX programs reflects the gross underutilization of such services, particularly in light of the fact that not only would the poverty population (20 per cent) qualify, but a major portion of the near poverty population (42 per cent) would qualify. These programs include: Adult Day Care, Nutrition, Homemaker Chore, Adult Protective Services.

Medicaid/Medicare

Information is not available on any national basis; however, geographic data gathered from smaller samples are available.

The Council of Oriental Organizations conducted a survey of 131 Issei in the Los Angeles area which generated some revealing findings. Of the total, 78 per cent were enrolled in the Medicare (Title VII) programs, with only 30 per cent using such benefits. In the Medicaid (Title XIX) program, the incidence of use was proportionately lower, only 23 per cent of the 40 eligible informants were using the program.¹⁰ Title XIX is a medical assistance program for low-income persons and is means tested.

The systematic compilation of data regarding the total number of Japanese elderly eligible for Title XIX and VIII programs is essential, further determining the number of persons actually availing themselves of such programs and identifying the level of service needed is crucial.

¹⁰ Council of Oriental Organizations, A Study of Issei Pioneers, Residing in Little Tokyo, mimeographed (Los Angeles, 1968).

Bok-Lim C. Kim observes that although the incidence rate of tuberculosis among Japanese is low, "the death rate from tuberculosis for this group is the highest for any group studied,"¹¹

Further, "This may indicate a very high incidence rate for the disease among aged Issei, who would be expected, because of their age and poverty, to show a high death rate relative to incidence. In any case, high tuberculosis incidence and death rates can generally be taken as a good indicator of nutritional and sanitary deficiencies, as well as of overcrowding and generally inadequate levels of health care."¹²

Social Security Benefits

Less than 15 per cent of the total Japanese elderly population have participated in private pension plans. Such plans are generally offered in white-collar professions and most Japanese elderly have participated in the labor force as blue-collar workers or were self-employed.

The primary income transfer program available to the Japanese has been through the Social Security Act. Sixty-four per cent of the total Japanese elderly population receives SSA benefits.¹³ However, their benefits are the lowest of any group in the United States.¹⁴

This is reflective of a number of critical issues: the curtailment of a number of years of vesting as a result of the internment; the difficulty in locating employment after the war; the number of widowed women ineligible for survivor benefits; the lower level of income.

¹¹Kim, Bok-Lim C., The Asian Americans: Changing Patterns, Changing Needs, A KCS/Publication, 1978, p. 27.

¹²Ibid.

¹³Owan, Tom, "Asian American: A Case of Benighted Neglect," Chicago: Asian American Mental Health Research Center, Occasional Paper, pp 32-34, Table II.

¹⁴Ibid.

Between 1940 and 1950 there was a 41 per cent reduction in persons residing in "rural farm" areas. The percentage of farm-related occupations decreased; but more noteworthy, the category of "proprietors, managers and officials" showed a significant decrease between 1940 and 1950; it went from 13 per cent to 8.6 per cent, a one-third reduction, connoting a loss in job status and income.¹⁵

Mental Health Services

Due to lack of hard data, it is difficult to determine the need for outpatient or inpatient care, and to address the accessibility problems. However, the stereotypic belief that the Japanese have fewer problems and the family structure and cultural traditions reduce the incidence of psycho/socio problems.

However, drawing upon experiential and anecdotal material, the degree of need for mental health services is determined to be high. It is generally acknowledged that "lack of expressed desire for help cannot be taken as a reliable indicator of lack of need."¹⁶

Isolation and alienation of many of the single older Japanese would, in large part, create emotional stress and difficulty.

Older Americans Act Programs

Less than one per cent of the Japanese elderly population utilize Title III, A,B,C, programs; and less than .02 per cent participate in the Title V program.

The planning and provision of nutrition and social services programs have only minimally addressed the needs of the Japanese elderly.

The Pacific/Asian Elderly Research Project in March, 1977, surveyed 56 state units and 116 area agencies in seven states (California, Colorado, Illinois, Massachusetts, New York, Hawaii and Washington) to determine to

¹⁵Census Data, 1940 and 1950

¹⁶Kim, Bok-Lim C., 1978, p. 24.

what extent the Administration on Aging network had complied with earlier regulations by gathering specific data on the needs of the Pacific/Asian elderly. The findings document the general absence of basic information necessary to adequately plan programs and provide services.

Of the total, 39 state agencies responded; of that number, only 15 state agencies reported having any information on the Pacific/Asian elderly. Thirteen of the 15 state agencies indicated that they had only 1970 Census statistical data, which has been unreliable because of the substantial undercount. In California, wherein the largest number of Pacific/Asian elderly reside, no needs assessment, baseline or service utilization data was available. The following table from Pacific/Asian Elderly Research Project indicates the information available by type.

State Agency	Census Information	Needs Assessment	Baseline Data	Service Utilization	Data Collection In Process
1. Alaska-----	X	-----	-----	-----	-----
2. California-----	X	-----	-----	-----	X ---
3. Colorado-----	-----	-----	X	-----	-----
4. Connecticut-----	X	-----	-----	-----	-----
5. Hawaii-----	X	X	-----	-----	X ---
6. Idaho-----	X	-----	-----	-----	-----
7. Illinois-----	-----	-----	X	-----	-----
8. Indiana-----	X	-----	-----	-----	-----
9. Minnesota-----	X	-----	-----	-----	-----
10. Mississippi-----	X	-----	X	-----	-----
11. New York-----	X	-----	-----	-----	-----
12. North Dakota-----	X	-----	-----	-----	X ---
13. Rhode Island-----	X	-----	-----	-----	X ---
14. Trust Territory--	X	-----	-----	-----	-----
15. Washington-----	X	X	-----	X	-----
	13	2	3	1	4

Similarly, the findings of area agencies on aging surveyed showed limited information. Of the 116 area agencies surveyed, 70 responded; 45 had no information on Pacific/Asian elderly. The 25 area agencies that did have information, the reliance was on Census data as noted in the table below:

Area Agency	Census Information	Needs Assessment	Baseline Data	Service Utilization	Data Collection In Process
1. Sacramento, CA-----					X ---
2. Concord CA-----	X				
3. Redwood City, CA-	X				
4. San Jose, CA-----	X				
5. San Bernardino,CA	X				
6. Santa Ana, CA----	X	X	X	X	X ---
7. San Diego, CA----	X				
8. Los Angeles, CA--	X				X ---
9. Denver, CO-----	X				
10. Pueblo, CO-----	X				
11. Chicago, IL-----					X ---
12. Northhampton, MA-	X				
13. Maryville, NY----	X				
14. Poughkeepsie, NY-	X				
15. Elizabeth, NY----	X				
16. Canandaiga, NY---	X				
17. Havpauge, NY-----	X				
18. New York, NY-----	X				
19. Lihue, HI-----	X	X		X	
20. Wailuku, HI-----	X	X			
21. Honolulu, HI-----	X	X			X ---
22. Vancouver, WA----	X	X		X	
23. Bellingham, WA---	X	X			
24. Spokane, WA-----	X			X	
25. Saipan, MarianaIS	X			X	
	23	6	1	5	5

The inherent problems of inadequate information are, in large measure, a consequence of inadequate administrative funds and an ineffective mechanism for establishing performance standards and a systematic evaluation procedure. The reporting procedures within the network is arduous and duplicative and does not provide the information necessary to serve "those in greatest social and economic need".

The United States Commission on Civil Rights was authorized in 1980 to complete a study on the utilization of services by older minority persons. It will provide some needed information on the effectiveness of the Administration on Aging network in providing services to the minority elderly.

The analysis of service utilization of entitlement and public benefits programs initiated in this presentation only highlight the problems confronting the Japanese elderly population. Any in-depth, comprehensive analysis will require the systematic collection of information and data which is not currently available. It becomes apparent that in the absence of such analysis and information gathering, the knowledge base is inadequate in formulating social policies and developing services responsive to the Japanese elderly.

Recommendations

The Commission assumes a role of historical significance. It is essential to be cognizant of this factor, particularly with respect to the recommendations the Commission will present to the 97th Congress; as it will do so at a time when fiscal conservatism seems to pervade as the law of the land.

It is incumbent upon the Commissioners to make their decisions not on the basis of the political tenor of Congress and the Reagan Administration, or for that matter, on the presumed tenor of the country, "to keep spending down." But rather that their decisions be made on the basis of what is just and honorable, and will maintain the integrity of this nation in righting a wrong committed against a people who are part of the fiber of this land.

In the same spirit, the National Pacific/Asian Resource Center on Aging recommends:

- * That those persons interned as a result of Executive Order 9066 be given monetary reparations. First consideration should be given to the Japanese elderly.
- * Those sums received should be exempted from taxation or any means testing requirement under any entitlement or benefit programs.
- * An endowment fund be established which will provide the Pacific/Asian elderly population, including Japanese, with a National Center with the express purpose of improving the delivery of services to Japanese and the Pacific/Asian elderly.
- * That several major research endeavors be initiated which will provide the demographic and descriptive information necessary to develop more responsive social programs and formulate more effective public policy relevant to the Japanese and Pacific/Asian elderly.