

ORAL HISTORY INTERVIEW #442-2

with

Harriet Kuwamoto (HK)

April 1, 1992

Kaimuki, Oahu

BY: Joe Rossi (JR)

JR: This is the continuation of an interview with Harriet Kuwamoto. It's taking place in her Kaimuki. Miss Kuwamoto, I think when we left off at the last interview you had just finished your schoolwork at St. Luke's in San Francisco. What happened after that?

HK: Well, after working a couple of months, I went to Children's Hospital in San Francisco for eight months postgraduate course. Then I worked for a few months (at St. Luke's Hospital to earn) enough money to come home. (I took the California State Board examination and returned) home in February 1932 (on the SS *Malolo*). (There were only sixty-four passengers, so most of us had a private stateroom.)

JR: What were you studying in your postgraduate work?

HK: Pediatrics and obstetrics. The purpose of my going (then) was to (earn) a three-year (diploma). At St. Luke's we were in school (for) only (two years and four) months. (If a nurse) wanted to go (into a) university program, I think a three-year diploma (was required). I applied at University of California and (was rejected because I lacked certain required courses).

JR: Now, you were in San Francisco for three years total?

HK: A little over three years.

JR: How did you like living there?

HK: Oh, I enjoyed the climate. Cold weather (is so invigorating). (Wearing a coat, gloves, and hat on whenever I left the house was an experience.)

JR: Did you experience any adjustment problems when you first went up there?

HK: No. Because we were in a nursing school, we lived in the dormitory. And we had (different groups) of students. From Hawai`i, (there were) two Japanese, one Korean, one Chinese, and one part-Hawaiian. The rest of the students (in my class) were all Caucasians. They were from all over the United States. (There was a Caucasian student who had lived) in Korea, (so) she

became friendly with our Korean student nurse. And they (talked about) *kim chee*. She (said she) was so hungry for *kim chee*. (Our) Korean student nurse knew some Korean (friends in San Francisco), so she was able to get the *kim chee* and brought it to the dormitory. Once, a bottle (of *kim chee*) came through the nurse's office, and it must have spilled. (The office staff) wondered what in the world it was. (The Korean student nurse) was asked to (report) to the office and take (it) away. It was (a bottle of) the *kim chee*. I had never tasted *kim chee* before.

JR: Oh yeah?

HK: Yeah, because I didn't know any Korean friends.

JR: Oh, when you were growing up?

HK: Yeah, when I was (a student at) McKinley High School. I never heard of *kim chee*. I tried it (for the first time when it was offered to me in San Francisco), and oh, was it hot. I had to wash it [down] every time that (I) ate.

JR: Did you like it though?

HK: Well, after you wash it, it's mild. I don't (care for) it too much. I don't care for hot (food).

JR: Did you find any friends outside the group that you arrived with?

HK: Well, you mean outside of the nursing school?

JR: Well, you mentioned that there was a group of local students that were up there studying, and then there were mostly Caucasian . . .

HK: There was another Chinese (student) who was a senior. She had developed tuberculosis, so she was confined to the hospital, I remember. There (were) a couple of other (Chinese students), one from (Honolulu) and the other a Mainland Chinese. All the rest were Caucasian. And I think we had one Indian girl. She didn't look like an Indian, she looked like a Caucasian. She said she was from an Indian reservation.

JR: When your three years were up were you looking forward to coming back to Hawai`i?

HK: Oh yeah. I didn't intend to stay there, since I couldn't (enter the University of California) for the public health nursing (course). (After passing the California State Board examination for nurses, I applied for a license to work in Hawai`i. Since 1932 was depression year in Honolulu), there was hardly any work, so I did private-duty nursing.

JR: What is that?

HK: Taking care of one patient. And we worked from six to six, long hours. Six dollars for the twelve hours. I didn't care for (this) type of nursing. I did (only) night duty. (Experienced) private-duty nurses worked during the day. (I didn't enjoy night duty because most patients required so little nursing care.)

JR: So it was 6:00 P.M. to 6:00 A.M.?

HK: Yeah. Twelve-hour shift, long hours. When I (worked) in San Francisco to (earn enough) to come home, we had what (was called) group nursing. We had four patients who needed care continuously. We worked eight hours then, and I think we (were paid) only (ninety dollars a month). By the time you (finished the eight-hour shift), you were just worn out (from) taking care of four very sick patients. You were constantly (moving) from one patient to the next. We call that group nursing. And that was good experience.

JR: What was it about the field of public health nursing that attracted you?

HK: Well, we had a school nurse coming (to) St. Mary's when I was (a student there). They called them Palama (visiting nurses). Palama Settlement had a group of nurses who (did) home deliveries and (went) to schools, to take care of our impetigo and runny nose and what have you. So we were exposed to these Palama nurses. (At the school of nursing, we learned all about the different types of nursing available to us a graduate nurses. I was attracted to the community aspect of nursing.)

JR: So then . . .

HK: See, I (came) home in February (1932), and in September (I applied for the second public health nursing certificate course and was accepted). We had quite a varied group (of) nine nurses. We had two Japanese nurses, (one a graduate of Queen's Hospital and the other from St. Luke's Hospital). (We also had) one Filipino nurse who had come from the Philippines. She was on her way to Columbia [*University*] and got (stranded) over here. We had a Chinese nurse (who graduated from St. Luke's) and a couple of *Haole* nurses—nurses who had been doing public health nursing but wanted to (become certified public health nurses). And who else? A Samoan-*Haole*. She was born in Samoa. Her father was in the Navy, married a Samoan, and (then the family) moved here. We had quite a mixture. (Another student was half Japanese, an American born in Japan who also graduated from St. Luke's Hospital.)

JR: Do you remember any of your teachers back then?

HK: We had Miss (Amy) McOwen, who was the director of public health nursing at Palama Settlement. And after she left (Palama) she became the director of public health nursing (at the University of Hawai`i). I forgot some of the other (instructors). I think Miss [*Amy*] McOwen was the director of nurses when I was there. Thea Floyd was (another instructor) in public health (nursing), teaching the course at the university. (Dr. Carey Miller, a professor at the university, taught us nutrition. A marvelous teacher, but she's gone now.) When we (did) fieldwork (during the second semester, nursing) supervisors at the health department (were our instructors). The first semester was all academic, (except for limited home visits), but second semester we were out in the field. And my practice area was at Watertown, which is now Hickam Field.

JR: What were you doing there?

HK: Well, (our) field experience (in) generalized (public health nursing). (This included) child health conference, mothers' clinic, tuberculosis clinic, and school (nursing). (At the) mothers'

clinic, pregnant mothers in that small area (were examined by) the obstetrician. The doctor (came to the patient, and) we assisted the doctor. Pregnant women who didn't have any medical (service were invited) to the clinic. It (was) a wonderful program, (bringing medical service to them). (Newborn) babies (and preschool children attended the child health conference, which was staffed by a pediatrician who examined the attendees). (The children were given) all the immunization they needed. And the tuberculosis (clinic was conducted) the same way. The doctor would come in, examine them. If an x-ray (was ordered, patients were sent to) the x-ray department (of the health department). Service was brought to the people.

JR: Now, were you paid for that kind of work that you did?

HK: Oh no, this was part of the (nine months') certificate course. This (made us) knowledgeable (of) the different (areas of) generalized (public health nursing) services that we would be carrying out as we went into the community.

JR: Was there military living there at the time?

HK: No, no, no. This was not a military base. (It was a small community.) There was a small school, maybe about three room, and a little clinic room where we conducted (the clinic activities). We brought the services to the people. Because I didn't drive, my supervisor from the public health nursing field who supervised (my) fieldwork (drove me) there. And (I) would stay there until (my day's) work was finished, (and then she would drive me to the main office).

(We took one course in social work at the university during the second semester.) We were very fortunate to have a wonderful social work (instructor). As we went out into the field after we graduated, we had some knowledge of what the social workers did. We were sort of social worker-public health nurses until social workers (were employed by) the government. On Maui, for example, they had a social service department, but didn't have enough (workers). So we did part of the social work. And (when a) social worker (was assigned to a district), we worked (very closely) with them.

I feel that (the social work) made (me aware of) the needs of the people in the community, (both health and social problems). I enjoyed my nursing (in Lahaina), because (I was carrying on both) public health nursing and some social work to help the family. When (the social problem) was too much (to be handled by me, I) would bring in the social worker. That way, it relieved her in doing the minor social work. She directed us how (to) handle it further, so we can do the work for her, more or less, for the benefit of the family.

JR: Were you comfortable from the start going out and visiting homes or doing that kind of fieldwork?

HK: Oh yeah, because when we were doing fieldwork we were already exposed to it. I think in the first semester we also had some fieldwork too. (There were many home deliveries at the time.) I remember going to Kaka`ako when we were doing maternity visits—always with a supervisor. (There were) Filipino men married to Hawaiians. I (found) the Filipino men (very) attentive. (On my visits to one particular home) to give a bath to the baby, he would have the water ready for (the bath). I always used to say, “Oh, these Filipino men make good husbands.” But (there

were not) very many women to get married to, you know.

JR: Sure. It was mostly men working on the plantations.

HK: Yeah. So once they found a woman and got married and had children, my gosh, they were the best husbands and the best fathers.

(Laughter)

JR: They were very appreciative.

HK: Yeah, yeah. So the fieldwork (we) had was, I think, very helpful for us to be prepared to go into the community.

JR: Okay. And then you finished the university . . .

HK: First, I had two months (assignment in Honolulu), just sort of a relief nurse. (I acquired my driver's license shortly after I became a relief nurse. What an accomplishment.) And then I went to Hawai`i for two months. Let's see, June and July [*on O`ahu*], August and September [*on*] Hawai`i, and then I went to Maui in October (on a permanent position). And I was there for four years, from October '33 to '37. (I felt I needed a change of district to Honolulu.)

JR: Were you looking for a full-time appointment during that period when you were working . . .

HK: No, (I was already on a permanent position). There were (many public health nursing) positions available. We were very lucky at the time. We were in demand, so the position was right there for us to walk into.

JR: So when you graduated, then you started working for the state?

HK: Yeah, right away. And I worked for thirty-six years, a long time. But I was very fortunate, I always say, because I had so many different types of public health nursing. I didn't do just one kind of work. I did four years of generalized (nursing) program.

JR: That was in Lahaina.

HK: Yeah. And what an experience, greenhorn nurse going over there.

JR: Had you been to Maui prior to that?

HK: Yeah. When I came back from the Mainland in February '32, a (classmate) of mine on Maui said, "Harriet, come on over to Maui and stay with me." She was working at Kula, the TB sanatorium. And so I said okay. This was before I started my (public health) nursing (course at the University of Hawai`i). I went there and stayed up at Kula. (The doctors) were doing all kinds of (chest) surgery, (and) they were so advanced. They removed part of the lung which was diseased. Of course, they [*i.e., the patients undergoing such treatment*] had more advanced tuberculosis then. (I was given permission to observe during surgery.) I stayed at the hospital in (the nurses' cottage with my classmate). (On this visit to Maui), I was fortunate to go (into)

Haleakala Crater.

JR: Did you walk down or ride?

HK: Ride the mule. My first experience on horse(back), going down and coming up.

JR: You mentioned they had a sanatorium there for tuberculosis patients.

HK: Yeah, Kula Sanatorium. This was way back in '32. They started long before, so we were quite advanced in (the treatment of) tuberculosis.

JR: What kind of facility was that?

HK: Well, it was a (tuberculosis) hospital. Most of the buildings were (wooden) bungalows. They had a hospital, and I forgot when (a new one was built). (I was still working in Lahaina at the time.) When patients were convalescing, they stayed in either a private (cottage) or a bungalow with several patients, just like the way they (did) at Le`ahi [*Hospital*] (in Honolulu).

JR: Was this mainly for people . . .

HK: Tuberculosis (cases only).

JR: From Maui, though . . .

HK: Yeah, mostly from Maui.

JR: . . . or from other areas?

HK: No. (However), I remember there was a very prominent woman from (Honolulu) who was there when I (visited Kula) that summer. I (also) remember there was a Japanese judge's wife. See, (in those days, people) were still very prejudiced toward tuberculosis and didn't want it to be known they had tuberculosis. (Kula) was a beautiful place, way up in the mountains. I wish I had bought a piece of property so I could build a home and (live) there. Oh, the climate was just wonderful. (It reminded me of) San Francisco (weather), children with the rosy cheeks.

JR: That was a private hospital?

HK: No, it was a county (hospital).

JR: A county?

HK: Yeah, county, (which included Maui, Moloka`i, and Lana`i). And (there was) what they called a preventorium. (Underweight) children or contacts of tuberculous parents were (sent there as a preventive measure to increase their weight) through a rest regime. Can you imagine? (Maui) already had a sanatorium. I think each island had one—Kaua`i, Hawai`i, and then, of course, we had Le`ahi over here (on O`ahu). You've heard of Le`ahi Hospital.

Dr. [*Howard*] Chamberlin, who was (at Kula) in '32, was quite a surgeon, (way ahead of his

time). He did a lot of surgery of the lungs. They even did what they call pneumothorax, putting the needle between the pleura and collapsing the lung to help the lung from not working too much. And if they're too advanced, I think they (did) pneumonectomy—a portion of the lungs (is removed). That was a long time ago to be doing all that.

JR: Would you actually participate, or witness the surgery?

HK: Yeah, I just observed. Since I was a nurse, the nurse who invited me there asked the surgeon if I could go into the surgery and stand by as a dummy nurse. (Chuckles) Usually, if you're a nurse they're pretty good about letting you. I was interested in knowing just what (the surgery involved). I did the same thing when I went to Cincinnati, but probably I'll tell you (about that) later on.

JR: When did you go there?

HK: See, I took six weeks vacation in 1960. And the purpose of my visit there was a two-weeks' course in cardiac nursing at St. Louis University. And this was six-weeks' vacation trip, so I could do anything I wanted—flitted here (and) flitted there. I was interested in cardiac nursing. One of the doctors here—a pediatrician (with the health department)—was from Cincinnati General Children's Hospital, so she said, “Harriet, when you go (to Cincinnati, visit) the children's hospital.”

I said, “Okay, I'll go in.”

(In Cincinnati, I stayed at the YWCA [*Young Women's Christian Association*] and visited the famous zoo.) I inquired about the children's heart clinic and (was told) when it was to be held. So I went there, and I asked the doctor (at the cardiac clinic) if I may observe. This doctor was from Africa, and he thought I was a doctor. He said, “Would you like to listen to the heart?”

And I said, “No, I'm only a nurse, so I don't know what I would be listening to.”

He was very helpful in explaining the cases. This was a rheumatic fever clinic. He (told me that a) cardiac catheterization (was being performed) in the afternoon at one o'clock. He said, “Would you like to observe?”

I said, “Yes, I heard about it, but never observed (the procedure).”

At one o'clock, I went upstairs. I saw some (an) orderly, so I said, “I came to observe here. May I have a gown and a mask?” (He referred me to the supply room and told me to help myself.) When the doctors (arrived), I introduced myself to the cardiologist. And I can never forget—I told (him) who I was. I said, “I'm Harriet Kuwamoto on vacation from Honolulu health department, and I'm interested in cardiac nursing. And I was told that you are having cardiac catheterization, so I'd like to observe.”

(He) said, “Oh yes, we are happy to have you.” So, with the gown and all, I walked in (to the operating room). And there was a sixteen-year-old boy. They started about one o'clock. A sixteen-year-old boy who had rheumatic heart condition, I think. They wanted to go in and find out how damaged (his heart) was. It took from one o'clock to about four o'clock. And there

were nurses and scrub nurses and interns and all. And I was there. When there's so many people, there is much to be done—move the table, move around—so I was helping them. I was not aware the doctor was observing. And he was the kindest man I ever (met). He would tell the boy, “Now, I don't want you to groan if you're not in pain. If you're in pain, let us know so we can give you something.” Because when (the tube) goes in, you're going to feel it. He was so thoughtful and kind to the young fellow. (When the catheter was inserted with the dye), there's electrocardiogram and x-rays going on (continuously). (This is a) diagnostic (procedure).

After it was all through, I thanked him for allowing me to be there. And he said, “Well, thank you very much for helping us, Miss Kuwamoto.” And I almost died. He remembered my name! He was Dr. McDonald, I think. You know, Japanese names are hard, but he remembered mine.

(Laughter)

JR: And most people here get your name wrong!

HK: Yeah, but he remembered. No wonder he's such a wonderful cardiac surgeon. So that was quite an experience in 1960. I take advantage of anything I can find.

JR: Yeah, yeah. I guess inquisitive would be the word.

HK: Yeah. If people say (visit) there, I go there. I (visited) another rheumatic clinic, (which was just routine). (Then I moved on to St. Louis to attend a cardiac nursing workshop at St. Louis University. I went to the YWCA there, but no rooms were available for a few days. I left most of my baggage there and moved on to Springfield, Illinois for the weekend). (I registered at a hotel in Springfield, then) I got on the bus and (rode to) the address that I had. I walked down the street and I inquired about the people, (only to learn that the family had gone on a vacation). This was the only Japanese family in Springfield. Well, I visited some place and I signed (the guest book). So it came out in the paper that a Harriet Kuwamoto from Hawai`i visited this particular place.

JR: You mean in the newspaper?

HK: (When my friend returned home from vacation, she read of my visit) in the newspaper. I didn't put down my address, the YWCA in St. Louis, so (it wasn't until I returned home weeks later that I learned that) she had left a note (for me with a neighbor, whom I missed). (I could have stayed at her home for the weekend.) But I missed all of that.

JR: You had your signals crossed or something.

HK: Yeah. And of course, I should have written. I never write, that's my problem. So they never know when I'm coming. I never telephone. If I had written—well, they were already gone. I should have written, (giving) my itinerary. But I wouldn't have known that YWCA didn't have a room for me.

JR: It's hindsight now, yeah?

HK: That was quite an experience. (On the last day of our cardiac nursing course, students honored the instructor with red carnation leis, which I strung.) After I left St. Louis—after the course—that's when I had problems with the airplanes.

JR: What airplanes?

HK: Well, after I left St. Louis, I was going to visit my sister in Utah. (Because of a severe flood), communications were shut off. When I got to Kansas City—from St. Louis—the plane I was scheduled to go (on had) left. And there (were) no planes (leaving the airport). I couldn't call my sister. We just stayed at the airport.

JR: Oh yeah?

HK: And (there was) hardly any food left, because this was a small airport. (Then) finally late at night, (there was space for me on a commuter) plane that was going to Denver that delivered mail, bread, and what have you. I (arrived in) Denver in the middle of the night. (I found a space) on the plane to Salt Lake [City]. When I (arrived at Salt Lake City Airport), it was in the wee hours (of) the morning. I didn't have a phone number for my sister, so I slept at the airport.

(Laughter)

JR: You felt safe though?

HK: Oh yeah, I always feel they'll protect me. (When) I got up in the morning, (I cleaned myself up and) got on the bus. I said, "Please take me to Layton, Utah." When I got off the bus it was Sunday morning. Everything was closed, nobody was around.

(I met a man who) was the mailman. When I said the family I'm looking for is my sister, the Yamane family, he said, "Oh, the Yamane family." You know the way they pronounce it—Yam-un-ee.

(Laughter)

HK: And he says, "I'll get a taxi for you." The taxi took me to my sister (without any difficulty).

It was about 8:30 in the morning. And (she) said, "Just like you—don't even call." (She had been to the airport the previous day from about mid-afternoon until the evening.)

I said, "I couldn't call you because the telephone and (other means of communication were shut down) because of the flood."

She had a farm (in Utah). String beans (were ready to be harvested, so I helped picking them several days). (Her) neighbor called (when I was there to come pick the) excess cherries. Oh, was I glad to go there with a bucket (and pick) those great big bing cherries. (They were so sweet.)

JR: Yeah, you don't get those over here.

HK: No, no. It's so expensive. I spent (about a week) there, and then moved on for (the rest of) my six weeks' vacation.

JR: So, I think we were still on Maui, talking about the . . .

HK: About the work I did (on Maui during the) four years. And I think I mentioned the mass tuberculin testing program—I think it must have been about late '36 or early '37—for (the) entire school population (of) the island. Nurses came from different districts to help, and (I also) went over to their districts to help. All male (and female) plantation workers were x-rayed. When you think of it, it's a wonderful case finding-method for finding tuberculosis. Tuberculosis was still quite prevalent in those days, and, as I mentioned before, we found quite a number of high school students—Lahainaluna (High School) students—who had early tuberculosis. They were all (admitted) to Kula (Sanatorium). They didn't stay (there) too long, because they were (all) minimal cases. (The) treatment (was) rest regime and good food. Children with positive tuberculin (gave us entry to follow the family members). (Only children were) tuberculin tested. We had (a large) tuberculosis clinic every month. (There was) no (special) x-ray (in Lahaina) in the beginning, so many of (the suspects) had to be taken to Kula. (I provided transportation to the children.) Twenty-five miles from to Lahaina to Wailuku to Kula—fifty miles [*round trip*].

JR: Oh wow.

HK: It was really something. I thought I was going around the world.

(Laughter)

HK: In an old crate. And then being such a dummy about cars, I had no idea that you put water in the car.

JR: The radiator.

HK: Yeah. I used to take (the car in to be serviced regularly). (I assumed everything was taken care of.) And lo and behold, once, (as) I was coming back (from Kula) after taking the children (there)—I was alone in the car. When I got near Lahaina—Olowalu—oh, the car was so hot. I thought, what is happening to the car? I stopped the car. I saw city and county road workers, so I said, “Could you check my car for me, it's so hot.”

And they opened the hood, they almost died. They said, “The car could have exploded, it's so hot. You (have) to sit here until it cools. We cannot put any water or anything.” Can you imagine being so dumb?

JR: I bet you never let it happen again after that.

HK: No, no. I always said, “Please check the water.” Prior to (this experience), I didn't know much about cars. You know, when you took it in for gasoline, you'd think they would check everything, didn't have to tell them. That was a good lesson. Again, the Lord was with me. The car didn't explode, and there were no children (with me). That would have been terrible.

JR: A disaster.

HK: Disaster is right. (Chuckles) I'd have all kinds of suits.

JR: If you were still around.

HK: Such an experience.

JR: So that was for four years you were on Maui?

HK: This was on Maui.

JR: Yeah, four years on Maui.

HK: Yeah.

JR: Then what happened after that?

HK: After I left Maui?

JR: Yeah.

HK: Then I came and worked at the board of health with Dr. Lee.

JR: Richard Lee?

HK: Yeah. Because there was no position for me in the public health district nursing (office). They did bring me back because I said I'd like to have a transfer, but my transfer did not assure me a position in public health nursing field, so I was put under Dr. Lee in the communicable disease branch. He was (the) chief. At that time, he was writing a paper on venereal disease [VD] history in Hawai'i, so I worked with him in gathering statistics for him. And then at the same time I worked in the VD clinic, because they needed a nurse. I was placed on the federal fund at the time. See, I was on the state fund while I was a public health nurse (in Lahaina). When I was transferred here, (there was) a position (under) federal fund, so I was (assigned) to work with Dr. Lee. That was (October) '37.

JR: Was that the first work you'd done specifically in the area of venereal disease?

HK: Yeah, excepting what I did in Lahaina.

JR: And that was just part of other things that you were doing.

HK: Yeah. I (initiated) a VD clinic (in Lahaina) after we found children with congenital syphilis (after following) the mother (during pregnancy). And so I was interested in the syphilis program. I was able to (work with) Dr. Lee. At the same time, I (was) assigned to the VD clinic (at) Palama Settlement. The doctors (at the VD clinic) were paid by the health department. It was a joint venture in venereal disease control. The clinic was (at Palama

Settlement, and the medical and nursing staff, except for the male orderly, were paid by the health department).

JR: You mentioned the paper that you were helping Dr. Lee with, about venereal disease in Hawai`i. Was there anything surprising that came out of those studies that you can remember?

HK: No, excepting that we were way ahead of some other places.

JR: Way ahead in what?

HK: Well, we already had a VD clinic. Palama Settlement (had a wonderful outpatient clinic covering all types of services for medically indigent patients).

(When the VD regulation was passed (making VD) reportable, all contacts (of infectious cases had) to be followed. We were doing that in Lahaina before the regulation (was) even (enacted). And once (VD became a reportable disease), the health department (became involved in the contact investigation program). (Infectious VD cases had to be followed).

(I relieved the public health nurse assigned to the VD clinic at Palama). (I remained at Palama) until '38, when I (was granted a U.S. Public Health Service scholarship under Title VI of the Social Security Act to advance VD nursing education).

JR: And where did you go at that point?

HK: To the University of Pennsylvania. They called it the Institute for the Control of Venereal Disease (in) the dermatology department at the University of Pennsylvania. And that was a three-months' course.

HK: Where shall I start?

JR: You went to . . .

HK: University of Pennsylvania, under Title VI of Social Security Act stipend. I received \$125 a month. (The scholarship) paid the tuition (at) the university for this course. I forget how much it was. I was fortunate enough to get the stipend for the entire year. Originally I was to be there just for three months, but I requested to be (on leave) from September (1938) to June (1939). I (received) a stipend (of) \$125 (monthly). That was quite a bit of money. I stayed at the boarding home, which cost me only \$40, with three meals a day and room.

And after I finished the three-months' course in (November 1938), I went to Philadelphia VNS [*Visiting Nurses Service*], a private visiting nurse service (in which) nurses (made home visits to provide) bedside nursing (services). I wanted to have experience in (this) type of nursing. (I was granted leave) to take the course (for one month). It was quite an experience (to travel by) bus or elevated cars (or by boat to make the home visits in the cold month of) December.

In (January 1939) I went to Phipps Institute, a tuberculosis (research) center. I was still interested in what they were doing in tuberculosis work. It was a research center for tuberculosis. They had (chest) clinics (where) patients came in and (were also) followed (at

home). (Here) I learned for the first time (the nurses were) segregated—Black nurses and White nurses in different offices. (Patients were segregated also. I was allowed to attend both clinics and make home visits to both White and Black patients.)

JR: At this place?

HK: Phipps Institute. I was there for one month. (I was diagnosed to have) latent tuberculosis (in the follow-up test given to me while I was in my second semester at the University of Pennsylvania).

JR: That you yourself had it?

HK: Yeah, because each one of us who were there had to have a tuberculin test. And I tested positive. Of course, I (had a) positive (tuberculin test before) I left Hawai`i. I was exposed to a classmate at St. Luke's with tuberculosis, (so) eventually I developed positive tuberculin. My (first) x-ray taken (at Phipps Institute) was negative, but they felt that the (second) x-ray taken (later showed) I had latent tuberculosis. I (was advised to) continue (my schooling). It wasn't anything that I had to be hospitalized (for). In February (1939), I (was a full-time) student at the University of Pennsylvania (College of Nursing), and I took courses there pertaining to public health nursing in different areas that I felt I needed to increase my background. I finished (the semester) in June and started visiting more places on my way back to California, (where) I was (scheduled) to attend another course (in August), a three-weeks' course at the University of California (at Berkeley). (From June to August I traveled) on the train (and stopped here and there). During the day (I visited) the different health departments (where VD clinics were advertised). (In Chicago, I attended a private VD clinic which had its private epidemiological staff doing follow-up on contacts.)

JR: And you travelled across . . .

HK: Yeah, from Philadelphia cross to California on the train. (Slept) on the train at night, and during the day (visited) the health departments. Wherever I thought they had VD clinic, TB clinics, or anything, I'd stop by.

JR: How did Hawai`i's health department and clinics, as you knew them, compare to what you were seeing on the Mainland?

HK: Well, VD (program), we were probably comparable (or more advanced). For example, when I stopped in Denver I went to the clinic (where) they were mass treating the patients. All the men (were lined up) in one (room), and they'd lower their pants and were given bismuth. (Oh, mass treatment). (We had the patients lie) on the table and give (the injection individually in Hawai`i). I suppose they had so many (patients). In those days, they had bismuth (and mafarcen). And then when I was in Salt Lake [City], I visited their TB preventorium, (which was) just started in `39. In Lahaina in `36 and '37, we already had an on-going (preventorium at Kula). (Utah health department was) just starting all over. And they were just starting the tuberculin testing program. So as far as we were concerned, in the area (of tuberculosis control) we were quite a ways ahead.

JR: Did you know why Hawai`i may have been ahead? Were the cases more severe here?

HK: We (have) a wonderful health department. Kamehameha III started the health department in Hawai`i (in 1840). We always had the health department which tried to control communicable disease. Of course, in the beginning communicable disease was the (disease) they were trying to control, tuberculosis and leprosy. The poor leper patients had to be isolated (at) Kalihi and then to Moloka`i. (Tuberculosis patients were hospitalized at the sanatorium on each island. Contact follow-up was an important function of public health nurses.) And then we became (involved in maternal and) child health program.

(Taping stops, then resumes.)

JR: You were saying that one of the reasons you thought Hawai`i may have been lucky was because of all the visiting.

HK: Yeah, we used to have consultants. The reason why I was able to go to University of Pennsylvania (to) the second course (in the control of VD)—a public health nursing consultant from U.S. Public Health Service who was particularly interested in VD nursing came to Hawai`i. And since I was doing VD (nursing), working with Dr. Lee and (also at the) VD clinic, she was instrumental in (recommending the scholarship to the University of Pennsylvania for me). She felt that I would gain a great deal by going away and (learning) more in this area. She was very, very helpful. And that was way back in '37. That's a long time ago. And I think that was her first visit to Hawai`i from the U.S. Public Health Service.

As I recall, we used to have different consultants (visiting us). They just loved to (come to Hawai`i). And we'd take them all over the islands, different maternal and child health consultants, school nurse consultants. It's a vacation land for many. And we appreciated (their visits) because we were so isolated, and by having them (visit us), we can advance ourselves. We took advantage of all that. We became more advanced in the different areas that we were trying to improve here. Many of the consultants did mention that we were way ahead. Of course, the biggest states (with) large health departments and good organization would be ahead. (Hawai`i) is a very small state when you think of it.

JR: Not even a state back then.

HK: Yeah, it was just a territory. And yet we were doing the work. And to have all of our nurses eventually becoming certified public health nurses—on the Mainland many were just hospital nurses going into public health nursing. I remember, we did have the highest percentage (of certified public health nurses). We were way ahead in that area. And even in nursing organization, we had a public health nurse section (in the) Hawai`i Nurses Association. And we had representatives going to the national convention and so on. So that way, I think, we were way ahead.

JR: Okay, let's try to work our way up to the war years, which is the part that we're really going to talk about. What happened in those last couple of years after you came back from your trip, your studies on the Mainland?

HK: Came back in '39, and I (carried on VD education). I served as a consultant to the nurses. This (was) before the war. (I visited) all the (neighbor) islands and (educated) the nurses about VD,

the nurse's role in case finding and the patient's (continued) treatment. (I also) visited (plantation) doctors, (who were also government physicians, and discussed) VD clinics. Some of (the physicians) had already started (treating VD cases in their practices). (The health department provided them with VD) drugs from Honolulu. (They were purchased in Honolulu and distributed to the doctors as requested).

(After I returned from my one-year leave), I did a lot of educational programs until the war days. The war started on Sunday. I was called to report to the health department.

JR: Why don't you tell me in detail what exactly happened on the seventh [*of December, 1941*].

HK: (I was) at home. Our family home (was at 3166) Charles Street. We (had arranged) to paint the kitchen that day. In the morning we heard all this bomb, bomb, bomb going on. We looked (toward Pearl Harbor, and) there were dark clouds. We thought, what is happening? (When) the painter came, we told him we (had) all the dishes out of the kitchen and everything (else) so he could go in and paint. And about nine o'clock or (so, I received) a call from the health department saying, "Please report to the health department." Well, I don't (remember) whether I had breakfast at home (or not).

JR: Did you know that there was an attack?

HK: Oh yeah. By that time we heard (over) the radio that we had been attacked and that's why they were calling (me) to report to the health department. So I got in my 1929 DeSoto coupe—old crate—and (drove) to the health department. (As) I went along Kapi`olani Boulevard, (at) every (intersection) towards town there were sentries (with guns). I was stopped. "Where are you going?"

I said, "Oh, I have to report to the health department. I'm a public health nurse, and they called me. I must report to the health department."

So, "Okay."

JR: Did you have any kind of identification at that time?

HK: Well, we used to have a territorial identification card. They didn't (ask for one), just verbal, where (was I) going. I think after that we did have to get another (identification card).

Well, (I finally reached the health department). (Many other nurses) who had been called (were already there). We assembled in the basement, and we said, "What in the world are we going to do?" The health officer wasn't around. I don't think the director of nurses [was there either], just a group of us who had been called. So we thought, well, we'll make some dressings (with the gauze we found). If I remember correctly, we made dressings—three-by-three or four-by-four [inches square]. We (heard) the planes flying over us and all kinds of activity going on. Whenever there was a plane (flying over us), we would look out to see whether it was our plane or the Japanese plane. You could always tell, with the round red spot (for enemy planes).

JR: Was there any fear? I mean, how did you feel?

HK: Well, we were protected down in the basement. That was our—what do they call it?

JR: Shelter?

HK: Shelter. That was our (bomb) shelter, so we were pretty well protected. But we had no idea just what was going on. (Planes were flying over our building).

(That morning), surgeons were meeting at the Mabel Smyth Building—(located about three blocks from) the health department—[to hear a lecture by a wound surgery authority]. (Their meeting (was scheduled for) eight o'clock. We were told that the meeting (was cancelled), and the doctors (reported) to Tripler [*General Hospital*]. (Off-duty hospital nurses were also recalled.)

JR: Your group was given no instructions other than to go that building?

HK: No instruction. We were very disorganized, as far as I can see. The body was there, (but) what for, I don't know. We were told about five o'clock (to go home), because we're going to have a blackout. (By early) December, it (was) already getting dark (by five or six o'clock). (As I drove home, the streets were deserted.)

And when I (returned) home, lo and behold, the painter (was) still there. We told him, “Rush home, because (you may be stopped).” He was a citizen. No aliens (were permitted on the streets after six o'clock).

I think the next morning, (I) must have reported (to the office). I don't recall too much about what (I) did after that. I think we were assigned (anywhere we were needed). (The health department received an order from the military to immunize all residents of O`ahu for typhoid). (I was assigned to carry out the project from the health department basement) with the help of the army. (The military provided the supplies—such as) syringes, needles, (cotton) sponges, alcohol, and the vaccines—(and transportation to deliver the supplies to the immunization centers). (The public health nursing office organized the immunization centers. Volunteers were recruited through community organizations). (After the stations were set up, people were) notified to report to (the stations in their area). (It was a big and interesting assignment.)

JR: Yeah, it sounds like it.

HK: Fortunately we had enough people (assigned to carry on the project in the field). The military was very helpful in (giving) us the supplies (and delivering them to the stations as they were prepared).

JR: Did you work with some people from the military . . .

HK: Oh yes.

JR: . . . and some people from the Department of Health?

HK: Yeah.

JR: And the task was to immunize everyone?

HK: Yeah, all (civilian) adults.

JR: How do you keep track of something like that? Is each person given some sort of voucher that says, "I've been immunized"?

HK: Yeah, I think they were given a card (stating that) they had (been) immunized for typhoid. Typhoid (immunization is given only) once. People who had the (typhoid) injection (were) given instructions (by the public health nurse as to) what to do in case of reactions and so on. My end was (the supply unit, to see that each center had adequate supply of everything needed).

JR: How long did that involve you?

HK: I'm trying to figure out how long. I can't recall. It took quite a while to immunize all the (adult civilians) here. I (am sure it was months). But that part is not too clear, how long that we worked on it.

JR: Was that a hectic time for you, managing all those supplies?

HK: Yeah. But we had such good cooperation, with the military giving us the supplies and the immunization stations being (well) organized. To get the supplies to them was not too much of a problem, but we wanted to be sure that everything was being sent out (as needed). (On one visit to a center), I was driving along King Street with a (nursing) supervisor (and) I was tagged for speeding. I told you about my experience in the provost court.

JR: When was this?

HK: I'm sure it was in '42 sometime. (I had to appear before the) provost court.

JR: So you got tagged for speeding, and then you had to . . .

HK: In front of McKinley High School. A cop stopped me, and he said, "You're speeding."

I said, "This old crate doesn't go very fast, and I'm a slow driver." But he gave me a ticket.

And the (nursing supervisor) who was with me said, "Harriet, don't say too much, just accept the ticket."

I was (ordered) to appear at the provost court (on a particular day). (I arrived at the court on the stated date, just barely on the hour.) As I (reached) the court(room) they hollered my name, so I said, "Harriet Kuwamoto is here," (and walked) forward before the judge.

And he said, "You know what your charge was?"

And I (said), "Yes, they told me I was speeding."

And he said, "Are you guilty or not guilty?"

I said, "I assume I'm guilty."

And then he gave me the verdict—license removed, five-dollar fine, and something (that I don't remember).

JR: They took away your license for a speeding ticket?

HK: Yeah. I was a sight (before the judge). I (was in) my blue uniform with a white collar and a gas mask (over my shoulder). We all had to (carry) gas masks (all the time). And I (carried) a red raincoat with me. Red, white, and blue—very patriotic, with the gas mask.

(Laughter)

HK: And standing before the provost court—the young squirt—and telling the judge, "Your Honor, may I make an explanation, please?"

He said, "Yes."

I said, "I'm in charge of the immunization program as ordered by the military for the civilian population. And I have to have a car to (visit) the stations, to see how things are coming along." I said, "I need my car."

And he said, "Then, would you be willing to donate blood?"

I said, "Yes, Your Honor, I'd be more than happy to donate blood."

So he said, "License returned, five-dollar fine removed, go and donate blood (at the blood bank)."

JR: How much blood?

HK: He didn't say. (I am sure I thanked him for his understanding.) I went to the blood bank within a certain period—I forgot the time—and the doctor (at the blood bank) was Dr. [John] Devereux. I said, "Doctor, the provost judge told me I must come here and donate blood for speeding."

Oh, at the time that I was (before the judge and) explaining, I (also) said, "Your Honor, I drive a 1929 DeSoto coupe, an old car, and I'm a very slow driver. I've been checking myself in front of McKinley High School, how fast I was going." I said, "I was going about twenty-two to twenty-four miles [per hour], not thirty, because I (am a slow driver)."

Well anyway, when I went to the blood bank, the doctor looked at me and said, "How can you donate blood, you skinny old thing?"

I said, "No. The judge says donate blood, so please take the blood." They took about that much.

JR: Just a little bit.

HK: Just a little bit. I had the *puka* here. [HK points to her arm.] And then I said, “Please send the report to the provost court, so they know I (carried out the order).”

“Yes, we'll see that you get the report in.”

A few weeks later, I came home about seven o'clock at night. I used to work long hours. My mother was petrified. She said, “Somebody came today—two men.”

And being an alien, I told her, “Next time they come, tell them [*to*] walk in the house, look (all) over the house. If there's anything illegal in the house, let us know.”

Well, shortly after that, two men came. And they were cops in civilian clothes. “Harriet Kaw—”

I didn't quite get the name. I thought he said Kuwamoto, so I said, “Yes, I'm Harriet Kuwamoto.”

He said, “You are under arrest.”

I said, “Under arrest for what?”

He said, “You were told by the provost court to donate blood, and you haven't donated the blood.”

I said, “I just went there. You can still see the mark here.” I said, “If you don't mind, would you please come in and telephone Dr. Devereux, who will verify that I was at the blood bank.”

And these two officers said, “Orders are orders. You have to come with me.”

I said, “If I have to go with you and stay in the cell block, I better get my toothbrush and my personal things so I'll have some comfort in the cell.”

(Laughter)

HK: So anyway, I got in their car. They (took) me to the police department admission place, and the two men said, “This young lady says she donated the blood.”

And the officer inside said, “Well, if she donated the blood, that's all there is to it.” The two men were so embarrassed. I could have just cussed. I was cussing them under my breath.

(Laughter)

HK: And they said, “If you want to go home on your own, you may.”

I said, “I refuse to drive in the blackout.” Of course, I didn't have a car with me, so they had to take me home.

(Laughter)

HK: The next morning I reported to Dr. Lee. I said, “Dr. Lee, do you know what happened?”

And he said, “Oh, these dumb policemen.”

(Laughter)

HK: Well, I wasn't satisfied. I knew something was wrong, I double-checked with the police department. I used to call the records department to find out if anyone [who] is reported had any charges or anything. I called and asked them if a Harriet Kuwamoto (had) been charged for anything. They looked at the records and said, “No, Harriet Kuwamoto has a perfect record. There's no charge under her.”

After a while I called again, and I said, “I'm calling from the health department. I'd like to know if you have anyone by the name of Harriet Kawamoto who may have been picked up by the police for one reason or another.”

And they said, “Yes, Harriet Kawamoto was charged for speeding on King Street.”

See, what happened was the policemen reported me as Kawamoto. The blood bank reported me as Kuwamoto. They couldn't put the two together. I solved my own problem. They stamped on my card [*i.e., driver's license*] “Arrested for speeding.” I could have thrown that away and said, “Give me a new license!” I didn't do that. I said, “I'll keep this for a souvenir.”

JR: That was your encounter with the provost.

HK: Yeah, that was. And then, the interesting part was there was a Dr. Chu—George Washington Chu—who must have been an interpreter [*for the court*]. He was born in China and became an American citizen, I think, and later on came to work at the health department. Every time he (used to) see me, he (would) say, “Harriet, you were a sight when you came to the provost court with that gas mask and a patriotic uniform—red, white, and blue—standing before the judge and telling him what you did.”

JR: He was in the courtroom at the time?

HK: Yeah. He was one of the interpreters. You know, in the provost court they have all the different military dignitaries. And he later came to work at the health department as a bacteriologist. He was not an MD [*doctor of medicine*], he was a bacteriologist. But I think because of his language—they needed interpreters, because we have different nationalities here. So he always used to make fun of me. That's my experience with the provost court and the police department. And that was right in the early (years) of the war, because we had provost court and I was still doing the immunization (program) at the time.

And after the (immunization program was completed), I think I went back into the VD program. By that time the houses were (reopened, after having been closed briefly following the Pearl Harbor attack).

JR: The houses, the . . .

HK: The house of prostitution. The VD clinic was closed for a while (during the war). Only the doctors were taking care of them privately, I think. I don't know whether Palama Settlement stayed open. But anyway, we started the clinic. And I worked in the clinic until the houses were (permanently) closed in '44.

JR: Where was that clinic?

HK: At Palama Settlement. We moved (the) clinic (to) Kapahulu Health Center when Palama Settlement (medical clinic) closed [*in 1947*]. We had separate places, Kapahulu Health Center as well as Palama. And when Palama closed, we had it at Kapahulu Health Center, because that was a government clinic. Palama Settlement is unofficial health agency, and they were closing up eventually. It's really sad when you think of it. They felt that Palama Settlement was not necessary because the patients could (be transferred) to the hospital clinic [*e.g., Queen's Hospital outpatient services*]. See, that was one of the reasons why they closed the Palama Settlement and then became just a place where they took care of the other social needs. But Palama Settlement was a wonderful place, because they did complete outpatient clinic (services). (There were) baby clinics, (prenatal and postnatal clinics, and even) birth control clinics. When we were public health nursing students, we (went to the birth control clinics) as part of our experience. (We worked) with Dr. [*Muriel*] Cass, (head of the clinics). We (assisted the mothers with their) diaphragms. Older women who didn't want anymore children would come in (for birth control help). (Palama offered) birth control (services) a long, long, time (ago). We were far ahead there. And they finally had to close when Queen's Hospital established the outpatient clinic.

JR: That's about the time that Palama . . .

HK: Yeah. I think we had (clinics at) both places. I remember (being at) the clinic at Kapahulu and then going in the afternoon to the clinic (at Palama). It was more convenient for some of the patients (who lived in the area).

JR: How many people were working specifically in the VD control area?

HK: (Dr. Samuel Allison was the chief of the VD bureau. I was the VD nurse and did contact investigation as the cases were reported. We also had a male investigator, Mr. Al Fraga). (The VD clinic was staffed by a private doctor on contract), a clinic nurse, and a practical nurse. We had public health nursing students (report to the clinic) to observe as part of (their) field experience. At Palama, (there was a male orderly) who used to help the doctors in examining male patients. We never had a male attendant (at) Kapahulu Health Center clinic, because we always had male doctors. We did have one female physician, but she handled the men as well.

JR: Was this something that was set up specifically because the houses were open at this time and we needed extra precaution against venereal disease?

HK: No, because we were getting cases reported. And patients who couldn't afford, we had to have a clinic for them to come to. Even after the houses closed, we were having even military

contacts. You know, the military men would pick up girls off the streets, and they would name the contacts, so we would have them come in. And the private doctors would report their cases that they're taking care of, but the contacts had to be reported to us. And then, during the war we worked closely in the VD area with the military, because they were interested in eliminating all the bars where girls were being picked up. They called it the Disciplinary Group, and I used to be invited to those sessions so I could report to them what we had, whether any civilian cases were being picked up in this particular bar. They put them off limits.

JR: So that no military could go to this bar?

HK: Yeah. There were many places that were put off limits. Once the military put (a bar) off limits, a sentry (would be) there so no military man could (enter). And that was one way they could protect the men. Because sometimes the girls, you know, would be there to be picked up. But if the man can't go in, they would. . . . And we used to have quite a number of places that were put off limits. And as we got the rapport, working closely with them—see, some military may go to their private physician. And if we found the places are getting too many [*cases of VD reported in its patrons*], we would speak up and suggest that this may be a good place to be put off limits too. And that's why I was asked to attend their meetings from time to time. And all the military dignitaries from the different branches would be there. And they would ask me questions as to what I knew, because I was in the VD area, yeah? And they were more interested in the control of VD program. And some of our street girls were very, very promiscuous.

JR: Now, are these prostitutes you're talking about or just . . .

HK: Street girls, mostly. I don't think (the military) ever put any house off limits, because the (madames) cooperated so well. (If a) military man (had contact with) someone (he) didn't quite know, except how she looked, (the madame would refer) several of them (to the doctor).

JR: Now, how would that work? What was your contact?

HK: With the houses?

JR: Yeah.

HK: Oh, I would call the madame (and let her know that one of her girls was named as a contact with no name). (The source would) give (the prostitute's) description—blonde, brunette, short, (and so forth). Most of (the girls) were Caucasians.

JR: The prostitutes.

HK: Yeah. The madames were very (cooperative).

JR: You would call the madame, and she would say, "Oh, it must be so-and-so."

HK: That's right, the night they worked and so on.

JR: Yeah. And then they would either be sent to you . . .

HK: Yeah, they can come to us if they wanted, (or they could) go to their private physician. But they (were) not allowed to work.

JR: If they came to you and they had VD, then they wouldn't be allowed to work.

HK: Yeah. Well, we (didn't) treat them. They'd go to their private physician. See, if a person was named as a contact for gonorrhea, for example, they would have to have three smears and cultures. So they could not work for five days, because cultures took two days. On the fifth day, when the third culture came back and it's all clear, then they would be allowed to go to work. And if it's syphilis, it's a different story, depending on what the stage of the disease is, because it would take a longer period. Of course, if the boys develop primary syphilis, then the girl must have it. And if she (is) examined and everything (is) negative, then she would not be the source of the young man who has the infection. (As I recall), we never had (infectious) syphilis among the prostitutes. It's mostly gonorrhea that they were (named as contact).

JR: You mentioned that you knew the different madames.

HK: Yeah. We learned who they (were by calling the houses). When I (did contact follow-up on prostitutes, I communicated only with the madames, because they controlled the girls).

JR: So you might know their first and last name, or was it more an informal kind of . . .

HK: Informal. I never tried to learn who they are, at least. And when I asked for the madame, then they would come to the phone (and announce themselves).

JR: Is that what you would call them?

HK: Yeah, they are madames. And some of them, I remember, sent us a big box of candy on certain occasions.

(Laughter)

HK: I would say they were aware that they were being closely supervised, and it's to their advantage to have the girls examined (regularly on their own). Because every time they're named, the poor girls (couldn't) work, and they'd be short of girls, I suppose.

JR: Now, you mentioned most of the prostitutes themselves were *Haoles*. What about the madames? What were they?

HK: Yeah, madames were all *Haoles* too. We had two types of houses here. Most of them were run by *Haole* madames and [featured] *Haole* girls. The local (houses were run by local people). (They were) not run too well. (They) had local girls (of different nationalities). They would be visited by mostly local people, particularly the Filipinos. And we knew which ones were local (and which ones were controlled). The regular houses (were) registered (with) the police department—oh, I didn't mention. (When new prostitutes arrived from the Mainland), they had to go to the police department and (be) fingerprinted and photographed before they can register at the house of prostitution. Then they had to have three (days of) examinations (for gonorrhea)

and Wassermann tests—examination for syphilis—at Palama Settlement. They would come in three days, and then on the fifth day—if they're negative—we would let the madame know that she had now completed her examination and (was considered free of gonorrhea and syphilis). A photograph (of the prostitute was kept at) the police department, (and) they were (closely) supervised.

Now, with the local ones, I don't think they were registered with the police department, even though they were a known house of prostitution. It was (for) local people. Very rarely did the military go to those places. (Local men visiting the *Haole*-run houses would have to enter) from the back [*of the house*]. When I (made a visit to one of) the houses (at the request of a) private doctor, (I discovered this).

JR: Can I just get you to stop for a second, and we'll start with that story. I just have to turn the tape.

JR: You were about to tell me about visiting one of the houses.

HK: Oh yes. A private doctor asked me to visit this prostitute. I think she was ill for one reason or another. And when I got to the front door, they had this little opening . . .

JR: A small thing. It's like a window?

HK: Window. I don't know whether I rang the bell or what. Anyway, this women came (to the window). I said, "I'm Miss Kuwamoto, public health nurse. Dr. so-and-so sent me here to visit with so-and-so." I had the first name. And so she opened the door. And, of course, when I walked in, there's a big lobby. The girls parading here and there, and Filipino men (coming in) from the back (door). And she took me to the room where the girl was, so I did my business. I took her temperature and talked with her. And I don't think she had anything that I could see. He thought maybe she might be developing some symptoms of secondary syphilis, I think. But I didn't notice anything. That was my first visit to the house of prostitution.

JR: Where was that located?

HK: I think it was on Fort Street, if I remember. It's quite changed now. We used to have a Princess Theater nearby. I even forgot the name of the house. I had to go up the steps in the front.

JR: It was on the second floor?

HK: Yeah. I don't know what was on the lower floor, but I had to climb up the . . .

JR: Could you tell that it was a house from the outside?

HK: Oh yeah.

JR: Was there a sign or something?

HK: Oh no, no. There was no sign at all. The houses are known to the men.

JR: You just had a street address or something?

HK: Yes. And usually (there was a) pro station nearby.

JR: Prophylactic?

HK: Prophylactic station. Because the men, I think, were instructed [*that*] after they visit the house of prostitution they should go to the pro station and be cleansed. I don't know just what (was) instilled in the genital area. (This was a good preventive measure for contracting VD.)

JR: Oh. They don't go there beforehand to pick up some sort of prophylactic, they go there afterwards?

HK: I think it was after. It was a pro station where (the men went after their contact with the prostitute). I don't (think) they (went there) ahead of time.

JR: But the "pro" meant prophylactic.

HK: Yeah, prophylactic. That would be ahead, but I always thought that they went afterwards to be sure.

JR: Well, maybe . . .

HK: It could be both ways.

JR: Maybe there was a couple different . . .

HK: I don't know how many of the men did go, but (there were) several pro stations (in) the city.

JR: Now, would there be a sign for that?

HK: Yeah, I think, so that the men would know where to go. As a rule, I think the madames tried to keep (their girls) as clean as possible. It's to their advantage. If a man (acquired) the infection from (a prostitute) and (he) couldn't identify (her), several girls (fitting the description) may be off work. The madames were very careful (about the girls being examined regularly) by their private doctors. Some girls (were) never named.

JR: Never in their career?

HK: Named as contact, yeah, because they were so careful about themselves. And many of them are very intelligent, educated women. And this was one way in which they felt they could earn money fast and get out of it. So they would be very careful themselves.

JR: From what I understand they made a lot of money.

HK: Yeah, yeah. Quite a bit. They (would be with the men) such a short period of time. The madames would knock at the door, "Time's up." And they would get up.

I used to be criticized for objecting to prostitution. I (used to say), “I do not object to prostitution. That's your business. But I am against anyone infecting (another person). I'm more for health. If you want to run your house of prostitution, (there should be) a health station right (at) the house of prostitution. Have each man examined to be sure he's free of infection (before and after the act). And the girl (should be) examined after each intercourse, so that she would be free (of infection).” Then they wouldn't make any money, because they'd be (spending their time on the examination table). “I'm not opposed to prostitution, I'm only interested in the health of the people who (visit the) houses.”

JR: In your encounters with any of the prostitutes or with conversations with the madames, did you ever talk shop, so to speak? I mean . . .

HK: Yeah. (I would talk about the role of the madame in keeping the girls infection free.) The madames (were) very careful in seeing that the girls are regularly examined. The girls themselves (would) examine the men. (If they found any suspicious signs, the men were rejected). (The madame) would call us and say, “We had a customer who was discharging, and we got his military number, where he is (stationed).” We would (give) the military (VD section the) information and have (the man) followed. We never (received the results), but at least we (felt) that the (madames were cooperating in the VD control program). I (felt) that if they understood (that we were not) trying to penalize them, but make (the contact free from infection). . . .

JR: It sounds like you're talking about two distinct groups of people. You have these *Haole*, Mainland prostitutes, and you have the military. I mean, what was the effect on the local civilian community? Were you seeing any of those people?

HK: You mean locals who (were) infected?

JR: Yeah. You had a clinic at Kapahulu, right? And we're talking now about . . .

HK: Yeah. (VD was a reportable disease, so all infected cases were reported to the VD branch. Our responsibility was to be certain that the infected patients were under medical care, privately or at Kapahulu or Palama VD clinics. Contact investigation was an important function of the VD branch. Street walkers were a problem until we learned who they were and where they hung around to be picked up by the men. We worked with the owners of the bars that the street walkers frequented. The owners were very cooperative in assisting us in identifying those we were trying to locate. Dance hall girls were often named as contacts, so I arranged with the owner of a Hotel Street dance hall to carry on VD education with both the girls and the customers. I timed it before the dancing started so I could talk to them.)

JR: You'd get up there and give a little speech or something?

HK: Yeah, I talked to them about venereal disease. And if I had a chance to show them a film (on) venereal disease, (I would) show them (and) ask if they had questions. (They were a rather unresponsive group, but at least I was trying). (I also) worked (with) the plantation personnel office (to go to the Filipino camps—to educate the men about syphilis and gonorrhea through films and talks, so they would be more cooperative in providing us the identity of their contact). (They were often very reluctant in revealing adequate information on contacts.) We wanted

them to learn to get the name (or description) of the person they had contact with, so we (could do an effective contact investigation), not give us all the different song and dance about, “I don't know.”

JR: Was that a common response?

HK: Yeah. Because they just don't want to get involved. We tried explaining to them, “You're helping the girl by giving us the name or telling (her). Instead of you going (to her) yourself, we'll do it. She won't know who reported (her), because she must have many others.” We tried to educate them, but it (was) kind of difficult with some of the older men. Dance hall was one (of the) places we thought that they could pick up. But most of the girls who are in the dance hall, they're there for money too. I know some students who went there. Because the dances are so short—five minutes—and they had to pay so much. (Laughs)

JR: For the privilege of dancing.

HK: Yeah. They called it the taxi dancing. And I've also been to the O`ahu prison to educate the convicts there. We (received) requests from the prison to do VD education, so I would take the film and talk to them. I would get all kinds of questions from them. I remember once, one of the men says, “Have you had intercourse yourself?”

I said, “I'm not married yet.”

(Laughter)

HK: I said, “I'm still single. I'm not married.” That (took) care of it. But most of them were interested, and they don't make too much about it. It's a good way of educating the people that if they should be infected, they must really. . . . The reporting is not to be malicious or anything, but to help the other people, the other person who may not know.

JR: Was it kept confidential?

HK; Oh yes, everything we (did) was very confidential. But in VD (infection) there is always a third person. Even if we try to keep (it) confidential, the third person (may become known).

JR: It's you, the person that you're seeing, and then this third party?

HK: Someone gave it to this person first, and then this person gave it to the third person. Two people (are) involved (in our investigation), and then there's someone who gave it to (the contact we are working on).

JR: Oh, I see what you're saying.

HK: It's confidential. I don't know whether you'd be interested in knowing this school case. I was asked by a private doctor (to conduct contact investigation for) a young patient, about fourteen years old (and a student at) a private school. (He had a) penile lesion—primary syphilis. (In the) early (days) of the war, all VD cases were hospitalized. This young boy was admitted to Queen's Hospital (isolation unit). (I met his parents at Queen's Hospital, introduced myself, and

explained the reason for my visit.) They knew he had syphilis, early syphilis, and (were concerned). The parents said, "If you find out who the person is, would you let us know?"

I said, "That is very confidential. It would be up to the doctor."

I went in and talked to (the boy). (As I interviewed him, he continued to deny any) intercourse with anyone.

(His) doctor (had) told me just where the lesion was on his penis, so I told him that I knew where he had the lesion. "I'm going to tell you the way I think you caught the disease." I said, "I think what you did was to play with another young man or boy, or whoever it (was), and that's why you have the lesion there." And he thought and thought. I said, "You know, I'm not going to tell your father how you got it. I told your father this is all confidential, so you don't have to worry. Everything is confidential." Finally he told me the name of a young fellow with whom he had contact. And so I said, "I'm just going to let the doctor know that I talked to you and you (gave) me the name of the person, where I could reach him, but nobody else will know." When I came [out] the parents wanted to know, and I don't know whether I lied or what I did.

(Laughter)

HK: Anyway, the parents didn't question me too much, because I had already told them everything was confidential. And then I started (the contact investigation). His boyfriend, (the possible source of his infection), was about fifteen, I think. He lived in a plantation, so I called the plantation nurse and asked her if she by chance knew a young boy by this name in the plantation. And she said, "Oh yes."

I said, "Could you ask the young man to call me?"

She said, "Oh yes, I can have him." She knew I was a nurse, but she didn't know what the purpose of my (call) was.

He called me, so I said, "Do you think you can come and see me at Kapahulu? Do you have any bus fare?"

And he said, "Yeah, I got bus fare." He was in `Aiea, and he came to Kapahulu Health Center.

When he came (to Kapahulu Health Center) it was after four o'clock. Most of the (workers) were gone, but I waited for him. And the doctor was waiting for him too. When he came in, we said, "You know, we have to examine you. Is that all right?" He was very willing. We didn't take any blood tests, because as a minor we couldn't inject (or) take a blood test. But I said, "Could you lower your trousers for the doctor so he can examine you?" And he was very cooperative. And when we saw him, I had never seen anything like it. He had what we call a condylomata in the rectal area, the most infectious syphilis, secondary syphilis. The doctor (used an) applicator (to get) serum (from the lesion), (placed) it on the glass slide, and examined (it) for the spirochetes. Lo and behold, full spirochetes.

The doctor (said), since he was a plantation (case), "We better take him to the plantation

hospital.” (Dr. Gordon contacted the plantation physician and informed him of the findings and arranged for his hospitalization.)

I said, “(Your) doctor wants you to (be admitted) to `Aiea hospital [*i. e.*, *Honolulu Plantation Company Hospital in `Aiea*], and (he) will take care of you there.” (I transported him in my 1929 DeSoto coupe) from Kapahulu all the way to `Aiea. When we (reached the hospital), he was admitted for immediate treatment.

While I was (driving him to the hospital), I talked to him about all his friends and so on. And then he told me there was an old man who he had been with. And so after (he was admitted) to the plantation hospital and (seen by the doctor, I left). We let the plantation (notify his mother, and) I went to the plantation camp looking for this old man. And they said, “Oh, he's working today,” so I didn't see him. And all the other men seeing me—I (was wearing) a dress (instead of) my uniform—they must have thought a prostitute had come . . .

(Laughter)

HK: Because they were all rounding up. I said, “I'm Miss Kuwamoto, public health nurse. I'm looking . . . ”

(Laughter)

HK: Let them know I'm not a prostitute coming into the . . .

(Laughter)

HK: Because whenever a female walks in, you know, they think . . . Well anyway, after (the patient) had this intensive treatment he came back to (Kapahulu Health Center for further contact investigation). In the meantime, his mother learned about (his infection). The (mother) was so helpful (and understanding), not at all resentful or anything. He was such a nice kid. He used to come in (to Kapahulu to) talk to me about the contacts he's had. And until he named this young boy, his contact investigation was not over. So I kept asking him and having him come back.

JR: That's how you knew of him. You had to like reconfirm, sort of.

HK: Yeah. See, until (the contact) gives us the name of the source, we're not finished (with the investigation). But oh, the (men) he had contact with.

JR: It was a fifteen year old?

HK: He was fifteen or sixteen. (His contacts were) servicemen—(both in the army and in the navy)—and his cousin. I made a chart of (this) case. (It) was very interesting. His cousin reported to our (VD) clinic (and was found to have) primary (syphilis). He had had a relationship (with the cousin) just about two (or three) weeks (before). (His Wassermann test was negative, but the lesion was positive for spirochetes.)

JR: Was there much incidence of—I mean, to your knowledge—of it being spread through

homosexual encounters?

HK: Yeah, we had quite a number of homosexuals (named as contacts), even (from) the military. He was such a nice kid and willing, (the men must have taken) advantage of him. We didn't process any criminal (action, even though the source case was a minor). (That) was not our business. We were (only) interested in the disease (aspect). (Most of the contacts named appeared to have been) homosexual. From (the same all-male) private school, we had another boy (about sixteen years old who reported to Kapahulu VD clinic with symptoms of gonorrhea). (He was diagnosed as a gonorrhea case). (He was a homosexual), and I said to him, "Does your mother know that you are homosexual and carrying on?"

He said, "Oh yes. My mother knows all about it."

And once the mother called me up, and I asked her about it. And she said, "Oh yes, my son is very good about telling me all what he does." And she appreciated that we were being so careful with him and taking care of him. So I thought, gee, it's wonderful that the youngster could talk to the parents. There's a good relationship. And that's why I always say, if the parent and the children have a good relationship, they can help one another. Because you can't correct him from being homosexual, even though someone said you can become a brother or a priest.

JR: Were there homosexual prostitutes that you were aware of?

HK: No. I learned a great deal just working (with the known homosexuals). When I was at the University of Pennsylvania, I took a course (in mental health nursing) from a psychiatrist, and (she discussed) homosexuality. She was so understanding of their sexual behavior. At that time—in '38, '39—she said there were gay bars and gay places where these people could go and just be themselves, and that it's none of anyone's business to meddle into their (behavior) as long as they were not hurting anyone. And so when I came back and met with some of the (homosexuals), I used to try to learn from them what problems they were having. They were very free in explaining to me what they (were going) through. And I even learned from one of them that he had been through a wedding.

JR: He was married to a . . .

HK: (To) another homosexual, yeah. And he (would) say, "I wore a wedding veil and (marched down the aisle)." It was an education for me. They were so willing to talk to me, because I wanted to learn, not to ridicule them (about their homosexuality) or anything.

And sometimes when (an infected male was referred to us for contact investigation, he would) give me all kinds of information about the girl. I (would say), "It's going to be difficult for me to find this person, but I'll try."

And (he knew that he had) been lying to me. So after (he left the clinic office, he would) come back and say, "Please throw away all what I gave you. I didn't give you the right information. My true contact is so-and-so." And so if (one) accepts whatever (he's) telling you and believes (him, he) would come out with the truth. And then (he) would tell me where to pick up the person or how to contact the person and so on, so we can complete our contact investigation.

The work was made easy (if the infected person understood the confidential nature of our follow-up). And even if the contact is on the Mainland, we ask them, “How should this be followed? Can you guide us? What would be the best procedure?” Even though we may be violating the regulation of that state, in that way we are protecting the (contact). They appreciated the fact that we were so careful in letting (the contact) know. But with the police officers, you can never talk to them about homosexuals. They are so against it.

JR: You also had contact with the police department?

HK: No. Sometimes they get involved. They hear about it somehow. I don't know how they could've, but sometimes some third party may talk. Usually the police officers are very anti-homosexuals, so I would never let (a police officer) know anything. (I also observed that the military were very anti-homosexual. When a military man named a homosexual contact, their follow-up worker sure kept track of the referral. I was always happy to give a negative follow-up, which meant that the contact was not infected.)

JR: From your conversations, did you find out that there were gay bars and things like that in Honolulu at that time?

HK: No, no, not here. I would mention about it, but most of them didn't talk about it. I had (volunteered) at the community theater (in costume construction), and there (were) lots of gay people (there). They're so artistic and such (talented) people. I (would learn) from other people that he is gay (and so forth). (I admired) their artistic ability. That way you don't get obsessed about what they are, you just think of them as a person. I think it's very important for us to accept everyone for what they are and (work with) them, because no one wants to be changed. And when I hear some of these radio people—especially the religious fanatics—it's really awful. And I was so glad that I took this course from Dr. Anderson, who was so acceptant of these people, that we are all individuals.

JR: This is the psychologist [*at the University of Pennsylvania*]?

HK: Psychiatrist. And she was such a beautiful woman, (lecturing weekly for) a whole semester. All these (individuals I worked with), when I think of it, it's really interesting how we can help them, they help us.

JR: Yeah, yeah. One thing that strikes me about you is that you obviously have a lot of get-up-and-go. I mean, to go to a dance hall and stand up there and lecture everybody on venereal diseases . . .

HK: (Laughs) I think they're students. Of course, I used to be so afraid of the Filipinos that they might knife me. But I'm a brave, go up there and talk as though I'm in front of a classroom. “And now I'm going to show you a film on . . .”

(Laughter)

JR: Prior to this you really hadn't had any contact with Filipino people that much? I mean, growing up . . .

HK: No, not until the two months in Hilo. That was the first time. I had to look for a TB contact. I drove in this plantation camp, and they were all standing around. (I saw so many of them), I thought, oh no, what am I going to do over here? I had to show a brave front and say, “I am looking for”—in my good English—“so-and-so-and-so.”

They say, “Oh, he no stop here.” Or he's someplace else. And most of them, whenever they see a woman, they think we're prostitutes.

JR: It's only men there.

HK: Yeah, only men. And only the women [*i.e.*, *prostitutes*] go (to the camps). When I went to Lahaina for an educational program there, the girls used to come on the plane certain times of the month, payday.

JR: Prostitutes.

HK: Yeah, prostitutes. And you see them at the airport. You know, I may get on the same plane with them.

(Laughter)

HK: A nurse whom I met in Boston came to Hawai`i to work. She was assigned to Kaua`i public health nursing. (As) she was driving in (her) car, the men would hail her, and she thought, oh, what a friendly place. She found out that the car she was driving belonged to a prostitute (previously).

(Laughter)

HK: And so she said, “No wonder. They think I'm one of the prostitutes.”

JR: But they must have dressed differently than a public health nurse would have dressed.

HK: Yeah, but they don't know the difference as long as they're blonde *Haole*.

JR: What about you when you went there? You said they were . . .

HK: Yeah. Well, they must have had some Japanese prostitutes, or it's just my reaction, you know.

JR: I wanted to ask you, you mentioned that you went up to a brothel when you were working during the war. What did it look like on the inside?

HK: Well, there's a big lobby where the people (were) sitting. And (there were single) rooms, so you don't see (the prostitutes). (The madame seemed to be controlling the traffic.) And another one that I (visited), it was right on Hotel Street. I wanted to talk to the madame, (but I don't recall the reason). (When I arrived), she was sitting with the menfolks.

JR: On a couch?

HK: No, a bench. And (the men) were waiting, I think, for the rooms (to be vacated). She was one of my worst madames.

JR: How so?

HK: She was very belligerent, thought I was interfering. So I had to constantly educate her that I don't care whether she ran a house of prostitutes, but I wanted to make sure that the men did not get infected. But she was the only one that I remember. The other (madames) were really gentle women. Did I mention to you about the time there was a strike in one house of prostitution?

JR: The house went on strike?

HK: Yeah. The prostitutes went on strike, so the house was closed. And we had a contact (naming a prostitute) from that house. And I could not (reach) the madame [by phone], so I (made) a home visit. The front was locked. The liquor store next door was open, so I said, "What happened to this house?"

"They're all on strike." He said, "Maybe you go upstairs, from the back."

So I went upstairs—three flights, in the back. This was on Frog Lane or some dinky place. (When I reached the top, I) knocked at the door—nobody answered. When I turned around, two men were following me, one Filipino, one Japanese. I said, "I'm a public health nurse looking for the girls who work here." And the man (who) understood me, the Japanese, (walked away). But the other one didn't quite understand (me), so he was looking at me. (I explained again, and then I walked down the steps.)

(Laughter)

JR: He thought you were . . .

HK: I was one of the girls who came to work.

JR: Do you know why that particular house went on strike?

HK: I don't know whether money situation or what. I don't know what was the trouble was. When we (had) a contact (report) from the military, we (followed up on the report quickly). (When I couldn't reach the madame by phone, I had to make a visit to the house. Then I had to make a report to the military explaining the delay in follow-up.)

JR: Was there a doctor from the military that you would often be talking with?

HK: No, they (were) military corpsmen assigned to do VD work. They (worked under the supervision of doctors). We got to know who they were, so we could contact them (when) we needed more information (regarding a contact). Yeah, we worked with many military assigned in the (different) dispensaries where (the servicemen reported for care). We also worked with the medical officer. We had a Black doctor, Dr. Walton, who worked with the Black—see, in those days, in the early days, the men were segregated (by color), Blacks and Whites. And he

was with the Black enlisted men (in the navy).

(We worked closely with the VD control officers of the military, and from time to time we had joint conferences at Kapahulu Health Center.) We got to know (the military workers personally). We even (had) social functions (for) them. We (had) parties at Kapahulu Health Center and invited all the VD (workers) in the military—navy and army. And I remember inviting them into my home so that we could get to know them socially. So there was a good relationship (among all of us).

(During the war, the nurses' association entertained medical corpsmen of the navy and army at the Mabel Smyth Building frequently. Some nurses invited them to functions in the city or to their homes. I recall picking up the medical corps servicemen who were hitchhiking as I was on my visits to rural areas. A Red Cross emblem identified them as medical corpsmen. On one occasion, I picked up two men, one of whom had worked at St. Luke's Hospital in San Francisco in the morgue. I took one navy corpsman to Kamehameha Schools to a festive function which he enjoyed very much. He came to our house when he was promoted and was preparing to leave Hawai`i. My sister on the Mainland would refer servicemen of families she knew to call on us, so we were able to entertain them. I remember driving one home to his barracks in the middle of the night under blackout conditions.)

JR: I remember last time I was talking to you, you mentioned that they had tried to invite you to some of their places, but because you are of Japanese ancestry you couldn't go.

HK: Yeah, especially the navy. This navy medical man had invited Dr. Allison and myself to their station in the navy. And we never got the invitation, so one day I said, "Oh, this doctor forgot us," or something to that effect. They finally told me (that) he had told Dr. Allison that he was sorry but he could not invite me up there, so he could not follow through with the invitation. (It was) because I'm (of) Japanese (ancestry). He was not aware of (the restriction) when he invited (us). People (who came) from the Mainland (didn't know). That's okay. We don't worry about that.

JR: I had a note here that you did get to go on a base once to do a . . .

HK: Oh yes, Wassermann survey. That was in the army. I think it was at Hickam Field. I passed through because they never asked me if I was Japanese. (Laughs) Because I didn't have a pass on my car—that was my old crate again. As long as you don't have a military (car) pass to go into the military area, you cannot (drive the car) in. So what I had to do was to have them bring the jeep, transfer all my equipment that I had to take the blood—my sterilizer and the tubes and what have you. They put it on the jeep, and I went along with them. The car was more important than the body that was driving the car.

I was there all day. And we (had) asked the military men, technicians, to draw the blood for us, because they were there. (There were others who did clerical work for us.) Many of them were medical corpsmen. I (served as) sort of an overseer (and took) all the blood back (to the health department to) find out how many of them had positive (results). (A person who tested positive was notified) by phone (or letter). The military never got the (results of the tests) because (the people involved were) civilians. And we arranged for them to have a repeat (test) done (at Kapahulu Health Center before referring them to their attending physician).

We also did Wassermann survey in the high school here. You know, people said, oh, parents wouldn't agree to it. The school principal said, "Yes, we would like to participate." McKinley High School did, Kamehameha School did, I don't know what other school. They sent a notice to the parents saying that they were going to do a Wassermann test, would they give permission? And it wasn't the entire school, I think certain grades. And we got quite a number who participated. Those who were positive, the parents were notified—because they were all school age—and followed through with repeat to be sure. And those who were found in school age were mostly congenital. So if they came to our clinic then we would follow the parents to be sure that they are okay.

Selective Service also (did a Wassermann test as part of the induction exam). All of (the people who tested) positive were referred to (the health department's VD clinic for further follow-up). (Many of those found positive in school or Selective Service surveys had congenital syphilis. This required follow-up of the family members.)

I am one of those who always feel that if you do it properly, you don't have objection. Nowadays they always talk about parents won't participate. You hear that don't you?

JR: Yeah.

HK: Yeah. Even now I hear it, and I say, "Oh my gosh."

JR: Well, almost through with the tape, this side of the tape.

END OF INTERVIEW