

ORAL HISTORY INTERVIEW

with

Harriet Kuwamoto (HK)

April 8, 1992

Honolulu, O`ahu

BY: Joe Rossi (JR)

JR: This is a continuation of an interview with Harriet Kuwamoto in her Kaimuki home on April 8, 1992. The interview is Joe Rossi.

Miss Kuwamoto, when we last met I forgot to ask you about something you had mentioned in an earlier meeting, and that was the emergency first-aid classes that you taught before the war. Could you tell me a little bit about that please?

HK: Yes. The community had established units throughout the city where (we) could educate the people in first aid. We were asked to volunteer our services. I volunteered at St. Patrick's School (unit with) another public health nurse. We had set the date and (taught) whoever came. This was (part of the civil defense program). (We met) regularly until the day of the blitz. And what happened [*on the morning of the Pearl Harbor attack*] was, because I was employed [*by*] the health department, I was called (to report to) the health department. (Therefore I) could not (report) to the first-aid station. It was unfortunate that (we) didn't prepare for (it better). We didn't think that (there was going to be war and we would) be called.

The other nurse was also unable to be at the station because she was an alien. In those days, no Asiatic alien could become naturalized, even though she was working as a public health nurse (at Palama Settlement). She came here from Korea as an infant. She went through (Ka`ahumanu) School. (Then) she was going to normal school, but instead (she) went to Queen's Hospital and became a nurse. All aliens (were ordered) to stay at home. So here we were (having) trained the people, and (on the crucial day) we couldn't be there. However, there were other nurses in (our area who) were called to (take over the first)-aid station.

JR: How large of a group did you have on Sundays?

HK: No, (the classes were held during the week) in the evenings, as I recall.

JR: Oh.

HK: The volunteer work, I can't remember just how many people we had. It wasn't too big a group. But I don't know exactly what we called that group. It was for first aid. (First-aid classes were set up for nurses at the) Mabel Smyth Building. (The classes were taught by Dr. Marie Faus.

She taught both the beginners and advanced first-aid courses. These classes were well attended, because I think it was sponsored by the nurses' association.)

JR: Now, they had these classes, like you said [*on a previous occasion*], in preparation for some catastrophe . . .

HK: Yes.

JR: . . . some emergency situation. Can you remember whether there was a sense on your part that war or something like war was going to be coming along?

HK: No, as far as I know. It was just to prepare the community for first aid (as part of our civil defense program). The doctors themselves were the ones who originated (these classes). I don't know why it was. It was something we felt we should all be doing, teaching the community first aid. I can't recall exactly why we were doing it. And I remember, after we finished (the first two first-aid courses), we were all invited to Dr. Faus' home. She had a beautiful home in Portlock area, built without nails. It's a Japanese home built with (lumber) brought in from Japan, and she (also) brought in three carpenters from Japan to build (the) home. It's still there.

JR: Oh yeah?

HK: Yeah, in Portlock. And when she invited us there, I remember we had to (remove) our shoes. It's a Japanese home with the *tatami*. The thing that amused us (was) the bathroom, (it was built in) a Japanese style. They had the toilets (covered with a) wooden (seat) on top so it looked like a . . .

JR: This is a *Haole* doctor?

HK: Yes, Dr. Marie Faus, and her husband was also a doctor, Dr. Robert Faus. They're both gone now. They were very community-minded and did a lot of community work. And she was one of the leaders in first-aid teaching.

JR: Was it common back then to encounter a female doctor?

HK: Not that many. At that time, we didn't have too many female doctors. (They) had two or three children, and none of them became doctors, as far as I (remember).

JR: Another thing that I've been meaning to ask you and haven't got around to asking was about your family and how the war affected your parents.

HK: Well, my father was gone. He passed away in 193[6]. Of course, it made it difficult for my mother because she was an alien. She was the only one in our family who was an alien. She couldn't go out. She never went out (anyway). She was a homebound person, hated to go out.

(I experienced one encounter.) I had saved some money and bought a nice (secondhand radio and record player, with records). You see that case in the back? (I bought this from) a French woman (and) brought (it) home. (The radio) had a shortwave, (which had to be removed after

the Pearl Harbor attack because my mother, an alien, lived with us). (This was a military order. After the war, I called the signal corps to reclaim my shortwave equipment, but never got it back.)

JR: You never got reimbursed or anything?

HK: No. Because they just took everybody's shortwave and (must have) just dumped it someplace.

JR: Now, did they come on the premises here and inspect to see that you didn't have a shortwave? Is that how it worked?

HK: No, I think they announced anyone with shortwave with an alien (in the home), we must remove it. Of course, we responded (by letting the military know, and someone came and removed it). That's an experience where military say, "You do this, you do that," you do it.

JR: Yeah, especially back then.

HK: Yeah, when you have an alien.

JR: Was there any fear on your part that she would be interned or anything like that?

HK: No, because my mother was never involved in any Japanese (activity). We did have a friend (Mr. Shibata) at the [*Japanese*] consulate. His father and my father were friends (in Japan). When he came here—this was before the war—he used to visit my father often. (He and his family were) transferred to Singapore (before the war). (When I returned home from San Francisco in 1932, my mother sent me to the Japanese consulate to meet them and thank them for their kindness. They had given us a set of wicker furniture for our new home that was built in 1931. He used to be driven by a chauffeur to our home on his visits.)

My second brother (remained) in Japan (after my father brought my mother to Hawai`i). He came here when he was in his, I think, early twenties. While he was in Japan, he was adopted by another family (without) my father's (knowledge). He was not welcomed by my father, (since) he carried the adopted parents' name. Well anyway, because of his background in Japanese, he became very active with the Japanese[*-language*] school. He (served as a member of the) board of directors and (even as president). Because of his contact with the Japanese school, he was called in by FBI quite frequently. But he was never interned. (We were told that) the FBI had plenty of information about (our) family (on file). He was taken in so many times. I don't think they found enough for him to be interned, because he was just doing what any parent would do with (children) in a Japanese[*-language*] school. He was never interned, but he said he was called many times going over the same thing over and over.

JR: Do you know how that worked? Would he get a phone call saying, "We'd like you to come in for an interview?"

HK: I don't know how (he was called). My sister was married to a Maui (man whose) father was a principal of Japanese school. On the day of the blitz, he was picked up (that night and taken away from home and eventually) sent to the Mainland to the relocation camp. His wife was not (interned), just the father. (He was my sister's) father-in-law. That was on Maui, so we didn't

know too much about it. But my sister was affected quite a bit, because she was living in their home and (had given birth to her) first daughter (and their) first grandchild.

JR: While he was away?

HK: No, just (a few months) before.

JR: Oh.

HK: I think her birthday (was) a few months before the blitz.

JR: When someone was interned like that, did you know that they were sent to a relocation camp and this kind of thing, or did they just vanish?

HK: No, no. We knew that they were picked up and sent (somewhere). (Japanese schools were closed immediately, and many of the principals and teachers were interned. Many Buddhist priests from Japan were also interned and removed to relocation camps on the Mainland.)

JR: What did you think of something like that?

HK: Well, (I) just accepted (it). I was more upset when we were discriminated when I (was preparing) to go to the Mainland. I was not registered at birth, because (I was) delivered by a midwife. So eventually when I (was) first going to the Mainland in 1928, I had to get a birth certificate, Hawaiian certificate of birth. (Telephone rings.) Excuse me.

(Taping stops, then resumes.)

HK: About my birth certificate, any Asiatic person—Japanese, Chinese, (and Koreans). (Even though I had a Hawaiian certificate of birth verifying that I was born in Hawai`i, before I could buy a ticket to travel, I) had to go to the immigration station (and verify that I was born in Hawai`i, with two witnesses). (I was fortunate to have Mrs. Scott, wife of Kona School principal when I was a born, as one of the witnesses. She and Mr. Scott knew my parents and family had lived in Kona quite some time and that I was born in Kona. My other witness was a Japanese family friend who knew us well. When we arrived at the immigration station and registered, Mrs. Scott said that she wanted to give the interviewer any information she needed so she could then leave.) And so, they took care of her. She said, yes, she knows the family and all the things that they needed to know. She was allowed to go. We spent the rest of the day before they (interviewed) the other witness. It showed the discrimination.

JR: Yeah.

HK: And I used to get so annoyed with this kind of thing. It bothered me at the time. Because here was a White woman who was our witness, she (speaks and) she's allowed to go. And because the other witness was Japanese, we had to stay there all day long. That was one of the thing, it just irked me to no end, the discrimination. And the person who was at the immigration station was (an) Oriental herself. This is the kind of (situation) that used to happen. They just took their sweet time, even though we were there (early). (Situations like this) bothered me more than anything else. (This was a more personal thing with me.) The war didn't bother me. [*The*

war] was an emergency. We all had to work together.

(My three younger sisters) were registered properly, so (they didn't have any) trouble. And my parents, being Japanese, they arranged to have my brothers who were born in (Kona) have their births (properly registered with a) certificate. But (the two of us), the girls, (we were) neglected, Japanese-style.

(Laughter)

HK: So we had to go through all this rigmarole. When our boys came back from the war—the 442nd [*Regimental Combat Team*](and) wanted to go to the Mainland to (attend) school, they had to go to the immigration station to prove that they were born here (and that) they were United States citizen. They had been to war. That was the thing that corrected all this, to think that these boys (went) to war, (came) back, and (were) treated the way they were. (Finally the law was changed.) No (citizen) has to go through (this unnecessary procedure).

And it wasn't only Japanese (Americans), it was Chinese too. I had a friend who was married to a Caucasian [*in the*] intelligence service, and she had (already) been to the Mainland. But every time she went (to the Mainland), she had to take herself and her mother and her children [to the immigration station], because she was Chinese, (though) married to a (U.S. citizen).

JR: I understand this is only one way that people were discriminated against. Have you noticed changes over the years? I mean, this was 1928 that that happened to you.

HK: Yeah, when I was going to the Mainland. And you mean the discrimination against the . . .

JR: Yeah, yeah, exactly.

HK: Well, (before leaving for) the Mainland (in) '28, I was told by our priest (Father Donald Ottman) that there will be discrimination. He even wrote me a letter. Said, "Take this so you can read it. And remember, there will be discrimination on the Mainland, especially in California. They would be anti-Orientals, both Chinese and Japanese."

But being in the hospital, I didn't feel (discriminated against), because most of the people were Caucasians. Except (once) a patient told the supervisor that she didn't want me to (take care of her). But she did apologize before she left the hospital. That was the only experience. (Having been told that I may be discriminated against on the Mainland helped me to be prepared and accept it without retaliation.)

JR: What about when you went farther east? Was California still---how did . . .

HK: No. (On) the second trip, (I left Honolulu on a Canadian ship). (There were six of us—four Chinese and two Japanese. Most of the passengers were Caucasians from Down Under. We had a wonderful time with the passengers. We landed in Vancouver and found the Canadian people very friendly. We traveled on the Canadian Pacific train through Banff National Park. We all felt very comfortable with the people we met on the train and the hotels we stayed at.) When I (arrived in) Philadelphia, I saw the (segregation between) the Black people (and the White people)—which I thought was terrible—but not toward (me as an) Oriental. At the hospital (and) at

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the university, it was just between the Blacks and the Whites, [*as far as*] I could see.

JR: Now, where does an Asian fit in?

HK: There weren't very many Orientals there in Philadelphia when I was at the University of Pennsylvania and (at) the different (areas I worked in or visited through) Phipps Institute and VNS [*Visiting Nurses Service*]. Most of the people I visited were either White or Black. I never visited any Orientals. (My sister who traveled with me entered Philadelphia Hospital as a student nurse. I think she was the only Oriental student. She said patients were not segregated in that hospital.)

JR: But you personally, you weren't caught in the . . .

HK: No, no.

JR: . . . middle, so to speak.

HK: No, I often wondered where they're gonna put me, either Black or White.

JR: Well, where did they put you?

HK: Either place. I could go to the Black homes and the White homes, so I was lucky. I had a broad education, visiting both (types of) people. Whereas the Black nurses (at Phipps Institute did not make home visits to White families or work in) the White clinics. When (I was) at the Pennsylvania Institute for the Control of Syphilis, I was the only Oriental nurse in the class, and the rest were all White nurses. I don't remember whether they (visited) Black homes. But I (visited both) Black and White families. (The VD clinics at Phipps Institute or at Philadelphia VNS were not segregated.)

JR: After traveling around that much on the Mainland and then coming back to Hawai`i, how did Hawai`i seem to you in terms of racial relations?

HK: Well, that's one thing—I don't think I ever gave it a thought. Never looked at it from a racial standpoint, 'cause we accepted everyone as they are. I didn't feel (that) I was being (discriminated against in employment or in my professional organizations). As I said to you, when I was very young I worked as a maid, so happy to be working as a maid in a *Haole* family and learning all the things I learned. I think it helped. Being a Girl Scout, too, with (girls from different racial backgrounds, and all of us working together for the good of scouting). That helps you to take everyone as an individual, and not look at them as a Chinese, Hawaiian, or whoever (they) are.

JR: Yeah, yeah.

HK: And in our family, we never talked about racial differences or anything. My father had all kinds of (customers) coming to his blacksmith shop. Everyone was treated alike. So we never felt any different, though we did carry out our culture. (On) New Year's Day, we (called on our Japanese neighbors), as a young child, dressed in kimono. My mother taught us how to say in

Japanese, “*Akemashite. Omedeto gozaimasu.*” We would go from house to house, early in the morning, on New Year's Day. So I think when you grow up without the feeling, you never think about it.

JR: Well, I guess I was just thinking of that instance that you mentioned, the immigration thing . . .

HK: Yeah, well . . .

JR: . . . where you did feel it. And I was wondering if . . .

HK: See, that one was more, why did I have to go through all this? 'Cause my parents didn't register me, and then the way they treated this White woman. She could go home right away, and we all (had to stay) back. What's the difference? And then, having that person working at the immigration station being Oriental (too). She's treating her own kind this way, as though we're such low-grade citizens here, more than I think discrimination as such.

JR: Well, getting back to the war years now. The U.S. was at war with Japan.

HK: Yeah.

JR: Japanese Americans, especially on the Mainland, were being interned. Did that affect . . .

HK: Well, one thing I remember, shortly after the (war), people who died here, the respect the Americans gave to the dead. I think that was quite an (event). Even though (the dead) was an enemy who came here and killed many of (our) people—they attacked us—and yet the Americans respected the dead. And I remember my mother and we were talking about it, how wonderful the Americans are that they don't shove 'em in the grave. They respected the dead and had a burial. And I think that was one thing I remember. I thought how wonderful the Americans are. Even though we were attacked and all, they still respected certain things, like the dead. That was something I remember so distinctly. Among the Japanese, you know, ceremony (for the dead) is so important, and to have the people who attacked us being treated sort of royally at their death. I remember reading about it. And (I) felt (then that it) was wonderful to be an American, (the respect we showed others in time of an event such as death).

And you hear people being very anti-*[American]*. I don't know why we didn't have that feeling. We were not anti-Americans. We just accepted people as they (were) and (did) not develop the antagonistic feeling (toward others). (I worked with a few Black families in my public health nursing experience, and they were no different from others.) It's really a shame that we can't all live together (harmoniously). I suppose my mother, (who) was such a gentle person (and never critical of anyone, showed us to respect everyone).

JR: What was she doing during—was she . . .

HK: She was at home. She was a (homemaker), took care of us. (My father built a small house in this area [*Kaimuki*] on an acre of land around 1919 or 1920, and we moved here from Beretania Street. In 1931, my brother and sister built a three-bedroom house, and part of the family moved into it.)

JR: I remember you mentioned that you had some Japanese artifacts and things like that around the house before the war that were then burned or something?

HK: Yeah, it was my brother who was so fearful that if we had anything Japanese, you know, it may be against us. I remember we had a beautiful scroll which was given to (my father) by a governor of a prefecture (where) my father lived, I think. It was brought (to him) by our neighbor who went to Japan and visited this family friend of ours. I used to hang it (on the wall) in our house. And then after the war, one day I thought, oh, what happened to it? And my mother said my brother had burnt it. I said, "Oh, how foolish."

He was so fearful, I suppose. I don't know what he was afraid of, 'cause that was a gift to us. And other things that we had—like my father had fought in the Russo-Japanese War, and he had some badge or something—those were all thrown away. I don't know what (else was) discarded. (They were) valuable mementos. I don't know what he was thinking of (to throw them away).

JR: Which brother is that?

HK: My oldest (living) brother.

JR: What did he do for a living?

HK: Well, he was the one who was—see, my oldest brother, I said, was killed in a football game at the College of Hawai`i. And as a result of his death at the football game, the school (offered a) scholarship (to a member of our family). So my brother, who is the oldest of three boys, was given the scholarship. I remember Dean [*Arthur*] Keller coming to my home to tell my father that they had the scholarship, so that he could attend the university. He attended, I think, two years, but he didn't make the grade, so instead they gave him a job (in) the third year. He worked in a dairy there until he retired. (It was a) university dairy. I don't know whether they still have it.

JR: I don't recall seeing a dairy up at the university. (Chuckles)

HK: Yeah, he worked up at the dairy. I don't know what (exactly) he did. He had an accident (at work). Something fell on his foot, so it was a disability (retirement). He was almost ready to retire anyway, I think.

JR: Okay. Let's get back to your work, what you were doing. One thing that you had made reference to that I never followed up on was the facility at Kuakini [*Hospital*]. It was an isolation unit or . . .

HK: Yeah.

JR: . . . something like that?

HK: Kuakini was taken over by the military. And all of our infected patients had to be hospitalized, because penicillin (had just been released, and it was only administered at) the hospital.

(Patients) were isolated at Kuakini Hospital. It was (taken over and) run by the military, so it was safe. (There were guards stationed at the hospital, as I recall.)

JR: These [*patients*] would be civilians?

HK: Yeah, our civilians. That was not for military. Kuakini originally was (called) Japanese [*Charity*] Hospital, and then it became Kuakini Hospital [*in 1942*]. They had a board of directors (made up of local citizens). However, when war (was declared), the military took over the hospital, (even though it) was for the civilians. (There was) Tripler [*General Hospital*] (for the military). (Local) doctors practiced there [*i.e., at Kuakini Hospital*], but (were) under the supervision of the military—medical corps, medical staff, I imagine.

JR: So if someone was getting treated with penicillin, they would be kept there?

HK: Yeah, until they were considered free of infection, cured. And then . . .

JR: That would be even the prostitutes.

HK: Yeah. Prostitutes or non-prostitutes, anyone who had infection at the time. And I remember---I think I mentioned that I was subpoenaed once to (appear) before the court, because I was the nurse who followed the (infected patient). At that time, (I) had no legal counsel. I was (ordered to appear in) court as a witness. The lawyers were hankering (between themselves, and) they never asked me any question. I was there, and then—I don't know how it came about—they dismissed the case. The (area) they were (discussing) was all wrong, but since I was not (questioned), I couldn't (correct them). The thing that was wrong was they were saying that the girl was with (the witness). (Instead, she had been isolated) in the hospital (all those days in question).

JR: At Kuakini.

HK: At Kuakini. (She was isolated there as soon as she was found infected and remained there until she was considered cured.) But it just shows how the lawyers can do things that is completely wrong. The witness is there, but she can't open her mouth. And this one, I could have opened my mouth because it was a criminal case, not a civil case. I learned [*the distinction*] later on, when I was subpoenaed [*a second time*]. The wife was infected and gave it to her navy husband. I was subpoenaed, and fortunately at that time I had the regulations with me. (I told the judge that I had the health department regulations. I was instructed to read it. After I read it, the judge said that this was a civil case and that I could not reveal the content of our record.) It's a good thing that I had the regulation. The poor man could not prove that his wife was the source of his infection.

JR: He had brought her to court for that?

HK: Yeah. I think he was going through divorce proceedings or something.

JR: And they wanted to use this as a piece of evidence?

HK: Yeah. It would have been something. Because he couldn't have (contacted) the gonorrhea from

anybody else. He just came home [*from sea*].

JR: Yeah, yeah.

HK: And it was his wife, and we had a record showing that she was named as a contact (before his return). She was diagnosed (as having gonorrhea) and being treated. In the meantime, we had many others (naming her as their) contact. The husband learned that his wife had been coming to us. But we couldn't tell him, so he had to bring this up (in) court. But the law says I cannot speak in a domestic court. Whereas the other one I could have, but they didn't give me a chance.

JR: Was it common for you to be dragged into court like this?

HK: No, just two cases. When I think of it, they should have had legal counsel for me, who doesn't know anything about (legal procedure). But I said, "The Lord is always with me, he helps me out," (laughs) having the book [*i.e., regulations*] with me.

JR: Yeah, that's foresight on your part. I think I'm gonna pause for a minute and turn the tape over.

HK: Yeah, okay.

JR: Miss Kuwamoto, I wanted to, if I could, get your opinion on the closing of the [*prostitution*] houses and what the feelings were like then about whether they should remain open or be closed.

HK: Well, for our community, I feel that we should close it. However, with the population that we had at the time—we had a lot of single men, military. (Some) were picking up the girls off the street. Whereas in the houses, they were well supervised. Morally it's not the best thing, but from the standpoint of health, I think they were better supervised so that they wouldn't be infecting the (men) who were going there. The street girls who visited the bars and just off the street, they never had the (examination). They were free-lancer. Whereas in the houses, they (were examined regularly). Even though (prostitution) was against the law, they (were permitted to work, but under strict rules set up medically). In most of the houses, the madames were very careful about the girls because it meant livelihood for them. And the girls themselves knew that they had to be clean, otherwise they're going to be without work for many days. But from the community standpoint—of course, with the churches and all, they felt it is not the right thing to have.

(Some of our local girls were forced into prostitution by pimps, mostly Colored men. They were forced to work and turn in their earnings to the pimps. They were prisoners of the pimps. I recall several of these girls told us of their predicament when they were named as a contact. They were so fearful of pimps. I recall I called a pimp to report to my office. He reported, but he denied any wrongdoing. I knew a few of them and kept track of them and called them. I used to say that when I got them out of Hawai`i, then I could retire from the VD program.)

JR: Was there much of a debate at the time, a public kind of debate [*about prostitution*]?

HK: Well, many of the churches, I think, opposed it. And you can see that, because . . .

JR: Yeah.

HK: . . . it's not the thing that they would like to see in the community. And I think it was about the right time during the war, (around) 1944, everybody is trying to prevent infection. But as a health worker working, I felt that if (the single men) were still around, it would be easier for us to (carry on contact investigation). As soon as anyone was found infected, we can go straight to the source. Whereas (with the street girls), we had to go (search for them). (When the contacts were not adequately identified, it required a great deal of time in locating them.)

JR: Were you involved in the debate at all?

HK: No, no. I wasn't.

JR: Did anyone ever ask your professional opinion?

HK: Not that I remember. I would tell 'em the same thing, that it's better to have them well supervised and we do our job in seeing that they are supervised (and free of) infection.

JR: Do you remember if the Department of Health had a spokesperson or a position on that issue?

HK: I think Dr. Allison was one of the doctors, (though he was not employed at the Department of Health throughout the war). He was very strong.

JR: Which way?

HK: Against having the houses open.

JR: Okay.

HK: And the doctors who were taking care of them would feel that they're doing their job in keeping the prostitutes clean. But I was never involved (or) asked to [*comment*] one way or the other. I was just working (in the control aspect—the infected being treated and the contacts being followed adequately).

JR: Who were you working with, exactly, in terms of—you mentioned Dr. Allison, he was your superior?

HK: Yeah, I don't (think he was with the VD branch in 1944 when the houses were closed). He didn't stay with us too long. He was the VD (branch chief). He was active in the community. And as I remember, I was not involved in saying one way or the other. 'Cause if they asked me, I'd give both sides.

JR: What did you think then, when the houses were . . .

HK: Closed.

JR: . . . told to close in '44?

HK: Well, it decreased our infection, because the number of people going to them was less. You know, when the houses were open, (customers) were lined up, so there were more exposures. (There were fewer street girls compared to prostitutes, but they were more difficult to locate when they were named as contact. The information given us was vague, particularly with certain groups of men.)

JR: Why do you think that is?

HK: Well, they're protective. (If they go to the houses, (just having the possible date of exposure and description of the prostitute was adequate to initiate contact investigation). (When the source of infection was a street walker, follow-up became more difficult because of the vagueness of information.)

JR: Today, people talk about safe sex and the big to-do about using condoms and so forth. Was there a parallel back then? You know, if you are going to have sexual relations with someone, do blah, blah, blah.

HK: No, I don't think we taught so much about safe sex. Of course, we always tried to teach the young people to abstain. But now, you can't even say that, because they (are) already (having relations with the parents' approval). I don't think we can ever change them, unless we start early and teach them that abstinence is the best (way) until they're married. But with so many people living together (without the benefit of) marriage . . .

(Laughter)

JR: It gets more complicated.

HK: Yeah, it does. In our days, they didn't live together, as far as I know. They got married, and then that was the first night that they were together.

(Laughter)

HK: Things have changed.

JR: I guess they have.

(Laughter)

HK: Probably (it) is more convenient for the people. They don't have to go through the divorce. When you see the difficulties the families have in (being) married, it may be easier for them to just live together.

JR: Yeah, yeah.

HK: I was watching the television program, and the daughter says, "My stepmother and my father are shacking up."

(Laughter)

HK: The girls used to say, “Oh, he and she are shacking up.” I'm not giving you much help in that area, 'cause . . .

JR: No. (Chuckles)

HK: I used to try to help the girls by [*advising them against*] being promiscuous, to abstain. And then if they really wanted to, get married first and then continue with the relationship, and they'll have less problem with the disease and pregnancy. I don't think we had (patients that I worked) with who became pregnant. When I went to Philadelphia (in 1938, I saw) teenagers having one baby after another from different fathers. That was (an) eye-opener for me. It was a new experience (for me to see) these young teenagers, out of school, pregnant, and (continuing to have many more).

JR: Were abortions very common back in those days in Hawai`i?

HK: I don't know too much about the abortion. In my work, we didn't talk about it. Of course, I was a great one in (encouraging) abstinence (and) birth control (for married couples). And then, of course, the Catholics used to say sex relations was for only procreation. So I would tell the man, “Once your wife is pregnant, there's no need for sex relations.”

(Laughter)

HK: They thought I was uneducated. They must have thought, this dummy nurse coming around, talking to us like that.

JR: Well, what were the options in terms of birth control back then?

HK: When we were in training for public health nursing, we were able to attend the birth control clinic at Palama. That was way back in '33—'32, '33, I was taking the course. And we were using the diaphragm at that time. I remember many of our older Japanese mothers who had so many children would come to the clinic, and the young ones. So diaphragm was the thing that we used quite a bit. And we were taught to show the mother how to insert the diaphragm. And I think most of them felt that they had enough children, and they wanted to space them more, so they were more responsive. These were married women. You know, they want to limit their children in the family. Now, we didn't have, as far as I can remember, any youngsters coming in, because it was not the thing to do. This was primarily for families, birth control so that they wouldn't have unwanted children. That was what we were doing at the birth control clinic. And the others, to refrain from relationship until they were married, abstinence.

JR: Do you know what the prostitutes were using for birth control? Were they using diaphragms at that time?

HK: No, I think—I don't know what they were using. None of them, I think, ever got pregnant.

JR: How did that happen?

HK: The (contact) was so short. (Time) was limited (to) just (about) five minutes.

JR: Yeah.

HK: I don't know whether they douched themselves right after (the relationship, but) I never heard of any prostitute becoming pregnant. Particularly with our local prostitutes. (They were older women.) I remember one mother telling me that the reason (for her) prostituting (was) to earn enough money to educate her children, (send them to college). It was an older woman.

JR: Like a single parent?

HK: Yeah, and some of them were married. But that's a good way. They felt it was one source of earning an income. I don't think they thought anything about being immoral to prostitute, as far as I could see.

JR: When you say older woman, how old are you talking?

HK: Well, in their forties.

JR: What was the range of women that you would come across in your work? The prostitutes I'm speaking of.

HK: Well, it's hard to tell, you know. When the houses in California closed, we (had an) influx of prostitutes (coming here) from the Mainland. And I (recall) several of them who (arrived) here and (were) found (to be) infected right off the bat, so they (could not work). (Many) of them were (in their) late twenties (and) thirties. And educated (girls). They just (wanted) to earn (enough) money and (move on to their) next profession.

JR: How did the closing of the houses affect your work at the Kapahulu clinic?

HK: Well, we had less cases for a while, because the source was gone. Even at that, we weren't having that many cases. I find that many of the cases came from outside of the prostitutes, because (prostitutes) were being carefully supervised by (their doctors). They had to go to the doctors (regularly, as advised). If you (have) the doctors taking care of them carefully, you can prevent. And the girls at the houses (were checking on their customers, that they were) not showing any signs of the disease. That (was) one of the (ways in which they controlled the disease). Whereas when it's a street girl, you cannot control the customer. We knew the doctors who were examining (the prostitutes), and they (certainly didn't want their patients to be passing any) infection. So they (were) very careful. (There were a) limited number of doctors who (examined them). We worked closely with (these) doctors. (A few of the doctors I recall were Dr. Irwin, Dr. Edmund Ing, and Dr. Robert Millard. They also worked at Palama VD clinic.)

JR: Did the VD clinic continue to work then . . .

HK: Yes.

JR: . . . for the rest of the war?

HK: Uh huh [yes]. (Palama Settlement VD clinic continued throughout the war years and on. The VD clinic took care of syphilis patients of all stages. Until penicillin became available, these patients were under treatment for years with bismuth and arsenicals such as mafarcen. Infants and preschool-age congenital syphilis cases were given another drug, a combination of arsenic and bismuth. Syphilis cases were being picked up through Wassermann surveys at schools and similar surveys for food handlers, selective service applicants, prenatal and premarital exams, prison admissions, and others. Wassermann tests for these exams were done at the health department's laboratory. The results were forwarded to the VD branch for follow-up. The follow-up included a repeat Wassermann test. If the result was positive, education on syphilis and its method of diagnosis, treatment, and so on was carried on. Many working people were referred to their physician for definitive diagnosis and continued treatment. Contact investigation was carried on by the VD branch in most instances.)

By educating the patient, the doctors felt that we were helping doctor-patient relationship. The patient knew what to expect of the doctor, and the doctor didn't have to spend too much time explaining to him why he is doing this or that. And we did the same thing with diabetes control, when we started doing the diabetes detection program.

JR: Now, in your line of work, were you able to develop extended relationships with different people in the community, or would you tend to just see someone for a week or two, and then you'd never see them again? You know, a doctor, for instance, will see the same person for years. In your line of work, is it more just a brief contact?

HK: Yeah, unless the patient (came) back to tell us what the doctor is doing. (However, since we were doing the contact investigation, we were in touch with the original patients and others for some time.)

JR: Just to finish up with the war now, can you remember what you were doing at the time the war ended, and if you can remember what you were doing that day, even, when you heard the war was *pau*?

HK: No, I don't. I don't remember very much.

JR: Do you think the Kapahulu clinic was still running at that time?

HK: Yes, I think it was still going (on). I don't know just when we discontinued. (Even after Palama Settlement medical department closed, the VD clinic there continued because it was held in a separate building. At the same time, the VD clinic at Kapahulu was still in session.) Of course, (VD) is a reportable disease. (VD) cases were reported to (the VD branch). (For) infectious syphilis (and gonorrhea cases), the doctors had to tell us (whether) they're doing the contact investigation. (Often we were asked to do the contact investigation. Even if they didn't ask us, we still contacted the doctors to check on contact investigation. In the late forties, a male investigator was employed to do some contact investigation involving street girls, and a public health nurse was assigned to the VD clinic.) I was gradually going out into other areas.

JR: What areas were you moving into?

HK: Well, (the VD branch spread) into chronic disease control (program, which included heart, cancer, diabetes, and so on). And then cancer control program (was added). In 1954, I was sent to (New York) Memorial Hospital [for] Cancer. And when I (returned, I carried on) cancer education. (I showed the film *Breast Self-Examination* to different women's groups and at the same time encouraged the women to include Pap smears in their physical exams.)

I think Dr. Allison had come back to us for a short time. (He brought with him three dozen) Draghi tampons. Dr. Draghi (had) developed this tampon at (New York) Memorial Hospital. (Dr. Allison) thought it would be a good demonstration to see how we can, through tampon, check on Pap smears. (I) made arrangements with the Liberty House nurse, if she would be willing to (talk to) three dozen (older) women working at Liberty House and see if they would (be interested) in this demonstration. There were many women who said yeah, they would like to. So the tampon was distributed (by) the nurse to the employees. They were instructed to put the tampon (in) at night. And in the morning, I went to the Liberty House dispensary with (numbered) glass slides. (The contents of the tampon were smeared onto the numbered glass slides. These were delivered to the cytological laboratory.) After all the test (smears were examined, the technician at the cytological lab reported that the quality of cells was excellent). (This procedure would be) a wonderful way of doing a mass Pap smear (at the workplace with limited staff and cost). The agency would be doing all the homework (in distributing the tampon and listing the names of participants). (The whole procedure at Liberty House took only about an hour of my time. This procedure was not acceptable to the doctors because they would lose office visits.)

JR: Where were you working after you left Kapahulu? Were you working Downtown in an office?

HK: No, we still had our office at Kapahulu. See, our branch became chronic disease branch. VD was only small part of the (branch) work. Then the VD clinic moved over to Le`ahi (Hospital). (There is still a VD) clinic there now. So when we changed over to chronic disease, VD was still part of it.

JR: I see.

HK: And then with chronic disease, you can spread all over—diabetes, heart program, cancer, and so on. And (before I retired from) the health department, I (did) diabetes detection program (throughout the state for about five years). (I also worked one day a week at the rheumatic heart clinic at the children's hospital under Dr. Angie Connor.)

JR: What year did you leave?

HK: Sixty-nine.

JR: Sixty-nine. And you were working on diabetes at that time?

HK: Yeah. Well, as part of our chronic disease program I was (conducting a) diabetes case-finding (program on non-diabetic adults thirty-five years of age and older on all the islands). (A blood specimen was collected two to two-and-a-half hours after the prescribed meal. If the result was over 130 milligrams, the test was repeated. If the results of the repeat remained above 130 milligrams, the person was referred to his or her attending physician for definitive tests and

diagnosis. This was a mass case-finding method. All family members of a known diabetic were encouraged to be tested.)

JR: Did you have much problems in terms of doctors feeling that you were stepping outside your bounds?

HK: No, because (I was very) careful (about remembering my nursing role as an educator). (Explaining how diagnosis is established is not diagnosis.)

JR: How was it working for the Department of Health for as long as you were with them?

HK: Well, I think I was very fortunate. (Throughout my years of employment, I had the privilege of preparing myself for the position. First as a public health nurse, I had finished the one-year required course in public health nursing which prepared me to carry on a generalized public health nursing service in Lahaina. I was fortunate to work under the medical supervision of Dr. William Dunn, who was the plantation and government physician).

(When I went into the VD program, I studied at the University of Pennsylvania's medical school and its college of nursing. When one is prepared, you feel secure in teaching your coworkers and carrying on your assigned duty).

(When the branch moved into chronic diseases, I was sent to New York Memorial Hospital for Cancer. Here, through medical and nursing lectures, direct nursing care of advanced cancer patients, and observation in surgery, I acquired knowledge of the extent of cancer. Being a public health nurse, this experience made me more aware of the importance of early detection, as in breast self-examination and routine Pap smears.)

(As I became involved in the heart control program, I attended a cardiac nursing workshop at St. Louis University. By taking advantage of these educational programs, I felt secure and found my work satisfying.)

JR: Could you mention any of the doctors [*you* worked with at the Department of Health]?

HK: Well, (I worked with) Dr. [*Walter*] Quisenberry, (who considered himself a cancer specialist). Of course, Dr. Allison (in VD and) Dr. [*Robert*] Worth, (who joined us at the VD branch after having left Kalaupapa, Moloka`i). We had Dr. [*Norman*] Sloan. (He also worked at Kalaupapa before being assigned to the chronic disease branch. Dr. Doris Jasinski was another doctor I worked with).

(I was given much freedom in developing a program for diabetes detection activity—without much supervision, because I was always aware of my role as a nurse and public health community worker.)

JR: In talking to you, it seems that your career was a real important part of your life. I mean, you retired in '69, what did you then do afterwards?

HK: What did I do?

JR: Yeah.

HK: I retired on June 6, 1969, and the next day, I went on a three-month bus tour (with another retired nurse, Miss Winifred Golley, a former public health nursing supervisor). We flew to Los Angeles. The only hotel reservation (we) had was in Montreal, Canada (at the Queen Elizabeth Hotel for June 22 to June 25, 1969), to attend the International Congress for Nurses (as observers). (From Los Angeles) the first (stop was Flagstaff), Arizona. We stayed at a motel there. Next day, we went on an all-day tour to the Grand Canyon. From there, we moved on (to Kansas City), St. Louis, Michigan, and Canada.

When we (arrived at) Hamilton, (Canada, my travel mate decided to visit her relatives in Canada, so we parted). (The hotel at Hamilton had no vacancies, so I bussed on to Niagara Falls terminal. After supper at the terminal, I went to a motel nearby and registered. Though it was late in the evening, I asked the motel keeper whether there was any place I could visit. He told me to go up to Niagara Falls, which I did. There were people walking up and down to see the falls—a spectacular sight. This was on the Canadian side. There were hundreds of tourists at that late hour.)

Next morning, I (checked out about eight-thirty and) took a tour which (included) Niagara Falls again, (but in more detail). (Then I went on to Toronto, Canada.) I spent the night (in Toronto) and the next day took a (bus) tour of Toronto. Oh, beautiful city. Have you been there?

JR: No, I haven't.

HK: You haven't been there? Oh, it's a beautiful place. That night I was having supper by myself, and lo and behold, who should be walking on the sidewalk [*outside*] of this restaurant (but) my friend who (left me in Hamilton) to visit (her relative). I hollered at her, and she came over (to my table). Next morning, off we went to Montreal. (There) we met the third and the fourth persons. Four of us (were) going to the (convention as visitors). And we stayed in Montreal at the hotel during the (convention), living like a queen at Queen Elizabeth Hotel.

(One of the highlights of the convention was the service at Notre Dame Cathedral when the delegates, all outstanding nurse leaders from the world in their national costumes, marched in and took their places in the cathedral. The clergy present were of all denominations—Catholic priest, Congregational minister, rabbi, Buddhist priest, Anglican priest, and others. I thought this was wonderful, all religious leaders getting together. This was in 1969.)

(We went to Ottawa and visited parliament, though it was not in session. We rented a car and toured Quebec and surrounding areas. This was very enjoyable, because we were able to visit areas not covered by bus. After Quebec, we bussed to Nova Scotia. At Halifax, we stopped at a small restaurant and had the best corn chowder. We crossed the Atlantic Ocean and arrived in the United States.) Oh, that was a terrible trip, rough, rough, rough, rough. (Most of the passengers were seasick.)

(We spent a few days in Maine at a bed and breakfast and then bussed to Boston, where we spent the night at the YWCA. After Boston, we parted, and I traveled alone to New York. From New York, I called Dr. Andrew Wong, an ophthalmologist in New Haven, Connecticut, and was invited to visit him and his wife. I spent a few days with them. Then I moved on to

Rock Island, Illinois, to visit Mrs. Vera Rosemond, a retired tuberculosis nursing consultant from Honolulu. While visiting her, we watched our astronauts land on the moon. What an experience.)

(After leaving Rock Island, I met two daughters of Dr. and Mrs. Wong and chaperoned them from Davenport, Iowa to Denver, Colorado, driving through miles of cornfields. It was not until the next morning that I learned the car's breaks were completely gone. The girls were supposed to have left early in the morning, but couldn't because of the defective breaks.)

(I arranged to take a bus to Canada from Denver, but was stranded at Great Falls, Montana for two days for lack of a bus leaving for Canada. While I was there, I went to their annual state fair. At the horse races, I happened to sit next to two senior citizens who were married to nurses. They taught me about betting. One of the last horses running was named Midori, so I told them I was going to bet on her. She won, and I received twenty dollars. This took care of my hotel bill of fourteen dollars.)

(Then I finally returned to Canada. I went to Calgary and then to Banff and Vancouver. Then I went to Washington State, Oregon, and back to Salt Lake City, where my nephews lived. Then I went to San Francisco and Yosemite, and then bussed down the coast to Los Angeles and San Diego before returning home to Hawai`i.)

It was a three-months trip, going here and there. That's a wonderful way to travel. Ninety-nine dollars for the first month, thirty-two dollars for the second month, thirty-two dollars for the third month. (A total of \$163 for transportation on the bus in Canada and the United States, about 10,000 miles of travel.

JR: It sounds to me like you've enjoyed traveling on the Mainland. You never thought about moving there?

HK: No, I've (taken about ten trips to the Mainland—traveling by ship, plane, train, and bus—but I've never thought of living there, though I have relatives in Washington State, Colorado, Utah, and California). I've been to New Zealand, Australia, (and Japan) twice, but (I've) never been to Europe. (My first trip) to New Zealand, (to attend the Pan-Pacific Southeast Asian Women's Association conference, was) for seventy-one days (and included thirteen countries).

JR: Wow.

HK: Six elderly, senior citizens. (Five of us are still living, but only three are active.)

JR: You've traveled a lot since you retired. What else have you been doing to keep yourself busy, 'cause I know you are very busy?

HK: Yeah. Well, (when) I retired, (I volunteered for) the Friends of the Library, (working) at least one full day a week (preparing books for their annual book sale). We had a team of volunteers. In the very beginning, I worked with (Mrs. Mary Ramage), who was very knowledgeable about books. She was a book collector. Whenever she saw rare books, she would tell me why this is a rare book. So I learned (a great deal) from her – what to look for in the books (as I priced them).

(Volunteers) emptied the boxes (and placed the books) on the shelf (according to subject, such as) math, history, fiction, Hawaiiana, business, (foreign, religion, and so forth). I used to (work on) health (and) business (books, and whatever else was) assigned to me. (Then the books were priced and placed in boxes with proper identification. I recall unpacking an odd-sized book titled *Aesop's Fables* in Latin and bound in white pigskin. It was placed on special bid and went for \$200.) I retired from (this volunteering) about three years ago. I was having some problem with my back, and I felt that was enough. (However, I do volunteer during the annual book sale.)

(I volunteered on the costume maintenance crew for Hawai`i Opera Theatre from 1965 to 1987, first at McKinley High School auditorium and then at the Neal Blaisdell Center Concert Hall.)

JR: What would you do for that?

HK: (As a) costume maintenance (crew member, we checked the costumes which were ordered). (In the early years, costumes were ordered) from San Francisco. When this company closed, (costumes were ordered) from Canada. Measurements of the (opera cast are sent to the costume company). (When the costumes arrive, the volunteers get into action. We inspect them and check that every costume requested has been sent.)

The person in charge of the crew was a paid worker. The rest were volunteers. (She) assigned (us) to different (performers). (In the beginning, I was) assigned to the chorus (members to) help them dress. Then we (were) promoted to the (principals). I remember (being assigned to Metropolitan Opera singer) Mary Costa—you've heard of her—and others. They were really lovely people. (We had) to be sure that the costumes (were in good condition and help in) dressing). And to be sure that the petticoats don't fall. Pin them up right! (Chuckles) (I was told) that sometimes the pins (would) come off and the skirts fall down on the stage.

The last day (of an opera was hectic). (We had to count every costume and accessory and place them all in the containers ready to be sent back to the costume company.)

I (volunteered) at the community theater—it's (been renamed) Diamond Head Theatre—while I was still working. The person in charge of costume (construction) was Mrs. Marjorie Abel, (head of the nutrition branch at the Department of Health). She took a vacation every year whenever (the show was) a musical. That's when (she needed many) volunteers (to help her sew the) costumes. She cut (the costumes), and we would (sew them and help with the fitting). (I also) learned how (to) make (men's) pants big or small (at) the waistline. (The first musical I sewed for was *West Side Story*. The last was *A Chorus Line*.)

JR: You're still busy.

HK: Well, I spend (one) afternoon a week at (St. Andrew's Cathedral) as a receptionist and (another afternoon) at the economy shop as a cashier. I like to cashier, (since you deal with the customers). I like to work with people. Most of the (volunteers) like to work (in the back room where donated items are received). That's where you can find the good things. With me, I rather work with the people.

JR: Yeah, yeah. You seem to be a people kind of person.

HK: Yeah. (Since my automobile accident on November 9, 1991, I have given up my 1958 Volkswagen, which I owned for thirty-one years.) And now that I'm riding the bus, it's (an interesting (experience) to meet the people on the bus. Some people like to talk to you, (but) others just sit and look straight ahead. (I have been amazed at the number of times I have seen handicapped seniors riding the bus with canes and even walkers. Having the elderly section on the bus is a big help.)

(During my career, I was involved in a number of professional organizations. Upon passing the California state nurses' examination in 1932, I applied for a license to practice nursing in Hawai`i, whereupon I joined the American Nurses Association through the territorial and O`ahu nurses associations. Throughout my professional career, I was a very active member, serving on committees and being elected to office. I was elected as treasurer to the O`ahu and territorial nurses associations at different periods. I was also elected as first vice president of the Territorial Nurses Association. When our president resigned in midterm for further education, I became the president.)

(To serve the presidency efficiently, I enrolled in a non-credit course in parliamentary procedure at the University of Hawai`i. The students were from many organizations, such as the motorcycle club, We the Women, Lions Club, and many others. We all wanted to know how to conduct the meetings as president according to parliamentary rules.)

(As the president of the Territorial Nurses Association, I became one of the official delegates to the 1950 American Nurses' Association Biannual Convention held in San Francisco. I was impressed with the caliber of our nursing leaders and the manner in which the meeting was conducted according to strict parliamentary procedure.)

(I presided over my first Territorial Nurses Association convention following the San Francisco convention. I learned that the president's role was to keep the meeting in order with the help of a parliamentarian as needed.)

(As chairman of the Economic Security Committee of the Territorial Nurses Association, I was sent to the American Nurses Association's economic security workshop in Chicago in 1952. While in Chicago, I visited the Chicago health department to learn about its heart control program. I became a patient in the demonstration program, which took almost four hours. Here I learned that I had a small uterine tumor. I was informed the cost of the evaluation was worth \$500. For the first time I had a record of my base-line test results and the physical findings.)

(I was also an active member of the Hawai`i League for Nursing. I served as its treasurer for many years. Working in public health, I was a member of the Public Health Nurses Association locally and nationally and a member of the Hawai`i Public Health Association and the National Public Health Association. I attended a regional public health meeting in San Francisco.)

(As an advisor to the Kuakini Hospital nurses' alumnae, I became a member of the Kuakini Hospital nursing committee. Since Kuakini Hospital's nursing school was not nationally accredited, the graduates were not permitted to take the national board examination so they

could be licensed. Through the nursing committee, we were able to arrange for other local hospitals to provide graduate nursing students with the experience necessary to take the test for licensing.)

And then, of course, the one thing that I did—I told you about (the statewide) census of the spinal cord injured (persons) in Hawai`i.

JR: When was that?

HK: Nineteen seventy-one. (This was a study supported in part by grants from Social and Rehabilitation Services, U.S. Department of Health, Education, and Welfare, to the regional Spinal Cord Injury Center, Rancho Los Amigos Hospital in California.) I was the field-worker. And Dr. (N. Elane) Wilcox was (coordinator). She came (from California to Hawai`i) to direct the project. She and I were the two people working on it. In six months, (the study was completed and she) presented it to all the hospital (representatives) who gave us permission to look at the (hospital) records.

It showed that in Hawai`i, (the highest cause of) spinal cord injury (was) from falls. They (fell) off a tree, (fell on) the floor, (and so forth). (I) thought it would be (from) diving, (but that was third). (Second was auto accidents.) Most of the diving, it seemed, (were) visitors.

JR: Yeah.

HK: They dive in a shallow area and hit their head.

JR: Local people know how to do that stuff.

HK: Although we have some local people too. After I finished, I joined the Abilities Unlimited organization they had at the rehab center. When I went to the meetings, I (was able to identify some of the people whose records I had consulted for the study). Of course, they didn't know that I was working [*on the study and*] knew (their) background.

The interesting thing was, by working on the records, (patients who were admitted) for urinary trouble but (also) had the diagnosis of spinal cord injury, those (records were) pulled out for me (to include in the study). The public health nurses (who knew) people in the community in wheelchairs (notified me), and then (I checked) at the hospital to find out if they had been hospitalized. I could never make direct contact with the patients, that was one of the things.

JR: It's more of your detective work.

HK: Yeah. And having done VD work, it came in very handy.

(Laughter)

HK: (I was) also allowed to (check on) court records—insurance cases where we had the people who were suing, someone who had been injured on the Mainland but came here. We were able to pick up a number of cases that were not (originally) from the hospital. At least we knew Hawai`i falls, so don't fall. (Chuckles)

JR: Watch your step!

HK: Watch your step. We had a woman (in her fifties) who slipped (and) fell backwards and injured her spine. And the doctor commented, "Such an insignificant fall, and yet she's wheelchair-bound."

JR: Yeah.

HK: So you never know.

JR: Well, you don't have stairs here, so you're . . .

HK: Yeah. Well, when I was building the house, I said, "I'm gonna die in this house if I have a heart attack and can't get out. I want to be level, so I can put a ramp over here. If I'm home-bound and in my bedroom, I can have a window over there. I can draw the curtain, I can look out on my yard. (Chuckles)

JR: You seem to be in good shape, though. I have a feeling you'll be around for a while.

HK: I don't know. (I have had two major surgeries, a dog bite that hospitalized me for eight days, and I have been told that I have no hydrochloric acid in my stomach, a condition that makes me more susceptible to cancer of the stomach. But I must say that I am physically well.)

JR: For someone your age, you seem to be . . .

HK: Well, everyone says, "Oh my gosh, I didn't know you were eighty-two and a half."

The other day, a member of a church, she says, "Well, I'm seventy." And I thought to myself, well, I'm over ten years older than you.

JR: What's the secret? What's your secret?

HK: Oh, not worrying. Be happy and don't worry. I keep telling this friend of mine who's ninety—she worries about everything. She's (now) in a care home (and) seems very happy there. I said, "Don't worry. Even if you worry, nothing is gonna improve."

JR: It causes you more stress.

HK: Yeah, live without stress. I hear they're having so many people with stress at the hospital, they (even) have a stress clinic. I say, "What are they stressed about?" (Chuckles) Are you stressed?

JR: Me, personally?

HK: Yeah.

JR: Not particularly. But people get stressed about their bills or their . . .

HK: Yeah. Well, I feel I've been fortunate that way. I had nothing to worry about. If people have family and they have no income, it's a stressful situation. But I always feel there's a way in which they can be helped.

JR: I think people take advantage of their medical professionals when they have physical problems, but not so much, maybe, mental stress or things like that.

HK: Yeah.

JR: Coping with their stress and . . .

HK: And I think there are some people who, no matter what happens, are more stressed than others.

JR: Are you saying that you're maybe just a more easygoing type of person?

HK: Yeah. I remember in my evaluation (as a student nurse at St. Luke's Hospital) I was (told that I am) a very even-tempered person. So I thought, gee, that's good to know. And I am. I try to reason things out, no matter what happens. You know, there's certain things you can't do a thing about, so I try not to worry about it. And then this song, "Be happy. Don't worry, be happy."

(Laughter)

HK: Isn't that a wonderful song?

JR: Is that your motto?

HK: Yeah.

JR: I've really enjoyed talking to you. This has been a pleasure for me. I don't have any more questions. Is there anything you think I'm leaving out that we haven't covered?

HK: Haven't covered? Well, I told you about my trip, the long trip (in 1972).

JR: Yeah.

HK: I didn't mention about where we went from New Zealand, you know, the seventy-one days. We went to Australia and covered the three big cities.

JR: That's Melbourne, Sydney, and—what's the third?

HK: Canberra. (From Australia, we flew to Bali, Djakarta, Yogyakarta, Singapore, Ceylon, Bangkok, Kuala Lumpur, Penang, Macao, Hong Kong, Taiwan, and Japan. That was my first trip to Japan.) Two years ago we had another conference in Canberra. That's a beautiful city. If you have a chance, go to Australia.

(My second trip to Japan was in 1987.) (It was) the hundredth anniversary (of the Japanese Anglican church). The archbishop of Canterbury was there, and archbishops (from) different

countries of the world were there. Our presiding bishop from United States (Edmond Browning) was there. The first day we were (in Osaka), we attended the church (service) in Osaka (Cathedral). (Telephone rings.)

(Taping stops, then resumes.)

HK: Our Bishop Browning was the preacher for the night. He said it's been many years since he left Okinawa. He was the priest in Okinawa before he became our bishop here. He used to speak Japanese quite fluently, and (so did) his wife. But that night he said he's been away so long that he (could not) speak in Japanese, so he (preached) in English. And oh, they had a beautiful reception, and we thought, well, we are nothing. But they invited us to the reception.

JR: Oh.

HK: Yeah, it was really nice. (From Osaka, we traveled) to Hiroshima (on a special bus which provided our transportation during our stay in Japan). (It is remarkable to see how the city has been built after it was so devastated by the atomic bomb.) We went to the museum and (saw the displays of) the damage done. (We walked around the park and were greatly moved by what has been done. There is a statue of a brave girl adored by all the children in Japan. The statue is covered with origami birds.) There are thousands of them, and they keep bringing them. She was such a brave little girl, and she was killed in the bombing. (There is) one building (in the park) still standing which was bombed (and left as is). It's amazing, with all the devastation, what improvement (has been) made. Hiroshima is a beautiful, beautiful city. (The) Hiroshima hotel we (stayed in is a very modern hotel and just walking distance from the memorial park). (We visited Hiroshima Hospital and were taken on a tour of it by a physician. We met some of his patients who were being treated for aftereffects of the atomic bomb.)

And from Hiroshima, we moved to Nagasaki. That's where many of the Portuguese (lived). They have some beautiful people. I think they are Portuguese Japanese. And the story of *Madame Butterfly* is from (there). (There is a beautiful home in Nagasaki.) See, this home belonged to a *Haole*—White man—who had a (Japanese) wife. The wife died, and somehow the will is such that nobody can get the building, so it's a museum. The government (can't take it). He had enough money, so it's fixed up into a museum. People can (visit the home) and the beautiful garden. (There is) an escalator going all the way up and (down, since the home is built on the top of a hill). Nagasaki is a very hilly city. It's a beautiful place.

Then we came to Tokyo. While we were in Tokyo, we were interested in seeing the St. Luke's Hospital. St. Luke's Hospital is run by the Episcopal Church. We had a chance to go through the hospital. It's rather old. They need to rebuild it. They have a beautiful chapel. Many of the nurses who come there become Christians and marry in the chapel. The chapel is bigger than many churches here (in Hawai`i).

And while we were there we also visited their fish—I suppose it's a market. It wasn't too far away from the hotel where we were. They start (their business) early in the morning, so by noon, everything is closed up. It's quite interesting to go in and see everything they're selling. We were able to buy some mushrooms.

And then, one of the things we noticed in Japan, when we got to the airport, they're very strict.

We all had to get off the (bus, but leave our belongings on) the bus. I don't know whether they searched everything (on the bus). And they searched us. And we got on the bus. And even at the airport, they're very careful about screening all of us. And I thought, isn't that wonderful? We should be more careful here too. And that way, you feel good when people take care of it to that extent.

JR: Yeah, yeah.

HK: I never told you of my experience while I was in Boston. I took a tour of the [USS] *Constitution*. This was when I was in the Mainland, '38, '39. I took the bus tour, and we went to see the *Constitution*. You know, it's in the harbor. The bus stopped, and the lecturer went off. When he came back, he brought back a man. And he asked me, "Are you Japanese or Chinese?"

So I said, "I'm Japanese." Of course, I should have said, "I am American of Japanese ancestry." But the way he asked me the question. . . .

And then later on, the tour guide came back, and he said, "I'm sorry, but he has to go with you."

(The passengers got off the bus.) Here, they were all speaking foreign languages and what have you. I got off the bus, and he took me to the *Constitution*. I got on the gangplank, went to the top, and I said, "May I go around like the rest of them?"

He said, "Yes, you may go around."

So I went around, came back. I said, "May I go"—whether the upper or lower deck, I don't know which one. I said, "May I?"

He said, "Yes, you may."

So I went around, came back. And I said, "Now, I think I'd like to (go) off."

He said, "Yes, you may (go) off."

He took me to the bus. On the way over, I said, "I'm from Hawai`i. Are you familiar with Pearl Harbor?"

"What's Pearl Harbor?"

I thought, you dummy old thing.

(Laughter)

HK: Anyway, the lecturer came back (to the bus) and he apologized. And I said, "No, don't worry. I can accept that, because I'm different from the rest of them, and it's better for people to be careful about who we are."

And the thing that I think helped me to accept that was the night before I had [*listened to a*] radio program in which a German pianist was broadcasting a beautiful piano piece. And then later on, it said that this German pianist was sending a message to Germany. And our intelligence service was able to, what, uncode, discode, or whatever . . .

JR: Through the music he was doing this?

HK: Yeah, through the music he was sending this secret code. But they were able to catch it before he finished, because our intelligence service was so careful. This was just a movie [*i.e., fictional*], but I thought, isn't that wonderful, United States is so far ahead. (Chuckles) I (was) thinking of that, and then they looking at me being Japanese, they did that. I said, "That's good. They're taking good care of everybody."

(Laughter)

HK: But the person in charge, the tour guide, was so embarrassed. I said, "Don't worry. I feel it's a good thing that Americans are being careful."

JR: Well, I think we should wrap it up maybe.

HK: Yeah, okay.

JR: Thank you very much.

HK: You're welcome. It's been very enjoyable. I hope you've gotten all what you needed.

JR: I think so.

END OF INTERVIEW