

Nisei Nurses in Hawaii: Professional Acculturation of Japanese American Women

Eriko YAMAMOTO

NURSING IS NOW CONSIDERED REPRESENTATIVE of so-called “pink-collar jobs” held predominately by women and characterized by low wages and status. Nevertheless, it has always been an important profession, an inseparable part of medical history, and, although men are gradually entering into the profession, it is also part of women’s history.¹ The history of Japanese Americans in Hawaii since the late nineteenth century makes clear that nursing has been an important aspect of their ethnic adaptation, benefiting the community as well as the women themselves. Immigrant (Issei) doctors and patients needed nurses who understood the language, medical practices, and customs of Japan. The nursing profession, although low paying, provided women with training and opportunities in health care services. In particular, it helped second-generation (Nisei) women move up from unskilled jobs in the farming and service sectors common among Issei women to skilled jobs, thus serving as a stepping stone to better social standing. This was especially true in the prewar urban environment where job opportunities were limited for Japanese American women.²

Despite its importance to Nisei women and to Japanese Americans, their nursing experience has received little academic attention. Mei Nakano wrote an inclusive history of ordinary Japanese American women on the mainland United States, in which she mentions nursing as one of the professions Nisei women entered,³ but in general Hawaii’s Japanese American women tend to be studied as plantation workers, if not as picture brides, wives, or mothers.⁴ The literature on American nurses and the history of nursing is ample.⁵ The research, however, tends to take a white woman’s perspective. Only recently have multi-

The author is associate professor of American Studies, School of Literature, Sugiyama Jogakuen University, Chikusa-ku, Nagoya 464, Japan <eriko@lit.sugiyama-u.ac.jp>. Her interests include Japanese American history and women’s studies. She has written “Miya S. Kikuchi: A Pioneer Nisei Woman’s Life and Identity,” *Amerasia Journal* (Fall 1997).

cultural aspects of nursing started to receive attention, mainly in terms of patients: Madeleine Leininger asserts it is important for nurses to “learn about the cul-tural aspects of human care” and to “become sensitive to different values and beliefs of human groups” in and outside the United States.⁶ Joyce Newman Giger and Ruth Elaine Davidhizar’s *Transcultural Nursing: Assessment and Intervention* is also intended to help nurses understand the diversity of patients’ ethnic cultures within the United States.⁷ Some survey studies have been done on black nurses. An example of this is Joyce Anne Elmore, “Black Nurses: Their Service and Their Struggle.”⁸

Ethnic nurses, not to mention Japanese American nurses, deserve more academic attention. Eileen H. Tamura ranks nursing as one of the most important professions for Hawaii’s Nisei women, second only to teaching. Based on statistics and interviews, she points out its contribution to Nisei women’s professional mobility.⁹ She writes that nursing, although dominated by Caucasians, was “an attractive profession for young Nisei women who had higher aspirations but could not afford the expense of school.”¹⁰ Tamura’s insightful work, however, allocates little attention to nursing compared to its description of Nisei male occupational acculturation in Hawaii.

This study examines the history of Nisei nurses and nurse training, focusing mainly on the Japanese Hospital of Hawaii, which started as an immigrant hospital for Honolulu’s growing Japanese community in 1900 and has since evolved into a thoroughly American hospital operating today as the Kuakini Medical Center. The following three phases are important in understanding the Nisei nurses’ acculturation process:

1. The Beginning: Recruitment of young Nisei women and their training as “Japanese-style” nurses between 1925 and 1941.
2. Americanization: A shift to American-standard nursing with English as the official hospital language, accompanied by the hospital’s effort to hire women of any racial origin “to fight the war” for the United States.
3. Assimilation: The furthering of Americanization, culminating in an administrative decision to terminate the hospital’s accredited school of nursing and to virtually merge with the University of Hawaii’s school of nursing.

The Early Japanese Community and Medical Care in Hawaii

When American women were faced with challenging economic circumstances and poor marriage prospects after the Civil War, nursing promised “a living and a halo” to respectable young women who entered the cities in search of work.¹¹

Many white women on the United States mainland thus went into nursing, contributing to the progress of nursing and the development of modern hospitals.¹²

The history of Hawaii's Japanese American nurses and the nursing profession is also part of the development of modern hospitals, but had many differences from mainstream nursing history. The major difference was the peculiarity of Japanese immigration to Hawaii, which did not start until the late nineteenth century and later became restricted because of racial discrimination. The large-scale immigration of Japanese plantation workers, sponsored by both Japanese and Hawaiian governments, created a demand for Japanese plantation doctors, and later, as workers moved into the cities, the need for ethnic hospitals. This immigration program, *kan-yaku imin*, brought more than 29,000 Issei plantation workers into the Hawaiian Islands between 1885 and 1894. They were followed by 56,579 *shiyaku imin* workers who came between 1894 and 1900 under arrangements with private immigration companies.¹³ Only one doctor came on each of the first two ships.¹⁴ Early Issei plantation workers demanded that free medical services, which were guaranteed by their contracts, be provided not by *haole* (white) doctors but by Japanese doctors who understood their language and customs. As a result, more than twenty Issei doctors were invited by the Hawaiian government, although, to the workers' disappointment, these early Japanese doctors came as elite government officials (called *ikan*) to supervise immigrant workers rather than to serve them.¹⁵ When private agencies started to arrange immigration, more Japanese doctors came as plantation doctors.¹⁶

As Issei workers moved from plantations to the city seeking better economic opportunities, so did the doctors.¹⁷ The Issei doctors, who were affluent, visible leaders, worked with a Japanese charity organization, *Hawai Nihonjin Jizenkai* (Japanese Benevolent Society of Hawaii), and founded the *Nihonjin Jizen Byoin* (Japanese Charity Hospital) in July 1900. Originally the hospital was intended as a temporary haven for those made homeless by the January 1900 fire in Chinatown and the adjacent Japanese district. However, the doctors' own demand for large facilities as well as Issei patients' demands turned it into a permanent Japanese hospital. It was expanded in 1902, and again in 1917, with funds raised from immigrants, the Japanese Consulate, immigration companies, and even planters. It was renamed the *Nihonjin Byoin* (Japanese Hospital). The hospital of, for, and by the Japanese grew to be the second largest hospital in Honolulu, after the prestigious Queen's Hospital. By the fall of 1918, the Japanese Hospital, relocated to Kuakini Street, had become a modern hospital with 120 beds, staffed with fifteen doctors. It consisted of a total of 16 buildings including a two-story main building, four two-story ward buildings, two tuberculosis and one contagious ward, a nurses' dormitory, a kitchen, a chapel, and a morgue.¹⁸ The existence of a well-equipped modern ethnic hospital and a huge clientele attracted Japanese doctors to Honolulu.¹⁹

Trained nurses are essential for a hospital. Apparently the initial Charity Hospital administrators managed to recruit a few in 1900, but turnover was high. Unlike doctors, nurses were usually not committed to the profession for life. By the end of that year, most of the original nurses had left the hospital. To fill the vacancies, the *Jizenkai* invited two nurses from Japan, who were hired in January 1901.²⁰ This system of *yobiyose* (literally meaning “summoning” from Japan) became an important means of securing Japan-trained nurses. They were called *raifu kangofu* (nurses visiting Hawaii) and many more were recruited, particularly between 1920 and 1924, after the hospital’s expansion move to Kuakini Street.

Both Issei doctors and patients wanted Japanese nurses who shared with them Japanese values, customs, and language. The Japanese view of the world emphasized social order, according to Dennis M. Ogawa, from “the symbolization of language to the everyday routines of behavior and value beliefs,” and thus even a child knew that “the ‘natural’ hierarchy presupposed that some should govern and others should be governed—that authority and influence be rigidly inbred in the roles and statuses of the vertical arrangement of the world.”²¹ Japanese doctors could expect Issei nurses to retain an absolute respect because of their gender and professional status—a status similar to that in the Western nations.²² In Japan, the nurses’ position was quite weak; Shoko Mukai points out that while Nightingale and her followers in the West were part of modern hospital care improvement, Japanese nurses were doctors’ assistants trained either by doctors themselves or by the military. In particular, those Japanese nurses who came from the lower classes were expected, in return for training and money, to serve their doctors and be willing to do undesirable dirty work.²³

The Beginning: Nisei Nurses Wanted

Hospitals played an important role in the early stages of American nursing education history. Diploma schools started in 1873. Soon hospital administrators realized that “the opening of something labeled a ‘nursing school’ provided them with a young, disciplined, and cheap labor force with which to staff their wards.”²⁴ Thus from the late nineteenth century many nursing schools were established in large city and charitable hospitals in response to the growing demand and a shortage of trained nurses.²⁵ Initially there was no standardization because each hospital developed a program to serve its own particular needs.²⁶ This was a problem because, as Vern Bullough and Bonnie Bullough point out, “hospital needs, even in the best schools, were emphasized over the real educational needs of nursing.”²⁷ However, because of the lack of college nursing schools, hospitals “preempted” the field of nursing education.²⁸

At the Japanese Hospital, the need to train Nisei nurses came up unexpectedly. The Federal Immigration Act of 1924, which is widely known for terminating further immigration of "picture brides" from Japan, eliminated the *yobiyose* system of recruiting Issei nurses as well. This posed an immediate, serious problem for Issei doctors and the Japanese Hospital because of the high labor turnover.²⁹ The administrators and doctors feared this blow would lead to an immediate nurse shortage.

The Issei male leaders thought of two responses. One was to negotiate with the Immigration authorities. Superintendent Isuto Dewa petitioned the Immigration Bureau director to permit the invitation of nurses from Japan, but apparently this was unsuccessful.³⁰ The second measure was to train Hawaii-born women in Japanese-style nursing at the hospital. While negotiating with the immigration authorities, the administrators launched a temporary nurse training program for young Nisei women. In 1925, hospital officials decided to make the program more formal, if not systematic. The hospital minutes read: "Resolved: however few they might be, probationer nurses will be trained directly. We will start the program next Monday, November 16th. They will be taught one hour a day by both doctors in residence."³¹ Based on this resolution, four women were admitted as *minarai kangofu* (probationer nurses) and started their training that fall.

The *minarai kangofu* program initially had no long-term plan. As months passed without any improvement in the negotiations over the Immigration Act, the hospital leaders started to consolidate the Nisei nursing program. At an intra-hospital meeting on 11 March 1926 they discussed the issue of how to recruit the second group of probationer nurses, as well as what subjects should be taught.³² They also discussed further details and agreed on the following main points: (a) probationer nurses should be 17 years of age or older; (b) their working hours should be six to eight hours a day; (c) their current salary was so low that it should be reconsidered.³³

As to the length of the training period, the hospital leaders realized that two years would create problems because they would then have to teach two sets of students, older and newer, at the same time. By this time, the lectures had been increased from one hour to two hours a day. Some argued that if there were two groups, the staff would have to teach as many as four hours a day. Unable to reach a conclusion, they decided to ask the Japanese Medical Society—an organization made up of Issei doctors in Honolulu who practiced mainly at the Japanese Hospital—to administer the program.³⁴

The hospital administrators and the *Jizenkai* leaders continued their efforts to circumvent the effects of the Immigration Act, but to no avail. In a semi-annual general meeting on 23 March 1926, the *Jizenkai* members discussed the *yobiyose* issue and resolved to appeal to the U.S. government.³⁵ Superintendent

Dewa reported in an hospital meeting on 17 June 1926 that he had already sent a request to the Japanese Consulate and that the Consul-General had started unofficial negotiations. However, the results were disappointing.

The solution was to rely on the Hawaii-born Nisei generation. By the end of 1926, Issei administrators and doctors thought that Nisei nurse training was the only alternative. The program gradually became more extensive and longer, virtually keeping the initial students in practitioner nurse status. In December Dr. Hidaka, as a hospital board member, suggested that the three initial students in the program be trained in midwifery or in surgery as well. On 13 January 1927, when the first class was already in its second year of training, the hospital extended the duration of the program. The meeting minutes read: "Resolved: Current students, although they have finished their education, should complete two more years of practicum. Resolved: *Kangofu shikaku* (nursing credentials) will be given after three full years of training."³⁶ At the same time, they decided to place a newspaper advertisement to recruit six new students.

The new generation of Japanese American nurses born and trained in Hawaii started to replace Japan-trained nurses without altering Issei doctors' Japanese-style practices. The first class of the Japanese Hospital Nursing Program finally graduated in 1929. The *Nippu Jiji* on 13 March 1929 reported the graduation of five new nurses who were "born in Hawaii" and "trained by the Japanese" as a means of securing a sufficient supply of nurses, and emphasized that the Japanese Hospital was eager to get more and more.³⁷ In November 1930 the second class, consisting of six Nisei women, graduated. They were followed by eleven from the third and fourth classes combined in August 1932.³⁸ This was the beginning of Nisei women's path to the nursing profession. Tamura writes as follows:

Besides teaching, most Nisei women seeking a profession during the first half of the twentieth century turned to nursing, a field dominated by Caucasian women. As in teaching, Nisei women were considerably underrepresented in nursing between 1910 and 1950, but their proportion increased steadily. . . . Although not given the same status as teaching in Japanese culture, nursing was an attractive profession for young Nisei women who had higher aspirations but could not afford the expense of school. The Japanese Hospital, which trained nurses, charged no tuition and furnished a dormitory for its student.³⁹

While the program helped young Nisei women, it provided the Japanese Hospital with an inexpensive source of labor for both skilled and unskilled work. Tamura quotes a Japanese Hospital nurse named "Marie," who was there between 1937 and 1940, as saying "in those days they paid us . . . about ten dollars a month," and that the hospital "didn't have anybody to clean, so we used to do it all. And bathe the patients."⁴⁰

Nurse Training as a Cultural Experience

The idea of nurse training at a hospital was not an original American idea. As the Crimean War and the Civil War made Europeans and Americans aware of the need for trained nurses, warfare contributed to the development of nurse training. Modern nursing was also introduced to Japan as a result of Western influence and militarization. Japan's rise as a military power in Asia, accompanied by Westernization following the Meiji Restoration, encouraged Japan to establish nursing schools. As early as 1886, a Nightingale School was established in an American mission hospital in Kyoto.⁴¹ From the 1890s, in tandem with Japan's militarization, Red Cross nurse training centers had spread across Japan, especially during the wars with Russia and China.⁴²

The uniqueness of the Japanese Hospital's nurse training program was not in its medical training, but rather its ethnic orientation. As a professional training program, it provided Nisei women with an opportunity to become skilled professionals while strengthening their ethnic heritage, as if it were an educational, cultural program. In other words, it was somewhat like a Japanese language school with the goal to imbue Japanese language, culture, and values in Nisei children whose parents worried they might forget their Japanese heritage. The student nurses had to stay in a dormitory, where they interacted with other Nisei women. At work, they dealt with Issei doctors and patients every day with Japanese mannerisms. They learned Japanese language, values, and most of all, human relations.

For doctors, the house-trained Nisei nurses were acceptable because they fit in the Issei-run institution well. Young Nisei nurses learned respect for men and their seniors while avoiding Americanizing influences by staying inside an ethnic enclave. Although Nisei activity in nursing and teaching occupations indicated increased acculturation, according to Tamura, "it also showed signs of cultural persistence, reflected by the dominant roles assumed by Japanese men. Thus Nisei advancement in professional, skilled, and semiskilled occupations by 1940 was substantial for men but not for women."⁴³

Among the Nisei at the Japanese Hospital, men were ahead of women in terms of professional advancement and their exposure to the U.S. mainland. The reason was that in contrast to "home-grown" Nisei nurses, Nisei doctors, all men, had to go to the mainland United States because there was no medical school in the Territory of Hawaii. Change came through these male Nisei doctors. According to a former clerical employee, Jiro Shikuma, "Gradually, the second generation came back from the mainland medical school training. Those doctors used to teach at the school of nursing, too, so in a bilingual way, they used to teach for medical training."⁴⁴ Nisei doctors' expectation of nurses' submissiveness, however, did not seem to change.

Nisei nurses on other islands had similar experiences. In Hilo, a major urban center of Japanese population on the Island of Hawaii, a number of Japanese doctors had private offices to treat Japanese patients. Although they did not establish one big immigrant hospital, Nisei doctors returned from their mainland training and practiced in Hilo to serve the ethnic community. Mitsuko Kawamoto, a Nisei born in Kohala, Hawaii, in 1921, worked for one Nisei doctor, Toshio Kutsunai, between 1938 and 1941. Dr. Kutsunai was also born in Kohala, but after receiving a B.S. from the University of Hawaii, he went to the mainland where he received his B.M. and M.D. degrees at Northwestern University and interned at Omaha and Chicago hospitals. Kawamoto found that Dr. Kutsunai was a typical "samurai" to his patients and employees, who were almost entirely Japanese, meaning he was a traditional Japanese male. Because he needed a Japanese-speaking nurse, he recruited Kawamoto when she went to see him for some treatment, and as soon as she graduated from high school, she was hired. She got on-the-job training while doing a wide range of work. She thought it was a good job, but after three years, she married and left.⁴⁵

The emergence of the Nisei generation portended significant changes in the Japanese Hospital as well as in the community. The American-born generation was far better equipped with language skills, political opinions, education, and training than their parents. On the surface, both Nisei nurses and doctors submitted to Issei leadership. Superintendent Dewa, a notoriously autocratic leader, adamantly kept the hospital "Japanese."

To Issei, the Japanese Hospital was not just a medical institution but a proud symbol of their ethnic struggles for a better social standing as an immigrant group in Hawaii. As nationalistic fervor rose in the late 1930s, Japanese Hospital leaders expressed their sentiments by dedicating a new hospital building to the Japanese Imperial family.⁴⁶ In the fall of 1938, a new building named *Onshi Kinenkan* (a building in honor of Imperial family donations), was built in the image of the Japanese Imperial family's emblem, the chrysanthemum, at a total cost of \$135,000. The modernization project showed the leaders' interest in celebrating their ethnic pride in Japan, rather than their commitment to making the Japanese Hospital a standard American hospital.

In that context, the accreditation of its nursing program became their next goal. In 1940, the Territory was expected to pass an act regarding approval of nursing programs and degrees for registered nurses (RN's). The newly-appointed Nisei superintendent, Kensaku Tsunoda, decided to seek accreditation. In the Issei-controlled *Jizenkai* official meeting in September, he explained the possibility of accreditation of their school of nursing and he presented the following issues for discussion: (a) whether to upgrade the nursing school to an accredited institution; (b) change in the number of admissions in order to make the admission standards higher; (c) facilities; (d) faculty; and (e) research on dietary reg-

ulations.⁴⁷ Overall, significant improvements were necessary to meet accreditation standards.

The task was hard, because for a long time the nursing training program had been rather neglected as a self-serving, in-house system to secure useful workers at low cost. As for faculty, for example, accreditation would require the hospital to have a surgery department chief and an accredited head nurse. Nevertheless, the consensus among the leaders was that they should aim for accreditation. According to the *Jizenkai* report, even Dewa, the frugal former superintendent, emphasized the importance of accreditation: "Service is the most important concern for the Hospital and should be given the highest priority. The financial aspect is secondary to the improvement of services. . . ."⁴⁸

In 1941, the Japanese Hospital's nursing program received the Territory's accreditation. Starting with students admitted that fall, the graduates would qualify for an RN degree—which would allow them, upon successful completion of the Territorial Board exam, to practice at any hospital in Hawaii. The Japanese-language newspaper *Nippu Jiji* reported that new students would start the three-year program in September, serving as probationers while they would all room and board at the hospital, receiving uniforms and a monthly salary of five dollars for the first year and fifteen thereafter.⁴⁹

Apparently the accreditation was not considered a threat to the hospital's ethnic homogeneity. That summer, an advertisement in another Japanese paper, the *Hawaii Hochi*, called for "Girls between 17 and 22 years of age, unmarried. High school graduates; must have at least 8 years of study in Japanese. Girls of good health and conduct."⁵⁰ The *Nippu Jiji* praised the program as a good opportunity for young Nisei women to learn their parents' language: "Because the patients at the Japanese Hospital are Japanese, the program also emphasizes the study of the Japanese language [besides nursing]. After three years of training, graduates speak just as good Japanese as girls who returned from their study in Japan."⁵¹

The hospital Nisei nurses were still expected to work hard and even serve overtime without complaining, respect doctors and elders, and play a submissive role. According to a mainland-educated Nisei doctor, Tsuneichi Shinkawa, practical nurses respected doctors, called them *sensei*, would always walk behind them, stood up to salute them in class, and gave way to them in the elevator.⁵² But accreditation inevitably led to the improvement of Nisei nurses' status as registered nurses. A Nisei doctor, Kazuo Miyamoto, recalls that the Nisei nurses used to serve the doctors much better than registered nurses, who would not behave in the submissive Japanese style.⁵³

By this time, Nisei women actually had a choice of nursing programs if they wanted to become nurses. Other major Honolulu hospitals, such as Queen's Hospital and St. Francis, had started to admit Nisei. Bilingual, bicultural Nisei

who were used to American education had little problem in receiving training at these English-speaking institutions. To compete with other hospitals, Japanese Hospital administrators were aware of the need to improve its nursing school classrooms and dormitories. In the fall of 1941, Superintendent Tsunoda announced a new expansion plan and a fund drive to meet these needs—plans that would soon be disrupted by war.⁵⁴

“Uncle Sam Needs Nurses”

Just when the Nisei nurses at the Japanese Hospital had hope of becoming registered nurses, the war between the United States and Japan broke out with the Japanese attack on Pearl Harbor in December 1941. The Issei administrators and doctors, and even some Nisei, were immediately taken away by the American government authorities. Nurses were left at the hospital with the remaining doctors to serve the patients. The war needed nurses—not as Japanese but as American nurses. Quickly the war transformed the Japanese Hospital and its Nisei nurses, moving them from their ethnic enclave into the mainstream.

World War II undoubtedly had an impact on nursing in general. Both military and civilian demand for nurses grew dramatically and created a severe nurse shortage. Social recognition of nurses also changed as, in Bonnie Bullough's words, “health manpower began to assume an importance in successful warfare.”⁵⁵ She also writes that American nurses supported the war effort right from its outbreak, and that those who volunteered to serve the military overcame “subtle” and “paternalistic” discrimination and won managerial power.⁵⁶ To mitigate the nurse shortage, American hospitals expanded nursing schools in order to use students' services during training while preparing them for nursing after graduation. The federal government gave large-scale assistance to nursing schools and students.⁵⁷

The changes in the Japanese Hospital's nurses came from nationwide changes in nursing, but a greater impact was the Japanese American ordeal, as an ethnic group, of having their loyalty to the United States in doubt. This accelerated acculturation and consolidated their ethnic identity as Americans. Nisei nurses supported the war effort, although quietly and passively. Immediately after the Pearl Harbor attack, injured American Navy men were brought to the Japanese Hospital. While doctors and nurses were treating the patients, the administrators called a “war-time emergency meeting” at the hospital that afternoon. In the presence of all department chiefs, Superintendent Tsunoda gave specific instructions, such as to enforce the black-out, to be especially polite to “foreign” patients, to avoid spreading groundless rumors, and to obey absolutely any order from military officers.⁵⁸

Under the confusion of having Issei (and some Nisei) leaders detained by the Federal Bureau of Investigation, Nisei nurses probably just concentrated on treating patients and waited for further instructions from their leaders. In the meantime, the Nisei men who were not arrested took leadership roles. The main new Nisei leaders were Harvard-educated attorney Masaji Marumoto (then *Jizenkai* vice-president) and Kohala-born Dr. Tsuneichi Shinkawa, a graduate of the University of Iowa medical school (also president of the Honolulu Japanese Medical Association and member of the Hospital Board of Trustees). The Nisei administration immediately adopted an Americanization policy.⁵⁹

The Nisei nurses followed the Americanization policy. One of the Nisei administrators' major decisions was to cooperate with the U.S. military. According to Dr. Shinkawa, he and other new leaders "decided to offer the hospital to the [U.S.] Army before it was confiscated," which had happened to other Japanese-owned businesses and institutions. They thought it was "the only way we had at that time: to serve the Army."⁶⁰ Shinkawa also felt that "the hospital was much more protected by the military during the war, because the Army was there."⁶¹ About a week after Pearl Harbor, the U.S. Army came into the Japanese Hospital, taking over the Obstetrics-Pediatrics Building and the Isolation Ward and converting them into a military hospital named "Provisional Hospital No. 3."⁶² Captain Robert J. Hoagland of the Medical Corps was assigned to Provisional Hospital No. 3, accompanied by his men and nurses. By 1 February 1942, they had 150 beds in four ward buildings, leaving the rest in the hands of the Japanese Hospital staff.

Many other "voluntary" Americanization policies took place after the outbreak of the war. The hospital's official language was immediately switched to English, despite the fact that many of the patients were Issei. According to Dr. Kazuo Miyamoto, who returned from a mainland internment camp after the war, he was shocked to find that bilingual Nisei nurses were speaking to Issei patients in English. "They tried to speak English to patients . . . who didn't know any English. I said, 'For Christ's sake, why don't you speak Japanese?' 'That's the way we were taught,' they said."⁶³

Another symbol of Americanization was the renaming of the hospital. On 1 August 1942, as soon as its leaders got permission to hold a meeting, they met and unanimously voted to choose a new name. "Kuakini Hospital" was adopted after the street on which the hospital was located.⁶⁴

The Nisei nurses were also faced with the task of raising their nursing skills to meet the American standard, as white nurses and doctors came into the hospital. Although there are no records, it seems that the renamed immigrant hospital, with expanded capacity, tried to mitigate its staff shortage by hiring outsiders. The Committee on Supply and Distribution of Nurses, established by the National Nursing Council for War Services, and a federal agency, the

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, Sanitary Engineers, and Nurses of the War Commission, helped provide nurses for civilian and military nursing.⁶⁵

One of the mainland nurses sent by the Red Cross witnessed Kuakini's changes. Bernice White came to Hawaii with two other nurses soon after the outbreak of the war, and remained at Kuakini Hospital even after they were released from duty in the summer of 1944. According to White, Dr. Irwin became the Medical Director, and Drs. Bruce and Strode worked as his associates at Kuakini.⁶⁶ There was a general nurse shortage among hospitals in Hawaii, but Kuakini lacked registered nurses. So by the end of the war white nurses had become an important part of the nursing staff. Bernice White later became the head nurse at Kuakini.

White nurses noticed many "problems" with the medical practices at Kuakini, and felt the need to enforce American standards. Bernice White recalls the following problems:

1. All operations were scheduled only one hour apart, whereas a major surgery would normally take two hours.
2. Sterilization technique had many flaws: instruments were not sterilized properly; surgeons and nurses were not careful enough.
3. Nurses were overworked day and night and were exhausted.
4. Japanese labels were still on jars and bottles.
5. Many of the nurses had no RN degrees.⁶⁷

Many of these "problems," which indicate Nisei nurses' poorer treatment and lower status, were legacies of the Japanese Hospital's isolation from American standards under Issei administration. The mainland nurses and doctors committed themselves to improving the medical and nursing standards at Kuakini. According to White, the problems "were quite well overcome" in a few months after she started.

Some doctors did not welcome Americanization. For example, when White found that a Japanese doctor was abusive toward his nurses, she reported it to Dr. Irwin, who subsequently put him on probation. Many of the nurses at Kuakini were in favor of such changes. According to White, "The nurses and aides, most of them Japanese, were most cooperative during this change. The aide in charge of the sterile supply room seemed to take it for granted that everything be changed. . . . The majority of surgeons were very cooperative. I remember one who said: 'This change is long overdue.'"⁶⁸

Drastic changes took place in the School of Nursing. To mitigate the nurse shortage, Kuakini advertised for nurses in newspapers, seeking women of any ethnic background who wish to "aid fellow Americans." An English ad in the

Honolulu Advertiser read as follows under the headline, "Humanity is Calling You":

Kuakini Hospital Aims . . . [t]oward being one of the most modern and American Hospitals in the Territory . . . fitted to conform with the standards of the American College of Surgeons, The American Medical Association and The American Hospital Association. Requirements: Young women between the ages of 17 and 35 with High School Education who can qualify may enter the course, *regardless* of RACIAL ORIGIN. . . .

Aim:

1. To train nurses capable of meeting the needs of the Community and the requirements of a professional nurse.
2. To produce individuals who may be said to be an asset to our society. (Good Citizens.)

A Complete American General Hospital: Kuakini Hospital⁶⁹

Close to the end of the war, the hospital even put an advertisement in a local Chinese newspaper, both in Chinese and English, jointly with Queen's and St. Francis Hospitals. The English version read:

"Gung Ho" (Working Together)

That's the Only Way To Win This War—Uncle Sam Needs Nurses—
America Needs Nurses. . . .

Nursing offers the women of Hawaii an opportunity not only to do their share in the work to win this war, but also a permanent profession that offers unlimited opportunities in the future. . . .⁷⁰

These advertisements clearly show Kuakini Hospital's attempt to proclaim its loyalty to the United States and its ethnic diversity by defining its nurses as loyal Americans. Nurses' control over decision making did not increase after the Issei administrators and doctors were gone. Rather they were subject to the tide of changes introduced by new Nisei male leaders and white intruders into the once ethnically closed institution. While Nisei men were fighting the war as soldiers to prove their loyalty to the United States, Nisei nurses were quietly contributing to the war effort as American nurses.

Tamura writes that the war accelerated Nisei acculturation, giving the example of Nisei soldiers who came in contact with mainland Caucasians.⁷¹ Nisei nurses went through a similar experience without leaving the Islands. By the end of the war, Nisei nurses were Americanized, not just in terms of their ethnic identities but also in exposure to white nurses and doctors and to mainland medical practice standards. Although it may not have been their conscious decision, their Americanness that had been suppressed under the Issei male leaders sur-

faced. The war was a catalyst that encouraged the Americanization process that had already been taking place around 1940. The Army left Kuakini Hospital in 1944 to move to Tripler Military Hospital and the Pacific War ended in August 1945.

The war also had a great impact on American nursing education in general. A visible change was that the federal government started to influence nurse training by providing funds and requiring compliance with certain standards. Before the end of the war, the National Nursing Planning Committee was established with a task of planning post-war nursing by developing professional objectives and by determining areas for study and research. As a result, Dr. Esther Lucile Brown conducted a major study which recommended that all existing schools of nursing in the U.S. develop affiliations with universities, and that professional nurses should be educated at the baccalaureate level, while two-year programs be developed to mitigate the nursing shortage. Her study, called the *Brown Report*, was published in 1948 and had "a profound impact on nursing education in the fifties."⁷²

Another milestone was the Bolton Act, enacted on 1 July 1943. It allowed all accredited nursing schools to apply for federal funding if they reduced the training period from three years to thirty months. This, according to Grippando and Mitchell, raised the standards of nursing education across the United States by requiring that schools comply with the standards set by the National League of Nursing Education in order to apply. The act also required that the nursing schools admit all qualified applicants regardless of race or religion.⁷³

Assimilation into the Mainstream

The post-war era witnessed further standardization and development of university nurse training throughout the United States. At the same time, the era also witnessed a great improvement in Japanese Americans' socioeconomic status after they overcame the wartime challenges to prove their loyalty to the United States. Kuakini Hospital had to respond to these changes. The result was the closing of Kuakini's school of nursing in 1955, symbolizing its assimilation into the mainstream.

The wartime Americanization effect was extensive, not just for Nisei nurses but also for Hawaii's Japanese Americans. The post-war changes in their social standing and economic affluence allowed the younger generations of Japanese Americans to choose hospitals rather freely, at the same time as Kuakini's Americanization diminished the hospital's role of catering to one ethnic group. Japanese American doctors got access to other hospital facilities as the hospitals opened their doors. Nisei women in general got better and broader employment

opportunities.⁷⁴ For those who wanted to pursue a nursing profession, the University of Hawaii started to offer a degree-granting nursing program.

The initial postwar reconstruction of Kuakini Hospital was not easy. Despite the white staff's Americanizing influence, the quality of services did not improve as quickly as Japanese Americans' socioeconomic standing. The Army presence and the increased patient load during the war had caused Kuakini's facilities and services to deteriorate. Kuakini Hospital's reputation among local Japanese Americans was negative: poor nursing care, crowded rooms, inadequate facilities and equipment, and poor surgical skills among doctors. The only positive factor that it had was the lowest fees of all major Honolulu hospitals. As detained Issei leaders returned to Hawaii, they wanted to reverse the Americanization policy and return Kuakini to its original mission as an inexpensive ethnic hospital.

In 1948, a new Nisei administrator, Kenji Goto, who had served during the war in the United States Military Intelligence Service, was called in to solve these problems and reconstruct Kuakini Hospital. His drastic reorganization measures were based on his belief that Japanese Americans who had suffered from racial discrimination and low socio-economic standing as a group were now achieving a much higher status. As a former ethnic hospital, Kuakini should respond to the needs of a younger generation who were no longer willing to put up with poor services. He was also committed to raising all employees' wages on the grounds that if a major employer of Japanese Americans allowed low wages, which meant self-exploitation, Caucasians would be encouraged to do the same. He got the Issei-controlled board of directors to approve a pay raise by saying, "As long as we exploit ourselves, we can never gain respect from other races."⁷⁵ His aim was to make Kuakini a first-rate hospital, comparable to the two most highly-regarded hospitals in the area, Queen's and St. Francis. As a result of such measures, the hospital improved greatly. Ethnic sentiment was still used to solicit donations and commitment from the Hawaiian Islands' Japanese Americans. Fund-raising began in 1949 and continued for years to follow.

Goto's leadership affected Kuakini Hospital's nurses and nursing education. As part of raising standards, the School of Nursing received (probably provisional) accreditation in January 1950.⁷⁶ By 1953, the enlarged nursing department consisted of 63 full-time nurses, six part-time nurses, 27 practical nurses, and 14 nurses' assistants. The hospital now had 115 beds for adults, 20 for children, 20 bassinets for infants, five operating rooms, a clinical laboratory, an X-ray department, a pharmacy, and an emergency room, while its medical staff included eight interns in addition to many doctors.

Ironically, Goto's pursuit of higher standards and improvement led to the termination of his hospital's nursing school. As Hawaii's statehood approached,

the University of Hawaii started a School of Nursing just around the time of Kuakini Nursing School's accreditation. Backed up by the Territorial government and well-accredited, the University was better at training English-speaking, American-standard registered nurses. Because the University of Hawaii did not have a medical school or its own hospital initially, its nursing school needed a facility where its students could get practical training. Under these circumstances, Kuakini's administration made a decision to offer a special arrangement to the University. According to Goto,

While our nursing school had been struggling with provisional accreditation, University of Hawaii decided to establish a school of nursing and it needed a hospital nursing facility to give the students clinical experience. . . . Knowing that our nursing school was not going to last too long . . . , she [Chairman of the Board of Nursing, Virginia Jones] approached me if Kuakini would not close its nursing school and allow the University School of Nursing students to use it for clinical training.

My recommendation to accept the University's proposal was endorsed by our Nursing Education Committee and approved by our Board of Directors. Our last class graduated in June 1955 and in September the University of Hawaii students commenced to come to Kuakini for training.⁷⁷

Goto, committed to better services and efficiency, felt that they had "so much to catch up in order to receive full accreditation" including classroom buildings and a faculty of registered nurses with the master's degree. In the older days, the Japanese Hospital had let Issei doctors or experienced nurses teach students, but such a practice was not allowed at an accredited school of nursing. Thus Goto concluded that Kuakini's limited resources and funds should be spent on patient facilities. In the summer of 1955, after five years of accreditation, Kuakini's school of nursing closed. It was the first among three major hospitals in Hawaii to give up nursing education and cooperate with the University of Hawaii.

The closing was not a unique or peculiar decision by Kuakini. With the statehood of Hawaii, federal funding encouraged hospitals to develop ties with universities, and a nationwide trend had made nursing a respected, legitimate academic discipline. According to Bullough,

The federal assistance set a precedent for government cooperation in nursing education and, although in the post-war years that assistance varied with administrations and national conditions, the funds that were granted helped the schools as they moved into the mainstream of American education. Federal funds gave educators stronger bargaining power with colleges as they sought affiliations for nursing schools.⁷⁸

Nisei nurses, freed from Issei doctors and patients, were also freed from the

Japanese American enclave, and the once Japanese ethnic hospital became a multiethnic, American institution.

After the need for Nisei ethnic nurses disappeared, Japanese American women moved up Hawaii's socioeconomic ladder. Those who pursued the nursing profession did so as a means of getting into the mainstream. Jane Uyeki, a Nisei who was born in 1932 and grew up on a plantation, was one of the first of the "new" Nisei nurses. In 1966, at age 33, she entered University of Hawaii-Hilo's practical nursing program. She recalls that out of a hundred some applicants, only 18 were accepted. Approximately half were Japanese, plus two Hawaiians, a Filipina, and a Filipino. After graduation, she worked for the state-run Hilo Hospital, where patients and doctors were ethnically mixed but registered nurses were mostly of Japanese descent. While working, she earned an associate degree and then became an RN.⁷⁹ This demonstrated her aspiration for a higher status in the mainstream. She worked with doctors of various ethnic backgrounds—Caucasian, Japanese, and Chinese. Neither her ethnic background nor that of Japanese American doctors mattered; they were an integral part of the hospital staff.

Affirmative Action programs furthered the integration of minority women into schools of nursing in the 1970s. Thus schools had to deal with the special needs of minority students, while incorporating knowledge of the cultural needs of minority patients. Madeleine Leininger writes that "some of these minority affirmative action nurses gradually became interested in culturological and social science aspects and began to incorporate more substantive ideas about culture into nursing curricula."⁸⁰ Affirmative Action also raised the status of American women in general in employment and education, allowing Japanese American women higher professional acculturation. Similar to many other hospitals across the country, Kuakini Medical Center today faces a nurse shortage problem. Far different from the situation in the 1920s, the current shortage is not an ethnic matter but is a part of a nationwide trend.⁸¹ Ironically, Japan also suffers from a nurse shortage because of women's increased employment opportunities and the nursing profession's harsh working conditions.⁸²

Conclusion

"Nurses' experience," writes Barbara Melosh, "is a compelling case study of the complex relationships of gender and work in the twentieth century, one that suggests new insights for women's history, labor history, and medical history."⁸³ However, the history of Japanese American nurses in Hawaii shows that it is also a case study of ethnic acculturation. The transition of the Japanese Hospital's nursing program, from the training of Nisei ethnic nurses to their

Americanization and eventual assimilation, is basically a successful example of upward mobility. The process was closely tied to changes in Honolulu's Japanese American community, their socio-economic status, social acceptance, and American immigration policy.

Nisei women nurses may have been passive, as their Issei mothers were. They were trained by and worked under Issei men, and later Nisei men; they were isolated in an ethnic enclave. Initially, the Immigration Act of 1924 created a sudden need to train Japanese-style nurses within Hawaii. The new generation of Hawaii-born women responded to the Japanese American community's need by providing Issei patients and doctors with unique services. It was a product of Nisei women's bicultural resilience and Issei men's strong control. Within the ethnic institution, the young Nisei women had to bear the same low wages and hard working conditions as non-Japanese nurses, but their ethnic work environment was harsher. Goto's criticism of ethnic minorities exploiting themselves was true. In that sense, the Nisei nurses experienced double discrimination, based on their ethnicity and gender, within the group. They underwent Americanization during and after World War II, not so much by their own choice as by Nisei male leaders' decisions.

However, Nisei nurses played important roles. Besides providing Japanese American doctors and patients with needed services, they contributed to the wartime effort to prove Japanese American loyalty to the United States in a quiet manner, in contrast to the well publicized efforts of Nisei soldiers.⁸⁴ They stayed where they were, continued their work, and underwent Americanization. As a result, they won for themselves and all Japanese Americans better status and fairer employment opportunities.

The Nisei nurses, at the same time, might have contributed to the perpetuation of Japanese American gender expectations by accepting men's authority in the ethnic community. As a result, career-oriented Japanese American women today have to overcome the traditional cultural values brought by early Japanese immigrants. About Japanese Americans who enter the University of Hawaii medical school, for example, McDermott, Jr., Tseng and Meretzki wrote in 1980:

Traditional family expectations and emphasis on career opportunities for sons are the main inhibitors of women entering the learned professions. AJA [Americans of Japanese ancestry] women applicants to medical school have described ridicule from their families as an extremely painful deterrent. Not unexpectedly then, AJA women medical students are noted as highly assertive by AJA standards, which in turn has tended to discourage sexist attitudes from their classmates. Curiously, the most notable sexist attitude among medical students at the University of Hawaii is the resistance of AJA men to the authority of women faculty. This may be a

cultural carry-over of a discomfort with a perturbation of the traditional pattern of authority. . . .⁸⁵

Thus it is up to the current younger generations of Japanese American women to continue the professional mobility that the Nisei women in nursing and other skilled jobs initiated.

In a larger picture of changes in American nursing, the disappearance of ethnic nurses from an ethnic medical institution does not mean patients' ethnic needs have declined. Instead, American nursing has gained a more multicultural perspective. Need for cultural studies as a part of nursing education has led to incorporation of cultural values in nursing education. The first such course was offered at the University of Colorado in 1966.⁸⁶ Today "transcultural nursing" has become essential for hospitals in dealing with the varying needs of a culturally and ethnically diverse clientele. According to Madeleine Leininger, "ethno-nursing" should aim at obtaining "the local or indigenous people's viewpoints, beliefs, and practices about nursing care or modes of caring behavior and processes of the designated cultural group."⁸⁷ She takes up the case of a Nisei male psychiatric patient, for example, as showing the need to understand his Japanese values.⁸⁸

The transition of Nisei nurses gives a unique perspective on the current nurse shortage problem at many American hospitals. Low wages and hard working conditions have turned American women away from nursing to other professions that were once reserved for men, such as medical doctors. Immigrant nurses are now being brought in from developing countries to fill the shortage at American hospitals in Hawaii and on the mainland. According to Yen Le Espiritu, the Immigration Nurses Act in 1989 "offered permanent residency to foreign nurses who had lived and worked in the United States in the recent past" and is expected to cause "at least a short-term increase in women's presence among legal immigrants."⁸⁹ These nurses should be a subject of further research. In these new "ethnic" women nurses, we can see the intricate connection between ethnicity, gender, labor market economics, and immigration policy, although the basic human need for capable, caring nurses, regardless of nationality or skin color, will never end.

The author gratefully acknowledges support and comments by Janis Shirai of the University of Hawaii at Hilo, Eileen H. Tamura of the University of Hawaii at Manoa, and Brian Niiya of the Japanese American National Museum, and helpful information from Mrs. Mitsuko Kawamoto and Mrs. Jane Uyeki. Appreciation also goes to the Kuakini Medical Center, and the libraries of the University of Hawaii at Hilo and University of Hawaii at Manoa.

Notes

¹ For a study of male nurses in comparison with female soldiers, see Christine L. Williams, *Gender Differences at Work: Women and Men in Nontraditional Occupations* (Berkeley: University of California Press, 1989). The relationship between feminism and nursing is studied in Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage, and Feminism in America* (New York: Garland, 1993).

² McDermott, Jr., Tseng, and Maretzki write that upward mobility for young Japanese women in Hawaii was "typically through teaching or nursing, while working as secretaries, retail clerks, and waitresses remained the norm—essentially as in the rest of the United States." See John F. McDermott, Jr., Wen-Shing Tseng, and Thomas W. Maretzki, *People and Cultures of Hawaii: A Psychological Profile* (Honolulu: John A. Burns School of Medicine and The University Press of Hawaii, 1980): 92. For occupational distributions and labor markets for Japanese American women in general, see Evelyn Nakano Glenn, *Issei, Nisei, Warbride: Three Generations of Japanese American Women in Domestic Services* (Philadelphia: Temple University, 1986). Based on the U.S. census, she points out that Issei women were largely engaged in agricultural and service sector jobs in the pre-war period. According to her, the ratio of professionals (teachers and nurses) among Japanese American women was 1.9% in 1900, 2.7 in 1920, and 4.9 in 1930 (67–76).

³ Mei Nakano, *Japanese American Women: Three Generations, 1890–1990* (Berkeley: Mina Press, 1990).

⁴ This applies to Joyce Chapman Lebra's *Women's Voices in Hawaii* (Niwot: University Press of Colorado, 1991), which concisely summarizes the history of Hawaii's Japanese American women in one section. As to urban working women of Japanese ancestry, it briefly mentions: "As they moved off the plantations and into urban centers, men found jobs as construction workers [etc.]. . . . Women became maids, cooks, food processors, and seamstresses. Some women opened small retail shops, often as family businesses. The second generation Japanese immigrants, encouraged by parents who made their children's education their first priority, went into the professions": 142. Although it does not mention Nisei nurses, the book includes stories of one Korean and two Filipina nurses and also mentions midwifery (219–22, 255–58, 262–65, 269).

⁵ Their works include Isabel M. Steward and Anne L. Austin, *History of Nursing: From Ancient to Modern Times*, 5th Ed. (New York: G.P. Putnam's Sons, 1962); Lyndia Flanagan, comp., *One Strong Voice: The Story of the American Nurses' Association* (Kansas City, Mo.: American Nurses' Association, 1976); and Josephine A. Nolan, *Nursing in Society: A Historical Perspective* (Philadelphia: W. B. Saunders Company, 1973). For more thorough bibliographies, see Mary Ann Dzuback, "Nursing Historiography, 1960–1980: An Annotated Bibliography," in Ellen Condliffe Lagemann (ed.), *Nursing History: New Perspectives, New Possibilities* (New York: Columbia University Teachers' College Press, 1983): 157–210, and "Bibliography" in Gloria M. Grippando and Paula R. Mitchell, *Nursing Perspectives and Issues*, 4th ed. (Albany, N.Y.: Delmar, 1989): 430–46.

⁶ Madeleine Leininger, *Transcultural Nursing: Concepts, Theories, and Practices* (Columbus, Ohio: Greyden Press, 1994).

⁷ Joyce Newman Giger and Ruth Elaine Davidhizar, *Transcultural Nursing: Assessment and Intervention* (St. Louis: Mosby Year Book, 1991).

⁸ Joyce Anne Elmore, "Black Nurses: Their Service and Their Struggle," in *Pages from Nursing History* (New York: American Journal of Nursing Company, 1984): 30–32, reprinted from *American Journal of Nursing* (March 1976). See also Elizabeth Carnegie, "Black Nurses at the Front," *American Journal of Nursing* 84 (October 1984): 1250–52.

⁹ Eileen H. Tamura, *Americanization, Acculturation, and Ethnic Identity: The Nisei Generation in Hawaii* (Urbana: University of Illinois Press, 1944): 232–34.

¹⁰ *Ibid.*: 232.

¹¹ Helen Tierney (ed.), *Women's Studies Encyclopedia* (New York: Greenwood, 1991), vol. III, "History, Philosophy, and Religion," 340.

¹² For an analytical study of the modern hospital, see Morris J. Vogel, *The Invention of the Modern Hospital: Boston 1870–1930* (Chicago: University of Chicago Press, 1980).

¹³ Japanese Consulate Records, re-cited by James H. Okahata, et al., *History of Japanese in Hawaii* (Honolulu: The United Japanese Society of Hawaii, 1971): 110–11. For a detailed analysis of immigration companies, see Alan Moriyama, *Imingaisha: Japanese Emigration Companies and Hawaii, 1894–1908* (Honolulu: University of Hawaii Press, 1985).

¹⁴ The first Japanese physician, Kosai Yoshida, came on the first ship, *City of Tokio*, in February 1885 to accompany more than 900 immigrants. Teizo Iwai came on the second ship.

¹⁵ For details on Issei doctors, see Eriko Yamamoto, "The Evolution of an Ethnic Hospital in Hawaii," Ph.D. dissertation (University of Hawaii, 1988): 48–84.

¹⁶ The Territory of Hawaii gave special consideration to Issei doctors by allowing them to take its medical examination in Japanese until 1914.

¹⁷ Former *ikan*, such as Dr. Mori Iga, settled in Honolulu and practiced medicine for Japanese clientele. Those who received medical training from mainland medical schools, including Katsugoro Haida from Stanford, also practiced in Honolulu. The reality was that Issei doctors, many of whom were unable to treat non-Japanese patients or function in an all-English environment, were denied access to white hospitals in Hawaii.

¹⁸ Hawai Nihonjin Jizenkai, *Japanese Hospital and its History* (Honolulu, T.H.: Nippu Jiji, 1921): 4–5.

¹⁹ Ethnic medical services were also available to Japanese immigrants in Hilo, another major city with a large Japanese population, located on the island of Hawaii. According to *The Private Japanese Hospital*, between 1907 and 1960, at least eleven Japanese hospitals (private clinics) operated in Hilo, served by six Issei and five Nisei. For details, see *The Private Japanese Hospital: A Unique Social Phenomenon on Hawaii 1907–1960* ([Hilo?]: The Lyman House Memorial Museum, 1985). At these hospitals, the doctors' wife and a young assistant usually served as nurses. According to *The Private Japanese Hospital*, "doctors were on 24 hour call, seven days a week, and lived within the hospital complex. The members of the family all had responsibilities; several of the wives worked side by side in the operating room and became the physician's most trusted assistant. One wife said that she had to deliver babies while the doctor was operating on another patient. . . . Other staff, especially young nurses, lived at the hospital and were on 24 hour call": 1–2.

²⁰ Hawai Nihonjin Jizenkai, *Hanki hokoku* (semiannual report), 1 September 1900–28 February 1901.

²¹ Dennis M. Ogawa, *Kodomo no tame ni—For the Sake of the Children: The Japanese American Experience in Hawaii* (Honolulu: The University Press of Hawaii, 1978): 80–81.

²² On the doctors's authority in the West, Una Maclean writes that besides his "charisma" as "a priestly mediator between men and fate," he also has "sapiential authority," deriving from respect he earns for "his superior knowledge, gained in the course of long apprenticeship and based upon his own experience and that of his seniors." The author also adds his "moral authority," much of which is "taken for granted by those who share the same culture with him," assuming whatever he does is essentially good for the society and patients and should therefore make him revered. See Una Maclean, *Nursing in Contemporary Society* (London: Routledge & Kegan Paul, 1974): 78–79.

²³ Shoko Mukai, *Kangofu no genba kara* (Tokyo: Kodansha, 1993): 191–92. According to Mukai, lower class Japanese women were trained as needed workers to serve patients, involving care of their excreta, blood, and pus, for which the women were paid and also called "angels": 192.

²⁴ Helen Tierney (ed.), *Women's Studies Encyclopedia*, vol. III, *History, Philosophy, and Religion* (New York: Greenwood, 1991): 340.

²⁵ The number of nursing schools increased from 35 in 1890 to 1,775 in 1920 and the number of trained nurses per 100,000 of the population rose from 16 to 141 (Tierney [ed.], *Encyclopedia*, Vol. III: 340). According to another description, trained nurses in the United States started to arrive in the 1870s, "partially influenced by the successes of Florence Nightingale's trained nurses in improving hospital conditions," and "[b]y 1880, 15 schools enrolled 323 and had graduated 157; by 1900, 432 schools enrolled more than 11,000 students and had graduated almost 3,500 nurses." See Helen Tierney, ed. *Women's Studies Encyclopedia*, vol. I, *Views from the Sciences* (New York: Greenwood Press, 1989): 169. See also Grippando and Mitchell, *Nursing Perspectives and Issues*: 25–34.

²⁶ Grippando and Mitchell, *Nursing Perspectives and Issues*: 67.

²⁷ Vern L. Bullough and Bonnie Bullough, *The Emergence of Modern Nursing*, 2nd ed. (New York: Macmillan, 1969): 173.

²⁸ *Ibid.*: 173. On the development of collegiate nursing education, see Fred Davis, Virginia L. Olesen, and Elvi Waik Whittaker, "Problems and Issues in Collegiate Nursing Education," in Fred Davis (ed.), *The Nursing Profession: Five Sociological Essays* (New York: John Wiley & Sons, 1966): 138–75.

²⁹ The high labor turnover among nurses has also been seen among white nurses. Donna F. Ver Steeg points out that, even in recent years, "nursing is an interim job between school and marriage," which she thinks is reflected in its low salaries, referring to Philip A. Kalisch and Beatrice J. Kalisch, *The Advance of American Nursing* (Boston: Little, Brown, 1986). See also "Women in Nursing" in Sara E. Rix (ed.), *The American Woman 1988–89: A Status Report* (New York: W. W. Norton & Company, 1988): 230. For details on the effect of the Immigration Act of 1924, see Chuman, Frank F., *The Bamboo People: Japanese-Americans, Their History and the Law* (Chicago: Japanese American Research Project, Japanese American Citizens League, 1981).

³⁰ In November 1925, Superintendent Dewa reported to the hospital administrators and doctors that he had put an advertisement in the newspaper but had found it ineffective, and that he would seek a means to petition the Director of the Immigration Bureau or some other government official to allow *yobiyose* of nurses. Japanese Hospital,

"*Nihonjin Byoin innai kagiroku* (Intra-hospital meeting minutes)," 1925–1941, Kuakini Health System Archives, Honolulu, Hawaii: 12. Handwritten. Also Japanese Benevolent Society, *Teiki sokai hokoku*, no. 54, 1 July–31 December 1925 (n.p., 1926): 9.

³¹ Japanese Hospital, *Innai kaigi kiroku* (Intra-hospital meeting minutes), 15 February 1925–8 December 1941, handwritten, Kuakini Medical Center Archives, Honolulu: 12. Author's translation.

³² *Hawai Nihonjin Jizenkai, Teiki sokai hokoku*, No. 55, 1 January–30 June 1926 (Honolulu: n.p., 1926): 6.

³³ Japanese Hospital, "*Innai Kaigi Kiroku*." Author's translation. If we take the dates of the meetings as written in both the *Jizenkai* report and the Hospital minutes, there were two meetings. However, it is likely that they were referring to the same meeting.

³⁴ Eventually the hospital decided to make the program two years long, and to postpone the recruitment of new students until the first class graduated.

³⁵ *Jizenkai, Hokoku*, No. 55: 1.

³⁶ Japanese Hospital, *Innai kaigi kiroku*: 27. Author's translation.

³⁷ "*Nihonjin byoin kangofu sotsugyoshiki*" (Japanese Hospital nurse graduation), *Nippu Jiji*, 13 March 1929.

³⁸ *Hawai Nihonjin Jizenkai, Teiki Sokai Hokoku* (Regular general meeting report), no. 64, 1 January–31 December 1930 (Honolulu: n.p., 1931): 12–13; and *Teiki sokai hokoku*, No. 66, 1 January–31 December 1932 (Honolulu: n.p., 1933): 13.

³⁹ Tamura, *Americanization*: 233–34.

⁴⁰ *Ibid.*: 234.

⁴¹ The hospital, connected with a Christian school, Doshisha College, received Linda Richards as its first American-trained nurse, sent by the American Board of Missions. It closed in 1906 because of financial and other difficulties. See Steward and Austin, *A History of Nursing*: 403–04.

⁴² *Ibid.*: 404.

⁴³ Tamura, *Acculturation*: 234.

⁴⁴ Jiro Shikuma, interview by Hawaii Multi-Cultural Center for the History and Heritage Committee, Kuakini Medical Center, 27 March 1981, transcript: 11.

⁴⁵ Mitsuko Kawamoto, personal interview at her residence in Hilo, Hawaii, 7 January 1997. For details on Dr. Kutsunai, see Lyman House, *Private Japanese Hospital*: 26–29.

⁴⁶ For details on Japanese Americans' prewar nationalism, see Yuji Ichioka, "Japanese Immigrant Nationalism: The Issei and the Sino-Japanese War, 1937–41," *California History* 69:3 (Fall 1990): 260–75, 310–11.

⁴⁷ *Hawai Nihonjin Jizenkai, Teiki sokai hokoku*, 84 (1 January–31 December 1940): 15.

⁴⁸ *Ibid.* Author's translation.

⁴⁹ *Nippu Jiji*, 22 July 1941. Author's translation.

⁵⁰ *Hawaii Hochi*, 6 August 1941. Author's translation.

⁵¹ *Nippu Jiji*, 21 July 1941. Author's translation.

⁵² Tsuneichi Shinkawa, interview by Hawaii Multi-Cultural Center for the History and Heritage Committee, Kuakini Medical Center, 22 July 1980, transcript: 54. The transcription reads "*sansei*" (third generation), which apparently should read "*sensei*" (teacher).

⁵³ Kazuo Miyamoto, interview by Hawaii Multi-Cultural Center for the History and Heritage Committee, 11 April 1980. In the interview, he describes his resistance to reg-

istered nurses as follows: "By the time I retired, I didn't like the new nurses too much. The practical nurses, however, were much better. The new R.N.'s were unkind." It is not clear whether he was referring to Nisei or Caucasian RN's.

⁵⁴ *Honolulu Advertiser*, 4 December 1941.

⁵⁵ Bonnie Bullough, "The Lasting Impact of World War II on Nursing," in *Pages from Nursing History*: 126 (rpt. from *American Journal of Nursing* [January 1976]).

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*: 128.

⁵⁸ Japanese Hospital, "*Innai Kaigi Kiroku.*"

⁵⁹ Marumoto says that the Americanization policy was partly recommended by the arrested Issei leaders. According to him, the *Jizenkai* president, Daizo Sumida, imprisoned at Pier No. 10, told Marumoto during his visit, "This is a good opportunity to prove our loyalty to the United States." Masaji Marumoto, personal interview, 16 September 1986.

⁶⁰ Shinkawa, HMCC transcript: 30.

⁶¹ *Ibid.*: 50.

⁶² United States Army, Hawaiian Department, *Annual Report*, 1942 [no page number].

⁶³ Miyamoto, HMCC interview.

⁶⁴ Marumoto, interview.

⁶⁵ Flanagan, *One Strong Voice*: 116.

⁶⁶ Bernice White, manuscript, "Kuakini: The World War II Years," 1986. Kuakini Health System Archives, Honolulu.

⁶⁷ White, manuscript.

⁶⁸ *Ibid.*

⁶⁹ *Honolulu Advertiser*, 2 and 7 June 1944.

⁷⁰ *Hawaii Chinese Journal*, 11 January 1945.

⁷¹ Tamura, *Acculturation*: 237.

⁷² Grippando and Mitchell, *Nursing Perspectives and Issues*: 33.

⁷³ *Ibid.*

⁷⁴ According to Glenn's study of occupations among Nisei women, the ratio of professional/technical workers went up from 4.4% in 1940 to 9.2 in 1950 and 12.5 in 1960, whereas those of farm workers and private household workers went down significantly. The ratio of clerical workers also went up. See Glenn, *Issei, Nisei, Warbride*: 86-87.

⁷⁵ Kenji Goto, personal interview, 30 September 1987. Author's translation.

⁷⁶ "Kuakini Hospital Nursing School Granted Its First Full Accreditation in January," *Honolulu Advertiser*, 2 March 1950.

⁷⁷ Goto, HMCC transcript: 29-30.

⁷⁸ Bullough, "Lasting Impact": 128.

⁷⁹ Jane Uyeki, personal interview by telephone, 7 January 1997.

⁸⁰ Leininger: 463.

⁸¹ Approximately 10 to 20 percent of professional nurse positions are vacant. For details on the nurse shortage, see Donald E. Yett, *An Economic Analysis of the Nurse Shortage* (Lexington, Mass.: Lexington Books, 1975).

⁸² Japan's contemporary nurse shortage is described in Mukai, *Kangofu no genba kara*; Keiko Tachiki, *Kangofu busoku: Hakui no tenshi wa tsukarete iru* (Tokyo: Asahi Sonorama, 1991); Shoko Ejiri, Kiichiro Sugiyama, and Tsutomu Uwagawa, *Kangofu wo*

fuyashite! (Tokyo: Shin Nihon Shuppan, 1991); and Kazuyuki Mitou, *Kangofu 110 ban*, Iwanami Booklet no. 298 (1993).

⁸³ Barbara Melosh, "Doctors, Patients, and 'Big Nurse': Work and Gender in the Postwar Hospital," in Lagemann (ed.), *Nursing History*: 158.

⁸⁴ For Nisei soldiers' contributions, see Bill Hosokawa, *Nisei: The Quiet Americans* (New York: William Morrow, 1969). He also mentions Nisei women in military services.

⁸⁵ McDermott, Jr., Tseng, and Maretzki, *People and Cultures*: 92–93.

⁸⁶ Leininger, *Transcultural Nursing*: 461.

⁸⁷ *Ibid.*: 15.

⁸⁸ *Ibid.*: 340–49.

⁸⁹ Yen Le Espiritu, *Asian American Women and Men* (Thousand Oaks, Calif.: Sage, 1997): 64. For information on the recent immigration of Filipino women health professionals, she refers to K. M. Donato, "Understanding U.S. Immigration: Why Some Countries Send Women and Others Send Men," in D. Gabaccia (ed.), *Seeking Common Ground: Multidisciplinary Studies of Immigrant Women in the United States* (Westport, Conn.: Greenwood, 1992), P. Ong and T. Azores, "The Migration and Incorporation of Filipino Nurses," in P. Ong, (ed.), *The State of Asian Pacific America: Economic Diversity, Issues, and Policies* (Los Angeles: LEAP Asian Pacific American Public Policy Institute and University of California at Los Angeles, Asian American Studies Center, 1994), and A. J. A. Pido, *The Pilipinos in America: Macro/microdimensions of Immigration and Integration* (Staten Island, N.Y.: Center for Migration Studies, 1986).