

## THE TRANSITION FROM JAPANESE HOSPITAL TO KUAKINI HOSPITAL

*Nancy M. Horikawa*

Kuakini Hospital presents an interesting aspect of the changing social scene in Hawaii. To the casual observer, it is the former Japanese Hospital, still serving and existing for one ethnic group alone. A distinctly ethnic or "racial" atmosphere still prevails and a newcomer to the institution frequently senses it, and, if he is not Japanese, may react with antagonism and even disgust. In spite of the dominant Japanese influence, Kuakini Hospital is nevertheless yielding slowly and inexorably to the forces of the wider American society. In due time, we may even see her as one of the outstanding products of inter-racial experiment in Hawaii.

The very names--Japanese Hospital and Kuakini Hospital--symbolize the contrasting cultural orientations of this one institution during the two major periods of its history. During the first period the hospital was in fact as well as in name a reflection of the Japanese community in Hawaii, which was still strongly attached to its old-country traditions and values. The later period, during which the institution has been known as the Kuakini Hospital, has been one of cultural transformation--of confusion and tensions, no doubt, inevitable in a transition, yet undeniably developing into an institution capable of serving Hawaii's cosmopolitan society.

### The Period of the Japanese Hospital

In the year 1900, following the bubonic plague and the terrifying "Chinatown fire," many Japanese were left homeless and destitute. The Japanese Benevolent Society provided these unfortunate people with food, clothing, and medical care. This incident served as the impetus for the establishment of a hospital known as the Japanese Charity Hospital. Its primary purpose was to serve the Japanese people and it remained unwaveringly Japanese for some forty odd years.

To those unfamiliar with the Oriental concept of nursing and hospitalization, this institution serves as a baffling contrast indeed. As the hospital grew in size, it became a little community of its own. As in other urbanized communities where ghetto-like settlements exist, this closely knit institution changed very slowly to American ways and the prolonged retention of the Japan-patterned hospital care, was undoubtedly a consequence.

The reminiscences of the nurses indicate that both oral and written communications were mainly in Japanese until about 1940. The charts of the patients were recorded in Japanese. Since the nursing care was regulated by Japanese standards, nurses were either trained in Japan or trained at the Japanese Hospital in the traditional Japanese manner. Entrance requirement to the Japanese Hospital School of Nursing stressed a Japanese High School education, but not necessarily the knowledge of English. This conformity to the standards of Japan as against Western conceptions regarding the training and licensing of nurses, reflects the conditions of a non-unified, ethnically plural society. Most aspects of their lives were regulated by the traditions of the mother country and this, of course, further nurtured racial cohesiveness.

A dominant note of this period was authoritarian orderliness. One never questioned the superiors. This situation prevented the acceptance of American standards of nursing, but operating within this isolated institution, nurses managed to attain dignity and status within their own ethnic community. The maintenance of Japanese standards made it possible to enlarge the plant and to operate it successfully with very little outside interference and help.

A sense of financial well-being seemed to exist at this time. It was, for instance, possible to operate the kitchen at a substantial profit. This was possible because under the old world regime nurses washed their own dishes after each meal. This quaint custom reflects in many ways the general operation of the old Japanese Hospital. In the dining room each employee had his own little kago (basket) containing an ochawan (rice bowl) and a pair of hashi (chopsticks). As the employees entered the dining room, they went to their baskets for their bowls and chopsticks and when they were finished, each individual carried his dishes back to the sink, rinsed his bowl and chopsticks and placed them back in his respective basket to drain. This procedure may strike us as curious but seemed highly satisfactory to the in-group. It simplified the work for the kitchen crew and kept the expenses at a minimum.

In nursing, we see the same Oriental system at work, found according to the observation of a Red Cross Nursing Consultant in Japan shortly after the end of World War II to be typical in Japanese hospitals. In the effort of the Americans to reorganize the nursing of post-war Japan, they were confronted with the same traditional practices. The gist was that nursing was more doctor-centered than patient-centered. This concept involves the principle that nurses were primarily there to assist the doctors and to perform the more difficult procedures only, consequently nursing care involving personal needs of the patients was delegated to family members. This was described by the American observers in Japan as "nursing the doctor rather than the patient." (The practice may have reflected early German practice, which had greatly influenced the development of medicine in Japan. It of course also emphasized the high status of the doctor.) A similar practice existed at the Japanese Hospital. Family members were provided cots in patients' rooms and remained for twenty-four hours to provide for the needs of the sick. In Japan, even cooking in the rooms was permitted, but this was not done here. Families were, however, permitted to manage the patients' diet rather freely. This type of nursing resulted in some untidiness, especially in the rooms. A nurse trained under this principle acquired the conception that certain duties are to be avoided as too menial. Some nurses recalling the early situation say, "Why, we never carried bedpans." Occasionally the idea may still crop up, "Let the family do it."

A common Oriental practice of deferring to superiors seems to have prevailed. Gift presentation at the end of the year to any superior was a commonly accepted practice. It was supposed to signify your gratitude for considerations received. Most persons in the hierarchy rank accepted this privilege as natural. Just as authority from above was accepted without questions, so it was natural to receive gifts from below. These material gifts, involved the Japanese conception on or obligation to elders and superiors, and were in no sense "bribes." In fact, some will say that this practice was necessary to protect the non-eloquent from the flatterers who knew their way around.

There are many other things like communal baths, teahouse parties for doctors and nurses, accepting your pay with a reverent bow, that paint a picturesque scene of yesteryear's Japan in Hawaii.

Perhaps the most significant occurrence towards the end of this chapter of the old Japanese Hospital was the last expansion of the hospital in 1939. This indicated the feeling of political allegiance to Japan at that time. The Japanese Benevolent Society issued a publication in Japanese commemorating this occasion with respectful references to the Emperor and his representative in Hawaii, the Consul General. A large dome stands above this building to this day and once symbolized the tie with the Japanese nation. The old-timers say that this dome was built to honor the Japanese Imperial family which contributed 10,000 yen to spearhead the building campaign which made this expansion possible. It is significant that at this relatively late date, they were still turning to the Japanese government rather than to the American government for help. (It must, of course, be remembered that at that time Japanese immigrants remained subjects of the Emperor, because American law did not allow them to be naturalized.)

#### Kuakini Hospital, a Period of Transformation

The impact of the Second World War markedly altered the institutional picture. Records reveal that the hospital changed its name to the Kuakini Hospital in 1942. Prior to this, Nisei doctors trained in the United States had already begun to ask for English speaking nurses but their influence had been relatively slight in contrast to the over-powering events in 1941.

The Second World War resulted in half the hospital being taken over by the United States Army as a medical unit. The initial occupation of the hospital by the United States Army had something akin to the martial occupation of enemy soil. Gradually, however, this military control was relaxed and army and civilians came to share the same plant as allies. The amount of understanding and tolerance possessed by the American military and civic leaders at that time is indeed remarkable. A complete revamping of the existing organization was expected but the urgency of the period necessitated the continued use of much of existing personnel with a minimum of change. Alien administrative officers were replaced by American citizens of Japanese ancestry but an earnest effort was made to help these people "save face." A great deal of social disorganization was possibly averted by this act of humane farsightedness.

A rapid change took place after this to Americanize medical and nursing practices. American trained dietitians found it possible to make many changes.

The end of the war and a return to normal conditions naturally found some of the old sentiments cropping out anew particularly among older personnel accustomed to the traditional order. There was some hope that the hospital could again become "strictly for Japanese only." But on the whole the new order is accepted, with declining emphasis on race. Traditions and cultures change slowly and the Japanese imprint at Kuakini cannot be erased overnight. It is not uncommon for a stranger entering Kuakini to feel this strong Japanese atmosphere even to this day; yet the hospital is relentlessly moving towards a new destiny.

In contrast to the 1939 building fund campaign to which the Japanese Imperial family contributed the largest sum, we find that in 1952 the Hospital received its largest grant from the U.S. government. Indeed, the imperial gift of 1939 is a very small sum as compared to the Federal grant in 1952 running into six figures. Similarly the recognition accorded by the University of Hawaii to the Hospital as a clinical field for the training of nursing students also helps to re-enforce the modern trend. Finally, the strict enforcement of the laws of the Territory, including sanitary and building

codes and the Nurses Practices Act, compels a close conformity to Western practices in general.

### New Faces

The new generation of employees, nurtured largely in an American atmosphere, show evidences of spontaneity and initiative which could not have prevailed before the war. They lack some of the feelings of inferiority which an earlier generation showed. They say "no" more naturally and still not with defiance, and they say "yes" and obviously mean it. In other words, they are poised and self-possessed and they feel at home with people of all races. I am sure this younger generation will not be content to work only for the security of one race. They will not resent the presence of outsiders.