MEDICINE, MIDWIFERY, AND THE STATE:

*JAPANESE AMERICANS AND HEALTH CARE IN HAWAI'I, 1885-1945**

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ONE HUNDRED YEARS AGO, a young Japanese man, Nitaro Kurisaki, came to Hawai'i to work as a contract laborer. He was assigned to a plantation where the luna, or plantation overseer, used a snake whip to keep the workers under control. One day he found himself in prison after beating up the luna who had falsely accused him of laziness and sneaking off to have a smoke. It was a Japanese physician, Dr. Iga Mori, who worked for the Bureau of Immigration, who investigated the case and secured the release of the twenty-year-old man.[1] In 1906 Junokichi Senda, a frightened teenager from Japan faced immigration officials in Honolulu. Although Senda was one of the few immigrants wearing a western-style suit, he still felt unsure of himself. More than fifty years later, he still remembered the comforting words of the Japanese interpreter and health inspector, Dr. Tomizo Katsunuma. An immigrant himself, Dr. Katsunuma was a welcome sight to the thousands of Japanese immigrants he helped inspect for the government of Hawai'i.[2]

The stories of Japanese immigrants, known as the issei, suggest that the state recognized and helped to construct the cultural authority of issei doctors in Hawai'i. At the turn of the twentieth century medicine was a respected profession in both the U.S. and Japan. Doctors were able to mediate between the needs of the immigrants and the requirements of the state. The result was that although state intervention at times circumscribed issei doctors' work, the state maintained respect for and recognition of Japanese American medicine.

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However, the state did not respond to midwives in the same way. As the history of Japanese immigrant midwifery in Hawai'i demonstrates, the state viewed issei midwives as marginal figures. Midwives lacked occupational prestige and were subordinate to doctors in the American health care hierarchy. Although midwifery was an important female occupation in Japan in the early twentieth century, many Americans considered it a relic of bygone days and characterized the midwife as the birth attendant of the poor. Indeed, at times state action drove midwives out of practice, narrowing women's childbirth options and limiting employment opportunities for issei women. Therefore, even though the midwife, known in Japanese as *sanba*, was well respected in Japanese immigrant communities, state authorities in Hawai'i did not recognize her cultural authority and value.

The history of Japanese American medicine and midwifery in Hawai'i demonstrates that state actions had consequences well beyond the provision of health care or the extent of employment options in immigrant communities. State responses helped to shape the very nature of community leadership, with notable consequences in times of crisis. Because the state was invested in protecting medicine and not midwifery, state regulation came sooner and was stricter for issei physicians than issei midwives. However, state officials acknowledged the leadership of issei physicians, most of whom were men, while they did not take into account the parallel role played by issei midwives, all of whom were women.

Attention to Japanese American medicine and midwifery in Hawai'i has the potential to alter our conceptual framework for the history of health in the United States. It reveals the impact of racial politics and gender relations on public health policies and health care provisions. It illustrates the gendered consequences of racially motivated state intervention in health care.

Issei Medicine

The first Japanese immigrant physicians arrived in Hawai'i at the invitation of the kingdom of Hawai'i and the insistence of Japan. Japan generally sought to safeguard its immigrants who came as contract laborers for the sugar plantations beginning in 1885. The Hawaiian government,

through the Bureau of Immigration, needed Japanese doctors to assist as interpreters in the inspection of arrivals and care of the Japanese immigrants on plantations. The doctors were to ensure worker productivity.[3] In the 1880s and 1890s the Hawaiian government hired twenty Japanese doctors to work on plantations.[4] Most went on to have successful private medical practices after leaving the Bureau in 1895.

Hawai'i became the destination of large-scale migration from Japan at the time it was rapidly building a military industrial society. Government leaders in Japan believed that their country had become overpopulated and they wanted some of the Japanese to emigrate.[5] However, they also sought to secure the well being of their people. Thus, under contract labor arrangements, the Hawaiian government was to ensure that Japanese physicians were brought along to minister to the immigrants' health needs. As an emerging world power, Japan was eager to protect its immigrants because of the consequences for its diplomatic position and international reputation.[6]

Government authorities in Hawai'i recognized Japanese immigrant physicians as well-trained health care practitioners. Most Japanese doctors trained in western medicine in Japan, Germany, or the U.S. In the first years of Japanese immigration, the kingdom of Hawai'i permitted all issei doctors to practice medicine in the islands as long as they had a medical license or had graduated from a medical school.[7]

Hawai'i's three most powerful players after annexation, the territorial government, the planter elite, and the military, wanted to protect the health of Japanese immigrants because they constituted an important source of labor for the islands. Hawai'i had a plantation economy, based on cash crops, such as sugar, coffee, rice, and pineapple. For nearly a century the majority of Hawai'i's people were Asians, roughly seventy percent. Over 300,000 Asians, including Chinese, Japanese, Koreans, and Filipinos, entered the islands between 1850 and 1920. By 1900, the Japanese were the largest ethnic group, outnumbering both the Chinese and the Hawaiians.[8]

Nonetheless, members of the white elite used concern for issei health as a way to control the immigrant population. They played on fears of the growing "Japanese menace." They argued that Japanese immigrants and

their children represented a threat to national security because of the potential loss of American control over the islands.[9] By the 1890s both the United States and Japan were emerging imperial powers, eager to create overseas empires. Hawai'i, an American territorial possession from 1898 until statehood in 1959, was a target of American expansion and central to the creation of the American empire in the Pacific.[10] Americans feared competition in the Pacific from Japan.

The simultaneous appeal and threat of Asian immigrants provided the context in which plantation owners provided free, if minimal, medical care as part of the labor contracts. Plantation owners in late nineteenth-century Hawai'i, much like southern planters of the antebellum era, were motivated by economic self-interest. A healthy workforce was good for business.[11] "Healthy men are more contented and do better work," explained Donald S. Bowman, director of the industrial service bureau of the Hawaiian Sugar Planters' Association.[12] By the turn of the twentieth century nearly one-third of the island population was cared for by plantation physicians. However, each plantation had only one doctor for a population that could reach as many as 8,000 to 10,000 people.[13] Indeed, by 1920 there were only about 150 doctors licensed to practice medicine on the islands, producing a physician-patient ratio of about half that on the mainland.[14]

As employees of the planters, plantation physicians were supposed to maintain a healthy workforce and determine the laborers' fitness for field work. They were to identify those who feigned illness and assist anyone who was truly too sick to work. Often they provided care in plantation hospitals, which varied widely in quality. Some hospitals were established as early as the 1880s, while others were created to demonstrate "plantation paternalism" after the major sugar workers' strikes in 1909 and 1920.[15] By the 1930s every plantation had access to a hospital, either on location or nearby.[16]

Issei plantation workers welcomed the health care provided by issei physicians, whose services supplemented, or substituted for, that provided by white plantation doctors. For example, Dr. Harvey Saburo Hayashi, who attended medical school in both Japan and California, became a valued physician, as well as community leader, for plantation workers on the

Kona coast of Hawai'i.[17] Dr. Ichitaro Katsuki, who studied medicine in California, provided health care to plantation laborers who "complained that the plantation doctors were too busy to give each patient much attention and that they were sent to work when they were still sick."[18]

Language and cultural barriers between white health professionals and Asian plantation laborers often created problems. Misunderstandings could and did result in faulty diagnoses of illness, with sometimes serious consequences.[19] Issei plantation workers therefore used both white plantation doctors and private Japanese doctors.[20] Furthermore, the demand for issei doctors was even higher once people left the plantations and no longer had "free" health care, especially after 1930 when Japanese Americans constituted less than twenty percent of the plantation workforce.[21]

As more Japanese doctors arrived in Hawai'i, and as American claims to the islands solidified in the 1890s, medical licensing became stricter.[22] In 1895 the Board of Health began to require a new examination process for all doctors. It required that exams be taken in English or Hawaiian, putting Japanese doctors at a distinct disadvantage. In response, the Japanese government stepped in and successfully lobbied for the acceptance of interpreters during examinations. This compromise agreement held until World War I, when the Board of Medical Examiners changed the rules and the examination had to be taken in English. Once more immigrant doctors were limited in their ability to obtain a license to practice medicine on the islands.[23]

Despite the difficulties state regulations posed for issei doctors, they managed to establish a significant presence in Hawai'i. Some had sufficient knowledge of English to pass the medical examination and others had applied during the decade when the aid of interpreters was accepted. Still others, from both the issei and nisei (or American-born) generation graduated from American medical schools. As the number of doctors increased, issei doctors in Honolulu organized their own professional medical association in 1896, the Honolulu Nihojin ikai (Honolulu Japanese Medical Society).[24]

One way that issei doctors solidified their professional role was by establishing hospitals. Throughout the early twentieth century, Japanese

hospitals provided a place for issei doctors to treat their patients. Japanese hospitals in Hawai'i, like those in California and Washington, were staffed entirely by people of Japanese descent. Like African American physicians on the mainland, issei physicians found access to white hospitals closed to them, including the well-known Queen's Hospital in Honolulu. They therefore created their own hospitals in order to make a place for themselves in the medical world of Hawai'i. The larger hospitals also made it easier for doctors to assist non-paying patients.[25]

Issei doctors also created their own hospitals because, like European immigrant doctors, they wanted to work in their own language and provide patients with familiar customs. Most, although not all, of their patients were people of Japanese descent. Patients were attracted to Japanese hospitals because, unlike the plantation hospitals, they could count on the staff to speak Japanese and provide Japanese meals, including miso soup. In addition, as in Japan, the hospitals relied on family members to meet the personal needs of patients. They provided a bed for a family member to help provide care and comfort, especially at night. Furthermore, patients were attracted to the Japanese hospitals because they were cheaper. For example, in the early twentieth century a stay at the Japanese hospital in Hilo cost half the price of the white Hilo Memorial Hospital.[26]

Most of the Japanese hospitals were located on the big island of Hawai'i and on Oahu. Over twenty issei doctors operated private Japanese hospitals on the big island from the 1910s to 1960. Ownership of the hospitals frequently changed hands, but at least eleven hospitals remained in operation for decades.[27] The largest Japanese hospital was founded in 1900 in Honolulu by the Japanese Benevolent Society, an organization established a decade earlier by women of the Honolulu Japanese Christian Church to assist the indigent and the sick. This Japanese immigrant institution remained "Hawaii's most modern civilian hospital" well into the 1920s. The society created the hospital in the wake of the devastating Chinatown fire, a fire started by the board of health in its attempts to fight an outbreak of bubonic plague in December 1899. After fumigation and chemical spraying failed to stop the spread of the disease, the board burned the homes of those who were infected. However, the fire got out of control and burned most of the area where Asian immigrants lived in

Honolulu. In addition to devastating the Chinese immigrant community, some 3,000 Japanese immigrants were left homeless. In response, the Japanese Charity Hospital, later called the Japanese Hospital, opened under the medical direction of Dr. Iga Mori. A graduate of medical schools in both Japan and California, Mori became an major community leader in Hawai'i.[28]

Issei Midwifery

Although issei doctors and Japanese hospitals provided important health care services, childbirth was almost entirely in the hands of issei midwives. Several midwives from Japan worked as nurses in private Japanese hospitals or plantation hospitals. However, most issei midwives worked independently, attending women in childbirth in their homes. Many of the midwives had trained at midwifery schools attached to hospitals in their home country.[29] Although there were some issei women whose babies were delivered by issei doctors or white doctors, sexual propriety, cultural traditions, and cost led most Japanese immigrant women to chose midwife deliveries.[30] Just as European immigrants dominated midwifery in the United States in the Northeast and Midwest, and African American midwives in the South, Japanese immigrant women dominated midwifery in the West Coast and Hawai'i during the first decades of the twentieth century.[31] Their practices flourished among members of the immigrant generation who had most of their babies by 1940.[32]

Scholars have pointed out that although midwifery remained subordinate to medicine, midwives were prominent figures, held in high regard, within their own ethnic communities.[33] Indeed, early in this century, midwives were valued members of almost every Japanese American community in Hawai'i, as well as on the mainland. Although neither the Japanese or Hawaiian governments made an effort to send midwives to the islands, Japanese immigrant communities were keen to have them. For example, Misao Tanji emigrated after marrying an issei man from Hawai'i who had come to Japan in search of a wife for himself and a midwife for the community. As one of the last midwives to arrive from Japan before the U.S. immigration restrictions of 1924, she ended up with

mostly non-Japanese clients from the surrounding plantations, usually Chinese, Filipino, Korean, and Hawaiian.[34] Tanji worked as an entrepreneur with an independent profession, an unusual accomplishment for a woman, but one midwifery provided to some issei women.[35]

Not all midwives could afford to work exclusively delivering babies like Mrs. Tanji. Many issei midwives in Hawai'i ended up working on plantations and thus shared the lower class status of their clients. It was not unusual for midwives to perform agricultural labor or domestic service work, sell flowers or work in family stores, in addition to delivering babies.[36] Tsuru Yamauchi, who lived on the Waipahu plantation on the island of Oahu, remembered that a plantation midwife attended her when she had her first baby. The midwife lived on the same plantation but in another camp: "In those days a midwife just helped a baby be delivered, come out, you know. She took care of the umbilical cord and cleaned the rest. She bathed the baby and things like that. She would come back the next day to bathe the baby again. But it was far away, so as soon as the umbilical cord fell off, she stopped coming."[37]

In Hawai'i, as in many parts of the world, state interest in the registration of births and the promotion of maternal and infant health led to government regulation of midwifery. Like several mainland states, especially in the South, Hawai'i began to regulate midwives during the interwar years. Beginning in the 1930s, the Territorial Board of Health registered nearly 200 midwives. Midwives in Hawai'i attended a relatively large percentage of all births on the islands and many of their clients worked on plantations owned by white elites. The desire to retain agricultural laborers motivated at least some minimal health and welfare provisions. In 1930, midwives delivered forty percent of all babies born in Honolulu, the urban center of the islands, and twenty-five percent of all babies born in Hawai'i.[38] Like California and Washington, most of the midwives who registered were Japanese immigrants. Hawai'i also registered a few Filipino, Hawaiian, and Portuguese women, and one Chinese woman. Over half of the registered midwives had formal midwifery schooling, ranging from six months to several years. No doubt some midwives continued to practice without registering, including indigenous Hawaiian healers and midwives, the *kahuna* and *pale keiki*.[39]

The Territorial Board of Health not only registered midwives, it also put them under supervision, a far more active effort on the part of the government to control childbirth attendants. In the late 1930s and early 1940s the Board of Health hired Alice Young, a Chinese American nurse, to work as the supervisor of midwives throughout the islands. Young became Hawai'i's first nurse-midwife, placed in charge of supervising every midwife through education programs and periodic visits.[40] The board organized midwife institutes, in which it invited issei physicians to provide midwives with some of the latest medical knowledge.

As on the American mainland, state and medical officials blamed midwives for the ill health and death of mothers and infants, arguing that Hawai'i's infant and maternal mortality rates were too high. Hawai'i's mortality rates were higher than on the West Coast, although not as high as in the South. In 1938, for example, Hawai'i's infant mortality rate was 48 deaths per 1,000 live births, compared to Washington state's rate of 38 and Alabama's rate of 60.[41] Although mortality rates reflected the impoverishment of plantation workers and indigenous Hawaiians, and not the skills of island midwives, midwives became the target of state action.

Midwife reaction to government regulation in Hawai'i varied, but most of the issei midwives resented it. Midwives often interpreted regulation as punitive state action. Although some midwives enjoyed the social opportunities that midwife training classes provided, many resented the patronizing attitude of the board of health in requiring their attendance. They saw themselves as skilled health workers, with expert knowledge and an independent practice. Indeed, midwives in Honolulu, as well as West Coast cities, continued the Japanese tradition of forming midwife associations. Such associations paralleled the work of the Japanese Medical Association. The midwife associations were designed to promote continuing education, regulate ethics, and advance the profession. In Honolulu, members of the Japanese Midwives Association constantly struggled with the Board of Health to alter the regulations imposed on midwives. They had complaints about unreasonable age limits, too many forms to fill out, and too many meetings with overly simplistic instructions from public health nurses. They particularly feared the loss of patients due to contact with the health department nurses. Midwives depended on pa-

tients for their livelihood and thus did not want competition from doctors, to whom nurses often referred patients. Thus, they fought to defend their autonomy and their income.[42]

The Impact of World War II

World War II highlighted the gendered nature of state intervention in Japanese American health care. Wartime measures had a detrimental, although different, impact on issei midwives and doctors. Government authorities identified issei doctors as community leaders and therefore as "enemy aliens" who presented enough of a potential risk that they had to be interned to protect America's war effort. However, the state did not target issei midwives as community leaders requiring internment. Nonetheless, Japanese American medicine survived the wartime crisis, while Japanese American midwifery did not.

World War II accelerated state intervention in all aspects of Hawaiian life, especially with the introduction of martial law. As historians Beth Bailey and David Farber noted, Hawai'i saw "the intervention of the state in a form more direct and powerful than in any other American community during the war."[43] Wartime increased the role of the federal government and the American military, which sought to defend Hawai'i "as one of the most vital parts of the American Defense system."[44] After the Japanese bombed Pearl Harbor, the territorial governor placed Hawai'i under martial law at the insistence of the Army. There were fears of a potential invasion from Japan and, as historian John J. Stephan has argued, "the conquest and occupation of Hawai'i constituted an important part of the Japanese empire's war strategy."[45] Nonetheless, martial law, which lasted from 1941 to 1944, was at best "unpopular and by a general consensus continued longer than any military necessities warranted."[46]

Martial law changed everything. "The general orders issued by the military governor of Hawaii," explained J. Garner Anthony, the attorney general of Hawai'i during the war, "were probably the most comprehensive orders of punitive martial law ever promulgated on American soil."[47] The Office of the Military Governor generated policies that produced curfews and blackouts, censorship of the media, mail and long distance phone calls, law by military judges, a requirement to carry identification

cards at all times, and a wide range of restrictions on civil rights, with criminal sanctions and severe punishments for those who violated the rules.[48] The Army issued orders that affected a range of health and welfare services, including public health, sanitation, hospitals, medical personnel, and medical supplies.[49] The American military governed the islands like an army of occupation in a heavily militarized zone.[50] As a branch of the federal government, the military had long been an institutional presence that owned land, controlled resources, and affected daily life in the islands. Since the late nineteenth century when the first permanent American military garrison arrived, the military's extensive power in Hawai'i had been based on imperialist notions of protection and security.[51] World War II saw the full realization of its goals.

Although martial law may have applied to everyone, historian Gary Okihiro argued that it was designed to contain the so-called internal "Japanese problem." The territorial governor pointed out that Hawai'i faced unusual "security" problems because it could not trust people of Japanese ancestry, a significant percentage of the population on the islands.[52] In fact, the extreme wartime measures had been planned by the military since the 1920s to thwart the alleged threat from Japanese settlement on the islands.[53] In effect, all islanders paid a price for the government's attempt to control people of Japanese descent.

During World War II, Japanese Americans in Hawai'i, as well as those along the West Coast, faced extraordinary and severe restrictions. On the mainland, Executive Order 9066 turned the West Coast over to military control. The forced removal of nearly 120,000 Japanese Americans to the interior was carried out by the Army, and military police guarded the government camps once they were in place. The government relied upon the expertise of issei and nisei physicians, surgeons, dentists, optometrists, pharmacists, and nurses to staff the health care system of these prison-like camps. Despite the personal humiliation of their forced removal from normal civilian life, the Japanese American health workers built the best health care system possible under the circumstances.[54]

While Japanese Americans on the mainland were incarcerated in camps, the more than 150,000 Japanese Americans in Hawai'i faced life under martial law. President Franklin Roosevelt had wanted to relocate

people of Japanese descent to mainland camps as well. However, they constituted over one-third of the population in Hawai'i and their absence would have wreaked havoc on the economy and disabled America's war effort. Still, some 1,800 issei community leaders in Hawai'i, including issei doctors, were sent to mainland "relocation centers" and 1,400 were interned on the islands.[55]

Japanese hospitals in Hawai'i were left in the hands of the nisei doctors as the Army took control of at least half of all hospitals, including the Japanese hospital in Honolulu.[56] As a result, in 1941 the Japanese Hospital was renamed the Kuakini Hospital. After the government had rounded up and removed issei doctors, the nisei doctors took charge of the hospital and renamed it after the street upon which it was located. Choosing a Hawaiian name seemed preferable to the dangers of appearing to sympathize with the Japanese. The nisei also changed the official language of all oral and written communication, including hospital business and client contact, from Japanese to English. In rapid fashion they attempted to "Americanize" the hospital in order to protect it and themselves.[57]

Although Japanese American medicine survived the war with the help of nisei doctors, Japanese American midwifery did not. As with issei doctors, issei midwives found that wartime policies sharply curtailed their work, making it difficult and often impossible for them to continue to practice. Under martial law, new policies basically mandated that births were to take place in hospitals where medicine not midwifery reigned. Blackouts and curfews meant that only under special circumstances could midwives travel at night to attend deliveries, and then only with police escorts. The head of the Territorial Board of Health tried to obtain special permits for issei midwives to attend births at night, but he was unsuccessful. One can imagine the impact this had on Japanese American women who already felt themselves under suspicion and surveillance. Issei women were reluctant to seek out the police in order to attend births. In most cases, midwives were no longer able to do deliveries and referred their cases to doctors. It is possible, of course, that a few midwives ignored the regulations. However, official policy states that midwives were not to attend home births and were only free to do daytime home visits of the mother and baby *after* birth. In the words of the midwife supervisor, nurse Alice Young, midwives were "wiped out" during the war.[58]

Like martial law in Hawai'i, the policies of mainland government camps or "relocation centers" also contributed to the demise of midwifery. Regulations mandated that births should take place in camp hospitals. Inside each of the ten camps, much of the government's health care resources went toward constructing and staffing a hospital. Modelled after U.S. Army hospitals, the camp hospital became the primary locale for health care work. Consequently, although some 6,000 babies were born in the camps, government records suggest that none were delivered by midwives.[59] Thus, both martial law in Hawai'i and the policies of mainland camps restricted childbirth options and altered the practice of midwifery, contributing to its decline.

Meanwhile, the policies of mainland camps likewise restricted, but did not eliminate, Japanese American medicine. Doctors were forced to work in the camp hospitals and health programs. However, the nisei, who constituted about half of the doctors working in the camps, were among the first to leave under resettlement programs to the Midwest and eastern U.S. Thus, issei physicians were left to care for the very young and the very old who remained in the camps until they closed at the end of the war, while the nisei rebuilt medical practices outside the camps.[60]

Conclusion

Although government intervention in Japanese American health care was most dramatic during World War II, it merely marked the culmination of decades of state interest in controlling the Japanese American population in Hawai'i. Throughout the early twentieth century both issei doctors and midwives were affected by state regulations, although the timing and degree of intervention varied.

Still, the war made it clear that medicine and midwifery were on very different paths. Although the military restricted the work of issei doctors in Hawai'i, the state permitted the nisei to oversee Japanese hospitals and patients and preserve Japanese American medicine. However, midwifery was not protected. When martial law mandated that births take place in hospitals, where doctors did deliveries, it provided state sanction for medicine at the expense of midwifery. Furthermore, there were no nisei midwives available to step in. Thus, while in 1931 only ten percent of all births

in Hawai'i took place in hospitals, by 1951 ninety-eight percent did.[61] The history of Japanese Americans in Hawai'i demonstrates the gendered and racialized consequences of state actions toward health care providers.

Notes

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22. The Board of Health was established in 1850, long before any state on the mainland, by King Kamehameha III, ruler of the kingdom of Hawai'i. By the 1860s Hawai'i had its first law licensing doctors. In 1897 there were 76 licensed physicians, several of whom were Japanese, and 109 physicians in 1900. Schmitt, "Health Personnel in Hawaii, 1820-1974," 53; and Lewis, *History of Nursing in Hawaii,* 43, 45.
23. There is conflicting evidence about when the rules changed, some information pointing to 1914 and some to 1918. Yamamoto, "The Evolution of an Ethnic Hospital in Hawaii," 56, 62, 63, 81, 221; Bruno, *The Private*

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27. Hamane, "Japanese Hospitals of Hilo," 1-8.
28. Hawaiian correspondent, "Hospitals of Hawaii," *The Modern Hospital* 18: 6 (June 1922), quote 495. The hospital was first called the *Nihonjin jizen byoin* (the Japanese Charity Hospital) and later renamed the *Nihonjin byoin* (the Japanese Hospital). A school of nursing was created at the hospital in the 1920s (nursing book say in 1931) and a retirement home in the 1930s. Yamamoto, "The Evolution of An Ethnic Hospital in Hawaii," 7, 9, 10, and chapter 10. See also Lyman House, Hilo on burning Chinatown; Lewis, *History of Nursing in Hawaii*, 74-76; Horikawa, "The Transition From Japanese Hospital to Kuakini Hospital," 54-57; Masaichi Tasaka and Richard Suehiro, "The Immigrants' Hospital: Kuakini Medical Center," *Hawaii Medical Journal* 44: 8 (August 1985): 291-93; and Maruyama, "Kuakini Strives for Excellence," 2.
29. Michiko Obayashi, "Josanpu shokuno no hensen o saguru. Nihon sanba kangofu hokenfu kyokai setsuritsu zenshi" ["Searching for transitions in the function of midwives: the history prior to the establishment of the Japanese Society for Midwives, Nurses and Public Health Nurses," *Josanpu Zasshi [Journal of Japanese Midwifery]* 39: 2 (February 1985): 84-88; and Kiyoko Okamoto, "Josanpu katsudo no rekishiteki igi. Meiji jidai o chushin ni" ["The historical significance of midwifery: Meiji period"] *Josanpu Zasshi [Journal of Japanese Midwifery]* 35: 8 (August 1981): 21-43. My thanks to Ed Wagner and Valerie Henitiuk for translations from the Japanese.
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31. Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995), 4, 43; and Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995), chapter 5.

32. Takaki, *Strangers from a Different Shore*, 47. There is brief mention of midwifery in the following: Kimura, *Issei*, 126-27; Ichioka, *The Issei*, 172; Akemi Kikumura, *Through Harsh Winters: The Life of a Japanese Immigrant Woman* (Novato, California: Chandler & Sharp Publishers, 1981), 120; Evelyn Nakano Glenn, *Issei, Nisei, War Bride: Three Generations of Japanese American Women in Domestic Service* (Philadelphia: Temple University Press, 1986), 74; and Mei Nakano, *Japanese American Women: Three Generations, 1890-1990* (Berkeley: Mina Press Publishing; San Francisco: National Japanese American Historical Society, 1990), 40.
33. See, for example, Smith, *Sick and Tired of Being Sick and Tired*, chapter 5; Gertrude Jacinta Fraser, *African American Midwifery in the South: Dialogues of Birth, Race, and Memory* (Cambridge: Harvard University Press, 1998); and Charlotte G. Borst, "The Training and Practice of Midwives: A Wisconsin Study," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. by Judith Walzer Leavitt and Ronald L. Numbers, Third Edition (Madison: University of Wisconsin, 1997), 247.
34. Interview with Mrs. Misao Tanji conducted by Charlotte Tanji, Waipahu, Hawaii, 11 February 1984, written transcript, author's possession; and Interview with Tom Tanji (son of Misao Tanji), by author, tape recording, Waipahu, Hawaii, 9 August 1995, author's possession.
35. For parallels with German immigrant midwives, see Borst, *Catching Babies*, chapter 4.
36. Memo from Alice Young to Director, Bureau of Maternal and Infant Hygiene, 21 December 1939, unprocessed papers of Alice Young Kohler, in possession of Katherine Kohler, Honolulu. My thanks to Alice Chai for putting me in touch with Katherine Kohler.
37. Quoted in Okihiro, *Cane Fires*, 32.
38. "Lax Practice By Midwives is Deplored," *Honolulu Advertiser*, 7 January 1931, 2; Jeanne Ambrose, "Midwifery Declined After Wartime Role Changed," *Honolulu Star-Bulletin*, 23 March 1984, A- 12; "Midwives Deliver One-Fourth Babies Born in Territory," *Hawaii Sentinel*, 29 June 1939; and Memo from Alice Young to Acting Director of the Bureau of Maternal and Infant Hygiene, 3 January 1939, in unprocessed papers of Alice Young Kohler in possession of her daughter Katherine Kohler, Honolulu, Hawaii. See also Hawaii folder 0243 in box 205, and folder 0620 in box 206, Group III-States, 1936-1944, Record Group 90, U.S. Public Health Service, National Archives, Washington, D.C.; File 4-7-4, box 754, Central Files, 1937-1940, RG 102, Children's Bureau, National Archives, Washington, D.C.
39. O. A. Bushnell, *The Gifts of Civilization: Germs and Genocide in Hawai'i* (Honolulu: University of Hawaii Press, 1993), 67, 74; June Gutmanis, *Kahuna La'au Lapa'au: The Practice of Hawaiian Herbal Medicine* (Aiea, Hawaii: Island Heritage Publishing, 1976), 14, 36-37, 40; and Lewis, *History of Nursing in Hawaii*, 28.

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41. "Infant Death Rates in the United States, By States, For 1938 and Prior Years," *Public Health Reports* 55: 14 (April 5, 1940): 602-03; C. L. Wilbar, Director, "Bureau of Maternal and Infant Hygiene," *Annual Report of the President of the Board of Health of the Territory of Hawaii for the Fiscal Year Ending June 1940* (Honolulu: Honolulu Star-Bulletin, 1941), 41.
42. Meeting with Officer of [Japanese] Midwife Club, 10 November 1938; Memo from Alice Young to Bureau of Maternal and Infant Hygiene, 4 April 1939; and Memo from Alice Young to Bureau of Maternal and Infant Hygiene, 9 May 1939, all in unprocessed papers of Alice Young Kohler, possession of Katherine Kohler.
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44. J. Garner Anthony, *Hawaii Under Army Rule* (Stanford, California: Stanford University Press, 1955), 2.
45. John J. Stephan, *Hawaii Under the Rising Sun: Japan's Plans for Conquest After Pearl Harbor* (Honolulu: University of Hawaii Press, 1984), vii.
46. Stephan, *Hawaii Under the Rising Sun*, 4. See also Anthony, *Hawaii Under Army Rule*, 5, 8.
47. Anthony, *Hawaii Under Army Rule*, 34.
48. Bailey and Farber, *The First Strange Place*, 29; and Anthony, *Hawaii Under Army Rule*, 34.
49. Anthony, *Hawaii Under Army Rule*, 26, 151, 157.
50. Okihiro, *Cane Fires*, 225; and Sucheng Chan, "Introduction," in *Peoples of Color in the American West*, ed. by Sucheng Chan, Douglas Henry Daniels, Mario T. Garcia, and Terry P. Wilson (Lexington, Mass.: D.C. Heath and Co., 1994), 9.
51. Kathy Ferguson, Phyllis Turnbull, and Mehmed Ali, "Rethinking the Military in Hawai'i," in *Hawai'i: Return to Nationhood*, ed. by Ulla Hasager and Jonathan Friedman, Document no. 75, International Work Group for Indigenous Affairs (Copenhagen, 1994), 183; Okihiro, *Cane Fires*, 190; and Anthony, *Hawaii Under Army Rule*, 1.
52. Okihiro, *Cane Fires*, 209, 271. See also, Anthony, *Hawaii Under Army Rule*, 9, 92, 107, 118.
53. Takaki, *Pau Hana*, 24-29; Daniels, *Asian America*, 100-01; Tamura, *Americanization, Acculturation, and Ethnic Identity*, 5; and Bailey and Farber, *The First Strange Place*, 25.
54. "Japanese Nurses at Assembly Centers," *American Journal of Nursing* 42 (1942): 831; "War Relocation Projects: Nurses Pioneer in Historic Wartime Operations," *American Journal of Nursing* 43 (1943): 62; Jessie A. Garrett

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