

JAPANESE CULTURAL CENTER OF HAWAII

VOICES OF LIVING HISTORY

ORAL HISTORY INTERVIEW

with

Satoru Izutsu (SI) [Part 2]

August 28, 2019

By: Melvin Inamasu (MI)

Notes: Comments in brackets [] are by the transcriber. Inaudible words or sections are identified by ((?)) in the transcript. This transcript has been lightly edited for readability.

- MI: Today is August 28, 2019. We're in the Conference Room of the Japanese Cultural Center to continue our interview with Dr. Satoru Izutsu. Last time, we learned a bit about Dr. Izutsu's family and a little bit about his father's internment. Today what I'd like to do is focus on Dr. Izutsu's life, himself. I'm going to have you start with, I think, where we left off, we had talked a little about education. Let's start with your education. I know you left Kauai at about age fifteen. You went to Mid-Pac [Mid-Pacific Institute on Oahu]. Tell us, academically, what has happened to you in your early adulthood.
- SI: Right before coming to Mid-Pac, I went to Makaweli Elementary School [and Waimea High School]. On Kauai there was one English standard school called Makaweli Annex.
- MI: Makaweli what?
- SI: Annex.
- MI: Annex. Okay.
- SI: A-N-N-E-X.
- MI: Okay.
- SI: Primarily for children, white children of, you know, plantation managers.
- MI: Okay.
- SI: I believe there were about eighty children from first grade to eighth grade. It was a separate school. There were three or four rooms [in the] schoolhouse down where the plantation offices were. And it was on Makaweli Avenue and that was one avenue. It was about half a mile long, from the main road leading to the sugar mill. And it was lined with lamps. These were glass globes with a stand and these were lined up as the avenue.
- MI: I see.
- SI: All the plantation managers had large homes on that avenue. Somehow, in 1940, 1939 or 1940, there were three of us identified from the Makaweli Elementary School, which was about a mile away. That was the public school and we were sent to this Makaweli Annex, primarily for white managerial children. There were no Orientals. And the one room

contained first, second and third grade. The second room contained fourth, fifth and sixth and the last room was seventh and eighth grades. And then the seventh and eighth grades, there were maybe ten students. And, you know, these were all managerial white children of white families. But three of us were sent from the regular elementary school, which had maybe forty kids in a class, to join this group, which is about a mile and a half away.

MI: This was the first time that they ever did that?

SI: Yeah, but which was about a mile away. And so the last year and a half of my elementary school I spent in this school. And I've often wondered why we were sent there. And the principal of the elementary school was the one who selected us. In my class of, I guess there were six of us in the seventh and eighth grade, and, I mean sixth and eighth grade and in my class were, when I went down, my seventh grade. And in my class were two kids, children from the Robinson family. That's the family that owned Niihau. And there was a girl [named] Allegra Grant, Ester Brandt, and, who else? And there were a couple of others that I don't remember. Now, it's very interesting that not much is written in the Hawaii educational history of English standard schools, but these were segregated schools for...

MI: Whites.

SI: Whites. And I have a feeling that other islands had it too, like Maui and so forth [under the Department of Education].

MI: They did.

SI: They did. So, one of my classmates, on the students one year above me was Sybil Baldwin, from the Baldwin family on Kauai, but they were related to the Baldwin family on Maui. And—as I said—in my class there were a Robinson, Allegra Wright, Esther Brandt, about four or five of us and we were really tutored by teachers who were, you know, in charge of these grades. On December 6, 1941, December 5th, which was a Friday, was the last time I saw any of these classmates. Because on December 8, the school closed because the Pearl Harbor [attack] was on December 7, 1941.

MI: I mean, they closed the school?

SI: They closed the school because most of the children were evacuated to the mainland. So I went back to the regular public school. But I never, could never find out what that...

MI: What happened?

SI: No, what the school was for, being so segregated. I knew that they were mostly *haoles* but I never saw any of my classmates after December 5, 1941.

MI: You are correct. Many families, Caucasian families were evacuated back to the mainland.

SI: And so, as I said, the last time I saw Warren or Russell Robinson and so forth, was the afternoon of December 5.

MI: Interesting.

SI: And I went back to the regular elementary school [on December 8]. Never had any contact with them. Periodically, I would hear of a couple of the students who went to Punahou and didn't go back to the mainland but went to Punahou. Names like Patricia

Peacock, Mary Bell, and so forth. Now, fast forward, 19, no, I guess this is, 2016, when at the medical school we had a symposium. The University of Hawaii Foundation had a symposium at the Oahu Country Club. And I was invited to attend. This was a university symposium on the most exciting things that were happening at the UH, in terms of research, primarily. So, during the break of that one day, at the Oahu Country Club, I was standing in the hallway and this woman came up to me and said, “Aren’t you Satoru Izutsu?” I said, “Yes, I am.” I looked at her and I said, “You must be Mary Bell?”

MI: You recognized her.

SI: Yep.

MI: After how many years?

SI: After 19, how many years? 1941.

MI: Eighty years?

SI: Whatever. Well, she said, “Let’s have lunch. Let’s get together again.” And so in that brief moment, we talked very quickly about where is [so and so] so forth and so on, or they died, they left no contact or whatever. Because none of the kids met after that at any time. So I took Mary Bell to lunch and in fact, I can still remember the lunch. I took her to, was umm, what is the Italian lunch at the Manoa Market Place?

MI: I don’t know the name but I know where you went.

SI: Okay, and the conversation went like, Mary said, “Oh my God, it’s so wonderful to see you after all these years.” So we then catch up on what we’d been doing. Very much like I’m going to be telling about my life, actually. And she said, “The reason why she really wanted to meet with me was because ... she became a journalist, she’s a graduate of Vassar ...

MI: Journalist in Hawaii or..?

SI: No, on the mainland. She’s a graduate of Vassar, worked for a paper in the Village in New York City in the fifties and that’s when I was living in New York City. And I—but, I didn’t know, of course. And she said she would like to write a book about the principal of the elementary school, who sent these three Asian kids to this particular school. And her, the principal’s name was Miss Solomon. She was a spinster and during that time, there were a number of mainland, you know, teachers who came and they were primarily single women. And, she was one of them and she became a principal and she sent us there [to Makaweli Annex]. And Mary Bell’s take is that Miss Solomon wanted, was the first one in society to want to integrate the community. And so she sent three Asian kids to this particular school to try to integrate that school. So I looked at Mary Bell and I said, “Give me a break. I think that the reason why we were sent there was because if we didn’t go, the school would have closed because you don’t have enough kids there to keep it open. And I think this was a way of Miss Solomon, you know, maneuvering to keep that school alive.” And we never met again. That was it.

MI: So did she ever write [her book]?

SI: I don’t know ... so if she’s alive because, you know, she would now be eight-nine, my age, ninety.

MI: Okay.

SI: So, that was elementary school. And then I went ... during the middle of the war, right ... so then I went to Waimea High School, my first two years. And the last year and a half, I went to Mid-Pac, year and a half. Mid-Pac was magical.

MI: Because?

SI: Because I was the last one in the family to go and I was the fifth one and throughout my life, as a kid, I would hear about Mid-Pac from all my siblings.

MI: What would you hear?

SI: Hear things like how wonderful it was, how much they grew, how much, I didn't know what I was missing and you have to realize that Makaweli Camp Six was a red dirt camp for laborers. There were only a hundred people in the camp. Mostly Filipinos, some Japanese families and that's where my dad was the manager of the plantation store. So, you know, because already, four people had gone. I thought it was natural that I would go. But the war was on now and so the talk about going to Mid-Pac was out of the question. But I had experienced Mid-Pac because in 1941, my eldest brother, Setsuo, graduated from UH. You know, and he was in aggie, agriculture. He got a BA in agriculture and when I came, that was June of 1941, my mother and I came for the graduation. And I thought, "Wow, this is really something", you know. And the graduation was at the amphitheater. Do you know the UH campus? Part of the graduation. I still remember my mother saying—and I was twelve years old, right? And she said, "If you want to come here, you gotta study hard." And I say that because on my brother's deathbed, which was, he died two years ago, one of the things he told me was, "Do you remember that mother said that if you really want to go to the university, you gotta study as hard as he is?" And how can you remember that? And I remembered that all my life and I remembered that it was very interesting. So anyway, when I came to that [graduation], we boarded, because Mid-Pac's right next door, and my sister, Jane, was a secretary there. After graduating from Mid-Pac, they hired her as a school secretary. So she arranged for us to board. It was during summer so all the rooms were open. In June, the kids have gone home, already. So, we stayed there and I said, "Wow, I'm going to come here next." And that was it. So, I had come to Mid-Pac and you know, it was an iffy kind of thing because my dad was gone. He was in [internment] camp. I'm talking about 1945.

MI: And your sister was running the store.

SI: My sister was running the store, right? That's Thelma. She was a schoolteacher. And so I came to Mid-Pac in the second semester of my junior year and graduated in 1946.

MI: Then what? Where did you go and how did you decide? What made you decide where to go?

SI: So, the only place to go is UH. So I went to UH. And when I registered for UH, Mr. Albert McKinney, I still remember that name, was a head of student personnel or whatever. He had to handle all the records and he was a friend of my sister, Thelma, whom he knew when she was in college. So he called me to his office and said, "How old are you?" I said, "Seventeen." And he said, "If I were you, I would take a rest for one or two years." I said, "Why?" He said, "Because all of the veterans are coming back." 1942, right? Coming back. "And, you as a kid of seventeen, you won't have any chance with

the girls. The veterans will take them all.” Which was true. I mean, there were men already, coming back and there were not many of us who were, you know, seventeen, eighteen years old. But I decided to go anyway and started at UH. So I went to UH for four years.

MI: What did you study at UH?

SI: I majored in psych.

MI: Psychology.

SI: Yeah.

MI: Then what?

SI: Then, all my classmates, like Dan Inouye, like all of them were going away to school, graduate school, on the G.I. Bill because they all came back.

MI: Did you interact with them, at all?

SI: No. They were older men.

MI: They were old men.

SI: They were four, five years older, right? And the interesting part is that Dan Inouye and I have the same birth date. So anyway, we never interacted. I never, I really never knew them. You know, and it’s true, all the girls went after them...

MI: Okay.

SI: Because they were experienced, you know, veterans. So anyway, when the time came, four years later, and everyone was going away ... every summer I worked at the cannery to pay for tuition. And interestingly enough, the first year, summer, I worked on the platform. Are you familiar with the cannery?

MI: I worked at the cannery on Maui.

SI: Yeah. The platform is where we unload the pineapple from the cart. That’s where I worked. And it was hard work. And in the middle of working, that summer, I kinda, was summoned to the personnel office and the personnel office was headed by a guy by the name of Miyoshi, Sam Miyoshi. He was a school teacher and he was a friend of one of my sisters. So he said, “Come to the personnel office and be a clerk.” So, gladly, instead of lifting the heavy crates, I went. And, every summer, I worked at the same place in the personnel office and got to know a lot of people and arranged jobs for, you know, kids who wanted to work and so forth. So, I worked in the personnel office and the last summer, before the last summer, I said, “What’s going to happen next year?” You know, because I’d get my Bachelors degree at that time. So I went to the counseling office. At that time, you know, scholastic counseling was minimal. They just told you, “Yes, you should go on to graduate school.” Or, “You should quit” and, you know, so there was a guy by the name of Stan Curry [spelling?], who was the student counselor. He said, “You know, they have all kinds of tests now. Why don’t you take a couple of tests that I want to give you.” These were vocational, educational future kind of tests. And then he call me, I took the test and then he called me back and said, “You know, your interests seem to lie in something that is creative, something that is a little scientific, something that will

require higher education”, and so forth. He said, “Let’s see what kind of professions there are that match those areas.” So he said come back in a couple of days. So I went back and he said, “I think I have the perfect location for you to explore.” I said, “What is it?” He said, “Occupational therapy.” He said it’s new, it’s brand new, it’s going to blossom out and rehab is going to be really big in the U.S. And, his wife was an occupational therapist. I think at Queen’s [Medical Center] or Straub [Clinic]. So I said, “Well, let me explore.” So I began reading things and he said, “Don’t you think that’s a wonderful area that you might be interested in?” So as I read and so forth, I said, “Okay. Then I will do it only if I can get in to the top school in the country.” And so...

MI: Which one?

SI: So we looked at different schools and Columbia. And I said, “If I can get in to Columbia, I’ll go. But, I don’t have any money, so where do I get the money?” So he said, “We’ll work it out for you.”

MI: That’s what he said.

SI: So we applied, got in...

MI: What kinds of grades ...I mean, you had great grades? Is that why ... ?

SI: No, maybe above average, I think. But not stellar, you know.

MI: So you went to Columbia.

SI: I went to Columbia

MI: To study?

SI: Occupational therapy.

MI: Occupational therapy.

SI: In the College of Physicians and Surgeons. And he got a scholarship for me from the Dowsett, Laura Dowsett Foundation here. The scholarship was five hundred dollars. That was big money at that time. That was 194..., when would that be? ‘46, big money. That would pay for my tuition, first year, year and a half. And then I used my savings from the cannery for my airfare and went to Columbia, not knowing what is this all about. So, I landed in New York City one day and I said, “What did I get myself into?” And then I lived on the Columbia campus. Are you familiar with New York?

MI: Well, yeah. I mean...

SI: Living on the campus, the dorm. And, it was eye-opening. Completely eye-opening. But in the meantime, you know, I had signed up for ROTC at UH because I needed the twenty-five dollars a month that they paid. So I went in to the ROTC and was with them for four years. And one summer, we went to Washington state for a summer camp and the following year, went to New York and stayed, lived on the campus. And then those were great years. I...

MI: So, you studied occupational therapy at Columbia.

SI: Umm huh and then...

MI: Then what happens?

SI: And then I came home.

MI: To do what?

SI: So the question was “to do what?”

MI: Is this, what part when you were, you were called back by the State?

SI: Oh no, that’s before that.

MI: That was before?

SI: So I came home. And the day before I landed there was a letter from the Army. Pay back time for ROTC. So they wanted me to report to Schofield [Barracks] for active duty, as a Second Lieutenant. So I went to Schofield, and I stayed in the Army until the end of the Korean War [1950-1953]. Now, it’s 1952 already. Being in the Army at that time as a Second Lieutenant was really magical, in many ways. Because at Schofield, I went through two cycles. One, were you on active duty at all?

MI: Just for basic training.

SI: Okay. Basis training is sixteen weeks.

MI: Yeah.

SI: I took two cycles, two sixteen weeks at Schofield Barracks to take this rookies through the basic training at Kahuku, in Wahiawa. They all—getting them ready to go to Korea because it was in the height of the Korean War. I don’t know how I made it but the first sixteen weeks was horrors. They assigned a Sergeant to me to personally take care of me and he was about forty years old, Sergeant Hyer [spelling?]. He took care of everything. He got the kids organized. He got the schedule together. He got all that stuff. So I went through two sixteen week cycles. At the end of the sixteen, second sixteen weeks, the Army needed forward observers, officers, so they sent six of us from Hawaii, all from Hawaii, to Fort Benning [Georgia] for the Associate Officers’ Training Program. For another sixteen weeks, you know, going through the whole basic training as officers. Then, after that, there were six of us from Hawaii who were sent to the west coast to Camp Roberts [Monterey County, CA], to wait for shipment to Korea. And we were all like forward observers, trained as forward observers. So we went to California. So on the way from Fort Benning to California, one of the guys bought a car, we piled in and six of us drove from Fort Benning, the southern route, you know, through New Orleans, Tijuana, El Paso, and after Tijuana, Camp Roberts, which is in Paso Robles, California. King City. And there, we landed in a camp of twenty-five thousand enlisted people. We were going to wait there until we got orders to go to Korea. About the second week there, it was a huge camp, the second week there, we got a call from the General’s office, all officers from Hawaii, report to the office. So we went. And there is a connection to all the Hawaii stuff. There was a telegram, wire, from General Mark Clark, who, you know, led the 100th Battalion, 442. He was now the commanding officer of the Sixth Army on the west coast. He sent a letter or wire to Camp Roberts, California, and the wire read that, “Any relative of any of the 100th or 442 can have any assignment they want.” So the General who read it to us, said “Why you,” you know? There were six of us. So I chose, because of my psychology major, I went to the mental health clinic as an officer. Ken Nakamura went to the stockade as a recreation officer. There were all kinds of, Noboru

Okumura went someplace else. But we all went to these jobs that we didn't have to march in the hot sun and, you know, stuff like that. So we waited to be shipped to Korea. While we were there, the truce began, Korea, the summer of, the summer of 1953. And, and the Korean War ended, I think in November of 1953. So we all came home.

MI: Hmm.

SI: That was the end of my active military career. And I had met my obligation for my ROTC [scholarship] but I still had to be in the reserves for six more years. My two years of active duty was over. So I stayed in and this was when I joined the IXth Corps.

MI: What is happening to you outside of the military, now?

SI: So, outside of the military, I came home.

MI: Academics?

SI: Then I decided that I didn't want to work in the state hospital, wherever, so I began exploring graduate degree, a graduate program. So I found out that because of my occupational therapy degree, from Columbia, I could enter the graduate school at Columbia, a graduate teachers' college, for my Masters. So I registered there on my G.I. Bill for my Masters in working with the physically handicapped, in special education. Finished that and after that I decided, "What am I going to do?" I didn't want to go in to the school system or whatever so I began exploring. At that time, with my OT degree, I was working as a full-time therapist at the Institute for the Crippled and Disabled in New York City, which is, it used to be very famous. It's part of NYU and Columbia, on the corner of Twenty-third Street and First Avenue. And I worked with cerebral palsy kids and that was new, at that time. And you know, New York City, I mean, the population is so big, you know. Anyway, I worked as a therapist and while I was working there, I got a, my classmate... At one summer anyway, during the time that I worked for my Masters, I spent at the University of Minnesota on a summer and I met some people there at the university. And I got a call then, when I was working at the Institute for the Crippled and Disabled. Would I like to come to Cleveland as a consultant to start a new rehab center? And I said, "Sure." So I went. And that trip, I left New York completely. I quit my job in New York. I joined the Cleveland group. And that was the Highland View Hospital which was the only hospital in the country which was rehab for the elderly and for physically disabled.

MI: What's the name of the hospital?

SI: Highland View.

MI: Highland View. Okay.

SI: It's outside of Cleveland in Warrensville, Warrensville Heights. So I was there for about five or six years trying to set up this program. And the program's mandate was rehabilitation of the physical elderly population to enter the competitive work force. You know, at that time, the elderly was just a new thing. People were getting old but as soon as they reached sixty-five, they had nothing. And many of them were disabled at sixty-five. So it was how to find [work for the elderly] ... and we got a grant from the Institute of Health in Washington to try to explore that question. So I worked on that for about six years. But during that time, one of the things that came up was, "What am I going to do

with my educational background?" I have a, you know, Masters of Science. And so I began exploring Case Western University in Cleveland. At that time, it was just Western Reserve. It was during, right after that time that it became Case Western. Case was a technological scientific institute and so it joined Western Reserve to become the Case Western University. So I explored that and they said, "Gosh, you know, with your background, you can probably work for a PhD in the evening courses and on the weekends." And so I worked full-time, took my evening academic courses, took my practical, which had to do with some clinical work in counseling and so forth, and finished my PhD in '62 at Case Western.

MI: Okay.

SI: And then I left. During that period, I got a call from the University of Philadelphia and it happened to be a colleague of one of my professors at Columbia, asking me whether I would work with the Quakers in Philadelphia, with the American Friends Service Committee, which is the big one, AFSC, to go to Eastern Europe, to start a program to train occupational therapists. I thought, "Oh my God. You know, here I'm finishing my PhD. I'm here at the Case, I'm at Highland View Hospital now for five years, maybe I should get this experience under my belt. So I went to Yugoslavia and I don't know whether you're familiar with the American Friends Service Committee but they're all over the world. They're like Doctors Without Borders, you know, same kind of thing. It's all voluntary. So they will support you with meals and with places to stay, but no salary. So I thought, "Well, you know, for eight, nine months, that's okay." So I went, not knowing a thing about what I was going to do. When I got that call, one of the questions I asked is, "Where's Yugoslavia?" Because, the people around me didn't know, you know. I looked on the map and it's Eastern Europe, but it was blank, in the black because it was beyond the Iron Curtain. And the Iron Curtain was on the border of Austria. So, anyway, I went. I got oriented in Philadelphia, and I don't know how familiar you are with the Quakers.

MI: A little bit and a little bit about how they assisted the Japanese Americans during the internment period.

SI: Right. And, you know, they assisted a lot of people, not only the Japanese Americans but the Germans from Nazi Germany. A lot of the scientists and so forth at that time. And that comes—I'll tell you a little bit about that [later]. So anyway, they called me to Philadelphia and the first taste of the Quakers was that when I went to the passport office for that passport, they said, "Do you want to take an oath or do you want... what do you want?" I said, "What, why are you asking this?" Of course, you want to take an oath of allegiance, you know. And they said, "The Quakers, they will not take an oath. They will affirm their belief." And so, the clerk said, "Which one would you like? Are you just going to affirm or do you want to take an oath?" I said, "Which is faster?" He said, "Take an oath because just to affirm, you have to go through a whole process of who you are and why aren't you loyal to your country, and so forth." So anyway, I went to Yugoslavia for six months and my goal was to train twenty-one vocational education teachers and to make them therapists because during that period, Yugoslavia was being inundated with farm machinery and lot of the workers were getting injured. Amputations. Leg amputations, arm amputations because of accidents and, you know, how to rehabilitate them in to another profession. So I had twenty-one people to train, and so every day I had

an interpreter. I would train one tutor. I would give the lesson in English, it would be interpreted in Serbian to this one teacher. The following day, that teacher would teach that class of twenty-one. And I did that for six months. It was a fantastic six months. I didn't know the language. I didn't even know how to order food, when I got there. I had a dictionary and I slowly began to learn the language. And, the language here, the only person that would know, there's a faculty person at UH who knows a little bit of Croatian, but that's about it. Nobody else knows. So, just as an anecdote, about, maybe about twelve years ago, Fudge [Fujio] Matsuda [retired President, University of Hawaii] asked me to come to a reception at College Hill [UH President's home]. More than that, about twelve years ago. And I didn't know why he asked me to come but anyway, I went. It happened that there was a delegate from Yugoslavia and he spoke, didn't speak very much English. And I knew some Serbian-Croatian. So Fudge is "Oh, thank God", that kind of thing. Anyway, so when that time was up, I came home, went back to Cleveland to finish up, got my doctorate and then I got a call from Richard Suehiro. I don't know about it.

MI: You mentioned it.

SI: And Richard's wife's uncle was Ernest Hara, the architect. Anyway, Richard was in personnel at the Department of Health. He's the one that said that, you know, he just got a note from Edna Taaufasau, who was the Director of Personnel Services for the state. And that was 19... I got the note around 1961 or so, telling him that, you know, if there are any graduate students on the mainland, to try and coax them to come home, when they get finished. So he wrote to me and I knew him well, here, at the UH. So he wrote me and said, "Why don't you come home now?" It was 196... 1961. So in late 1961 I came back.

MI: Yeah. Okay.

SI: And then he put me working at Waimano Training School and Hospital...

MI: Yeah.

SI: As the Director of Training, because of my background in psych and special ed. There was no special ed in the public schools at that time. So I began there and it was in late '61 and it was at that time that at Waimano Training School and Hospital. There were 860 beds. All ages, primarily children, who were like between eleven and thirty. All, mostly profoundly retarded, mentally retarded. We don't see these kids anymore, like hydrocephaly, microcephaly because you can abort now. And, even Down's Syndrome, you know ...

MI: Diagnosed pre-partum before they're born.

SI: So, umm, but during those days, they all lived, you know, for so many years. So we had a hospital at Waimano home. Have you ever been up there?

MI: No.

SI: It's two hundred acres. There's a hospital of six [hundred] something beds, I think, and all the buildings are deteriorated now. But in 1961, it was a big institution. So, I got the job as the Director of Training to establish a special educational program for the chronological children, children who were in there eighth, ninth grade and so forth. So I began hiring teachers who were in special ed in the DOE [Department of Education]. At

that time, there was almost nothing but there was a group of women, especially who went in to so-called special ed and learned techniques about how to work with a profoundly retarded child.

MI: This seems like the foundation for what you became...

SI: Yeah. So I was there...

MI: In several ways.

SI: Yeah, so I was, what, thirty-two years old, whatever, and it was hard work. There were eight hundred sixty beds, four hundred fifty employees, and that's twenty-four hours. You know, it's an institution and we had to ...

MI: One employee for every two patients.

SI: That's right. But that's three shifts you're talking about, so even less than that. People would join in and I got a Director of Training, Lois Nishimura, who was one of the first ones with a Masters in Special Ed from UH. And we started. And I was there for, from 1961, 1962 to '67, '68. And it was magical. You know it was wonderful during that period. We got some kids back into their families. We got a lot of kids into foster homes and the goal was to close that place down because I felt that there was no need to have an institution.

MI: Did you succeed in closing it down?

SI: So, it's closed now.

MI: Yeah.

SI: And, there were a number of people that followed me, and they had the same idea. But this all began when [John] Kennedy became president. That was 1962, '63. He had a sister who was retarded. It was the big institution in Wisconsin. And he was very instrumental and his sister, Shriver, I think, was interested in trying to see that these people, these children had a better future and began closing...

MI: Eunice Shriver.

SI: Eunice Shriver, that's Kennedy's sister, right? They really sought, tried to see to it that these institutions would be closed.

MI: Yeah. From there, what was your next job?

SI: So, that was from '68, '69. Then I joined...when did you graduate from...

MI: '76.

SI: Okay. So about that time, '68, '69 there was a program called the Regional Medical Program and I was hired

MI: State [of Hawaii] program?

SI: I'm sorry.

MI: State of Hawaii?

SI: Aaah, University.

MI: University of Hawaii. What was this program about?

SI: Okay. It was housed at Harkness Pavilion [Queen's Medical Center campus] and it was headed, interestingly, it was headed by Masato Hasegawa. You know the name?

MI: I know the name.

SI: He was a (?) pediatrician.

MI: Pediatrician.

SI: Yeah. And it was a program in heart disease [and] caring for stroke. And this was during L.B. Johnson's time. And it was during [Michael] DeBakey's time also, you know, the heart surgeon. So DeBakey, Lady Bird Johnson decided that there were too many people in America suffering from heart disease, cancer, and stroke. When they put in tremendous amount of money in research and the research facts are not getting to the bedside quick enough, so they created a program called RMP—Regional Medical Program—in each state. And Hawaii had one, which covered Micronesia, Guam, and American Samoa.

MI: And the purpose of the program was?

SI: Was to try and bring together that information to a patient's bedside as quickly as possible, for heart disease, cancer and stroke. So it was broad. But in Hawaii and Micronesia, you know, forget the recent, new research data. We didn't [even] have the basic things, you know, in heart disease, cancer, stroke. You know, we had the Registry [data] was very minimal. ICU and CCUs were very minimal. Helicopter aid was almost non-existent, and so forth. So how to bring these to the state. So we began working and while I was working with Hasegawa, the Regional Medical Program for Heart Disease, Cancer and Stroke for Hawaii, it expanded to the Pacific. So I was put in charge of the Pacific. Pacific meaning Guam, American Samoa and Micronesia. And this was when I tried to bring whatever information we had on heart disease, cancer and stroke, either bring the people who were qualified to learn from it here or set up satellite ...

MI: To educate.

SI: Yeah, to educate their people, their professionals. Or we identified Guam Memorial Hospital, for example, where they should try a CCU, Cardiac Care Unit, you know, stuff like that.

MI: So up to that point, in the profession of medicine, there was not a lot of structure...

SI: No.

MI: To taking things from the research to the bedside.

SI: Patient's bedside.

MI: I see. Interesting.

SI: So, that was the one [initiative] to do it. And that program lasted maybe, gosh, ten years?

MI: Did you see, in the community, after ten years or whatever, results from your efforts?

SI: All the Cardiac Care Units, Intensive Care Units, all stemmed from there.

MI: They didn't have cardiac ...

SI: Well, they had makeshift kinds of things. And like air evacuation, that came in at that time. We brought that in. So, you know, it was a lot of pioneering work. A lot of it, the structure of Hawaii government, you know, was horrendous.

MI: I'm beginning to see a pattern here, pioneering work in terms of new ideas, introducing new approaches to medical problems.

SI: Right. Medical health. Health problems.

MI: Tell us a little bit, taking a tangent, about Okinawa, the Okinawa initiative.

SI: So, the Okinawa project really began in 1965, I guess.

MI: How did it begin?

SI: It began because they identified Chuba Hospital. Chuba is a central hospital, as the training site for Okinawan physicians. Especially people in the residency. At that time, if you want to become a surgeon, you went in to surgery and stayed in surgery for so many years. They never had the basic, you know, post-graduate training to begin with, generally. So, the physicians were all selected at that time from the U.S. mainland to go for a minimum of two years. And they called in consultants and so forth. When [Dr.] Chris Gulbrandson came on, he decided that they should have their own director of the program.

MI: Chris Gulbrandson, at that time, he's a...

SI: Dean.

MI: Dean at the University of Hawaii School of Medicine?

SI: Yeah and I was in charge of that program.

MI: Okay.

SI: And so he insisted that I...

MI: What year are we talking about now?

SI: 19...

MI: In 1970, I know Terrance Rodgers, so early '70s, it was Terrance Rodgers.

SI: It was after Terrance Rodgers, Terry...

MI: So late '70s?

SI: Late '70s.

MI: It must be early '80s. Chris Gulbrandson became the dean...

SI: Yeah. I believe he became the Dean in 1989.

MI: Oh, '89. But the Okinawan effort started way before that?

SI: That's right. Because it was started by the U.S. military.

MI: Okay. After the war?

SI: After the war.

MI: What did you and Chris Gulbrandson do...?

SI: We tried to make it so that the consultants could be from Hawaii. They would be from Hawaii and not from other parts of the U.S. So, that's one. And the other thing is that the residents who were trained at that hospital could come to Hawaii for observation.

MI: For training.

SI: For training, yeah.

MI: What kinds of training in Hawaii?

SI: Could be in surgery. Could be medicine. Almost any of the specialties. But the big one was that we were contracted to send ten consultants every year. And they were all from Hawaii, rather than from the U.S. mainland

MI: When you say consultants, they stayed there for ...

SI: One week. Ten days.

MI: Ten days to educate (?)...

SI: They gave seminars, they gave conferences, you know, all that stuff, the regular stuff.

MI: So you're sending your specialists there to educate them. They're sending you their residents...

SI: Right.

MI: Lower level physicians.

SI: The consultants that went did bedside teaching a lot. And this is what Chris wanted, to do a lot of bedside teaching and, ummm...

MI: Who were some of the names, if you could give us so names who went? Physicians from Hawaii who are in practice here, who gave up their time.

SI: Gosh, there were so many of them who went.

MI: Do you remember?

SI: Yeah.

MI: If you don't, that's okay. I'm just trying to get for the record...

SI: I can get them [a list].

MI: Some of the pioneers.

SI: Because my administrative assistant is still here, still works for us. I'll call up. But there were so many of them, but...

MI: This started under your watch.

SI: No, it started before my watch. Before my watch.

MI: Okay.

SI: And before my watch was, well Terry was very...

MI: Dr. Terry Rogers. Yeah, he was a dean.

SI: He was a dean. Then Chris took over and I worked with Chris on that. And Chris was adamant that we not have a mainland Director. That we have an Okinawan Director, which was a big step.

MI: Did that change the culture of the exchange?

SI: I think so.

MI: Who was the Okinawan person?

SI: Masao Maeshiro.

MI: Okay.

SI: And his counterpart who led it after he left was Talak Walker. He was...

MI: It was who?

SI: Walker. W-A-L-K-E-R. He was an India Indian who was a pediatrician in Washington state. He was there for I don't know how many years but after that it was always a local director.

MI: And this whole program was what eventually led you to receive the recognition by the Japanese government?

SI: Yeah. That, in general. That brought up the level of medical care at the hospital. In, five years ago, the *Nikkei News*, which is the Japanese business news, declared, they did a survey of a hundred Japanese hospitals and Chuo Hospital ranked number eight. And they never said why, but part of it is because, you know, of the training and because of the involvement, I think, of JABSOM. And that...

MI: That program continues today.

SI: And, right now, the person who handles the job that I did, was, is [Dr.] Junji Machi. And Junji is a graduate of that program.

MI: Oh, is that right?

SI: He did his residency in that program.

MI: But he never went back. He's practicing in Hawaii.

SI: Oh, no, I don't know. Later, I'll tell you about Junji later, but Junji had his idea of changing the Japanese medical education system. He still has it. And, you know, he goes to Japan every two weeks.

MI: What is the model now and what does he want to change?

SI: Well, the change is that he's very much intended to the problem-based, you know, education.

MI: Explain what the purpose, problem-based medicine, and maybe Chris, Dr. Gulbrandson's role.

SI: Yeah, problem-based education is to look at the problem and not the details of the ...you know, to look at how you ask questions about a problem and to solve that question as you go come to a conclusion of what you want to do.

MI: Can you, like, give an example about the traditional way and, say, the problem-based approach?

SI: Well, the traditional way is, you go in, you examine and say, well, you know, this is the problem. But in the problem-based learning you have a problem; you analyze what goes in to solving it. It may be automatic but students are trained to go step-by-step and to identify, you know, what the structure of that problem is.

MI: To understand the problem rather than to memorize the symptoms...

SI: Right, right.

MI: And the signs.

SI: Right. And that's a big difference.

MI: The traditional American medicine used to teach that from the textbook, you learn the symptoms and the signs and you make your diagnosis.

SI: Right.

MI: Your way is what?

SI: It's to look at the issue. What is involved in this issue? What are the steps that are...

MI: In terms of the mechanism...

SI: Mechanism.

MI: Physiology.

SI: Everything comes in. And you can draw a diagram to it, leading to what the solution should be.

MI: This way of approaching medicine was new in the 1980s?

SI: Yep.

MI: Has...

SI: Usually, you know, I am not familiar with the degree of medical education but a lot of the learning was just memorizing and this is to problem-solve. And it was a big difference.

MI: This was new to the profession or the education of physicians.

SI: That's right.

MI: Did this have an impact nationally?

SI: Yes.

MI: This approach to educating...

SI: Yes. In fact, it's having more of an impact. And we first got this taste of it from McMaster University in Canada. And then we found out that there were other pockets in the U.S. which were really experimenting with it. But Canada, you know, the first one was probably not Canada. It's Chulalongkorn University in Thailand.

MI: Thailand.

SI: Before that. Chulalongkorn still does that. It's fascinating.

MI: So this change in the curriculum of educating physicians, how much of the American education system has it reached as of today?

SI: Well, you know, and that question is a question that could be asked of Junji. Junji still goes every other week, two weeks, to Japan.

MI: Every two weeks.

SI: Twice. He spends ten days a month...

MI: What does he do there?

SI: In Japan. Try to influence how physicians think and it's a problem-based effort.

MI: So he does...

SI: Seminars.

MI: Seminars in the concept of problem-based...

SI: And he really, really believes in it. And he goes to Japan on his own dime, once a month. And stays for around ten days. And he feels—because I don't know the Japanese language that well—he feels that he's making an impact on how physicians [are trained].

MI: And he has been doing this for forty years?

SI: Yeah, maybe seven years.

MI: Oh, seven years.

SI: That's my guess. Six or seven years. It's significant.

MI: And he's welcomed there. They want...

SI: Yeah. I mean, there's a faction of physicians who've experienced problem-based [education] in America or elsewhere that really felt that Japanese medical education should change.

MI: And part of that thinking, is that from the experience of Chuba Hospital that they aware of?

SI: Not really, because Chuba Hospital isn't purely problem-based. But Chuba Hospital has been blessed with identification of consultants who have introduced, you know, that kind of...

MI: Okay. What you're talking about is the Chuba Hospital program is actually with the residency program [in Hawaii]. Do their residents, when they come here, learn to some extent the problem-based approach to caring for patients?

SI: Hopefully. Because not all of our hospitals here or physicians here are problem-based oriented, right? So it will be interesting to see how it all ends.

MI: Okay, it's an interesting approach, in general, to education.

SI: Of course.

MI: Instead of learning the textbook, you teach the students how to think.

SI: Exactly.

MI: Is it being applied to other academic disciplines?

SI: Exactly, exactly.

MI: It is being applied to...

SI: And so a lot of progressive schools are using ... they may not call it problem-based, but it's that ...

MI: Is the University of Hawaii one of them?

SI: I don't know about the University of Hawaii. I know that maybe fifteen years ago or so, there was a faculty there in the College of Education who was experimenting with that.

MI: What kind of education?

SI: College of Education.

MI: Oh, College of Education to change the ...

SI: Just plain memorization to, you know.

MI: So that's actually quite an impact that you and Dr. Gulbrandson had initiated in...

SI: Especially medical education...

MI: But going beyond medical education.

SI: Especially Chris. He really made an impact. I don't think people realize how much of an impact he made. I really don't.

MI: Well, okay, traditionally, the outcome has been you measure the quality of the education in terms of passing an exam. What has been the impact of this different approach to education on the performance of your students on the national examinations?

SI: Well, hopefully they use problem-based learning in everyday life and not only to the profession that they... I mean, every day life has problem-based issues.

MI: Then should the concept be extended to elementary...

SI: Oh, yeah, kindergarten.

MI: Kindergarten?

SI: You know.

MI: I guess.

SI: It is, in many ways, yeah. Elementary education

MI: Is there a name for it? Does it have a different name for it education?

SI: They probably don't call it problem—PBL. PBL is very involved.

MI: It's the approach of thinking, solving problems, rather than memorizing the answers

SI: Right.

MI: That's interesting. Do you think this whole concept is creating better citizens in America?

SI: In America?

MI: Yeah.

SI: I can't say for America. But I think at our school, and medical school here ...

MI: School systems that that tried to implement this approach?

SI: I don't know. But JABSOM has changed.

MI: Changed in what way?

SI: In terms of the kind of students that we accept. You know, if you really look at our students, our student are not just bright. They're bright in problem-solving. Today...[Coughing by interviewee.]

MI: Do you want to take a break?

SI: Nah. They're bright in problem-solving.

MI: Is that a selection issue? I mean, the people you select to for your...

SI: I can't talk about other people. You know, I've been interviewing for twenty something years, right? And I've interviewed over a thousand physicians here in town.

MI: So to some extent, you have shaped the community medical...

SI: I wouldn't go that far.

MI: You want to take a break?

SI: [Interviewee continues to cough] It's very interesting trying to select future physicians. Let me try an example.

[Interviewee requested that tape recorder be turned off because what he was about to say was "off-the-record"]

MI: But let me ask you how you feel, your impact has been on the quality of medical care delivery in Hawaii, based upon your contribution in terms of selection of medical students.

SI: I think the quality of the people, men especially, in medical education, is pretty equal. You know, they are not crazy, but whatever, I think that the incentive in heart is really trying to help the community in which they live. I really believe that. I think that if you go beyond that, to what I was talking about in brain injury and so forth, that's exceptional, I think.

MI: How about diversity, professional diversity, in terms of ethnic background? You've done, at least at the university ... JABSOM, anyway, has been involved in a program. Can you tell us about that program?

SI: Very, it's been fantastic.

MI: What is this program?

SI: The Imi Ho'ola program. It's to bring in native Hawaiians and the under-represented into medicine by providing stipends, but not lowering the educational qualifications or basic incentives, but really to look at the person, to ask the question, "Would this person make a difference to people's lives with the knowledge that they'll gain?" That would be the question.

MI: So who in the administration makes these kinds of judgments or decisions? Were you the person who..?

SI: No. It's a group.

MI: It's a committee.

SI: It's a committee.

MI: Who gets to be on this committee?

SI: We try to look at people who are, number one, basically educators who know young people. Educators who know the future of where the profession should go. Educators who look at more than just intellectual powers but with the basic human being. These are the people we try to put on the committee. And that requires experience. That requires their belief in the human being. And that really requires the knowledge of where a full human beings could go and should be in. And sometimes it's hard to find, you know. But hopefully, that with each Admission Committee member's experience, that they have proven that they have these qualities.

MI: To be able to judge or to...

SI: To project.

MI: To project.

SI: And to project outside of themselves, in terms of their own biases, you know.

MI: So, the program provides opportunities for disadvantaged minorities.

SI: Oh, yes, a lot. And you know, in Hawaii, the majority of us have grown [up] what we term today as disadvantaged, in some way. Whether it be in socio-economic or whether it be in education or in a way we know as adults and have gone through a lot of experience, what the top rung is like. We might not know what the bottom rung is, but we know that maybe we didn't have all the chance that we could have chosen.

MI: Is that something that you have personally experienced?

SI: No. I feel very fortunate to have grown up in a family and in a community that I have. Very fortunate.

MI: Now, if you go back to this program, Imi Ho'ola, just your impression, what has been the results? Do you have any numbers that you can share with us?

SI: Geesh, I think I'm giving you some guesses. I think eighty percent have graduated from the program. And all of them are working in local communities. All represent their, I'll just say constituency, of but what they seem to represent really well.

MI: Now, just to clarify, for anyone, someone who's not familiar, what you take college graduates who are interested in entering the medical profession? Is that a correct description? How would you describe the program? Who goes in to your program? What kinds of students?

SI: Okay, the best popular way of describing, it's the kid who has the fire in their belly, about really wanting to make a difference in the broad initiative. And not many have that.

MI: But yours is specific for a future in medicine, right? Are there similar programs in other academic disciplines?

SI: Not that I know of. Maybe education.

MI: How about the Law School?

SI: I don't know about the Law School. But, education, yes. You know, in being a teacher, that's very, very prominent. And as you know, in Hawaii, up to about thirty years ago, twenty-five, thirty years ago, the two professions that women from Hawaii were compelled to struggle for is to become a nurse or a schoolteacher. But not anymore. They can be anything they want to be.

MI: I'm going to go in to one other area and that is Kuakini Hospital because I know you have ties with Kuakini Hospital. Why don't you tell us about your, how you became and how you have been involved with Kuakini Medical Center?

SI: Okay, I think that number one, personal friends, like [Masaichi] Tasaka.

MI: Masaichi.

SI: Masa who was a personal friend. But I think that it all began more seriously when Terry Rogers, the dean, asked me to go to Kuakini to try and explore ... because I was on the faculty at UH ... to try and explore where we could try and help the medical school get an inroad into geriatric medicine. Because it seemed that Kuakini had the best outlook on how a person's life should really progress when they become invalid or when they become older. Because they originally started, had the immigrant men's housing and they housed the infirmed and then they went to acute, then they went to long term care, intermediate and long term care. Masa had the concept of continuum of care from beginning to death, rather than just being spotty. And I think that all began with the original idea of taking care of the immigrant Japanese laborer. Because no one else would take care of them.

MI: Many of them were single men.

SI: That's right. And so they were old age home in the back yard over there for a long time. So, the continuum of care was a big notion that Masa Tasaka had and I think that Terry liked that as the theme for the School of Medicine. But the far end of geriatric care was new. Geriatric medicine was new to Hawaii.

MI: What year are we talking about?

SI: We talking about, 19... gosh, I would say, in the mid to late sixties.

MI: So they would, at that point in time, I guess there was not a lot of academic interest or initiatives...

SI: Yeah, people were all young.

MI: Everybody was young. Masa could see ahead that this was the future, but...

SI: So when he was hell bent about doing something about geriatric medicine, I asked whether I would see what they can do at Kuakini in terms of incorporating geriatric medicine as a foundation, you know, at Kuakini. So this is when [Dr.] Pat Blanchette...

MI: Patricia.

SI: She was one of my students in public health and she was interested in going in to geriatric medicine. So she did her residency and so forth and she as the first one to start geriatric medicine at Kuakini. And Masa gave her the go-ahead. And I was to help her trying to build up that Hale Pulama Mau.

MI: What is Hale Pulama Mau?

SI: It's the place where they have the elderly, intermediate care, skilled nursing [services].

MI: But you built a whole new facility. All new facilities

SI: Yeah. The facility was built in 1980 I believe. And it was the continuum of care that Masa felt that people coming who are ill and needed acute care, then they recuperate but they have no place to go, so they come in as elderly, they needed a continuum to intermediate care and then to skilled care, and then they either die there or try and get back home. And to this day, I don't know whether people know it or not but we have a Kuakini Care Home where there are probably seventy-five older men and women whose the [families] cannot take of, so they're there until they die.

MI: And this whole idea actually evolved into a training program also.

SI: That's right. That's where we have one of the country's best geriatric residency programs. And then, you know, Pat tried to infuse in palliative care, which was not known in medicine. And they have that going on. And they have residency in geriatric medicine.

MI: So you have been involved in a number of very innovative concepts in health care, medicine ...

SI: But they were never my own. That, I think that Masa Tasaka had a notion, Terry Rogers had some strong ideas about medical education, and then Chris Gulbrandson had a strong idea about how physicians should be trained.

MI: And as you look at the medical school today, of course you've worked for many years beyond Doctor Gulbrandson, what is happening there, in terms of these kinds of all ...

SI: The deans who have come afterwards have built on the whole issue of [the] problem-based curriculum and seeing that the under-represented are represented. That the students go to the best post [graduate] training that we can find and how they can become competitive in residency programs. And we get reports all the time from residency programs about "What do you do to train such good residents?"

MI: So there are, the concept of problem-based education for physicians hasn't touched all of the [residency] training programs on the mainland?

SI: I don't think so. There are a hundred and forty medical schools and, but I think each school has a portion that is problem-based.

MI: Some form of problem-based education.

SI: Yeah, which is human development, you know.

MI: And even the concept of caring for the elderly and...

SI: That's right.

MI: Community facilities, you know, around the country, not just here, that all appear to be an evolution of the thinking that we need to be innovative in developing...

SI: And I thought that...

MI: Care options for seniors.

SI: And I don't think we've [JABSOM] been studied enough by the mainland leaders. I think when things show that, you know ...

MI: Could you explain that a little more?

SI: Yeah, I think that there aren't that many educational leaders who have seen what JABSOM has done. I mean, there's no need to because they'll learn, find out somehow, especially through our graduates who go for residency. Because they seem to be quite surprised at the level of resident competency.

MI: When your students go to their different residencies, their abilities to solve problems maybe?

SI: Yeah, which is very interesting. And our students are in many ways very exceptional because, number one, they're very inter-racial, so people don't see this kind of mix in other schools. But the other thing is that the personalities are different.

MI: So, this Imi Ho'ola program, do you think it's contributing to racial equality or opportunities?

SI: I think so, yeah. Yeah, I really do. But just think, forty or fifty years ago, it was the same thing of trying to understand who the Japanese were in Hawaii, you know, as they made inroads into medical schools on the mainland. When I think of the early pioneers like [Harold] Kimata and...

MI: Which Kimata?

SI: His wife's name is Josephine. He was, you know, an ophthalmologist. He had his office on King Street. His nephew is the neurologist. What was Kimata's first name, I don't ...

MI: Well, I know George...

SI: George is the neurologist. His uncle was an ophthalmologist, one of the first ones.

MI: Tell us about him.

SI: About...

MI: Kimata, doctor Kimata

SI: He had an office on King Street.

MI: Okay, but I didn't, in terms of what...

SI: He and Richard K.C. Lee, those were the physicians who made the inroads at Tulane, for example. You know, after they went, then Tulane began admitting a number of people from Hawaii.

MI: Is that right?

SI: Yeah. Creighton was another place. They were, you know, the pioneers.

MI: I see.

SI: Well, Tulane, to me, is one of the big examples, you know. Richard K.C. Lee was the head of the health department and the regional medical program, the Research Corporation.

MI: And so was it in 2017 when the, the government of Japan recognized your contributions and awarded you the..?

SI: Right.

MI: Order of the Rising Sun

SI: And I wasn't aware that the Okinawan government nominated me. It was a surprise, really a surprise. That medal, very few people get it.

MI: It's quite an honor.

SI: And that medal was to recognize my effort in bringing health to Okinawa, through Chubu Hospital.

MI: Education.

SI: Yeah.

MI: And we didn't get to this point in your military career, but you mentioned serving in the Korean War but you actually had quite a...

SI: Yeah.

MI: Extended career after that in the Army Reserve.

SI: So, after that, I went in to the Reserves. We had to because we had...

MI: Eight year obligation.

SI: ROTC obligation, eight years. Two years of active duty and six years of reserve.

MI: If I can go back, what did you get, from committing to those eight years, in terms of educational support funding? What...

SI: What I got?

MI: Did you receive to incur this obligation?

SI: Okay, the first two years, when I was in ROTC, I got twenty-five dollars a month.

MI: Okay.

SI: I depended on that twenty-five dollars a month.

MI: As a living expense.

SI: 1952. Then I stayed in the Reserves for the obligatory six years, which means you were in for eight years, if you go through ROTC. At the end of the sixth year, my friends said—this group that went to Fort Benning—so they said, "Let's just stay in. Very little effort." We gotta go to the weekly meetings, you know, at... And then the one weekend a month, we had to go on Sundays. And then during the summer, we go to two weeks [of

training] right? So they said, "That's not too much effort." So, the six years went by, ten years went by, twenty years went by, thirty years went by.

MI: Thirty years, you served.

SI: Thirty years. So I retired in 1980 because I got my commission in 1950.

MI: At the rank of?

SI: Colonel, O-6. Okay, which is interesting because the last ten years or so in the Reserves, they didn't know what to do with me. Because, you know, here I was, a psychologist, here I was, an occupational therapist. You know, I have these backgrounds and I was at Waimano for so many years, and so forth. I'm at the University. So what they did, they meaning the Reserves, the U.S. Army Reserve, they assigned me to the Pentagon, the last six years of my Reserve. And so, every summer, for my summer camp, I went to the Pentagon for two weeks and I was designated the mobilization designee for the Head Director of the Army Medical Specialists Corps, AMSC, which includes the physicians' assistants, the P.A.s, the physical therapists and the occupational therapists.

MI: Explain again what this position. What was your responsibility?

SI: Let me tell you. The designation is as a mobilization designee, for the Chief, at the Pentagon for the Army Medical Specialists Corps and the specialist, the specialties were physical therapy, occupational therapy and physician assistants.

MI: Okay.

SI: Throughout the Army. So if there's a war, I would report to Fort Sam Houston to head the training program there. And the person who was the mobilization designee two, would be heading the office at the Pentagon. So my reserve duty, for the last six years in the reserve, after Fort DeRussy, was to go to Washington, every year, to report to the Office of the Director of the Army Medical Specialists Corps. And the rank had to be a Colonel. So that's how I was promoted.

MI: So, looking back on all of these things, I mean, quite a list of accomplishments. What are you most proud of, when you look back on your life and your accomplishments?

SI: You know, actually I'm proud that I'm alive. (Laughter) And when I look around me, I only have one high school classmate alive, you know. And I have, you know, there may be others but I don't know because I'm not close to. And I have one childhood friend from Makaweli. And I meet, get together with him and his son every, oh, couple of weeks, for a meal.

MI: But in terms of the kind of things we've talked about, the medical school, the military, the international accomplishments with Okinawa, with Micronesia ...

SI: Don't forget Yugoslavia, it's a big one.

MI: Yugoslavia. Any one of those things mean the most to you at this point in your life?

SI: Well, when I look back, the most fulfilling experience, I think, is Yugoslavia.

MI: Really?

SI: And the interesting part about it, no one that I talk to now even knows about Yugoslavia. In fact, there's no Yugoslavia. It's been all chopped up in to different countries. And I

still have one person, no, two people that I correspond with. One is the granddaughter of one of the artists that I knew and the other one was a patient that I knew in the rehab center. They're still alive. But I think that the most different experience was that experience. Now there's another, there's extra-curricular activities, interests that I went through. Do you know the film "Twenty-four Eyes" [1954]?

MI: No.

SI: Japanese film. I think they have it here, probably, but it's a story about a school teacher during the war, World War II, on this island of Oshima who had a class of twelve children. And so, they titled it "Twenty-Four Eyes". And it gives the life story of each one and their experiences with her. And that was the landmark Japanese film after World War II. And the schoolteacher was a good friend of mine, in real life. She's dead now. And her name is Takamine Hideko. Takamine was a star, you know, of Japanese movies. And the reason, the way I got to know her is very interesting. When I was at Waimano, the research center used to host journalists and people in the humanities for conferences here. One conference they invited the journalists from Asia. In that group was a woman who had a radio show. I'm talking about 19... I'm trying to get the date, 1964. And she had a daily program in Japan, fifteen minute radio show that talked about different problems of the day and so forth. And she came to the conference here as a journalist and she had a friend who was a script writer and a journalist in Japan. But one day, she and her colleague came to Waimano to look at what we did with retarded children. And she was overwhelmed, you know, in terms of what we were doing. We had training programs, we had recreational programs, you know, stuff like that. So when she went back to Japan so she contacted the *Daily*, they had nothing like that in Japan, so she contact the *Daily Asahi* newspaper and had them send a reporter to write about Waimano. So that reporter's name was Zenzo Matsuyama, Matsuyama Zenzo and he was the top writer at that time and he was the protégée of Inoue, who was the top movie director.

MI: What's his full name, Inoue?

SI: Ah, Inoue, I don't remember his first name. But Inoue is spelled N-O-U-E, Inoue. And so, Zenzo Matsuyama came to Waimano and he brought his wife with him. His wife happened to be that actress, Hideko Takamine. He stayed with me for a week and wrote about Waimano and what we did. And that influenced a lot in terms of what Japanese ... I mean that, it gave them a look at what we did in America. So, when the week was over, I took the couple to the airport. Do you remember the old airport at the end of Lagoon Drive?

MI: Sort of.

SI: The old International Airport. It was a wooden structure. Anyway, I took them. They were flying out of here to Japan. But at the airport, there were a lot of Japanese tourists, of course. They crowd around Mrs. Matsuyama ... I was wondering, "Who is this woman, you know?" Because he was the one that was driving. Then I found out, she was this very famous actress who had made this film, you know, a few years ago. But, so I've known them since then and they bought an apartment where I live and they would come for two months a year and we became very, very good friends. And I would visit Japan maybe every other year or so and it was a life I don't really talk about. It was this very strange

life that no one would experience. You know, they lived on this hill in Azabu, which is a suburb of Tokyo.

MI: What's the name?

SI: Azabu

MI: Okay.

SI: And they lived in a Queen Victorian mansion. They had two maids. One day, she said, "Would you like to come and see where I work?" I said, "Sure." It's unbelievable. So, being the status of her career, people came to the house to make her up and, you know, dress her hair and so forth. And then the limousine came and so she and I went to the TV station. And we got there and the TV program was at ten o'clock in the morning. We got there at 9:50. You know, the Japanese are so strict on time, right? We got there at 9:50, so I said, "Oh, we're on time." She said, "We're too early." So at 9:55, she gets out of the car and I follow her, goes in this little studio, goes in to the setting, sits down, now the interviewer comes out at ten o'clock, they start shooting. They have a commercial at about 10:15 and about 10:25, it starts, ends. And she says, "Thank you very much." She said, "Why don't you sit down?" I was sitting right below the camera. She said, "Let's go." So we left, 10:25, went back to the car by 10:30 and we were home by a quarter of eleven. That's the level of star she was, you know. It's amazing how...she passed away about seven years ago. Her husband passed away soon after that. She would never let me see her in the hospital. I never saw her at the end. But at the end, she adopted a woman ... Takamine was seventy-eight or seventy-nine, I guess. The woman is about fifty or fifty-four. Adopted her and she [Takamine] died. The last time I saw her was before she went to the hospital and I think she died of lung cancer. She was a heavy, heavy smoker. But that daughter took on their name and she began managing all the affairs and true to the actress Takamine's persona, I think she adopted this woman so that she could take care of her husband, who was an invalid. He had dementia. So after her death, they came to Hawaii, came to visit. Wife came to visit. By that time they had sold the apartment and whatever, after they sold got rid of it. I bought it and, you know, paid him, whatever. Anyway, I picked them up and Takamine's buried here but it's top secret. I can't tell anyone where it is because the tourists would come over then, you know. So I took him to the grave and so forth and that's the last I saw him. He passed away also. And that woman is still around and she gives lectures on her adopted mother and her life at various places. And periodically, I hear from somebody saying, "Oh, by the way, you know, so and so is giving a lecture on [Takamine]." So, that's a very interesting interlude, in terms of this whole experience.

MI: Interesting.

SI: Fascinating. I think it's fascinating. And the west doesn't know her because at the time that she was active, she was compared to Shirley Temple—which was the same age—Olivia de Havilland and somebody else. At any rate, the *New Yorker Magazine* did one profile on her and that's the only article in English, in the western world, about her. And she's, you know...

MI: What was her name again?

SI: Takamine Hideko. Yeah, very, very thin. And so, the last serious conversation, any serious conversation I had with her, had to do with, she said she had a bunch of envelopes and she said, “I get this every day.” And these were letters from mothers of sons who were killed in World War II, in, let’s say, 1945 or whatever. And these mothers are now in their eighties and they’re writing to her saying that she was the only true love of their son who was a teenager when they went to war. They were seventeen and eighteen, right? Sixteen, seventeen, eighteen. And, in it would be this, the actress’ picture. And she told me that she’s not opening any more. She just throws it away. She said, “It’s too heartbreaking.” So, that’s another, you know, very interesting experience that I had. And she was a genius. I think she was a genius. She never went to school. Her aunt who was a *benshi*. You know, the *benshi* in old silent movie days, in the U.S., in the silent movies in vaudeville, they would play the piano to match. Well, in Japan, they had the shamisen and they would sing as they mimicked the silent movie. She, the mother—adopted mother, an aunt really—was that. And this aunt was hell-bent in making this niece, who she called a daughter, to become a star. So at age five, she pushed her in front of the camera and since age five, she’d been acting, in the place of this woman who wanted to be an actress. But that was the scoop. But she wrote profusely, she was self-taught. She read and she had the kind of mind. I’ve seen her do that. When she gets a script, for a show or whatever or movie, she’d read it once and she knows, you know. And she knows the other actor’s part also. But at any rate, one of the other things that she talked about was that she never went to school but every day, you know, she’d have to go to a location for filming when she five, six, eight years old, whatever. But every time she left the station, Tokyo station, there would be a man waiting on the platform with books under his arm and as the train moved because she was highly guarded, so as the train moved, he would run along the train and throw the books in, through the window. So, when she became an adult and began writing her own memoirs and books, they would have book signings at department stores, the big department stores, and there would be lines of customers. And invariably, there’s the same man, coming for his signature. And she knew it was him and he just smiled. And she signed the book. That was the last story that I heard of her, you know, talking about her education. So, because of him, she kept up with the lesson suited for her. Amazing.

MI: Interesting.

SI: So that’s an interesting sidelight of people that I knew.

MI: Very good. We’re running out of time so...

SI: Anything else?

MI: Ummm, no, unless you want to add something.

SI: What else can I add? Nothing.

MI: Okay. Thank you for taking the time.

[End of interview]