ABSTRACT

Objectives: This study analyses health policy, caregiving and the relocation of Japanese Americans during the Second World War. It also explores the contributions of midwives to community health care during evacuation and confinement.

Study design and methods: This historical case study is based on the diaries of a midwife. It is drawn from a larger study of state and federal government records and oral interviews about Japanese American midwives.

Results and discussion: The forced relocation of Japanese Americans to government camps in the 1940s created a situation in which a health care system had to be built from scratch at the same time that health needs had increased. To prevent a public health disaster, government health officials relied upon the expertise of Japanese American health professionals. However, midwives remained as untapped resources in the camp’s formal health care system. Still, community caregivers like midwife Toku Shimomura provided important informal health care.

Conclusions: This historical case study reveals that health policies were, and still are, not value neutral but rather products of the prejudices and priorities of their time and place. Nonetheless, midwives have done much more than catching babies. They have also been vital to the promotion of community health throughout the twentieth century.

Keywords: caregiving, midwifery, relocation, war, Japanese Americans, history

INTRODUCTION

The historical case study of a Japanese American midwife during the forced evacuation of her community reveals striking parallels to the history of northern peoples and health. It examines a midwife’s contributions to community well-being through informal caregiving.

MATERIAL AND METHODS

In the late twentieth century, the American artist Roger Shimomura created a series of paintings that depicted the forced evacuation and relocation of his family and other Japanese Americans by the U.S. government during the Second World War. Many of these paintings were inspired by diaries written by his grandmother, Toku Shimomura. As an artist, grandson and third-generation Japanese American, Roger found images of family pride and political injustice within his grandmother’s diaries and represented them in his art (1).

Toku Shimomura’s diaries are also a rich resource for historians of health care because Toku was a midwife (2). Toku’s diaries provide unusual first-hand evidence of the life and work of a Japanese immigrant midwife, or sanba. Her diaries, which she began in 1912 and continued for over 50 years, describe her work as a midwife in Seattle, Washington, from the 1910s through the 1930s, caring for women in their confinement. Midwives attended women in pregnancy, labour and delivery and often provided prenatal and postnatal care for women and infant care for the newborn.

Toku’s diaries are also important because they identify the caregiving that she provided during another type of confinement, the mass incarceration of Japanese Americans in government camps.
during the Second World War. In 1942, some 120,000 Japanese immigrants and their American-born children living in California, Oregon, Washington and Alaska faced a harrowing process of removal from the West Coast to inland government camps. Toku’s diaries record the impact of relocation on her life and her community. The diaries, along with state and federal government records and oral interviews with family members and friends, illuminate the history of Japanese American midwives.

RESULTS

Toku Shimomura trained as a midwife and nurse at the Japanese Red Cross Hospital and Nursing School in Tokyo, graduating in 1912. She moved to the U.S. in 1917 and received her midwife license from the state of Washington in 1917. She developed a successful midwifery practice in Seattle, where she delivered over 1,000 babies. Midwifery was a respected health care occupation and a central part of Japanese immigrant women’s health culture, as it had been in Japan.

In Seattle, Toku worked as part of a community of Japanese immigrant midwives. In the early twentieth century, Japanese midwives attended tens of thousands of women in childbirth along the West Coast of North America and in Hawaii, wherever Japanese immigrants settled.

Life changed, especially for Japanese Americans, after Japan attacked Pearl Harbor in December 1941. In 1942, the U.S. government forced West Coast Japanese immigrants and their American-born children into 10 prison-like government camps on the grounds that they represented a threat to national security. Toku Shimomura and other Japanese American residents of Washington state and Alaska were sent to live in southern Idaho at the Minidoka Relocation Center.

The forced relocation of Japanese Americans created a situation in which a health care system had to be built from scratch at the same time that health needs had increased. The environment and housing facilities of the camps were not conducive to healthy living due to severe dust storms, cold winters and rudimentary living quarters modelled after army barracks. In order to address the health care needs of each camp, which held approximately 8,000 to 20,000 people, the government constructed and staffed a hospital. Yet, despite the presence of these hospitals, many camp residents never sought the professional care they needed or received the care they sought because of the distance to the hospital, the long waits once there and the types of care provided.

To prevent a public health disaster in the camps, government health officials relied upon the expertise of Japanese American health professionals, including physicians, surgeons, dentists, optometrists, pharmacists and nurses. However, despite a chronic labour shortage, camp authorities ignored the midwives. More than 100 Japanese American women, including Toku Shimomura, had identified midwifery as their occupation on government intake forms for employment of camp residents. Yet midwives remained an untapped resource in the camp’s formal health care system. Camp health policies moved birth out of the home, where most midwives delivered babies, and into the hospital, where doctors and nurses presided.

DISCUSSION

Toku’s diaries reveal that hospitals did not provide the only healing available in the camp. Instead, midwives like Toku, as well as family, friends and neighbours, filled in the gaps in the formal health care system and addressed needs that the hospital did not. Community caregivers like midwife Toku provided important informal health care. Although such contributions are difficult to quantify, they were nonetheless meaningful to the camp residents.

For example, Toku made numerous house calls to visit the sick, including in the hospital. At one point her three-year-old grandson Roger became ill, possibly with chicken pox, and he was put into an isolation ward in the hospital for one week. When she visited him there, she found the ward to be nothing but a “miserable” jail. It was “truly pitiful,” she remarked.

Toku regularly recorded in her diary when a friend was ill and when she gave someone a physical examination. For instance, she wrote, “Between the rain showers in the afternoon, I made inquiries on the sick people in section 1 and 2 [of the camp]. Mrs. Takiguchi’s condition has become much better.
and we rejoiced.” Later that month she indicated, “I heard Masako Nomura was not feeling well so I visited her and gave her an enema” (9), clearly not your average friend’s visit.

Evidence from private sources like Toku’s diaries are a much needed corrective to what government records suggest about health care provisions. In official public records, midwives appear as insignificant figures, if they appear at all. Their ongoing community health work and caregiving escaped official notice, but not that of camp residents.

Toku was a comfort to people not only because, as a midwife, she knew something about health care but also because she knew the people she attended and she understood their hardships. Such personal attention was especially valuable in the dehumanizing environment of the wartime camps. Toku’s actions addressed not only the physical needs but also the mental health needs and emotional dimensions of human beings. She, and others like her, helped revive the human spirit.

Toku laboured to help others because people responded positively and it gave her genuine satisfaction. She had a strong sense of community, of belonging to a group. Caregiving gave her life meaning and through it she contributed to both community well-being and personal survival.

CONCLUSIONS

The story of midwife Toku Shimomura offers some important lessons for policymakers today. It demonstrates that health policies were, and still are, not value neutral but rather products of the prejudices and priorities of their time and place. Too often health problems are produced by our own government health policies.

Nonetheless, this historical case study is a reminder that midwives have done much more than catching babies. They have also been vital to the success of community survival and public health efforts throughout the twentieth century. Ultimately, the promotion of health and wellness requires that health care providers and policymakers not only master science but also the art of understanding people and their health culture.

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REFERENCES
2. Toku Shimomura kept a diary from 1912 to 1968, written in Japanese. Her grandson Roger Shimomura, an artist and retired Professor of Art at the University of Kansas, preserved the diaries and provided the author with access to them.
4. See records of the War Relocation Authority, such as Charles E. Irwin, chief medical officer, to M. Anderson, 15 January 1944, box 159, Records of Relocation Centers, General Files, 1942–1946, Heart Mountain Relocation Center, Record Group 160, War Relocation Authority, National Archives, Washington, DC.
7. Toku Shimomura’s diary, 13 June, 14 June, 16 June, and 24 June 1942.