"All I knew was that I had a great opportunity to come down here. It was very unusual, and after being here I saw so many things. One of the things was that the public health department of Hawai'i was so progressive from the early 1900s. The public health system of Hawai'i was mainly supported by plantation doctors. Each plantation doctor was an agent of the Health Department of Hawai'i. . . . And we all cooperated. We were paid, I think, twenty-five dollars a month, just stipend. But we carried out all of the preventive medicine in the territory, and that's why we've had such good health [care]. That should not be forgotten."

Dr. Marvin Brennecke, Kōloa Plantation physician from 1933 to 1942, was born February 12, 1906 in Jackson, Missouri. His great-grandparents were immigrants from Germany. Marvin, oldest of four children, grew up in a farming community near the Mississippi River Delta.

Following his high school graduation, Marvin attended Southeast Missouri State University and the University of Missouri. He received his medical degree from Washington University in St. Louis in 1930 and received a one-year internship at Missouri Baptist Hospital.

In 1931, at the invitation of a colleague, Marvin left for Hawai'i to work under Līhu'e government physician Dr. J. Kuhns. In 1933, he moved to Kōloa and replaced Dr. Alfred Herbert Waterhouse as physician for Kōloa Plantation, McBryde Plantation in Ele'ele, Kaua'i Terminals in Port Allen, and Kaua'i Pineapple Company. In addition, he served as a U.S. Public Health Service physician as well as government physician for the entire Kōloa district.

In 1942, he left Kōloa for Waimea, where he assumed the duties of plantation physician and government physician. In 1964, he and others started the Waimea Dispensary and Clinic.

Retired since 1972, Marvin lives in Waimea near the clinic.
This is an interview with Dr. Marvin Brennecke on May 13, 1987, at his home in Waimea, Kaua'i. The interviewers are Warren Nishimoto and Michi Kodama-Nishimoto.

Why don't we begin. Dr. Brennecke, why don't we start by having you tell us when and where you were born.

MB: I was born in Jackson, Missouri, February 12, 1906.

WN: Can you tell me something about your parents?

MB: My father was doing engineering work, he was a mechanic. He went to, I think, the sixth grade in school. He was born on a farm. In those days they had steam engines for plowing and for harvesting wheat. His father was quite active in supplying energy to the farmers in southeast Missouri. Then from there he [MB's father] became interested in automobiles and bought a Ford in 1914. He had a new Chevrolet or Ford every two or three years until he passed away. He then was doing auto repair work at his home after he was through working at the brick factory during the day where he was an engineer. Then he started his own auto repair business, and around 1925 obtained a Chevrolet agency. He then retired and turned it over to my brother.

WN: What generation was he in America?

MB: He was a second generation. Grandfather Brennecke was born in the United States. They [Grandfather Brennecke's parents] came in through New Orleans, where a lot of the German immigrants at that time did. They came down into the Gulf [of Mexico] and then came up the Mississippi Valley through New Orleans.

WN: Where did they come from originally?

MB: From Saxony. Those people, even those on my mother's side, all came because in those days the people were peasants. They were limited in movement and lived in cities, or towns, or hamlets, and went out
and worked in the fields. Of course, they couldn't leave their town unless the king knew where they were going to go. They came, my ancestors, Brennecke, and Amos, they came over at about the same time, that's 1850, I think, or 1840, along in there. In those days, people who came from Europe were serfs. It's hard to believe. In fact, in the papers that my grandfather Amos had which I've seen, there is a permission from one of the kings that he could travel towards Hamburg to get on the boat to come to the United States.

WN: What about your mother's side?

MB: Well, my mother was the daughter of a German immigrant, and they came over [to America in] about [1850], as I said, and then he took up farming and had his own farm. He lived on it his entire life. That's out of Jackson. I don't know anything about the people before my two grandparents, except that the Brennecke family has a big history now. They've accumulated an awful lot. They have quite a lot of material, but that's about all that I know.

WN: What was your mother's maiden name?

MB: Anna Amos, A-M-O-S.

WN: Can you describe your neighborhood, growing up in Jackson?

MB: Oh, it was a town of about 2400 people. It was supported mainly by agriculture. No manufacturing was there except this brick factory that my father worked for. Eventually we had a shoe factory there. We had a poultry company. They would make up an entire boxcar load of chickens. It was a Godwin company, and a man would travel with this boxcar. It was a specially built boxcar to handle only the chickens. And they would take them alive to New York and there they would sell them.

Jackson had quite a number of churches. It was the county seat, and apparently it had a good school system. No trouble, very little crime. It was ten miles from Cape Girardeau, that's the town along the [Mississippi] River. Cape Girardeau has had a Normal School, oh, from way back in the '90s, I think, 1890s. It's now become the Southeast Missouri [State] University. It's become quite an industrial area, now, the whole area.

WN: Ethnically, what was the town, mostly?

MB: Ethnically, it was mostly German and English. No Spaniards, no Jewish people. . . . What other group?

WN: No Hawaiians, no Japanese.

(Laughter)

WN: Was there agriculture there?

MB: Oh, yes, yes. But only in small forms, because Jackson is just at the edge of the Ozarks. Ten miles south of Jackson, we get into the delta, we get flat land. That's where it was very productive. Of course, right down south of Jackson there was a great large area of marshes. They drained all of that and called it a drainage district. And so all of this rich bottomland became tillable and it was very productive.

WN: What kind of crops were grown there?

MB: Oh, cotton. In fact, the farm that I owned back there out of Jackson was once tilled by slaves. That was just about the extent north of slavery, because you remember Missouri was divided almost equally. And then of course, corn now, and wheat. All the grain crops were raised even in the hill country, where in Jackson it was just ten miles from the bottomlands. So naturally it isn't as productive as the bottomland turned out to be. I don't know whether that's of any significance.

MK: I was wondering, how many children were there in your family?

MB: There were four of us. I was the oldest, my brother, and two sisters.

MK: And then when you look back on your family situation, if you compared your family with other families in town, where would you fit on the socio-economic scale?

MB: We were in the middle. There were a few families in town that owned, for instance, this poultry concern, the brick factory, and the people that owned the flour mill. We had a flour mill, by the way, I forgot to tell you that. They were the only wealthy people, and all the rest of us were the same. There was no class distinction. About the only distinction that would come up would be whether you were a Catholic or a Protestant. But otherwise, there were no race problems. The Negroes had a place in town where they lived, most of them. We had one Negro who owned a farm, and that's the only one I know. The Negroes had a Negro school which they had up until, I don't know, I've forgotten what year that was. But that can be found out.

The Normal School was only ten miles from Jackson. So a lot of us kids drove to Cape Girardeau to the school, and that's where I got my pre-medical education. I went there for two years, including summers, and I received ninety hours of credit to get into medical school. Then I went to Missouri U. in 1926.

WN: Did you have any aspirations of becoming a teacher?

MB: Yes, I did. In fact, I was planning to come down here and get acquainted with Hawai'i. But of course, when I came here why, you
gave up the ghost.

(Laughter)

WN: When you were first starting to go to school, what were some of---what were your career aspirations, if any? What did you want to be?

MB: Oh, I wanted to be a doctor, that's all. I had not yet decided whether a family doctor or a specialist. In those days, we had very few specialists. Then when I went to medical school, I became interested in surgery, and I had planned to go back to Barnes Hospital to get my interning there after I was here [Kauai]. But that, of course, ended, because I liked this place so much.

MK: Can you tell us again how you ended up in the Hawaiian Islands?

MB: I think I mentioned that, didn't I? Well, let's see, I don't want to make it too long.

WN: That's okay.

(Laughter)

MB: Thinking of the islands occurred to me for the first time when a Dr. A. B. Potter and his wife, Oma, came to Missouri U. during the second year of my medical training after they had been down here [Hawaii] for a couple of years doing locum tenens. I belonged to the Phi Beta Pi fraternity, and he had been a former Phi Beta fraternity man. He came to the house and got acquainted with us fellows. The two Potters came because Oma, his wife, wanted to see her girlfriends she graduated with from nursing school at Missouri U.

Dr. Potter gave lectures at the medical school about medicine in Hawaii. He and Oma took an interest in me and we became quite friendly. One day, while he was talking about the beauties of Hawaii, I facetiously said to him, "Well, if you ever hear of an opportunity for a young doctor two or three years from now when I get through school, why, I'd like to try it myself." And that was all that was said.

Dr. Potter then went on to [Washington University in] St. Louis and took his training in nose and throat work. I also went to Washington U. He came by the fraternity house so we kept in contact. Then I interned at Missouri Baptist for a year. Two weeks before I finished my internship he called on the phone and said, "Do you want to go to Hawaii?"

I said, "Well, first tell me why you ask a question like that so bluntly."

He said, "Well, just this morning, Eula Kuhns called to say, 'Hello'
to us. She had just arrived in St. Louis. Oma answered the phone while we were both still in the bedroom. I happened to think of you. And I said, 'Oma, you ask Mrs. Kuhns whether there is an opportunity for a young doctor in Hawai'i.'"

And Mrs. Kuhns said, "My husband was looking for someone." And that was it. So within three weeks, I was on my way down here.

MK: I'm just curious, you said that Dr. Potter came to your medical school and gave some talks on medicine in Hawai'i. What did he say about medicine in Hawai'i at that time?

MB: Well, let's see, I don't know. He did locum tenens at Moloka'i, at the leper colony [at Kalaupapa]. I can't remember the details. I can't help you there.

MK: So Dr. Potter was a physician on Moloka'i?

MB: On Moloka'i, and he also did locum tenens here at Waimea [for] four or five months. He did it at several places. He loved Hawai'i, but he wanted to go back to St. Louis and get his proficiency in the nose and throat field.

MK: What was your knowledge of Hawai'i before leaving?

MB: Almost nothing. I knew about Waikīkī and that's about it. I knew nothing about the economics, politics, or anything. All I knew was that I had a great opportunity to come down here. It was very unusual, and after being here I saw so many things. One of the things was that the public health department of Hawai'i was so progressive from the early 1900s. The public health system of Hawai'i was mainly supported by plantation doctors. Each plantation doctor was an agent of the Health Department of Hawai'i. For instance, Dr. [B. O.] Wade was the government physician here [Waimea], Dr. [Alfred Herbert] Waterhouse, whose place I took, was the government physician there [Kōloa]. Dr. [J.] Kuhns was the government physician at Līhu'e, Dr. Virgil Harl was the government physician at Kīlauea. And we all cooperated. We were paid, I think, twenty-five dollars a month, just a stipend. But we carried out all of the preventive medicine in the territory, and that's why we've had such good health [care]. That should not be forgotten.

WN: So your first stop was Līhu'e?

MB: Līhu'e.

WN: And that was under Dr. Kuhns?

MB: Under Dr. Kuhns.

WN: I see. What do you remember about first arriving here? Did you go to Honolulu first, and then to Līhu'e?
MB: I came directly to Kaua'i. And you are asking me what, now?

WN: What do you remember about the place or the situation there when you first arrived?

MB: Situation in what respect?

WN: The job that you were going to go into. . . . Let me start again.

(Laughter)

WN: What was Kaua'i like when you first arrived? What did you see that impressed you, or. . . .

MB: Oh, the first thing that impressed me as I got off the plane down here at Port Allen was the beauty of the island. Particularly, I can still remember a visual picture of Hanapepe Valley. How beautiful it was. Getting into Lihu'e, I started helping Dr. Kuhns right away. I found everybody to be gentle. Everybody was sociable and easy to get along with. I found the medical practices excellent. It was amazing how the doctors took care of their patients. I still remember Dr. Kuhns, how able he was, and that people seemed to get well without him doing too much for them. Mainly it was just to nurture them, to make them comfortable, and to keep them from having pain. In those days if a person had cancer, and it got to where he or she were very uncomfortable, the doctors gave them medicine to alleviate the pain, and they died peacefully. Now the opposite is true. People are tortured for months, maybe even years sometimes, by keeping them alive. That's quite a contrast.

The other thing I noticed was that we had the different ethnic groups. We had Puerto Ricans, Spanish, Chinese, Japanese, Filipinos, Scotsmen, and we had English people. The majority of them only spoke their family language. The Japanese spoke Japanese, most of the people did, except the young kids as they were growing up. The Puerto Ricans, of course, were speaking Spanish. The same with the Spanish. Most of the adult population did not speak English. So that's one area where Dr. Kuhns became very adept at, using his hand and his eyes to make diagnoses. He was excellent, because you couldn't have an interpreter. Then of course as the young kids grew up, they became adults and spoke English. You've seen that come along, yourselves, haven't you?

Most of the managerial group on the plantation were, of course, Caucasians. They had their own social circles on the island. I remember, when I lived over at Port Allen, going many times over to Kilauea for a party for dinner and then coming back. The people from that side would sometimes come all the way over here to Kekaha. I didn't know anything about the social life of the other [working] people, because I was not involved in that.

One thing I can always remember is that all the plantation managers
that I had anything to do with, in the supervisory class, never once down-talked the people working in the fields. Of course, I know that there was a lot of resentment from the people that were working in the fields, but we had to go through that stage for people to get educated and then follow in the positions, like probably you did, and you did too, with your parents, huh? I think most of the populace begins to realize this now. For instance, that strike in 1946, there was a reason, these things had to come. If it wouldn't have been for Jack Hall, then it would have been somebody else. As a result of that strike, the organization of our society improved. But what happened before could not be helped.

Frequently people would say, "Oh, I used to work for a dollar a day." Well, you know, back on the Mainland people probably didn't make any more money. One thing is, they did not send their kids off to school like everybody did here. You just have to think about that. People making just a dollar a day sending their kids off to the universities all over the country. In other words, when they would think about it, they could see that they really were paid well enough that they could progress, and get into universities and prepare themselves better than their parents. Do you agree?

WN: Yeah. The fact that the plantation workers were able to send their kids to school . . .

MB: In spite of that, yeah.

WN: They worked hard, and they were able to do it means that something was going right in the system.

MB: That's right. In fact, a digression of that, there's a man, a Mr. Wallace, that I met, he was on the. . . . What is the police force called in Britain?

WN: Scotland Yard?

MB: Scotland Yard. He is now about ninety years old, and he wanted to be a doctor. They were so poor, he said that he had holes in his shoes and had to put cardboard in, and walk on the ice and the snow to school. Sometimes they didn't have any food on the table. And I said, "I don't believe that."

He said, "No, that's true. A lot of people in Britain were that way." Now, that's about in this area when we're talking about here. I mean, before I came. But I mean going back to the beginning of the plantation. That's one thing that I'm very proud of, and I never found any of the plantation managers to skimp on giving money to take care of their people. They never turned me down. And I was with the plantation at Līhu'e, I was with Kōloa, McBryde, Olokele.

WN: Why did you move from Līhu'e to Kōloa in 1933?

MB: Dr. Waterhouse was the doctor at Kōloa, and for McBryde at 'Ele'ele.
He had a hospital at 'Ele'ele and a hospital at Kōloa. He wanted me to come over and work for him while he was off on a vacation. Then he wanted me to be his partner. I turned him down the first time. I think I talked about this, didn't I, before? Do you remember?


MK: But we have to record it, so that we'd have . . .

MB: Oh, I see. Well, now I can see I'm not doing it as well today as I did then. Well, anyway, I turned it down because I was quite comfortable and happy with the work I was doing with Dr. Kuhns. So he [Waterhouse] came back about four or five weeks later and said, "Dr. Brennecke, I would like you to come and take my place while I'm on vacation. The reason I'm coming to you now is that I found out that I might be fired by my cousin, Charlie Rice, because I campaigned against him [for territorial senate] in the fall of '32. If he does that, then I want you to have this position." He made the offer so attractive financially, he just said, "You're a partner from the very beginning." Whereas before, he excluded some compensation that he was getting.

So I said, "Well, I can't turn that down, Dr. Waterhouse. That's impossible." (Chuckles) So that's how I came over there. So then he went on his vacation and when he returned, why, the manager told me that they had retired him and they would like me to take the job if I would. So I took it. That was, I think, in August or September of '33. And then I had the two hospitals which I carried on.

MB: Port Allen. Port Allen, yeah. Then McBryde Sugar Company, Kaua'i Pineapple Company, Kōloa Sugar Company, Hawai'i government physician for the Kōloa district, and United States Public Health Service doctor for the inspection of ships coming in here from the Orient or from South America.

WN: That's quite a number of hats.

MB: Uh huh [yes]. I know, it was a lot.

MK: What were your responsibilities for each of the positions that you held when you took over Dr. Waterhouse's?

MB: Well, to be the plantation physician and to take care of all their needs medically.

MK: And as government physician?

MB: I carried out the policies of the [territorial] Board of Health in any way that I could help. They weren't written down or anything
like that. There was never any signed contracts saying that you had to do this or you couldn't do that. Of course, we also tried to help out in preventative medicine, because, in those days, when I first came here, we had around 300 infant deaths. When you speak of an infant death in statistical jargon, it's the number of infant deaths out of a thousand births that occur. It was around 300 at that time on the island. And Dr. Waterhouse was particularly interested in that and Dr. Kuhns was too. Everybody was. So we all held baby clinics and maternal clinics. We'd go out into the plantation and hold them. Sometimes we'd have them in the hospital. So we were constantly teaching nutrition, and for them to get their shots. Eventually this thing [i.e., infant death rate] started dropping. I don't know what it is today, but anyway, that was one area where the government physicians stepped in.

Hawai'i was one of the first states to begin smallpox vaccination. I have those statistics somewhere. Diphtheria vaccination, too, was compulsory. I think it was compulsory, now I'm not sure about that. But I remember that even Minnesota, where the wonderful Mayo Clinic is, didn't have the public health progress that we had here in Hawai'i.

WN: Who was responsible for this progressive public health policy?

MB: That's the Board of Health that existed from about 1850. It was just like an umbrella over all the islands. Because the medical care was free, the people didn't have to worry about whether they could afford it or not.

WN: Any individuals in particular who were instrumental in these policies?

MB: No, I wouldn't know that. Oh, let's see. Dr. [F. E.] Trotter in my time was the president of the Board of Health. He was followed by a fellow out of the United States Public Health Service, whose name I've forgotten. But can you see what happened? It was a perfect setup.

MK: I was wondering, how much of the preventive medicine practices were initiated by the doctors themselves, as opposed to the Board of Health? Did the Board of Health say, "From now on, we'd like you to have these well-baby clinics"? Or were the doctors on the plantations initiating these clinics?

MB: No, it was the Board of Health. They would be setting up these projects. Then they found that plantations didn't have government physicians outside of the plantation doctor group. So you see, you immediately had an agent of the Board of Health in each plantation hospital.

MK: And say, if you were an individual not working for the plantations, did you also go to a plantation doctor for treatment?
MB: Yes, or they could go to private doctors.

WN: Was it for free? I mean if a non-plantation resident came to you, how did they pay you?

MB: They paid on a private basis. The schoolteachers and so on. They paid. We're talking about acute or chronic illnesses. The plantation doctor was thinking of preventative medicine. Of course, we were, too. But having somebody to guide you, a captain or a lieutenant to tell the squad what to do was the thing that did it.

MK: So the Board of Health would send down many policies to the plantation doctors, then?

MB: To the government physician in that particular district, and that individual would be a plantation doctor.

MK: They were usually the same individual?

MB: That's right.

MK: And I was wondering, to what extent did the plantation management control policies or practices that the plantation doctors . . .

MB: Nothing at all, they never interfered in my instance. Never. They said, "This is yours."

MK: And when it came to the financial compensation, say since you were the government physician, the U.S. Public Health Official, the plantation doctor, and you also had a private practice. How much would each of these different agencies be paying you as income?

MB: They paid us a salary, but I don't think I want to discuss what they paid.

WN: Well, not the amount, but. . . . In other words, you got some salary from the plantation, some from the county . . .

MB: Yes. For instance, I remember, I think McBryde paid me $250 a month. I remember Koloa did that. Not much at all, now. Then, of course, the Board of Health paid us twenty-five dollars a month. But it was just a, what would you call it, a gesture.

WN: I was wondering, you were talking about preventative medicine, and you were talking about nutrition. And I know that plantation families, there were Filipinos, Japanese, and they all had their own foods. Did you recommend certain foods to certain families?

MB: Yes, I did.

WN: How did you go about doing that? Did you have to educate yourself to knowing about the nutritional values of these ethnic foods?
MB: Well, no I didn't, and I don't think any of the other doctors went into advising the Japanese to eat a Japanese diet or the Filipinos eating a Filipino diet. We just told them what we considered to be an adequate maintenance diet, at that time what we considered acceptable. In other words, we taught them to eat vegetables, and so on. Of course we talked against white rice. Because, as I remember, eating a half a bag of rice a month, an adult individual was potentially beriberi.

END OF SIDE ONE

SIDE TWO

WN: ... rice and nothing else?

MB: Well, if you eat a half a bag of rice a month, there's very little room left to eat anything else.

(Laughter)

WN: Half of a hundred-pound bag, you mean.

MB: Yes. So this infant mortality rate dropped right off in about five or six years. These figures are available, it's impossible for me to remember them. That was in all the different ethnic groups. That's because there was little bit of negative nutrition. The people all ate that way. It wasn't that they didn't have the money or the energy to go out and catch some fish. The people could go out and get all the food they wanted. But they just ate too much white rice; and white bread, the Portuguese. I remember I did it too, as a kid.

WN: I'm wondering, did your advice ever come into conflict with folk practices or, you know, different ethnic practices?

MB: No, no. I wasn't aware of it. With gradual education, it's the nutritionists who have done it.

MK: In those years that you were at Kōloa, say between 1933 and I guess 1942, besides the problems with infant mortality and beriberi and malnutrition, what other illnesses or conditions did you treat mostly among the plantation's people?

MB: Well, we had infectious diseases such as whooping cough, measles, and German measles. Those days, among the Filipinos, we had a lot of knife wounds, which we don't see anymore.

In those days Dr. Kuhns delivered the babies at their [own] home. He didn't want them in the hospital. The female population of Filipinos was very small, but there were a lot of men. I'd go out to deliver these babies and there would be only a kerosene lantern
for light and the woman would be in the corner on a pad with a blanket over her. Then I'd lift the blanket and look and deliver the baby. And outside there were milling probably a dozen Filipino men smoking stogies. I don't know, I never understood that, if it was a ritual or what it was. Well, anyway, my thought was led there by the fact that usually these stabbing things, I think were women problems.

We used to have a lot of women who got pregnant every year, but then they would abort in the third or fourth month, or maybe the fifth month. This would be a constant recurrence. So we started sterilizing them. After they had their baby under local anesthesia, we would pick up the tubes and tie them off. That helped a lot, too.

WN: Was that the extent of birth control in those days?
MB: Yes.

WN: There was nothing in terms of education, or anything like that?
MB: Well, we taught the rhythm cycle, but you know when you had language problems, it was difficult to teach.

WN: Were there any people on your staff who spoke the different languages?
MB: Oh, yes, we always had a doctor's assistant who was either Filipino or Japanese. And then we'd always have girls coming in being practical nurses. We found them to be more helpful than the graduate nurses. The graduate nurses were usually Haoles coming in here, and well, some of them were more aggressive. You train them and then within a year they're going to get married. Or if they're married, within a year they're going to be pregnant, and so then you lose them. So we taught our own girls practical medicine, the practical nursing.

WN: I was wondering, when you took Dr. Waterhouse's place, and a lot of people we talked to---my impression of Dr. Waterhouse is that he was a very popular man. And I was just wondering how you felt sort of coming into his footsteps. Did you get any kind of vibrations, positive or negative taking Dr. Waterhouse's place?
MB: No, I didn't. I wasn't aware of that. Oh, Dr. Waterhouse was a fine man, he was a missionary type of dedicated man. Many times people would come up and criticize Dr. Waterhouse to me, and I would say, "You can't do that." I had to stop them, I said, "I can't see you."

WN: Did anybody say things, like, "Well, Dr. Waterhouse did it this way, why don't you do it that way?" Or something like that?
MB: No, no. Not that I'm aware of.
WN: Because lot of the old-timers talk about the times when Dr. Waterhouse used to get the plantation train and take everybody down to the beach for a picnic every Fourth of July. Did you hear anything about that?

MB: No.

(Laughter)

WN: That must have been earlier.

MB: Well, let's see. Who was talking about this just recently? He was telling me that Dr. Waterhouse took him into the 'Ele'ele Hospital because I think he was underweight and he couldn't gain weight. So Dr. Waterhouse took him (chuckles) and put him in the hospital for about a month.

(Laughter)

MB: That's like this philosophy that you expressed about him. He was that type.

MK: Did that man gain weight?

MB: Uh huh. Yeah.

(Laughter)

MB: Well, he was a boy at that time.

MK: You know, since you just mentioned 'Ele'ele Hospital, Dr. Waterhouse and later yourself had the Kōloa Hospital as well as the 'Ele'ele Hospital to take care of, right? What was your daily caseload like?

MB: Oh, probably fifty or sixty people. I would be at Kōloa in the morning, 'Ele'ele in the afternoon, six days a week. On Sundays, I would spend half the morning at Kōloa and half the morning at 'Ele'ele. Now this is what I did, I don't know what the other doctors did. I had classes two or three times a week and I would teach them [nurses] the clinical practice of medicine. I would tell them, "Now you assume that you're a doctor. Assume that you know as much as I do." They would take down the patient's medical history for me. I didn't have to spend half an hour to get the history. They would have it, and they would give it to me in a summary form. I'd have it in three or four minutes. Then I might ask some questions, and then examine, and that's the way we did it. We became very efficient. It was an excellent system. These people usually stayed with it. For instance, Bernice Kubota, at Kōloa. She was with me from the beginning of the war. I had several people like that. I'm sure the other doctors did it, but I can't speak for them because I never discussed it with them.

WN: How did Kōloa Hospital and 'Ele'ele Hospital compare in terms of
facilities and staff?

MB: Equally. 'Ele'ele Hospital had about thirty-six beds, Kōloa Hospital had about twenty-seven. 'Ele'ele Hospital was closed, I think, during the war, and I think Kōloa Hospital was too, during the war, but I've forgotten.

WN: When you came to Kōloa, I know it was in the middle of the depression, was that a factor at all?

MB: A factor of what?

WN: In respect to your practice or anything?

MB: No. Well, see, actually we didn't have a depression here, as far as I knew. Business was really not affected.

WN: Well, I guess the people were frozen onto the plantation, the jobs---sugar went on, in other words, during the depression.

MB: Oh yes. No, we did not feel the depression in 1931, '32. The deep depression we were supposed to have had.

WN: When you went to Kōloa, where did you live?

MB: I lived at Port Allen.

WN: Did you live in Kōloa at all?

MB: I lived there only for about three months in Dr. Waterhouse's house which was across from the hospital. Now, I think it's a religious organization there [Kōloa Missionary Church].

MK: Why did you move to Port Allen later?

MB: Well, the plantation furnished us a house. A Mr. [William P.] Alexander suggested that we move over here to Port Allen, and it worked out very well.

MK: And you lived at Port Allen until wartime?

MB: No, no. I lived at Kōloa until September, '33. I lived at the beach, Poi'pu Beach, for one year just before the war, in '41. I lived at Poi'pu. Then in February, '42 I moved over here [Waimea]. That's when I took over here, when Dr. [B. O.] Wade went into the navy.

WN: You acquired some land in Poi'pu. How did you come to acquire it?

MB: Well, I found out that [Antone "Kona"] "Tony" Vidinha had it up for sale, and so I bought it.

WN: So that's the place they call Brennecke's Beach, now?
MB: Yes.

WN: So that's where you lived just before the war.

MB: Yeah, I lived there for a while, a year.

WN: Okay, how are you for time?

(Taping stops, then resumes.)

WN: What was Koloa like during the war? Were there soldiers stationed there?

MB: Well, the soldiers were stationed all over the island. They were mainly out here at Barking Sands.

WN: I know the plantation manager at the time was Hector Moir, when you first came, and that was just a transition between John T. and Hector about the time when you arrived?

MB: Yes. [John T.] "Jack" Moir went to [Pioneer Sugar Company in] Lahaina in the fall of '33. When I was given the position at Koloa, it was Jack Moir, and Mr. [William P.] Alexander who was manager of McBryde Sugar Company, who asked me whether I would take the job. That had to be in July or August, so Jack Moir was still there.

WN: What was your relationship with Koloa Plantation management?

MB: Oh, it was excellent. It's just like all the other plantations. I don't understand the meaning of your question. What do you mean?

WN: Were there any conflicts between . . .

MB: Oh, no. Can't think of a one. That's one thing about Hawaii. Everybody is so kind and gentle, sociable. No ugliness, very little ugliness. There may be some backbiting, but you don't hear it. By that I mean, anybody can be criticized for almost anything. But I just didn't experience any ugliness.

MK: When it came to, say, the supplying of the clinic, the plantation would be supplying you with the money and everything. When you put in a request for funds or for personnel, how was your relationship with management in that regard?

MB: There was never a negative response. They always agreed with what I wanted.

MK: So they more or less gave you a free hand, then?

MB: Yes, uh huh. Except (chuckles) one time over here [Waimea], one of the plantation managers came to me and said that one of the girls complained to him about my exposing her body. I don't remember how I handled it, but I said, "Well, I think that she misinterprets my
action. I had her undress because I can't look through clothes." But that's the only time there was ever a question. Never anything about policy. Never a rejection of a request for funds. Of course that is dependent, too, upon whether you're asking too much.

(Laughter)

MK: You just mentioned your practice in Waimea. How did you get from Kōloa to being the physician here in Waimea?

MB: Dr. Wade was a reserve officer in the navy, and Dr. Kenneth Amlin was here with him. Dr. Amlin was an assistant of mine over at Kōloa and he came to help Dr. Wade. So when Dr. Wade left, Lindsay Faye [of Kekaha Sugar Co., Ltd.] asked me whether I would come over here. This is a better setup than at Kōloa as far as a hospital is concerned.

WN: Just before you moved, didn't Kōloa and 'Ele'ele split, or something like that?

MB: Yes, 'Ele'ele split in 1940.

WN: So, instead of one doctor handling both hospitals, it became one doctor for Kōloa, one doctor for 'Ele'ele . . .

MB: That's right. That was Dr. [L. A.] Honl. He was at Makaweli, here.

WN: Do you know why that happened?

MB: Well, they were winding up the plantation over at Makaweli, and it was a good move because I was doing too much. I had decided that I wanted to do that anyway, so they came along and asked Dr. Honl, and that was fine.

MK: You just mentioned that the Waimea Hospital situation was better than the Kōloa one. In what way was it better for you?

MB: Well, because we had a good hospital building here. In Kōloa, it was an old wooden building, and Kōloa wasn't quite as big and it was confining. Whereas coming over here for the rest of my practice was much better because I knew that they were going to close Kōloa Hospital eventually, and so I would have had to travel to Līhu'e all the way.

MK: So, let's see. You came here to Waimea and what course did your career take when you came out here to Waimea? You became the plantation doctor here and . . .

MB: And the government physician.

MK: The government physician?

MB: Until Dr. Wade returned, and then he became government physician
MK: And when did you start the Waimea [Dispensary and] Clinic?

MB: Oh, I think that was in 1964.

MK: And that you started in partnership with a Dr. [William] Goodhue and a Dr. [Yonemichi] Miyashiro?

MB: Miyashiro and Dr. Wade. Dr. Goodhue was a plantation physician at McBryde.

WN: So when you moved over in '42, you said that you knew that Koloa Hospital was eventually going to close. Do you know the reasons for that?

MB: Well, progression. I mean, it was antiquated. It was time to move, because you couldn't have a small twenty-seven-bed hospital continue. It was all right during Dr. Waterhouse's time, and part of my time. You understand?

WN: So, by that time, then, the handwriting was sort of on the wall that . . .

MB: Yes. But that's really a negative. That doesn't go into your records, because that is a secondary thing. The primary thing is that there were four plantations here, and this [i.e., Waimea clinic] was going to be a permanent part of the island, as far as medical practice is concerned. It just made better medicine, for me. And being able to practice with another person, or a group of persons. Whereas at Koloa, I'd always be by myself.

WN: And at that time Līhu'e had Wilcox [Memorial] Hospital?

MB: They had Wilcox Hospital. Wilcox Hospital started in 1939, I think, or '38.

WN: So today, the two main medical centers on the island would be Wilcox Hospital and the one here?

MB: And Waimea, yes. Now they call this over here the Garden Island Medical Group, [Inc.].

MK: And that's the one that we just passed, coming up to here?

MB: That's right.

WN: And you retired in '72?

MB: Yeah, uh huh.

WN: So what have you been doing to keep yourself busy?
MB: I don't know how to answer that.

(Laughter)

MB: It's a difficult time. But nothing particular.

WN: Well, we want to thank you very much for your time.

MB: I hope I helped a little bit. I see I'm not on top of it.

MK: I think you did fine.

WN: You did. It was very interesting. Thank you.

MK: And you don't have to worry about what you said because you'll get to see the transcript, and you know, edit it accordingly.

END OF INTERVIEW