THE PURSE SEINE AND EURYDICE: A HISTORY OF LEPROSY AND COERCION IN HAWAIʻI

A THESIS SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAIʻI AT MĀNOA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

IN

ANTHROPOLOGY

DECEMBER 2012

By

David James Ritter

Thesis Committee:
Chairperson Eirik Saethre
Geoffrey White
Noelani Arista

Keywords: Leprosy, Capitalism, Hansen’s Disease, Hawaiʻi, Molokaʻi, Kalaupapa, Political Economy, Medical Anthropology
Acknowledgements

I would like to extend my sincere gratitude to a number of individuals without whom this research would not have been possible. First, I would like to thank each of my committee members- Eirik Saethre, Geoff White, and Noelani Arista- for consistently finding time and energy to commit to my project. I would like to thank the staff and curators of the Asia Pacific collection at the Hamilton Library for their expertise University of Hawai`i at Mānoa. I would also like to thank my friend and office mate Aashish Hemrajani for consistently providing thought provoking conversation and excellent reading suggestions, both of which have in no small way influenced this thesis. Finally, I would like to extend my greatest gratitude to my parents, whose investment in me over the course this thesis project is nothing short of extraordinary.
Abstract

In 1865, the Hawai`i Board of Health adopted quarantine as the primary means to arrest the spread of leprosy in the Kingdom of Hawai`i. In Practice, preventing infection entailed the dramatic expansion of medical authority during the 19th century and included the establishment of state surveillance networks, the condemnation by physicians of a number of Hawaiian practices thought to spread disease, and the forced internment of mainly culturally Hawaiian individuals. As such, efforts to eradicate leprosy came to overlap with a broader imperial program of social control. Now a tourism destination, however, the history of leprosy presented at Kalaupapa is a didactic morality tale that focuses on the life of Saint Damien de Veuster, who died during his mission work there. As such, leprosy is reinvented as an issue of personal morality that silences both the coercive function of the colony and the voices of those interred in the past.
## Table of Contents

Acknowledgements........................................................................................................ii

Abstract.............................................................................................................................iii

Chapter 1: Introduction.................................................................................................1

Part I: The Purse Seine..................................................................................................25

Chapter 2: The Purse Seine.........................................................................................26

Part 2: Eurydice.............................................................................................................64

Chapter 3: The Memorialization of Lived Space.......................................................65

Chapter 4: Touring Modernity.....................................................................................86

Chapter 5: At the Feet of the Statue.........................................................................110

Works Cited....................................................................................................................125
Chapter 1. Introduction

In 1886, the biannual report of the Hawai‘i Board of Health to the legislature of the Kingdom, the introduction of which was penned by Board President Walter M. Gibson, opened with the following remark:

I am happy to record a manifest decline in the death rate of the Kingdom, and it is a satisfaction to note in this connection that the Hawaiian people are being awakened to an appreciation of the laws of health in many ways; in the construction of their dwellings, the cleanliness of their homes, by greater care in the matter of clothing and more especially in regard to very necessary undergarments, and a more general desire to adapt themselves with intelligence to the changed order, circumstances and conditions of things which are beneficently and happily remoulding the character of a people so recently issuing from a rude state of barbarism. There is no longer that indifference to their physical condition…The patriot at home and the philanthropist abroad may therefore rejoice to think that Hawaii has at last preserved herself to a healthy and enduring remnant of an abiding race, that gives promise of growth and increase, and to build up a new and progressive Hawaiian stock to take part in the World’s battle of life.¹

Formed in 1858, the Board of Health was a relatively small office within the Hawaiian government tasked mainly with safeguarding ports against smallpox infections, monitoring prostitutes for sexually transmitted diseases, and providing vigilance against epidemics generally. In the twenty eight years between 1858 and when the report the above quote comes from was filed, the authority of the Board had ballooned rapidly to comment on matters listed above, such as the rescue of a disappearing nation of barbarians from modernity, the construction of homes, what garments were appropriate to dress in, the moral order of society, and others not directly mentioned, such as the internment of lepers, which goods could be brought to market and when, the responsibilities of Hawaiian women to

¹ Report of the Board of Health, 1886: 3-4.
procreate, and more. The institution’s change was rapid and its implication were far reaching, in that the medicalization of aspects of daily existence drew them out of obscurity and into the regulatory contemplation of the state. While attempting to reduce the growth of the medical bureaucracy in Hawai‘i to a single cause is simplistic, the expansion of medical authority in Hawai‘i into an entity able to govern and comment on a vast array of social practices is inextricable from the history of leprosy in Hawai‘i. Indeed, the danger the Board perceived in leprosy would warrant a vast expansion of sight into aspects of private life and governance of the practices located there. While leprosy would be treated from 1865 onwards through the isolation of those afflicted with leprosy at Kalaupapa, a peninsula located on the island of Moloka‘i, the story of the leprosy in Hawai‘i is not only the story of the political actors to create the colony, its residents, and opposition. It is also the story of the transformation of meanings surrounding the practice of confinement and the rise of state oversight through the practice of medicine.

The treatment of leprosy as a state problem, however, was not immediate. The earliest possible reports of leprosy in Hawai‘i, date to 1820 and come from American missionary Rev. Charles Samuel Stuart, who described the “hideous marks of a scourge, which more clearly than any other, proclaims the curse of a God of purity…. The inhabitants generally are subject to many disorders of the skin; the majority are as unsightly as lepers” (quoted in Mouritz, 1919: 29). More

2 1865 would mark the signing of “An Act to Prevent the Spread of Leprosy” into law, which made the forced segregation of lepers the legal right of physicians. The first instance of internment was in 1866.
certain reports of leprosy appear in 1840 (Mouritz, 1919: 30), a full twenty-five years before the practice of confinement began. Between at least 1840 and 1865, leprosy had grown, in the eyes of the physicians of the Board of Health, from a minor concern of the state into a matter of colossal importance to which massive portions of the Kingdom’s budget were dedicated and whose prevention was a vehicle for a sweeping variety of social changes, not the least of which was the creation of the colony at Kalaupapa. Not merely a value neutral application of medical technology to solve the problem of infection, the practice of internment was deeply wound into the fabric of Hawaiian society during a period of rapid cultural transition from an autonomous kingdom to a colony in the expanding American empire. Within this political context, the internment of mainly individuals of Hawaiian descent by mainly white physicians fit by the turn of the century with what historian Alison Bashford (2004:1) describes as “colonial rule manifested as and through lines of hygiene.” As Foucault describes (1991:198), banishment to the leper colony in premodern Europe demonstrated the capacity of the state to exclude dissent in the interest of the preservation of certain societal forms through “exile-enclosure,” a characterization that would apply in varied form to leprosy in the colonial world generally- though not without variation in Hawai‘i.

As leprosy had declined from the 14th century and disappeared for the most part from European consciousnesses (with the notable exception of Norway), leprosy would remain endemic in regions colonized by Europeans, like India and China, and appear in others as a direct result of labor flows across the colonial
world, as is the case in Hawai‘i (Miles, 1997:52). Understood as a tropical disease, the isolation of the diseased broadly instantiated the imagined division of races. Because hereditarian notions of leprosy were dominant in the middle of the 19th century, meaning that intermarriage between leprous racial others and Europeans would infect whiteness with biological and impurity, the isolation of lepers served not only to protect health but indeed to preserve whiteness across contexts in the British empire (Bashford, 2004:85). As infection became wound into a system of political and racial signification demarcating European from indigenous other, the practice of quarantining and separating the sick departed from whatever sterility its technological (in)efficacy might have possessed and was remade as a symbol of colonial authority.

Assuming the rational superiority of Western Medicine, colonial and missionary physicians across contexts saw medicine as “represent[ing] progress towards a more ‘civilized’ social and environmental order,” charged with themes of nobility and morality (Arnold 1988:3). In Guam, the isolation of lepers by United States naval government in the late 19th and early 20th century was understood by US naval officials as a “heroic” attempt to combat a “horrible and dreadful” disease, as contextualized against the backdrop of the colonial ambitions of United States to civilize the indigenous Chamorro people through the introduction of codes of proper American conduct (Hattori, 2004:68-69). In the Philippines, similarly, the shift from an interest in hereditarian notions of leprosy (favored by the Spanish colonials there) to an understanding of leprosy as contagious and reliant on social practices for transmission (championed by
officials in the United States colonial government who assumed power in the Philippines following the Philippine Revolution) warranted the forced internment of lepers, especially at the asylum on Culion Island (Anderson, 2006:161-163).

There, the capacity to imprison lepers was not the sole expression of state authority, but indeed the capacity of the state to ‘reform’ lepers into productive laborers on the island would prove to be an important political bargaining chip for colonial administrators, linking the biological course of the disease to a “trajectory from ‘savage’ (or leper) into citizen…imply[ing] a reconfiguration of intimacies with one’s own body and the bodies of others- a reconfiguring of the private” (Anderson, 2006:178). Likewise, in 19th century India, rationales for the confinement of lepers ranged from fear that not confining lepers would allow for leprosy to follow European colonials to Europe to the “paternalistic benevolence” of British officials towards natives unable (and unfit) to care for themselves (Staples, 2007:70-71).

In Australia, where leprosy was thought to be transmitted sexually, the spatial isolation of lepers would closely coincide with colonial efforts to maintain strict divisions between races (Bashford 2004:107). Across contexts, then, the practice of internment not only functioned within colonial mindsets and programs of governance, but indeed enacted exclusion in terms of racial divisions that broadly fell according to dichotomies between colonized and colonizer.

This narrative of the instantiation of colonial regimes of meaning through medicine fits to a certain extent in the particular context of Hawai‘i, but not without qualification. Unlike contexts in which medical practice occurred
according to the interests of colonial governments, the Kingdom of Hawai‘i remained an autonomous polity until 1893, when a collection of businesses overthrew the sovereign monarch Queen Liliuokalani— an event almost 30 years after the practice of confinement was codified into law in 1865. In the literature, the reality of an independent Hawai‘i interested in the continuation of its autonomy is frequently minimized- Tony Gould (2005:60), in his comparative history of leprosy during the late 19th and early 20th century, would dismissively write that “…though Hawaii did not become a United States Territory until the turn of the century (or acquire statehood until 1959), the charade of kingship ended in 1894 when a Republic of Hawaii was proclaimed.” Historian of science Michelle Therese Moran, in her otherwise superb comparison of Louisiana’s Carville asylum with Kalaupapa, would likewise treat the isolation of lepers during the period of the Hawaiian monarchy as an unambiguously imperial and unilateral imposition by the United States (Moran, 2002:74). Zachary Gussow (1985: 85), meanwhile, would acknowledge that “Hawai‘i’s path from a Polynesian society to a US state was a long and complex historical process,” but would consistently characterize Hawai‘i’s treatment of leprosy as “an imperialist solution” contextualized against “the classic colonial pattern of Western commercial and territorial expansion.” But as an independent Kingdom in an increasingly colonized Pacific, the practice of internment cannot either be glossed as an imposition of Western colonial interests or a purely Hawaiian decision made free of influence from with the traditionally Western scientific establishment. Inattention to the uniqueness of Hawaiian autonomy and the implications of
autonomy for interpreting the practice of medicine has resulted in pervasive and problematic characterizations of the history of leprosy in Hawaiʻi.

This thesis is intended in part to address this deficiency. As will be demonstrated, the leper colony, by the late 1880s, did indeed become one constituent of a larger program to establish a particular hegemony in Hawaiian society. Where quarantine failed to prevent the spread of leprosy, physicians came to regulate social behaviors instead, entrenching the mechanisms of state control in the course of their medicalization of the disease and a variety of other aspects of social life. This included the expansion of surveillance networks, the condemnation of Hawaiian practices for their supposed role in transmitting disease, and the isolation of bodies of those deemed unfit to participate in social life. But prior to this, the actions and writings of physicians on the Board of Health weave a more complex narrative in which associations between disease and Hawaiian cultural practice were consciously avoided by physicians—many of whom were intimately familiar with Hawaiian culture and supporters of the monarchy. The conscious resistance of state physicians to equate Hawaiianness with disease under the autonomous rule of the sovereign Hawaiian government occurred alongside the creation of other unique aspects of leprosy treatment in Hawaiʻi, such as a hybrid care system that incorporated both Hawaiian and Western medical care or the incorporation of Hawaiian healers into medical practice. While frequently overlooked in much of the literature regarding Kalaupapa, the historical transformation from this nuanced, medically pluralistic system to one of unambiguous imperialism is unique to Hawaiʻi in a world of
colonial medicine in which the practice of care giving unambiguously demarcated colonized from colonizer.

This assertion- one of the central assertions of this thesis- is not intended to minimize the reality of the leper colony as a form of imperial discipline. Instead, it is intended to demonstrate the complexity and variability of the process through which both disease and the penal connotations of the leprosarium became tools of empire through the vehicle of medicine while resisting the teleology of Hawaiʻi as a doomed kingdom incapable of autonomy. By illuminating the process through which disease and natural law were reworked as aspects of the coercive capacity of the state, I introduce an altogether novel element to the discourse of Hawaiian leprosy: the treatment of Kalaupapa currently as a tourist destination and the commemoration of the history of Kalaupapa by the National Park Service. Following the long and deliberate genesis of the leprosarium as a prison used to enforce a set of codes preferable to colonizers and acquire a coercive character, the current state of the colony has entirely dispelled these meanings and replaced them with a new set relating to the role of Saint Damien de Veuster, the Catholic priest whose mission to Kalaupapa ended in his martyrdom. Or simply put, this thesis first traces the shifts that resulted in the usage of the colony as a coercive tool of empire, and then traces the process through which this function vanishes.
A General Overview of Leprosy and Confinement

The roots of the stigma of leprosy in Hawai‘i are ancient and intimately related to changes in Christian theology (Inglis, 2004:77-81; Daws, 1979:75). The treatment of leprosy in the Old Testament imagines the disease as reflecting ritual impurity and spiritual turmoil which necessitated banishment. The Gospel writers would elaborate this theme by emphasizing Christ’s efforts to alleviate the suffering of the impure for its metaphorical value in establishing the compassion of Christ for an imperfect humanity.

Where the basis for confinement in the ancient Near East was certainly a practical measure against contagion as well as a location of moral and religious signification, the connotations of impurity, sin, and morality would prove as persistent as the disease itself in Christian Europe. The moral underpinnings of leprosy were foundational to the mass construction of lazar houses during the thirteenth through fifteenth centuries for the sweeping confinement of lepers as famously documented by Michel Foucault (1965: 3-7). A dramatic spike in the prevalence at this time inspired the mass segregation of lepers throughout Europe, though especially in France, and overlapped with

---

3 “…and when he seeth the leprosy, or meselry, in the skin, and the hair changed into white colour, and that the species of leprosy is lower than the other skin and the flesh, it is a wound of leprosy [it is a plague of leprosy], and he shall be separated at the doom of the priest (and the priest shall pronounce him to be unclean).” Leviticus, 13:3

4 “And a leprous man came to him, and besought [beseeching him], [and] kneeling, and said, If thou wilt, thou mayest cleanse me. And Jesus had mercy on him, and stretched out his hand, and touched him, and said to him [Forsooth Jesus, having mercy on him, stretched out his hand, and, touching him, saith to him], I will, be thou made clean. And when he had said this, at once [anon] the leprosy parted away from him, and he was cleansed.” Mark 1:40-42
Church doctrine regarding purity and piety. Individuals in Britain, for example, could be excluded from Mass for having “leprosy of the heart (Browne, 1985: 6-7).” But if the presence of disease in lepers signaled impurity, it also held the capacity for redemption; or, that lepers were “‘Christ’s poor,’ paupers Christi... persons whose earthly purgatory guaranteed them on their decease exemption from that particular staging post en route to heaven” (Gould, 2005:6). But following the dramatic and unexplained spike of leprosy in Europe was a dramatic and unexplained decline, at which time the institutions on exclusion- the lazar houses- would close their doors to lepers and open them instead to the insane (Foucault, 1967:8).

As leprosy remained endemic in East Asia, Africa, and South Asia, Europeans would reencounter the disease in the course of the dramatic expansion of the capitalist world system during the 17th century. At this time, meanings associated with leprosy would transform. With leprosy more or less absent from Europe (with the notable exception of Norway, where it remained prevalent), leprosy took on a metaphorical value of racial difference and cultural inferiority. Given that leprosy was largely absent from Polynesia until it was during the 18th and 19th centuries when movements of migrant labor precipitated by Western capitalists would bring a variety of diseases to Polynesia, the equation between disease and premodern all the more dubious. And, while such religious associations between morality, purity, and the right to participate in society persisted into the 19th century in missionary discourses, reconfigurations of medical knowledge were important in validating new meanings ascribed to
leprosy. In 1873, Norwegian physician Gerhard Armauer Hansen\(^5\) discovered the rod shaped bacillus responsible for transmitting leprosy. With the discovery of the bacillus, hereditary theories of leprosy were discredited, resulting in a transformation of the basis for quarantine. Related to the tuberculosis bacillus, the leprosy bacillus can live in soil for several months before dying and afflicts the nerves, skin, and bones of afflicted individuals (Demaitre, 2007:vii-viii). During the 19\(^{th}\) century, however, the specific mode(s) of transmission had yet to be identified, leaving the door for pure conjecture in times of epidemical crisis open (as was the case in Hawai‘i). Also, leprosy passes through three stages, only during the third of which does major disfigurement to the skin and extremities occur in the more severe lepromatous form (Watts, 1999: 43). Although leprosy causes disfiguring lesions on the extremities and face, leprosy did not invoke terror among ordinary Hawaiians and was treated regularly in the household prior to 1865 (Moblo, 1996:16). Believed by Western physicians to be tremendously contagious in the latter part of the 19\(^{th}\) century, only about 5\% of the global population is at risk for contracting leprosy.

Such meanings and understandings and their implementation into practical programs of prevention, only appeared in Hawai‘i against the backdrop of the expanding world system. If leprosy is to be treated in this thesis first as a problem

---

\(^5\) Throughout this piece, the term “leprosy,” rather than Hansen’s Disease, is used to describe the affliction in question. This is not done out of an insensitivity to the stigma or social suffering associated with the disease, but rather out of the importance of staying true to the historical subject of this thesis. Given the heavily historical emphasis of this piece, I feel in this particular case it is important to cautiously use the term “leprosy” in context in the interest of remaining true to the subject matter while also clarifying the nature of the particular meanings associated with “leprosy” and “lepers” during the 19\(^{th}\) century.
of an autonomous Hawaiian Kingdom, it is necessary to briefly characterize the
types of changes occurring in Hawaiian society and the nature of relationships
with the world system over the course of the 19th century.

Hawai‘i and the World System: A Political Economic Overview

Hawai‘i entered the system of global capital in 1778 when explorer and
cartographer James Cook happened upon the islands in the course of his
exploration of the Pacific. At the first instance of culture contact, Hawai‘i was
divided into four discreet polities, each of which shared a common system of
exchange, religion, system social categories, and kinship structure. Society was
highly stratified between three distinct groups linked through kinship: the chiefly
elites, or ali‘i, the regional or district managers, or konohiki, and the commoners,
or maka‘ānana (Kamakau, 1964:4-9). Generally, the type of labor expected of a
person was determined by their placement in this hierarchy. However, priests,
healers, and craftspeople- or kahuna- were not given their title from inheriting a
particular rank, but could achieve the title of kahuna regardless of their standing
in Hawaiian hierarchy (Sahlins, 1958:14). The Hawaiian Islands housed the most
intensified system of agriculture of anywhere in the Pacific, including even
Samoa, and supported a population numbering as many as 300,000 (Kirch,
2010:32-33). The production, distribution, and consumption of goods- which is to
say the material relations of society- were deeply interwoven with this system of
rankings. The maka‘ānana were tasked by the paramount chief to cultivate a
region of an ahupua‘a, a cone shaped district stretching from coastline into valley
and comprising a number of environments capable of producing a variety of goods. While attached to the land, the Hawaiian people had no concept of land ownership. Although the ali‘i maintained an authority to redistrict lands to his konohiki and exact tribute from the land as he saw fit, the notion of private property simply did not exist in Hawai‘i. Indeed, besides formal systems of exchange across ranks, goods circulated according to reciprocal relations in extended family networks.

Goods were produced throughout the ritual calendar. The year in Hawai‘i was divided broadly into two seasons and based on lunar cycles, the first of which was a nine month period of production and labor, and the remaining three months were marked by strict prohibitions- or kapu- from labor and warfare. The goal of the planting season was the generation of vast surpluses of goods, which were triumphantly displayed and given at the Makahiki festival, which marked the transition of seasons. In so doing, the festival period, in which the sacred transference of goods from commoner to superior occurred, the massive surplus generated from sophisticated agricultural and aquacultural techniques would provide the ali‘i with a budget as well as reaffirm the bonds between commoner and elite. The goods produced in this case were living objects and imbued with religious meaning- material incarnations of the ranks of those individuals responsible for their creation. In the act of giving, the individual accumulated mana, a singular life force made manifest in the generative capacity of nature as well as in the capacity for humans to demonstrate talent and accomplishment (Shore, 1989:164). The Makahiki festival, the celebration of the end of the
planting season honoring the god Lono, was not merely a space within which the social passage of time could be marked, but indeed a ritual regeneration of the relations between complementary groups in society. The more stunning the magnitude of goods to be transferred from producer to overseer, the more mana the giver accumulated. And, as surpluses ascended through the tiers of society until reaching the paramount chief, they would accumulate such a grand personal quantity that they would support the year’s public works programs, namely the construction of fish ponds and heiau. Despite the capacity for mana to pervade all things, not all individuals had an equal share of mana, or the same access to the surpluses generated. While all Polynesian societies concentrated mana in the elites, the social complexity of Hawai‘i allowed for this command to translate into practices of large-scale warfare between the competing polities as well as the practice of human sacrifice. However, such practices were not used to generate fear of insubordination to maintain the social order, but were rather constituents of the ali‘i’s pursuit of mana and the enactment of ritual exchange. Indeed, the failure of the makaʻāinana to be productive was not punished with physical abuse or confinement, but instead through alienating them from the land, and by extension, social life in general (Malo, 1903:74).

As documented archaeologically, surpluses goods and most desirable foodstuffs were by the 17th century strongly concentrated in the hands of the elites (Kirch and O’Day, 2003:485). Access to goods was governed through the kapu

---

6 Spriggs and Kirch would assert that archaeological data from Anahulu Valley indicates “a surplus production level somewhere around 5 percent (about 70 metric tons/year above subsistence needs” (Kirch 1992:161)
system, a set of ritual prohibitions that, among other things, indicated status through differential access to goods. Ignoring certain kapu was punishable by death, and supported the divine right of aliʻi to enjoy goods restricted to commoners- a division understood as arbitrary and authoritarian by missionaries fueled by 19th century notions of individual liberty (Kashay, 2007:288). As Hawaiians began engaging in trade relationships with European and American merchants, the accumulation of Western materials functioned- for a time- within this system of meanings. While historical archaeologists had previously posited that tabulating the ratio between western and indigenous goods in society would provide a quantifiable means through which acculturation- the process in which a dominant culture simply consumes and erases another culture- could be tracked, the circulation of Western goods made commodities into goods rather than Hawaiians into capitalists. Bayman (2009) has posited that the incorporation of Western goods into Hawaiian economies served as means through which the aliʻi, for whom the lion’s share of such goods were reserved, were able to construct hybrid identities. Just as the aliʻi had rights to eat iʻa- the most desirable food stuffs in Hawaiʻi, generally from deep water fish and pigs- so too did ownership of Western goods indicate status and reinforce the system of social relations in a ranked society enmeshed in a kinship economy. For virtue of this system of meanings, Hawaiians were initially eager to engage in trade relationships with Westerners in the interest of materially enhancing their status.

If the meanings Hawaiians attributed to things encouraged trade relationships with Westerners, the terms of these relationships would ultimately
prove disastrous for Hawaiians. Eager to locate in Hawaiʻi new commodities to introduce into Western markets, Western merchants convinced the aliʻi to agree contractually to supply sandalwood to markets in Canton. While initially profitable for the aliʻi, the burden of demand quickly exhausted the islands’ supply of sandalwood resulting in heavy debts for the Kingdom. While Kamehameha I would operate the sandalwood trade as a profitable monopoly and use those profits on Western military technologies in his war to unify all of the islands- the sandalwood trade would completely collapse by the 1830’s, leaving Westerners with a financial foothold in the kingdom in the form of debt and Hawaiians with a partially ravaged environment. Moreover, the Hawaiian monarchy would formally abandon the kapu system in 1820, mere months before the formal institutionalization of Christianity (Kirch and Sahlins, 1992:57). While Kirch and Sahlins (1992: 58) would argue that the common ceremonial demonstrations of consumption and indulgence by the chiefly elite would “sow the seeds of their own demise” and were therefore not entirely attributable to political economy, it bears repeating that such grandiose displays of consumption prior to the introduction of the monetary form and its embedded properties were far from destructive for environment or economy. As the sandalwood trade crumbled, Hawaiʻi became a popular stopover port for whalers. The whaling industry would bring hundreds of ships to Hawaiʻi carrying hundreds of consumers to Hawaiian ports in need of provisions over the course of the 1820s through 40s. Historian Seth Archer (2010: 513) would describe the impact of the
rapid influx of merchants to Honolulu as creating squalid conditions in the newly urbanizing Honolulu, conducive to the spread of disease.

Meanwhile, as industry became increasingly centered on the presence of Westerners, the population of the Hawaiian Islands would continue to fall as a result of introduced diseases over the course of contact. Overlooking for the time being the human drama entailed in severe and rapid depopulation by disease, the wakes of syphilis, yellow fever, and tuberculosis would decrease the working population traditionally tasked with agriculture. Calvinist missionaries in the islands saw the rapid increase of uncultivated kingdom lands as reason for the Hawaiian monarchy to lift the ban on *haole* (meaning outsider) land ownership such that they could institute the plantation style economies, which were demonstrably profitable in such contexts as the Southern United States and the Caribbean. In part as a response to such pressures, the Kingdom of Hawai‘i would embark upon the Great Māhele during the 1840s and 1850s, the formal adoption of capitalism as the dominant mode of production. The reasons for the Māhele remain an issue of contention. Under the conditions of the Māhele, the social economy based upon kinship and treating movement of things as instantiations of those relationships, the Māhele officially reinvented things as alienable commodities to be exchanged freely by the *makaʻāinana* in market settings for money. In order to facilitate the radical reinvention of social and material relations, the monarchy compiled claims on land from the *makaʻāinana* on the land they worked and, therein, to which they had a right to describe as their ‘property.’ Under the Kuleana Act, commoners were allowed rights over only the
land they used for subsistence. Of the 72,000 *makaʻāinana*, only about 12,000 filed land claims (Linnekin, 1987:27). The remainder of the kingdom—indeed, the vast majority of the kingdom—was either reassigned as the private property of the monarchy or the public property of the State. Economists Sumner J. La Croix and James Roumesset argued that the adoption of alienable goods was done strictly for virtue that a taxation system was a more effective means of extracting tribute from commoners (Lacroix and Roumesset, 1990). Conversely, historian Stuart Banner has argued that the Māhele occurred for virtue that it prevented Westerners from transforming Hawaiʻi into a colony of the United States or Britain, each of whom were in the industry of Pacific empires. Whereas other Pacific polities—notably New Zealand and Samoa—were treated as *terra nullis* by colonials interested in expanding their empires and accumulating ‘unclaimed’ capital, Hawaiʻi’s political centralization and ability to adopt the tenets of capitalism provided safeguards from the kingdom meeting the same fate. In this case, the attempts made by the Hawaiian kingdom to avoid colonization were underwritten by a cold irony—in order to prevent the domination of Hawaiʻi by capitalists, Hawaiians themselves had to infuse Hawaiʻi with capital. Conversely, Boulanger would assert that the Māhele was purely a product of political pressure applied to the white members of Hawaiian society, be they cabinet members of the monarchy, profit hungry missionary descendents, or mainlanders with existing economic ties to the archipelago with eyes on expansion (Boulanger, 1999:72).

Whatever the reasons for undertaking the Great Māhele, the government of Hawaiʻi had officially abandoned both the kapu system and the social economy
of kinship exchange following a short seventy years of contact. By the midcentury- by sheer coincidence, the first time at which reliable reports of leprosy appear in the Hawai‘i- the form of social relations was shifting from away from one and into another. If placement within a system of inherited rank characterized the arbitrary ontology of individuals, and if the payment of tribute to the elites was enmeshed in a total system enmeshed in the ritual cycle, the post-Māhele Hawai‘i was grounded in the utilitarian and liberal ideals of the capitalist state. As the formal system of the state would have it, taxation replaced tribute, and the general concept of citizenship replaced the stratified system of inherited rank. As social organization changed- or began to change- its categories and margins through it conceived reality, a new reality came to be asserted and enforced. The enforcement of such categories did not happen only with rifles and bayonets, but with something far subtler. The construction of policies surrounding internment and leprosy was contemplated through these categories, and therein enforced them.

Summary of Chapters

The research presented in this thesis took place between January 2011 and April of 2012, and includes archival and ethnographic portions. I divide this thesis into two parts because of the qualitative difference between the data sets examined as well as the thematic and temporal divisions between them. The first part, The Purse Seine, includes an analysis of the reports created by Hawai‘i Board of Health between 1866 and 1903, the minutes of the meetings of the
Board of Health from those years, and a variety of primary documents relevant to the project including laws relating to quarantine in Hawai’i and works published by members of the Hawai’i Board of Health. This section traces the changing logics constructing the role of the leper colony through the 19th century by the Hawai’i Board of Health, the organization responsible for its maintenance. Throughout the history of the colony, the categories of states generally were being enforced- categories like notions of individual liberty and citizenship as a state-supported ontology. But by carefully examining the history of the Board of Health, I problematize the notion that the leper colony continuously acted as a prison to punish dissent by historicizing it into three periods. Or, this chapter attempts to historicize the process through which the colony became a mechanism of political economy rather than assuming it functioned continuously in this way.

The title of this section is a reference to Robinson Jeffers’ *The Purse Seine*, in which he visualizes the enclosure of state control as a purse seine net trapping tuna off the California coast. The foreboding tone of Jeffers’ vision of modernity is appropriate to the content given the thematic expansion of oversight, regulation of social behaviors, and use of coercion by the state to minimize alternatives to its order. As the point that I ultimately arrive at is that the leper colony, at the time of the overthrow of the monarchy, had been remade into a coercive entity whose function was to enforce control by the state, the tightening of purse seine refers not to the arrest and isolation of lepers but instead the reworking of Hawaiian society- to a certain extent- into a facet of American empire.
If the first part of this thesis traces the process through which the leper colony accumulated meanings that serviced the aims of a larger colonial program of social control, the second part of this thesis, titled Eurydice, traces the way these meanings have been exorcised from the colony in the present day. The title of this chapter is reference to the myth of Orpheus, who was granted the right to lead his dead wife Eurydice from Hades on the condition that he not set eyes on her until they return to Earth. Overcome with desire to look upon his wife, Orpheus turned to her and vanished the instant she was seen. Similarly, when encountered in the context of tourism, Kalaupapa is looked upon, but the violence and coercion that defined the institution vanish as it is brought into awareness through its narrative construction as an historical entity. This section is split into two chapters, the first of which historicizes the bureaucratic process through which Kalaupapa shifted into a site of historical interest. In the course of this chapter, I demonstrate how the story of the compassion of Saint Damien de Veuster, the Catholic priest from Belgium famous for his mission and martyrdom at Kalaupapa, was selected as the dominant narrative informing the preservation of Kalaupapa. I also examine how efforts to memorialize Kalaupapa were partially a means of ensuring the site could continue to be used as a living space for residents who did not want to leave the colony. In the next chapter, I describe the experience of touring Kalaupapa and argue that the narrative construction of history there fits within the Damien discourse presented in chapter three. I argue that the tourist experience at Kalaupapa masks the colonial underpinnings of the settlement’s history by recreating it as a question of personal morality rather than
structural inadequacy. As a foil to this characterization of tourism encounters with Hawaiian history, however, I also present a tourism ethnography of Hālawa Valley, in which the narrative construction of history emphasizes the efforts to negotiate Hawaiian tradition in the present without presenting ethnicity as an object frozen in premodernity. The conclusion of this piece, Chapter 5, further interrogates the concepts of coercion, nature, the state, and culture which were defined and mobilized in the course of constructing the system of social being which now characterizes Hawai‘i.

Reflexivity Statement

The two halves of this thesis described above reflect the two parts of my intellectual parentage. I was originally trained as an historical archaeologist with interests in the growth of the capitalist world, and my interest in medical anthropology developed relatively late in my career. Indeed, my decision to make Hawai‘i my field site resulted from the lack of attention paid to Hawai‘i (and really, Oceania generally) by historical archaeologists, whose research sites are generally located on the mainland United States and West Coast of Africa. As I was drawn into medical anthropology, the topic of leprosy appealed specifically to me for several reasons. First, much of the history of leprosy occurred against the backdrop of the establishment of capitalist markets in Hawai‘i, which allowed for me to address a medical anthropological topic through the historical research methods with which I was already accustomed while still addressing conceptual issues unique to medical anthropology that captivated me. Second, being
relatively new to Hawai‘i at the time this research project began in early 2011, historical archives provided a means of building context for a place with which I was, to be frank, still largely unfamiliar. As time passed and I became more aware of the day-to-day realities of living in Hawai‘i, I found the nature of tourism to be at once pervasive and unexpectedly enmeshed with the nature of leprosy in the present day. In addition to the relevance of tourism to a thesis project on the history and construction of Kalaupapa, assessing the nature of tourism in a place where I, as a white mainlander, seemed at the time to accurately reflect my positionality in the research. Where divisions between local and outsider are a powerful device through which identities are created in Hawai‘i, I chose to utilize my outsider status as a means of describing tourism encounters rather than a problem to be overcome. Where the inspiration I’ve drawn from Eric Wolf’s program to make anthropology historical provided a partial basis for the mixed methods approach presented here, the form and methods of this research are largely products of my own relationship with place and identity in Hawai‘i.
PART I: THE PURSE SEINE
Chapter 2. Leprosy and the Hawaiian State

“In late I was looking from a night mountain-top On a wide city, the
colored splendor, galaxies of light: how could I help but recall the
seine-net Gathering the luminous fish? I cannot tell you how
beautiful the city appeared, and a little terrible. I thought, We have
geread the machines and locked all together into interdependence;
we have built the great cities; now There is no escape.”
Robinson Jeffers, The Purse Seine

In recent years, renderings of leprosy treatment in the 19th century
generally understand the policies of isolation and quarantine to be aspects of a
larger program of colonial social control based upon the segregation of those
deemed too abnormal to be allowed to participate in society (Anderson, 2006;
Moran, 2007; Moblo, 1997; Gussow, 1989). In the case of Hawai‘i, Gussow
(1989: 85) would describe the policy of internment of lepers as entirely the
manufacture of “the small group of group of American and European residents
who… held positions of prominence in the political structure of the kingdom of
Hawaii,” and thus “flowed directly from Western imperialism and thus
engendered a negative image of the disease.” Similarly, Moran (Moran, 2002:74)
would understand the proper treatment of leprosy in pre-overthrow Hawaii as
being a “contest among haoles (white foreigners) and Hawaiians.” Arguments
over how leprosy should be handled certainly illuminated dichotomies between
social groups in Hawai‘i; ordinary Hawaiians simply did not recognize the
stigmas attached to the disease and, preferring to treat the sick inside the home,
found the policy of internment generally outrageous.

It is often overlooked, however, that the policy of internment was adopted
by a sovereign Hawaiian government that was neither entirely independent of nor
governed by the political influences of Western colonials. The policy of
Internment functioned within a Hawaiian state actively working towards its own survival in a Pacific World increasingly colonized by Germans, Americans, and French—and this goes unaccounted for in the existing literature. Although internment hypothetically delineates the treatment of leprosy according to clear dichotomies between politically powerful, scientistic Westerners and colonized, indigenous Hawaiians, this division only becomes unambiguous relatively late in the 19th century, at which time the political opponents of the monarchy achieve prominence and hypothesize culturally Hawaiian practices to be vectors of disease. While it is necessary and important not to downplay the role of colonial influences in the shaping of medical practice, it is also necessary not to reinforce the teleologies of domination that situate the monarchy as a powerless government moving towards its inevitable collapse within narratives of leprosy.

The Hawaii Board of Health, the department responsible for facilitating the isolation of lepers from 1865 onwards, was accountable to both the monarchy in that they reported to the Secretary of the Interior, one of the monarchy’s cabinet positions, and to the voting public by way of the Legislature, to whom the Board submitted biannual reports. The Board, beginning in 1865, were certainly agents of the expansion of state hegemony in that they established surveillance networks to seek out leprosy (and other diseases), reduced health to statistical regularities to be contemplated within the state’s bureaucracy, claimed the authority to isolate the bodies of sufferers of leprosy, and medicalized a variety of aspects of social life. That this was a Hawaiian state’s hegemony expanding, however, makes genuine impact in the construction of the history of leprosy.
This chapter seeks to trace how leprosy policy was constructed and enacted in 19th century Hawai‘i from the perspective of physicians serving the Hawai‘i Board of Health without falling into the traditional teleology of the Kingdom of Hawai‘i as a doomed state. I describe three periods of Hawaiian leprosy. The first is the nine year period immediately following the creation of the 1865 “An Act to Prevent the Spread of Leprosy,” marked by an optimistic tenor among physicians interested in a swift and successful intervention to arrest the spread of leprosy, the creation of a hybrid care system drawing from Hawaiian medicine and Western medicine, and a brief period of compliance among ordinary Hawaiians. Next is the period from 1874 through 1887, which is marked by the realization of leprosy as an ongoing rather than temporary problem, a growing concern of the legality of noncompliance to the medical establishment, the continuation of a hybrid care giving system for lepers including both Hawaiian and Western medical practices, the expansion of medical surveillance networks across islands as well as the medicalization of a variety of aspects of social life. During this period, examples can be found of Board physicians targeting culturally Hawaiian practices as being vectors of disease, but this would not become the dominant discourse of leprosy until the final period I describe in this chapter.

The last period includes the growing influence of European and American business owners who, in 1893, succeeded in overthrowing the monarchy. Lasting from 1887 to 1903, leprosy policy took the form of the traditional narratives of leprosy as a racialized disease and a colonial problem and one preventable by
targeting practices associated with Hawaiian identity and culture and legally prohibiting the practice of the Hawaiian healer. It is during this last period- and only during this last period- that the colony can be said to take on the form of unambiguously penal in nature, testified to in part by how the practice of internment was met with an intensified resistance from the Native Hawaiians targeted by the Board.

The Birth of the Colony: 1865-1874

In 1865, King Kamehameha V signed “An Act to Prevent the Spread of Leprosy,” which authorized the internment of individuals afflicted with leprosy, the right of the Board to locate and purchase a site for a leprosarium, and the right for physicians to employ the office of the sheriff in facilitating quarantine. Internment was, at the level of the state, a matter to be contemplated in terms of citizenship, taxation, and potential risk for the body politic rather than an attempt to isolate individuals of Hawaiian descent for virtue of their ethnicity- this would come later. For the time being, the Hawaiian state was transforming itself into an entity that claimed the right to isolate bodies through the authority of medicine, as stipulated in Section 3 of the Act.\(^7\) While leprosy had been present in Hawai‘i,\(^8\)

---

\(^7\) Moblo, 1996: 350
\(^8\) “SEC. 3. The Board of Health or its agents are authorized and empowered to cause to be confined, in some place or places for that purpose provided, all leprous patients who shall be deemed capable of spreading the disease of leprosy, and it shall be the duty of every police or District Justice, when properly applied to for that purpose by the Board of Health, or its authorized agents, to cause to be arrested and delivered to the Board of Health or its agents, any person alleged to be a leper, within the jurisdiction of such police or District Justice, and it shall be the duty of the Marshal of the Hawaiian Islands and his deputies, and of the police
according to certain accounts, since at least as early as 1840 and disputably as early as 1823, the method of segregation employed by the Board was initially contemplated in the terms of its role in civic life which the state had a responsibility to facilitate. Leprosy, understood as a highly contagious disease threatening to the public generally and people of Hawaiian descent especially, became in the 1860s a risk the state took responsibility for assessing and reacting to, and which they addressed based on the general category of the tax paying citizen rather than the more traditionally Hawaiian family unit (or ‘ohana), kin group, or inherited rank of the afflicted individual. While the Board was initially careful to avoid understanding infection as being the fault of those afflicted, their freedom to exist in the proximity of the uninfected majority placed that majority in a grave danger. In the eyes of the state, then, leprosy pitted the individual liberty of the sick to exist freely in society against the liberty of the general public to exist without fear of suffering and death by contagious disease- thus, quarantine.

But in exchange for this freedom, the general public- as tax paying citizens since the Great Māhele- was tasked with the financial burden of paying for the land on which the leprosarium would be placed and the initial investment of clothing, food, and amenities needed at the colony in the form of taxes. In creating the leper colony, the state not only reinforced a particular method of offers, to assist in securing the conveyance of any person so arrested to such place, as the Board of Health, or its agents may direct, in order that such person may be subjected to medical inspection, and thereafter to assist in removing such person to place of treatment or isolation, if so required, by the agents of the Board of Health.”
decision making and a new set of ontological categories, but also a wider changing network of the values underpinning newly capitalist society itself. Through the relatively late state based medicalization of leprosy, the emerging capitalist state made visible the intellectual apparatus through which it would understand human beings, now defined by a particular civic ontology, how the money collected by the state relied upon a particular system of alienable exchange and taxation, and how a particular core of intellectuals would have the right to define and describe the nature of illness and its capacity to be cured. Once treated inside the household at the discretion of the family, leprosy became a matter of the state. In this way, medical practice was a vehicle through which such considerations were made manifest.

Although these margins and treatments would defy the guiding axioms of the redistributive kinship economy that comprised the Hawaiian social economy through at least The Great Māhele of the 1850’s and the practice of the kahuna which persisted well beyond it, the Board of Health opened the leper colony under the assumption of compliance among the mainly Hawaiian individuals afflicted with the disease. While at its outset the leprosarium allowed for attendants to the sick, or kōkua, to accompany the lepers (Inglis, 2004:91-93), in part as a nod to the Hawaiian practice of healing through care by close attendance to the sick, the basis of knowledge that defined the nature of leprosy and what possible treatments could be constructed were firmly in the domain of Western medicine. Although the inherent opposition between the Hawaiian practice of home care and the Western practice of isolation in a leper colony necessarily contrasted, the
monarchy relied upon kōkua as personal attendants throughout the early period of the colony to construct a hybrid care giving system epistemologically rooted in Western medicine but appealing to Hawaiian notions of health and healing.

Within Western medicine, however, there existed severe and persistent disagreements throughout the mid to late 19th century over the mode of transmission of and proper care for leprosy. The three main disagreements were over whether leprosy was a discreet disease or a late stage of syphilis (which had appeared in Hawai‘i well before leprosy), whether it was inherited or contagious, and whether or not it could be cured. The initial and official position of the Hawai‘i medical establishment was introduced in 1865 by Board of Health president Ambrose Hutchinson, who cautiously asserted idea that the disease was first and foremost contagious, that it could be cured in the future but certainly was not curable in the present, and that a policy of internment was therefore most suitable to prevent the spread of leprosy. Also, the practice of internment as a preventative measure was legitimized partially by the documented decline of leprosy in 15th century Europe, where the segregation of lepers was practiced. This historically documented correlation was crucial to the continuation of the practice during the 19th century.

---

9 A number of tasks related to care giving were required of kōkua. Kōkua were responsible for tasks directly related to the care of those they followed into the colony, like food preparation and doing laundry, but were also required to report to the Board for miscellaneous tasks (Mouritz, 1919:404-405).

10 Report of the Board of Health, 1870: 5

11 "Have we not principally to look to the healthier part of the population, who, ignorant of the danger, allow themselves and their young children to be contaminated forever? Seclusion is ordered by law; seclusion is the only way which in olden times, as well as in our own time, has been found to be of use in
However, the movement of leprosy into medical authority did little to alleviate the stigma surrounding the disease among white land owners in Hawai‘i. Indeed, among the white, plantation-owning elite, leprosy was certainly understood as a horrifying and threatening disease. When the original site for the leprosarium was selected as Palolo Valley on the island of Oahu, the haole land owning residents rejected the plan for virtue of the potential contamination of water systems by lepers (Inglis, 2004:108). For this reason, the Board selected Kalaupapa on Moloka‘i instead as the site of the leprosarium. The next year, James Dowestt, a prominent shipping magnate and citizen of Honolulu, would be effectively blacklisted from shipping freight in Honolulu by a collection of businessmen because his decision to lend one of his schooners to the Board to transport lepers to Kalaupapa tarnished the entirety of his fleet in the eyes of his clients and fellow businessmen (Report of the Board of Health, 1868:2-3). But these suspicions contrasted with the original reading of the contagiousness of the disease by the Board. While operating under the mentality that extreme cases of leprosy deserved to be quarantined in the colony, Board physicians had some sense that leprosy was not particularly easy to transmit and only became a danger during its most advanced stages (which takes years to occur).  

arresting the spread of the disease, or even eradicating it” (Report of the Board of Health, 1874: 4)

Report of the Hawaii Board of Health to the Monarch, 1868, page 5: “*Is the Disease Contagious:* Although there is high authority in other countries to the contrary, the Board believes that it may pronounce a positive opinion in the affirmative, and it and is believed that that opinion will be upheld by every physician on the island who has experience of the disease; but it can hardly be determined exactly under what conditions contagion takes place: it does not appear to be very active; and probably (under normal circumstances) it does not
While likely informed by the Biblical and literary connotations, the stigma of leprosy and the very imagination of its nature was also being reformulated through the intervening scientific knowledge of the disease by the 1860’s. Whereas Michelle Therese Moran (Moran, 2002:76-77) has argued that religious stigma and scientific understandings of leprosy converged in Hawaii into a single contemplation of the disease, the scientific understanding of leprosy in fact transformed how the stigma attached to leprosy was felt and known- which is to say that science was reconfiguring social conceptions of disease and behavior. While the Biblical dealings of leprosy emphasize the disease as a reflection or symbol of sin and human imperfection as well as Christ’s compassion in redeeming those afflicted with the disease, Hutchinson saw the disease as producing a set of immoral behaviors in afflicted individuals. Leprosy was a disease of hungers- hungers for food, sex, and pleasure.

Unlike in the missionary accounts of leprosy, in which disease was merely a reflection of sin,\textsuperscript{13} immorality became a product of disease on the mind. As the body became infected and compromised by disease, the mind and the morality of the individual became compromised in tandem. Even in the early days of internment, the Board would report having to bar the lepers from the reserves of food kept on the settlement’s storehouses, at times through the use of guns. By way of leprosy, it was believed, the modest became gluttonous, the chaste became

\textsuperscript{13} Reverend Charles Stewart, missionary to Hawai‘i, would write in an 1823 journal entry of “lepers” as suffering from “the curse of a God of purity.” Quoted in Mouritz, 1919: 29.
licentious, and rational restraint became corrupted as a function of the biological course of disease on the individual. “The terrible disease which afflicts the Lepers seems to cause among them a great change in their moral and mental organization as in their physical constitution,” declared the Board in 1868 (Report of the Board of Health, 1868:2). In so doing, leprosy’s stigma was a blameless one, attributable to natural process rather than conscious choice, but one which still warranted isolation and exclusion. The passions the leper were a result of the biological essences which the sufferer was powerless to reject. And in this way, disease remained an issue of morality while it transformed (in the eyes of the state, at least) as a secular matter of deterministic biological process that unwound in the individual the rationality upon which the enlightened state implemented in its contemplation of the disease. This conclusion, however, would reverse itself once again in the 1880’s as the political opponents of the monarchy within Hawai’i became increasingly powerful and vocal and reassert that infection was a result of engaging practices associated with Hawaiianess.

But in the early days of the 1860’s, and despite the stigma and metaphorical values attributed to the disease at the level of property owners and the ali’i’s advisors, ordinary Hawaiians had different responses to the medicalization of leprosy. Between 1865 and 1866, immediately following the passage An Act to Prevent the Spread of Leprosy, 274 individuals residing in Hawai’i, Oahu, Moloka’i, Mau‘i, and Lana‘i suspected of having leprosy were summoned by the Board for examination.14 During this period, the Board

---

reported no instances of noncompliance. At the outset of the disease, it does not appear that there was tremendous mistrust of the scientific establishment. Responsible mainly for treating such epidemics as syphilis and influenza and creating sanitation systems, the Board of Health at the outset of leprosy was less an obtrusive colonial institution in the public imagination as it was one of many offices of the legitimate Hawaiian government.\textsuperscript{15} As such, the Board of Health believed a speedy resolution to the question of leprosy was obtainable during their early conversations in 1864 and 1865. By following a strict policy of segregation for what appeared to be a minority of the population, the public health could be achieved.

The colony would have, in the Board’s eyes, an added benefit for the mainly Hawaiian individuals interred there. By reintroducing those mainly Native Hawaiian individuals who were afflicted with the disease to the pastoral, outdoors setting of Kalaupapa,\textsuperscript{16} those there would (as the logic went) naturally take to the land, unencumbered by encroaching modernity, and return to the ways of their agrarian ancestors. The initial investment made by the Board in the form of food, tools, and clothing was understood to be a regrettable but necessary expense to begin this process. As the lepers, by the aforementioned logic, would

\textsuperscript{15} In fact, the policy of quarantine by the Board, in 1865, pertained mainly to foreigners involved in the whaling industry who potentially carried with them contagions from foreign ports (Minutes of Hawaii Board of Health, October 24\textsuperscript{th}, 1865).

\textsuperscript{16} Mouritz, a physician to the Board of Health, would offer this representative description of the peninsula in his synthesis on leprosy in Hawai‘i: “[The leper] is banished to a delightful tract of land on the north or windward side of the island of Molokai, bordering on the ocean where he can enjoy fine air, sunshine in abundance, and genial surroundings, all the comforts of home, perfect freedom alone lacking[.]” (Mouritz, 1919: 69)
soon become self-sufficient and self-sustaining, the shipments of supplies made by the Board could soon end demanding of the tax payers no more than short financial burden. The body politic, whose health was being protected from a disease beyond the control of those afflicted by it, would reasonably be tasked with the financial burden of maintaining the colony until it became self sufficient.\(^{17}\)

When acquiring the colony, the *konohiki*- the class of regional or district chiefs of Hawai‘i- Kalawao and Makanalua (the eastern and central *ahupua‘a*\(^{18}\) on the peninsula) were eager to sell their rights to the land and sold off their land to the Board during 1865. Conversely many of the mainly Hawaiian residents of Kalaupapa simply refused to sell off their land when the Board of Health offered to buy their lands at market value.\(^{19}\) Although the peninsula of Kalaupapa was walled in on the south by the tallest sea cliffs in the world and on the other three sides by the Pacific Ocean, the actual divisions between it and the outside world were consequently unclear. The peninsula, purchased by the Board for the ability of its defining geological features to isolate the space, contained elements of both

---

\(^{17}\) This notion of how the burden of cost was remarkably consistent in the politics of internment in Hawai‘i. When the issue of quarantining ships that carried individuals afflicted by smallpox, syphilis, or influenza arose, the cost of care and maintenance fell squarely on the shoulders of the captain of the ship rather than the tax paying public, as the care of foreigners could not, it was thought, reasonably fall on the citizenry of the Kingdom.

\(^{18}\) The *ahupua‘a* were the traditional, pie-shaped unit of land division in Hawai‘i and translate into something like a district in English. Kalawao was the Eastern most *ahupua‘a* of the peninsula, with Makanalua in the center and Kalaupapa (the name by which the entire peninsula is now known) in the East. The *ahupua‘a* of Kalaupapa was not purchased by the Board until 1873.

\(^{19}\) The last of the Hawaiian landowners would be ejected from their homes following the overthrow of the monarchy in January of 1895 (Mouritz, 1919: 70).
the world within the colony and the world outside of it. No action was taken to
evict the original residents of the peninsula. Such laxity was fairly characteristic
of the early days of the Board, whose impetus was mainly in isolating only severe
and indisputable cases and sending them to what they intended to be more a
natural retreat than a prison.

In practice, the condition of the leper colony contrasted sharply with the
pastoral and idyllic vision of the Board. The first shipment of patients arrived on
January 6th, 1866, exactly a year and three days after “An Act to Prevent…” was
signed. The individuals initially interred there did not take to the land, possibly
operating under a belief that they were not to be held there indefinitely, but rather
only until their symptoms would clear up (Daws, 1973:71). If so this implies that
the initial acceptance of the Hawaiian those Hawaiian individuals screened and
interred to the practice of internment was perhaps done under a grave misreading
of the policies of the Board. As the reality of ongoing internment became more
evident, those interred at Kalaupapa simply refused to work on the basis that they
believed they were owed a livelihood for being imprisoned without trial by the
Board- an unanticipated renegotiation of responsibility that enraged the Board’s
members. By 1868, the Board reluctantly admitted to itself that the lepers would
not be forced to labor through punishment or reward, and would justify the claim
of the lepers to the legislature in this way:

Such a state of things is regretted, but in as much as the lepers are
deprived by the law of the ordinary rights of citizens, and as a
restraint is placed upon their liberty for the good of the community
at large, that community incurs a responsibility which, with its
In essence, what emerged was a situation in which lepers’ confusion over the policy of internment, the rejection of official policy, and the Board’s own naivety coalesced by 1867 into a policy situation in which the uprooted sick were too numerous to manage without police, who believed themselves too justified in their morality to work, and who were too poorly cared for to realize whatever comfort could have existed for them within their isolation. With inadequate provisions from the Board and afflicted with a debilitating disease and virtually no medical care to speak of, a social order of rule by the strongest emerged. The Board, meanwhile, would interpret the severe state of the colony as being manufactured by leprosy and the laziness rather than as a result of inadequate foresight and planning (Dawes, 1973:72).

In response to the increasing instability of the colony and the mounting burden of paying for internment, the Board in 1870 delivered what it hoped to be a decisive blow against leprosy. 194 individuals were sent to Kalaupapa out of a total 299 that were examined, at that time the largest number sent to the peninsula in the five year period of its existence (Report of the Board of Health, 1870: 2-3). While vigilance against the few possible remaining cases remained imperative, the Board’s work outside of the colony was, if not nearing its end, being conducted adequately and successfully in the eyes of the Board. Within the colony, the swelling numbers of those interred contributed to the already present instability of the colony. At this time, Donald Walsh, the aged and nearly blind

superintendent of colony, took to carrying a firearm for both self-protection from
the mobs that demanded free access to the food stores and the maintenance of
order.

But under Hutchinson’s guidance, himself a staunch loyalist to the
monarchy and of Hawaiian descent, the Board attempted to avoid attributing the
mode of transmission for leprosy to recognizably Hawaiian practices, which made
leprosy policy markedly detached from emerging understandings of leprosy as a
metaphor for “nativeness.” Hutchinson would remain sensitive to the notion that
visibly Hawaiian practices—such as the drinking of ‘awa\(^1\) was not cause for
alarm:

> It is the opinion of some that the disease caused by syphilitic
disease and is merely an ulterior consequence of that disease…
there are others that insist that the cause must be looked for in the
use of “Awa.” Neither of these opinions can be entertained for the
moment. Whenever a preconceived opinion has been made on the
origin of a disease, it is easy to discover facts apparently
supporting the idea; the notion of “awa” for instance is connected
with the trouble is upheld in this matter… It is well known that the
Hawaiian people universally believe that “awa” is a sovereign
remedy for all kinds of skin diseases, and are certain to go through
regular courses of the drug when so afflicted[.\(^2\)]

Moreover, in the absence of a corps of state employed nurses and physicians to
administer care, \(kōkua\), a group of Hawaiian care givers, who volunteered to
travel to Kalaupapa to tend to the sick in exchange for the same small allotment of
rations and provisions given to lepers. Daws (1973:77) reports that “in the early
days [of Kalawao,] there were as many \(kōkua\) as there were people with the

\(^1\) Awa is a recreational and medicinal drink of particular cultural, religious, and
medicinal importance throughout Polynesia, scientific name \(Piper methysticum\).
\(^2\) Report of the Board of Health, 1870: 5.
The responsibilities of the kōkua included preparing food for the leper or lepers they went there to assist, attend to their clothing and comfort, and were also legally required to perform miscellaneous tasks at the discretion of the Board (Mouritz, 1919: 404). While the policy of employing the kōkua was in part done for the practical need of giving care a population no ministers, priests, or nurses had volunteered to tend to, the kōkua also provided a means for Hawaiians to sidestep the segregation that potentially would bar them from losing their loved ones to Kalaupapa. Although committing themselves to a life of hardship and potential poverty on a peninsula ominously described at the time as “a place with no law,” the practice of the kōkua provided some measure—however limited—for people to preserve their relationships with their afflicted loved ones despite the policy of quarantine. For Kerri Inglis (2004:91), the segregation of lepers was a fundamentally non-Hawaiian way to handle disease as it demanded Hawaiians disregard their loved ones, refuse to touch or care for them, and treat them as outcasts from society—practices so un-Hawaiian, they were feared by some more than the disease itself. By relying on kōkua, the Board had consciously or not brokered a system of care giving open to negotiation and able to alleviate the severity of segregation to those willing to live in the colony.

1874-1887: The Expansion of Medical Authority

If the first nine years of internment were marked by initial compliance between Hawaiians and physicians, the creation of medically pluralistic responses to disease based upon Western understandings of the disease, and a general sense
of optimism among physicians about preventing the spread of leprosy, the period from 1874 to 1887 was marked instead by a recognition of leprosy as an ongoing problem for Hawai‘i that would extend well into the foreseeable future, a growing- but not yet dominant- belief that Hawaiian practices were responsible for spreading disease, and the expansion and intensification of a medical presence in day to day life. Also, certain of the Board’s physicians would begin attempting to prevent the spread of leprosy during this period by targeting practices that were mainly associated with Hawaiianess and Hawaiian identity- for example, drinking ‘awa, the Hawaiian style of household life (the hale), and the production and consumption of poi. In tandem, the oversight of such practices as the treatment of the dead fell under medical authority, all of which were understood as necessary reinventions to accommodate Hawaii in modernity. The creation of such networks on one hand reversed the relationship of physician and patient. Where traditionally, patients approached doctors for care, doctors became monitors for deviations from health- a health they hoped to foster by medicalizing a variety of previously unrestricted social behaviors.

By 1874, just under a decade after the Act to Prevent the Spread of Leprosy was signed, the initial optimism of the Board had worn thin under the continuous presence of leprosy outside the colony and the perpetual state of hunger within it. While the goal of ultimately preventing the spread of leprosy through the quarantine of lepers was still broadly understood as attainable, the

---

23 The 1874 Report is crucial as it the first one issued to the new monarch Kalakaua during the first year of his reign and contains the official justifications for the continuations of those policies the Board was tasked with.
speedy resolution to the Board had hoped to obtain for in the 1860s was more and more revealing itself to be a costly, sprawling marathon whose financial and infrastructural demands were as daunting as were expensive. Preventing the spread of leprosy took on a new association with legalism during the 1870’s as well. Herrmann Widemann, the new president of the Board, would write to King Kalakaua during the first year of his reign that “The members of the Board under the impression that unless the law be carried out thoroughly, it will fail to effect the object intended by the legislature, viz: the arrest of the most horrific disease known” (Report of the Board of Health, 1874:3). The intensification of internment was partially a product of the interests of haole businesspeople as well. Fearing their brands would be associated with leprosy, they convinced King Lunalilo, who reigned from January of 1873 to February of 1874, to intensify internment to prevent objection from the United States during a potential treaty relating to sugar imports (Moran, 2007:81).

Meanwhile, the general moral imperative of preventing the threat of infectious disease to the general public pursued by the Board in its early days evolved into the related but discreet concerns of intensifying the prevention of the extinction of the Hawaiian people and ensuring the well being of the body politic in general. There were two concerns here: one was a benevolent paternalism of the Western scientific establishment to rescue a supposedly dying culture from their inevitable end, while the other was the traditionally utilitarian argument about regarding the responsibilities of the tax paying public (described in the first section of this chapter). As construed by medicine, the responsibilities of
preventing the decline of the Hawaiian Race fell first on the shoulders of Hawaiian women. Preventing the spread of syphilis, for example, would squarely place the responsibility of preventing syphilis on women. Widemann would claim that:

Syphilis may be considered as the most important cause of the depopulation of these islands, and also one of the most predisposing causes to leprosy. Amongst other causes of depopulation, are some that moral influence only can counteract. It lays with the more enlightened class of Hawaiians, with the foreigners mixing with the native, and with all church members, to impress upon the more ignorant classes the importance of chastity in young girls, of better morals later in life, of the moderate use of awa, and the danger of the use of opium and of intoxicating drinks…The great misfortune is that women do not bear children, or take insufficient care of them when they are young.24

The proper treatment and usage of sex- specifically on the part of women- was, in the eyes of Widemann, at once part of a moral mission encompassing the survivability of the Hawaiian people and the personal duty of Hawaiian women. And, being oblivious to both the severity of the matter at hand and an adequate sexual morality of chastity and restraint, the moral mission of Hawai’i’s “civilized natives and Westerners” became to correct the misconduct and foolishness of the native other. Widemann’s tone of paternalism would, unlike in the early days of the Board, begin to approach leprosy as a problem which fell cleanly according to racial designations between the imagined Hawaiian other and European, with total faith in the latter’s abilities to conceptualize a solution. He would claim, for instance, that the lepers of Kalaupapa, with their weekly allotment of twenty-one

24 Report of the Board of Health, 1874: 8-9
pounds of paiai and five to six pounds of beef, actually were “better off in Molokai than most natives of these Islands, and also better off, with few exceptions than they were in their own homes” (Report of the Board of Health, 1874:5).

While Widemann himself would support Queen Liliuokalani during the last days of the monarchy, Widemann was a German born sugar plantation owner who would find his way into Kalakaua’s cabinet and onto the Board of Health through his work as the sheriff of Kaua’i.25 But Widemann would step down as the head of the Board the next year to oversee the Board of Health’s Insane Asylum instead of matters involving leprosy, and the stigmatization of culturally Hawaiian practices would not be given primacy for the time being. Less than a decade later, the drinking of ‘awa and the care of children would become, along with the active resistance of lepers, dramatic symbols of contagiousness. But throughout the 1870’s and 1880’s, how the question of leprosy would be framed was contested. Leprosy was not merely a question of ensuring the well being of the general public- it was a fight against the extinction of a disappearing people who were unwittingly bringing about their destruction by way of their own practices.

To prevent this, the goals and duties of the Board of Health reports would gradually transform. If a cure can be described as a technological intervention which, by addressing the essences of the disease as a natural process, prevents the spread of that disease and returns the functionality of the human organism to its

25 Taken from his obituary in The Evening Bulletin, from Oregon, February 7th of 1899.
original state, the Board’s primary concern was not in developing a cure. Rather, the goal of the medical establishment was remolding human practices to disable the course of the natural process of disease. And operating under its consistently utilitarian morality, it became the moral imperative of the individual to accord their behavior with the Board’s readings of risk. And with this realization, the Board came, in the coming years, to treat culture rather illness and would attempt to realign the cultural world to the natural world through policing behavior instead of realigning the natural world to the cultural one through the implementation of science. To achieve this, there was suddenly a demand for sight where no sight had been cast before- not at objects within the clinic or into the body to discover the hidden properties of leprosy, but a gaze into the phantasmagoric world of mundane life.

While continuously focused on leprosy, the recommendations of the Board would attempt to remake Honolulu in the image of the efficient metropole. In 1878, the care and treatment of the dead would fall under the authority of medicine. The Hawaiian treatment of the dead was interwoven with meanings related to place, genealogy, and time in Hawaiian society. But in order to facilitate urban modernity, such practices had to be unwoven and substituted with a more productive set. Captain John H. Brown, tasked with tabulating causes of death in Honolulu, would offer this rationale for the creation of the Punchbowl Cemetery: “Very many deaths have occurred because, through ignorance and superstition, they have positively refused to be removed from filth and poverty to a house of cleanliness” (Report of the Board of Health, 1878:6). The following
year, sewage and water systems in Honolulu would attract the attention of the
Board as well, who would assume oversight of infrastructural elements of urban
planning.

Towards the end of the 1870’s, two things were clear to the Board: one, that Hawaii was modernizing, and two, that modernization was disastrous for Hawaiians. In March of 1878, the President of the Board would limply offer “…for the year 1877 the deaths exceeded the births by over twenty-six. With these statistics before us, it is not too much to hope that the tide is about to turn, and that hereafter we shall witness a gradual increase of our native population.” Two years later to the month, an exasperated Samuel Wilder- then serving as both the Minister of the Interior and President of the Board of Health- would publish in reference to a smallpox outbreak that “…would Hawaiians accept the care offered them, in the Queen’s Hospital, hundreds would be saved. Here in Honolulu, with every comfort ready for all that will accept the and free of charge, 311, have died without any medical care.”26 If the moral mission the Board saw for itself was the rescue the Hawaiian race from their otherwise inevitable extinction at the all consuming maw of modernity, they were, by their own measure, failing. But inadequate medical knowledge was only partially responsible for this- rather, patient noncompliance. Scientific inadequacy was not grounds for abandoning science, but rather the warrant for its expansion. And indeed, this expansion would prove to be dramatic.

26 Reports of the Minister of Finance, Minister of the Interior, President of the Board of Health and President of the Board of Immigration to the Legislative Assembly of 1880; 41; emphasis in the original.
During the 1870s, the Board of Health was no longer content to rely upon the information provided to them voluntarily by Hawaiian people or collected by the sheriff regarding the sick. If the Hawaiian people’s tolerance for the Board was waning and no cure could had been produced, the Board saw it as its moral responsibility to establish a system of oversight of the mainly Hawaiian population leprosy afflicted that did not require the consent of those people. By 1874, the Board began allocating funds for traveling physicians, whose responsibilities were to begin making at twice monthly visits to the homes of each member of his district.

Traveling physicians were required on the one hand to dedicate care for whatever illnesses might appear and report on them to the Board, who then tabulated the total illness rates for the Kingdom, but were also tasked with keeping watch for leprosy within the private household. While this measure was quickly abandoned and replaced with an emphasis on regional physicians—physicians assigned to a single district bearing the same responsibilities of visitation and oversight assigned to traveling physicians— the sight of the Board was expanding. The responsibility of the physician extended into the role of an overseer as well as a healer, and his domain extended beyond the clinic and into the household. The relationship between the sick and the physician, then, was inverted. Where before the physician was approached by the sick for treatment and the sheriff kept watch for leprosy, physicians now had not merely the right but indeed the responsibility to determine who was afflicted and with what and who would be sent away.
Moreover, the information collected by physicians were compiled by the Board at the end of each biannual cycle, and organized into general categories to be processed by the legislature and monarch. While universally responsible for tabulating cases of illness, causes of death, and the rates of birth and death in their districts, however, the reports the Board would submit to the legislature would balloon dramatically in size over the late 1870s as travelling physicians reported on the state of their district in terms chosen independently. An abundance of data was being generated with reports growing to at least ten times their original size, but with little regularity across them beyond the ongoing interest in leprosy and the tabulation of causes of death. The panopticon was expanding, but at this point with only rudimentary coordination. At the level of the state, the cycle of life, death, and illness was being drawn into a system of bureaucratic regularity giving primacy to both the capacity of the physician to report upon and define disease and death- all else was the particular concern of the regional physician. The state encountered illness and created knowledge by casting the gaze of the physician into the reaches of private life.

If physicians became agents of a state surveillance network already associated with the imprisonment of lepers, the smallpox epidemic of 1880 would further strengthen the understanding of illness as a form of criminality. In January of 1880, a Chinese man infected with smallpox who sailed into Honolulu from Canton would break quarantine and slip into the anonymity of the Honolulu night. When apprehended by the Board later the same day, he was not only arrested, fined, and returned to quarantine, but his lodgings on Nuuanu Street- and
indeed every place he was discovered to have frequented- was quarantined and sterilized by the Board. The union between images of diseased individuals and criminal seizure would become further linked as the Board conducted house-to-house searches throughout infected areas for deviants who refused to give themselves up to quarantine.

Dr. Charles T. Fitch, supervisor to the Smallpox Hospital in Honolulu, would make, among others, the following recommendations in breaking the smallpox epidemic:

_Fourth:_- When cases of small-pox are known to have been introduced into a town previously free from the disease and containing the kind of population we have to deal with in Honolulu, it becomes the duty of the authorities to institute a systematic house to house visitation, to the end that cases may be discovered and isolated as fast as they occur, and the well who have been exposed to contagion, placed under proper supervision. It is largely because nothing of the kind was either done or attempted, that the disease was able to gain such headway before being discovered, burrowing, so to speak, beneath the surface and spreading far and wide among an ignorant and careless people the seeds of future suffering and death.

_Fifth:_- This Government should, for the protection of its own people, require any immigrant ship, whether from China or any other country, to be accompanied by a responsible American or European medical officer. From the Chinese medical man, with his “ways that are dark” this community has suffered enough.

In Fitch’s analysis, a new variation is made on the working narrative. Whereas knowledge of disease as a natural process in the early days of leprosy- that it was contagious, and transmitted through ongoing exposure- demanded the simple cultural intervention of isolation to abridge the spread of the disease and relied on

---

27 Report of the Board of Health, 1882: 33-34
the assumption of a compliant population, infectious disease took on a
metaphorical value. Contagions were burrowing intruders, lurking in the
shadowy recesses beyond or beneath the knowledge of the state, to be rooted out
through systematic oversight. In the unseen places where the disease could lurk-
where it had burrowed- the gaze of the physician must be cast in order to prevent
it from taking hold, from damaging, and from corrupting. But the sight needed to
flush the criminal virus out into the open was that of the scientifically trained
Westerner, as Fitch explains in his fifth point, and none else’s. Although
scientific knowledge of the essences of smallpox was too immature to develop a
cure or reverse its effects on the body, the policy of oversight, surveillance, and
isolation were purely the matters of the physician. The alternate system of
Chinese knowledge had to be, in the interest of fostering a hygienic public,
stamped out.

Within the colony, however, the Board of Health under Walter M. Gibson
would continue to allow for kahuna and kōkua to tend to the sick. Those
individuals interred on Kalaupapa preferred the care of the kahuna rather than that
of the physician, a decision the Board under Gibson’s leadership saw no reason to
prevent.

Mr. Meyer, the superintendent, informs me, that the people prefer
to be without a regular physician. It is difficult to secure the
services of a good one who will reside at the settlement. Many of
the lepers prefer treatment of the kahuna, and do not wish to be
under the rule by any foreigner doctor. If any are made, it is the
experience of the Board that complaints are still made, if the lepers
are restrained. Still, if they can be benefitted by doctors or by rules,
what should be done. If they cannot be benefitted, it would be
unwise to put them under any restraint. Their condition is
unfortunate, and it should not be made worse by depriving them
their liberty by keeping them in hospitals and regulating their diet.28

While preventing the spread of disease among the healthy was to be the domain of Western medicine, the Board was apparently content to leave those already condemned to the colony to whatever practice they wished- and realistically relied upon such care givers in the absence of a regular staff of nurses and physicians. Outside the colony, the issue was more contentious. While the Board is notably silent on the actual treatments offered by kahuna, the Board was frequently suspicious of them as swindlers and snake oil salesmen who beguiled native Hawaiians by preying on their “superstitions.” Just as importantly, a refusal to abandon the authority to the kahuna was understood as an act of resistance to compliance with the medical establishment and therefore the state. David Walter, regional physician to the Board would argue kahunaism should be treated as a legal offense: “[t]he greatest trouble I have to contend with is the “kahuna” Last week an intelligent native gave me the names of over twenty “kahuna” in this district alone. I sincerely trust that this evil will be put down by the most stringent laws against kahunaism” (Report of the Board of Health, Appendix I:lxiii-iv).

The kōkua, while supported by the Board for their utility in caring for the sick, would come under scrutiny as a potential threat for spreading disease. As kōkua were not bound to the colony indefinitely as lepers were, their interactions with the sick made them potential vectors for the disease each time they left the

---

28 Report of the Board of Health, 1882: 45
colony. Nathaniel B. Emerson, a resident physician on Kalaupapa would describe the kōkua in this way:

The kōkua are an indispensable arm of service at the Settlement. Without them it would be a very different task to carry on the establishment. They climb the Pali and drive down the cattle, they fetch wood, from the mountains and water from the vallies, they go into the water and cultivate and pull kalo, they handle the freight landed at Kalaupapa, all of which are services the lepers cannot perform for themselves. They do the work which only sound hands and fingers can do….In fact this important and necessary class of people supply hands and feet for the leper when his own give out. Yet a danger arises from the possibility of men carrying away with them the germs of leprosy and distributing them when they leave on their occasional visits to their houses on other islands. When it is borne in mind that these people have leprous relations, wives, husbands, children, brothers, or sisters with whom they live, while in the Settlement, on terms of unrestricted and fearless intimacy, this fear will not be thought groundless.29

Emerson himself was a child of Calvinist missionaries and a strict contagionist, but knew the Hawaiian language and was more personally acquainted with Hawaiian culture than most haole physicians (Daws, 1973:78). But, believing himself to be at risk of contracting leprosy, Emerson would refuse to handle patients personally, leaving such work to kōkua as he assessed and monitored from a distance. Whereas kōkua would tend personally to lepers, Emerson would, as Daws (1973:78 described it, be “well enough liked in his time in Kalawao. But the Hawaiians there did not really take him or his doctoring seriously for a simple and serious reason: he would not touch them.” Conversely, George L. Fitch, who served as a Board physician to Kalaupapa from 1882 until 1884, would strongly

---

29 Report of the Board of Health, 1882: 66
argue that leprosy was a not contagious fourth form of syphilis and was curable through the inoculation through the introduction of syphilitic lymph. He would therefore incorporate touching sufferers into his practice of care giving and was, unsurprisingly, seen by the Hawaiian people as a champion for this reason. When serving as branch manager of the Kalihi hospital, Board Steward J. Van Gieson described how “When the lepers found that they were not to be hurried away to Kalawao, and they also believed they would be cured by Dr. Fitch, they did not hesitate to come forward.”

While the tangible practice of care giving and their implications for patients instantiated divisions between both social groups and competing constructions of disease, so too did risk factors cited by regional physicians. In cases in which physicians had less awareness of Hawaiian practices, they were more prepared to contextualize visible markers of ethnicity and identity as filthy. When attempting to explain why young boys were afflicted three times as frequently as young girls were, GW Parker, a Board physician responsible for examining school children, would argue,

The clothes of boys may not be remarkably cleaners perhaps, than those of the girls, but their persons are more out-of-doors, and come more into contact with water; while the girls not only stay home more with their mothers and come into contact with dirty mats and other sources of filth, but above all, come into more frequent association and contact with any diseased inmates of their homes.

Considering that the girls now in our schools will be, or ought to be, the mothers of the next generation of Hawaiians, and that unhealthy parents must produce unhealthy children, the physical
amelioration of “young Hawaii” is a subject worthy of consideration by the Legislature during the approaching session.\textsuperscript{30}

In the Hawaiian household, or the \textit{hale}, individuals slept on the floor atop intricately woven mats rather than on elevated beds, as was preferred in the Western style home. Although vernacular architecture had transformed to a considerable degree by the mid century (Bayman, 2009: 146), the persistence of the \textit{hale} style of household life and the gendered labor carried out there was understood as distasteful and unhygienic. Blind to the extent to which such practices constituted a functioning lifeworld, certain of the Board’s physicians would target such practices alongside traditional vice were blamed for spreading the disease- or rather individuals who did so were blamed for engaging in vice. The sharing of tobacco pipes and licentiousness among Hawaiians were understood as risk factors of both leprosy and syphilis (Report of the Board of Health, 1882:59).

As the Board’s vision expanded, the validity of the type of surveillance they adopted went unquestioned in the reports regardless of whether the Board represented the interests of big business, the monarchy, or the Reform Party. In 1884, the Board printed the results of an anonymous survey of its physicians on the topic of leprosy, who would unanimously agree that the strict isolation of lepers as realized through the oversight of regional district physicians was the ideal treatment of the disease. Alternatively, the logic of quarantine for ships from international harbors would be constructed with illuminating difference. In

\textsuperscript{30} Report of the Board of Health, Appendix M: lxxxviii
1883, an act was passed that alleviated the burden of cost for the quarantine of vessels from foreign ports from the tax paying public on the basis that unlike the case of leprosy, citizens of the kingdom were not being interred from an endemic contagion. The cost of isolation of Hawaiian citizens was sometimes overwhelming to those citizens whose safety had been ensured. For sailors without citizenship, the threat of infection was a plainly introduced matter for which they would bear the cost. As such, the rights attributed to individuals in the nation state were foundational in the contemplation of internment generally. As demonstrated here, race would never fully unseat citizenship as the category through which cost would be determined, but racial and moral associations were building in the minds of physicians.

By the 1880s, deep rifts had formed within the Board over whether surveillance was a tool for identifying cases of leprosy or if it was one aspect of a larger system of a civilizing mission in which native practice could be targeted under the warrant of scientific objectivity. Although Board president Walter M. Gibson, an opportunistic and controversial populist who would accumulate a series of power positions within the Hawaiian government, would continue the dominant narrative of leprosy as a civic problem rather than a racial problem, a political cleavage was forming throughout the early 1880’s between Monarchists and Reformists which would have real impacts for leprosy policy.

1887 and Beyond: Leprosy and the Overthrow of the Monarchy
If prior to 1887 the Board of Health established a facility to isolate bodies and a far-reaching system of surveillance to monitor for disease, they would for the most part avoid making the clear equation between race and leprosy the Board’s dominant discourse. But with this infrastructure in place to allow the Board to monitor, report on, and regulate social behavior, the rise of the Reformist Party and their racial notions of disease would rely upon this institutional infrastructure while speaking of disease in terms of cultural divisions between racially “other” Hawaiians and enlightened, civilized moderns. It is during this period of changing political configurations that the leprosarium takes on the unambiguous character of a penal facility. By the early 1880s, an arena of political partisanship had emerged between the wealthy, mainly white descendents of missionaries who supported ending Hawaiian autonomy, dubbed the Reform Party, and individuals of Hawaiian descent who supported independence (Moblo, 1999:97). In 1887, the Reform Party gave King Kalakaua the option to sign the Bayonet Constitution, an act which would severely diminish the authority of the monarch, or be deposed. When Kalakaua chose the former, the Reformers formed a new government whose treatment of disease would attempt to provide Hawai’i with an eradication of disease rather than provide a system of care giving appropriate to those afflicted.

Consequently, internment rates spiked radically. As anthropologist Pennie Moblo (1999: 82) points out, 28 individuals were interred in 1886, while 328 were interred during the first year of the Reformers’ political prominence. The Reform Party was not content to practice a policy of lax segregation, which
potentially allowed for infection to occur but prevented families from being split apart. Rather, the Reform Party understood themselves as being on a moral mission to triumph over disease through the strict governance of the body and the destruction of the pluralistic approach to medicine practiced until this point. This entailed diminishing the presence of the kōkua, who now were barred from ever leaving the colony even if they had not contracted leprosy, and eliminating the practice of the kahuna both in and out of the colony. Whereas before certain of the Board’s members had muttered that Hawaiian practices were to blame for the spread of leprosy prior to the Reformer’s rise or that their medical practice was hindered by that of the kahuna, that equation between nativeness and disease would come to be treated as fact.

While Moblo has correctly asserted that Board physicians under the Reform Party understood themselves as being on a moral crusade to eradicated disease, the drive to do so would be complemented by the Board’s ambitions to civilize natives into ways of life compatible with the diseases of modernity. Malarial outbreaks in the spring, for example, became a normal aspect of plantation life, to be acknowledged but not worthy of intervening over (Board of Health Report, 1897: 127). Leprosy, meanwhile, was a threat to be stamped out through the intervention of a strictly Western style of medicine. In the view of physicians, medicine was not a catalyst for modernization but a reaction to it, which served as the very warrant for replacing the system of Hawaiian kapu with

---

31 By and large, the role of the medicine in the regulation and regularization of ills relating to labor conditions and the movement of laboring populations has been overlooked in this thesis as it departs from the program at hand, but deserves to be addressed.
a body of medical restrictions. Rather it was the sole intervening force with any potential to prevent the erasure of Hawaiians in the face of modernity. Board physician Sidney Mouritz, who resided at the colony from 1884 through 1887, described the relationship between modernity and disease in this way:

For a people like the Hawaiians, so short a time emerged from barbarism, a high death rate is a foregone conclusion. It must be perfectly apparent that a “Life of Nature” forced into the channels of civilization must undoubtedly change the vitality of a nation. Once having made the change, there is no looking back. The assumption of a high-grade civilization, by an aboriginal race, is not always quite so advantageous as we are led to suppose; complete civilization is a supposed success; half civilization ends disastrously.32

In this logic, the traditionally Rousseauian imagination of the other- the noble savage living in accordance with nature and his fellow man- became subtly inverted. Disease, understood through the clinical gaze as a natural process, was at once a product of modernity and a function of the natural world as made accessible through science. Whereas Hawaiians lived in accordance with an old nature, the state lived in accordance with a new nature- the dominant, unseating nature of an irreversible modernity. The body of practices favored by the power elite were not merely posited as preferential, but were in fact those in accordance with natural law; those individuals to reject this stood against the laws of nature itself. And in this way, banishment to the colony was a wrath that the individual incurred on oneself through impiety rather than punishment for breaking the conventional laws of state. Not merely the agents of a new morality, the colony

32 Report of the Hawaii Board of Health, 1890: 60
was a human response warranted by nothing less than natural law, as determined by the members of the scientific community allowed to take part in its construction. Accordingly, to not civilize- to continue to drinking ‘awa, engaging in distasteful sex, living in *hale* rather than households, and so on- was to incur disease on oneself. This logic informed the move to screen 4,035 women in 1897 for syphilis, presumably under the same notions of Hawaiians as a disappearing people.

As the Board came to claim that it was manufacturing a means of living in accordance with natural law, resistance to the Board to a degree not encountered beforehand. As early as 1890, lepers were taking to the hills and mountains to escape the authority of the Board, and would vanish whenever the Board’s agents appeared to arrest them (Report of the Board of Health, 1890: 13). One such location was the leprosy “stronghold” of Kalalau on Kaua‘i. William O. Stolz would place the entire settlement under quarantine, separate the sick from the well, and deport anyone afflicted. While certain individuals complied, those young and able bodied enough resisted their life sentence from the colony (Moran, 1999: 98). Attempting to break the resistance by capturing one such dissenter named Koʻolau, who acted as something of a ringleader, Koʻolau would shoot one of his ambushers, killing him. A second of his would-be captors would die later from complications arising from his gun backfiring during the fighting. Not all resistance was violent, however. In 1897, Dr. RJ McBethigan reported that “as a rule on reaching a house where I have heard there is a leper, I find the house
empty, the inmates having fled to the mountains or are in hiding. (Report of the Board of Health, 1895: 95)"

While the Board of Health under the monarchy could variably be said to have had some familiarity with and laxity towards the practices of those in their districts, the post-overthrow Board of Health seemed unaware of the particularities of their districts. Indeed, immediately following the overthrow of the monarchy, the Board underwent a bureaucratic reinvention. As a reflection of the organizational transitions taking place, the reports from 1893 and 1894 would shrink dramatically in size and provide virtually no insight into health matters of any type reflecting of the impact of regime change on the structure of care giving. Only in 1895 would the Board begin generating substantial texts once again—although now to the president of the republic rather than the legislature of the monarchy, and only as the result of a cholera epidemic during the same year. William Smith, the new president of the Board, would evict the remaining non-lepers from the colony that year, on the justification that “The price of good health in a populous community, like that of liberty, is eternal vigilance” in an irony that surely went unrealized at the time.

Moreover, the Board became more unified and centralized following the overthrow of the monarchy. Whereas the responsibilities of the Board under the monarchy were by and large self-chosen, the post overthrow Board’s agents, filling the roles of regional physicians, were committed to a set number of goals: establishing water systems, vigilance for leprosy, and the disassemblage of the practice of kahunaism. While the reports of the Board of Health were previously
variable in form and content, the reports from 1895 onward were standardized. Whereas the monarchy had pursued a system of health that incorporated aspects of both Hawaiian and Western methods of care giving, the post-monarchy Board developed existing suspicions of the *kahuna* and made the elimination of the Hawaiian practice of medicine a priority. Believing *kahuna* to be a fiction and a drain on the health and well being of those too ill informed to reject the *kahuna* on their own, Mouritz (1919:128) described *kahuna* in this way: “The native doctor is generally crafty, shrewd, and at times unprincipled…Incantation for the recovery of his patient plays a minor role, as also do the medicines he administers, but he himself (the doctor) requires his fee and also that he shall be fed on the best of the land.” The Hawaiian people’s dedication to the practice of Hawaiian care giving would manifest in various forms of resistance, however.

In one instance, Hawaiians reinvented the very nature of *kahunaism* as a response to the new pressures of the Board. Individuals traditionally achieved the status of a *kahuna* through a dedicated investment in a particular singular trade or practice. However, as the Board’s campaign of surveillance mounted against practitioners of Hawaiian medicine, an exasperated Charles Davidson would complain from Mau’i’s Lahina district that collections of individuals would pass the title of *kahuna* to each other for brief periods of time (Report of the Board of Health, 1895: 54). In this way, the practice of Hawaiian healing could be carried out without allowing the Board to punish those engaged in the practice. The same year, regional physician Robert J McBettigan would report that “…as a rule on reaching a house where I have heard there is a leper, I find the house empty,
the inmates having fled to the mountains or are in hiding” (Report of the Board of Health, 1895: 95). While not as severe or visible as armed resistance, Hawaiians were adopting forms of everyday resistance to the American regime. With the targets of the new order’s regime falling within Hawaiian/American dichotomies, the practice of medicine, including those given the right to practice it as well as the practice of internment itself- created the leper colony as a means of enforcing a clearly imposed regime of meanings and definition of normalcy.

**Conclusion**

Contextualized against the overthrow of the monarchy and the expansion of American empire into Hawai’i, the leper colony came to acquire a punitive function against dissent and a role in the manufacture of a colonial normalcy by the turn of the century. This was by no means a foregone conclusion, but rather the result of a long and complex process brought into being through a variety of actors with varied motivations and perspectives. Originally intended as a temporary measure to address a problem thought to last no more than a single generation, the leprosarium at Kalaupapa’s initial form bore little resemblance to the enforcer of colonial regimes of meanings described at the end of this chapter. This transformation was not warranted by the success of the medical establishment, but rather partially from its failure. The inability of the practice of internment to stop the spread of disease warranted the expansion of surveillance networks and the assertion that conspicuous cultural practices- which could, unlike natural laws, be regulated through power- caused the spread of leprosy.
But not until the 1880s did practices signifying Hawaiian identity come to possess the attention of the Board. By equating Hawaiianess with disease and grounding medical observations in scientific legitimacy, dissent against the codes colonial rule came to mean dissent against natural law. And in order to function in this way, the colony built upon a broad, totalizing system of knowing and relating which drew science, notions of civic responsibility, and ontological categories like citizenship into its expanse.

Taking, then, the acceptance of this particular social order to be a product of the coercive capacity of the state, attention can now be turned to the next transformation of the history of the colony. Whereas this chapter has demonstrated the gradual process in which the colony accumulated meanings and functions related to the political economic expansion of the United States, the next evolution of the colony was, paradoxically, to silence all such meanings. The next chapter traces another long and complex process- this time, the process through Kalaupapa was reinvented as an object of memorialization. In memorializing Kalaupapa, I demonstrate how once again, a variety of complex interests were served, not the least of which were those of the remaining residents of the settlement uninterested in abandoning it. I also demonstrate, however, that the official narrative which validates the historicity of Kalaupapa ultimately reinvents the history of leprosy in Hawai`i as one of personal morality rather than of the structure of the state by fixating on the life of Saint Damien de Veuster.
PART II: EURYDICE
Chapter 3. The Memorialization of Lived Space

The 20\textsuperscript{th} century can be said to mark a gradual shift in the nature of Kalaupapa. Throughout the 1900’s, production in Hawai’i was transitioning away from the traditionally colonial society fixated on stratification by race and into a corporate neoliberal culture. Within this perspective, the meanings communicated by houses of internment had to be reassembled. If it has been established in the last chapter that the colony first functioned as a house of internment to create a culturally pervasive fear of disobedience to Western hegemony, the next transformation of the colony was into a site of memorialization. Although the attainment of this quality is perhaps the logical terminus of the process of manufacturing normalcy the first instance of this transformation’s occurrence is not marked by any one discernable event. This is due to the multitude of individuals and entities that concerned themselves with the narrative construction of the colony over the course of the 20\textsuperscript{th} century. These include British policy makers encountering leprosy in India (Gussow & Tracy, 1971), Belgian Catholics interested in extending their presence in the Pacific by way of Damien, fiction writers, tourists (see next chapter), and social scientists who located fertile terrain for research in the colony’s remaining inhabitants (Bloombaum, 1970; Langlas, McGuire, & Juvik, 2008). Taken together, these are efforts which broadly visit the colony as an object of historical fascination- an approach to Kalaupapa which has culminated most visibly in the current tourism economy of Kalaupapa.
In this chapter, I describe the beginning of the shift from a general, culturally distributed knowledge of the colony and its coercive function in manufacturing normalcy to its current form of an unintuitive, professionally disseminated form of knowledge by examining the narrative construction of the colony among Catholic authors and by describing the passage of the colony into the authority of the National Park Service. I examine these two data sets in particular because they represent the two means through which the colony became memorialized: through language and space. In the Catholic narrative, the story of Damien’s life was constructed in such a way that pacified Hawaiian history and the history of leprosy away from potentially being a potential challenge to the state hegemony whose historical development was the focus of the last chapter. This narrative was then partially seized upon during the 1960’s and 1970’s when the Parks Service began ordaining structures and spaces in Kalaupapa as historical monuments to the past, a process whose specifics I spell out in detail in the second part of this chapter.

Memorialization in Discourse: Damien

The Catholic discourse is significant in that it would provide a prevailing template of the longest lasting narrative of leprosy in Hawai‘i in the English speaking world. Indeed, as we shall see in the next section, it is this discourse which the National Park Service seized upon in their early attempts to characterize the historicity of Kalaupapa during the 1970s. While it is not possible to provide a complete deconstruction of the rather sizable literature on
Damien here, the most pertinent tropes in the literature are identified below. The discourse would relegate the individuals afflicted of Hansen’s Disease silent, encountering their suffering only through descriptions of the virtue of Damien. In this way, Damien’s sanctity actually became a function of the extent to which the despair of Kalaupapa was described in the literature. Moreover, Damien has been demonstrated to have served as a metaphor for the necessity of Western oversight for Hawaiians unable to govern or care for themselves (Moblo, 1997). In effect, the extent to which the suffering of the leprosarium’s inmates was understood became the extent to which Hawaiianness could be undermined. In this way, the dangerous potential for the story of Hawaiian leprosy to provide revelations against the legitimacy of the Western hegemony most responsible for conditions there were rhetorically undermined. The narrative construction of Damien’s relationship with the sickness, individual cruelty, and poverty of Kalaupapa relegated the nature of leprosy to an issue of personal morality as realized through the mediator of religion rather than a product and functional part of the emergent capitalist nation state. In this section, I identify aspects of the narrative construction of Damien, identifying along how this narrative minimizes the culpability of the state. While a description of Damien’s entire life simply falls beyond scope of this chapter, the elements of his story that pertain to the state are isolated here in the interest of coherence.33

The Damien discourse has several elements: first, the authors producing it are generally biographers of either Damien or Damien’s successor, Brother

33 For a more complete discussion on the remaking of Damien into a myth, see Moblo, 1997.
Joseph Dutton, who are published by popular or Catholic presses from outside Hawai‘i. It positions leprosy as a loathsome disease, thereby reinforcing the Christian stigma associated with it. Next, we encounter leprosy and the sufferers of leprosy through the perspective of Father Damien. Because those afflicted with the disease remain largely anonymous, and provide a passive background to the foreground of the religious actors, their narrative function is mainly to contextualize the self sacrifice of Damien than to speak to the experiences of those interred at Kalaupapa. Biographer Irene Caudwell imbues the first encounter between Damien and the lepers with the following severity in their biography of Damien:

‘Unclean! Unclean’ The cry with its infinite burden of woe, echoing through the centuries, must have sounded in Damien’s heart with all its horror as his brave young parishioners. They were gathered upon the shore to meet the ship, those endued with sufficient strength of mind and body to get there- the most pitiful collection of suffering humanity that the eyes of a Priest could gaze upon.

‘Suffering humanity! Scarcely human, many of them with their faces so distorted and repulsive with the foul disease that they were, as Robert Louis Stevenson wrote after his visit to the island years later, a ‘blot upon the landscape, gorgons and chimaeras direpantomime deformations of our common manhood, such a population as only now and again surrounds us in the horror of a nightmare,’ their limbs so rotted and swollen that some crawled on all fours, while others moved only on loathsome stumps of what had once been their legs.

But it was not only the sad bodies that filled the young Priest’s soul with shrinking horror; it was the bestiality, the debauchery, stamped upon the poor, disfigured faces, the hopelessness and degradation of those who had lost faith in both God and Man.\(^\text{34}\)

\(^{34}\) Caudwell, 1932: 61
The nightmarish imagination of the disease, which religious biographer Omer Englebert (1955: 113) characterizes it as “the most horrible of all diseases,” serves to then contextualize Damien’s self sacrifice. In print, we encounter lepers from the perspective of Damien, beginning with the shore from Damien’s boat in fearful passage to Moloka’i’s dreadful shores. As readers, we have nothing to fear, because we have already encountered the internal moral clarity of Damien; for example, Damien greets reports of leprosy’s wretchedness with headstrong devotion and enthusiasm, saying, “I go to Molokai and labor for the poor lepers, whose wretched state of bodily and spiritual misfortune has often made my heart bleed within me” (Dutton, 1932: 59).

Alongside care giving, Damien’s success at saving souls and preaching the Gospel of Jesus was given considerable attention. Englebert characterizes his potential as a missionary by saying of Damien “He had an ever-present opportunity to baptize, convert, absolve in extremis, give hope to the distressed, and bring shipwrecked souls to the port of salvation… he succeeded in turning the lazaretto into a flourishing centre of Christian living” (Englebert, 1955:182-183). Caudwell’s (1932:67) tone was far more severe, claiming that, “Morality, cleanliness, friendly feeling, even ordinary humanity, were absolutely unknown, and those who fell under the influence of the liquor lost all sense of decency, running about in the nude.” Left to their own devices, the lepers of Kalaupapa are cast in the literature as having a foulness and debauchery which the intervening force of Christianity can correct.
While the colony provided a fertile ground for mission work, it presented the issue of what brought about the colony and its conditions in the first place. The reason giving for conditions in the colony minimize the role of the state.

John Beevers, who wrote biographies of a number of saints including Joan of Arc (1962), prefaces his account of the peninsula’s child prostitution, drunken licentiousness, and mistreatment of the terminally ill in this way:

The Board of Health was not composed of sadistic members, or even of coldhearted members, but it was a committee and it is pretty well agreed that vigorous and sensible action rarely follows the deliberation of a committee. The Board genuinely agreed that once the lepers were cheerfully set to work, the strongest of them would cultivate the land and produce much of the food...This bubble of a fantasy burst the moment it touched the sharp reality of human nature. The lepers knew they were in what was virtually a penal settlement... They had just enough food to keep them going, together with unlimited alcohol...When new lepers came to Kalawao, they were told by those already there ‘This is a place with no law.’

Beevers employs human nature and the nature of bureaucracy as explanatory devices for conditions at Kalaupapa. This creates the colony as an evil for which no one in particular can be blamed; it becomes a matter-of-fact. This is deficient because defaulting to vague notions of human nature and clichés about government to explain extraordinary conditions of human hardship are not rooted in anything resembling knowledge. They are comfortable glosses that revitalize the cultural mythologies upon which they are founded: that the violent products of coercive regimes can be simply accepted as the ‘way things are’ and thereby normalized.

35 Beevers, 1973: 58
In tandem, cultural explanations were sometimes cited for causing the spread of the disease. As Englebert (1954:178) writes, “Native customs are another great stumbling-block in the path of the would-be healer. In the Hawaiian Islands the family pipe passed from the leper’s mouth to the person sitting next to him has been shown to be an extremely fruitful method of propagating the disease. Feeding from the communal calabash has also had its due share in spreading the malady.” The product of Damien’s efforts was not simply the minimization of suffering, but indeed the implementation of an entire moral, social, and religious order. Or, in John Beevers words, “…it was not long before there was a neat village therewith a row of whitewashed huts, beds of flowers, and plots of vegetables…Father Damien succeeded in getting every leper capable of work busy on the land and they were soon producing far more than they needed.”

While not a total deconstruction of the literature, the above tropes are telling of how the colony and the issue of its conditions were imagined by Catholic authors over the 20th century. The characteristics of the discourse of Damien are these: first it generally minimizes the extent to which the Hawaii Board of Health deserves to be condemned for conditions of Kalaupapa. Next, it positions individuals interred there as unfortunate sufferers of a disease who cannot take care of themselves while simultaneously making a number of moral criticisms that range from the documented (e.g. abuse of children) to the fantastic (e.g. bestiality). Damien then answers these criticisms, acting as a caretaker for the sick, a builder of homes, churches, and infrastructure, and a saver of souls. Finally, it reveals the hardship of the colony in relation to the extent of Damien’s
compassion. By constructing the narrative in this way, the story of Kalaupapa negates certain elements of the story—that the existence of policies regarding leprosy entailed the extension of Western hegemony—while maximizing the didacticism of the narrative. The authors of the discourse were publishing across a century from a variety of countries, meaning it would be reductive and simplistic to assume that a consistency across these author’s particular intentions. What can be said, however, is that this discourse’s failure to transcend the individual morality of Damien and address the conditions at Kalaupapa as the product of structural factors silences narratives of leprosy and internment as tools of empire.

This discourse would both reflect and perpetuate Damien’s celebrity for his martyrdom at Kalaupapa. Moblo (1996) considered this process to be one of myth making, in which the aspects of Damien’s life reproduced in the discourse evolve over history according to evolving interests in his life. In her critical history of Fr. Damien’s transformation into a modern myth, she traces that his characterization in media changed from a symbol of colonial domination over Hawaiian primitiveness to the embodiment of the frontier to a 1930’s progressive to a 1960’s Civil Rights reformer (Moblo, 691-726). While the particular evolution of such images is not the program at hand, that historical interest in Father Damien would far eclipse interest in the individuals interred at Kalaupapa would be reflected in the warrant selected by the National Park Service in their reinvention of the peninsula as a park space and preserved historical site.

*The Cure and its Impact on Memorialization*
Shortly after World War II, a multi antibiotic treatment was developed that rendered leprosy non contagious. The impact of the treatment would usher in the new era of Kalaupapa, although not immediately. While the intervening drugs rendered leprosy noncontagious, there was a lag between the time at which that reinvention extended into a transformation of policy. Leprosy, while not exterminated, was in most cases rendered docile- sufferers of the disease would remain prone to flair ups of their symptoms, despite not being carriers of a threatening contagion. If the prevailing 19th century system of relationships called into existence through maintaining a leper settlement was that ensuring the well being of the body of tax payers from leprosy placed the financial burden of care on those tax payers, the discovery of a cure demanded that system of relationships be reevaluated. If protection of the tax paying public’s well-being at their own expense was understood as the most enduring reason for internment, how would the new condition of a cure interact with this philosophy? At what time would internment stop? What was to be done with those who were unresponsive to treatment? These questions would remain unanswered by any administrative body until 1969, at which time the ultimate decision to end mandatory interment would end.

Academics played an active role in the recreation of Kalaupapa as a site of historic preservation that did indeed serve the real interests of those residents who wished to remain there- but the recreation of the colony would have another impact, whose nature was hidden. The largely symbolic transformation of the colony from a house of internment used to segregate the unnatural to a location of
historical interest drove the meaning of the place into a nether realm of the isolated past. Whereas academic knowledge was used in the past to secure the proximal and ultimate needs of the colonial capitalist state through warranting the isolation and segregation of individuals deemed to be a threat to the normal order of things, the proximate interest of the state and the ultimate interests of the state diverged: in having the story of the state’s coercive capacity become known historically, the reality of the state’s coercive capacity became objectified instead of internalized as a part of a general cultural condition. This, however, created an internal contradiction in the social life of the colony. On the one hand, it was indeed the locus of lived experience for those individuals to continue their residence there. On the other, it was an emblem of historical significance, fundamentally removed from the present. This problem will, as we will see in the next chapter, be further demonstrated by the role of tourism, and its specific capacity to predicate a certain kind of experience through its own requirements as a genre of human interaction.

The Senate and the National Park Service

From of 1974 to 1975, the Hawai’i State Legislature began work on establishing Kalaupapa as a National Park. In both the House and Senate, a series of resolutions were drawn up arguing for the historical merit of Kalaupapa. These resolutions introduced a nascent narrative of Kalaupapa, which served three functions: first, in establishing the place as a site of interest, second, in assigning

---

36 HCR No 54, HCR No 86, S No 354, SR No 361, HR No 332
tasks to the Hawai‘i state government, and third, as a preliminary measure to create binding legislation. The resolutions, generally less than two page long uniformly assign four points of interest to the settlement: its association with a “long and tragic chapter in the history of Hawaii;” the “heroic life and death of Father Damien, one of Hawaii’s two great persons;” and the peninsula’s sites of “archaeological and historic” value. Without divulging a coherent timeline of events, the reports called attention to unelaborated isolates of cultural significance all of which converged on the colony. Because the purpose of the legislation was merely to preface the introduction of binding legislation, their actual content is as nebulous as possible, citing factors like “the life of the esteemed Fr. Damien” outside of any real narrative.

In 1976, the 94th US Congress passed Public Law 94-518, the first serious legislation interested in establishing Kalaupapa as a national park, although Kalaupapa National Historic Park would not be officially established until 1980. This legislation struck a comfortable compromise in terms of funding. The Department of Health, which was the present form of the Board of Health, had been responsible financially and administratively for the settlement. By removing responsibility for the upkeep of the grounds of the site from the state government, the legislation allowed for state health funds to be freed up for other pursuits, while the federally funded National Park Service would take up this responsibility. The Health Department was still made responsible for patient care, however, and would continue to run the hospital in Kalaupapa. Moreover, the bill would open the door for historic preservation. Alongside a series of other places of historical
significance in Illinois, Ohio, New York, Massachusetts, Nebraska, and North Carolina, the legislation outlines the steps that had to be taken in order to establish the site as a park.

The bill would outline the duties relegated to the National Park Service for the next quarter century, and would minimally include the following: first, a feasibility study and preliminary report had to be produced, in which local interests and other federal agencies had to be consulted regarding interests in the settlement. Additionally, the reports had to establish the natural and historical value of the site, pertaining to the realms of culture and history, geology, and biology. Once the spatial and historical domains of interest had been established, a detailed Master Plan for the site’s use had to be compiled, which included constructing a tangible series of goals for site use and a timeline through which these goals would be completed. Finally, a Kalaupapa National Historical Park Advisory Committee would be formed following the creation of the Master Plan, and was to be comprised of “fifteen members, appointed by the Secretary.” These included four members appointed by the Representatives and Senators of Hawaii; five public members considered to be experts in such fields as Hawaiian history, ethnology, religion, folklore, and culture (drawn from the Bishop Museum and the University of Hawaii at Mānoa); two members appointed to represent local organizations of the Hawaiian people (a term that in this case refers to Hawaiian-ness through the blood quantum established in 1920); two members to represent the patients’ organization; and two appointees from the mayor of the county of Mau‘i.
Counter intuitively, the passage of this bill would mark the end of the United States Congress’ relationship with the fate of the colony. The tasks of gathering community perceptions, constructing plans for potential future developments and usages for the site, and responsibility for the upkeep of the historical buildings fell, for the most part, to the National Park Service and the body of academics they employed. If the first three quarters of the 20th century can be said to have been marked by the transformation of the colony into the hegemonic narrative of Damien’s self sacrifice, this event can be said to mark the beginning of a variant on this commemoration. The memorialization of the colony was no longer strictly an object of discourse to be read about in a variety of presses (now including a number of print sources not contained within the original Catholic discourse) and experienced through the comfortable distance of photography. At this time, the physicality of the colony, the very space itself, would begin to transform into a memory of itself. In so doing, a real problem arose: how could a site which, at that time, served as the residence of hundreds of patients and medical workers be both utilized as a lived space marked by the continuously shifting meanings that constitute social life at the same time that it became a static testament to an archaic past? Briefly, the application of the Damien discourse alleviated this problem to a certain degree, as we shall see in the narrative of Kalaupapa in the 1980 Master Plan in the next subsection, by conceptually dividing the preservation of spaces based on their utility for living patients (rather than history) and historical value.
On the heels of this legislation, the Western Regional Office of the National Park Service published an alternatives study in 1978. The study included four possible directions that the settlement could take relating to the settlement’s status as a county and in commercial terms. These options vary only slightly, all asserting that historic structures be preserved and that the lifestyles of patients are legally protected. They differ in the extent to which tourism can be capped or increased, and who is responsible for administration of the colony, and as to whether the peninsula should come under the jurisdiction of Mau’i county, become its own county, or have no status as a county and be administered entirely by the Parks Service. The alternative selected, generally maintained the status quo at the time, in which 75 to 100 tourists were allowed entry a day and transfers the administration of the peninsula to Mau’i County, a means to connect residents with health care privileges from there. Despite that this suggestion was made following community meetings with residents, the peninsula would form its own county- Kalawao County- that would be coextensive with the National Park Service. Finally, the study recommended that legal guarantees be made to ensure patients can remain at Kalaupapa, that the extent of land owned by Hawaiian Homelands must be sorted out, that authority be put in place and funded to regulate the number of tourists, that historic preservation be overseen, that medical services continue to be provided by the state, and that no additional access to the mule path, wharf, and airport be created.

*The Memorialization of Lived Space*
In 1980, the first draft of the Master Plan was drawn up by the Kalaupapa National Historic Park Advisory Committee. This report would mark the first time a government entity would create an actual narrative of Kalaupapa with the specific interest of creating the site as an object of historical inquiry, and would provide a final precursor to officially establishing the Kalaupapa National Historic Park. The first appearance of the narrative is in the recordation of buildings of historic interest, an ongoing topic of interest in later reports. The Master Plan lists nine historic structures, several sets of ruins, and one statue, the famous red granite cross and sculpted portrait of Damien. The buildings the report lists are the St. Francis Church at Kalaupapa, the US Leprosy Investigation Station at Kalawao, the Kana’ana Hou Church, the Bay View Home, the 1932 Hospital, the Paschoal Community Hall, the Former Doctor’s House, and the Administrator’s Home. Finally, the Waihanau Trail, and a cattle trail that snakes through the Waihanau Valley is listed alongside the structures, although its very existence is called into doubt in the report with this description “As described by Kalaupapa residents…there might be sections of the trail still remaining” (Kalaupapa Master Plan, 1980: 18). The ruins, which likewise date to the earliest period of the settlement’s occupation, are of varied type, including the remains of the Kalawao graveyard, the chimneys from the slaughterhouse and bakery (the structures of which were no longer standing), the steps of the Mormon beach house, and a grove of introduced trees. The description of the ruins ends on this note: “Heavy overgrowth probably obscures many other ruins, walls, and foundations” (Kalaupapa Master Plan, 1980: 18).
Most of the margins assessed in the study involve such uncontroversial aspects as the soil quality, acreage, types of flora and fauna, and geology. But the report also assessed the value of various zones of Kalaupapa for development and “recreation,” an obvious nod to the then booming tourism industry. This is of no small consequence, as out of the 8,902.1 acres that make up the peninsula and its valleys, a full 7,213.8 acres belonged to the State of Hawaii by way of the Department of Health, plus another 176 and 150 acres by way of the Department of Transportation and “Miscellaneous State Owned Land” respectively (Kalaupapa Master Plan, 1980: 34). Moreover, 1247 of the remaining acres were owned by the Department of Hawaiian Homelands which were rented by the Hawaii state government - which is to say that excluding 150 acres of private land, virtually the entire peninsula was state land. In practice, this report would effectively freeze the question of development in the style of tourism elsewhere in Hawaii in two ways. First, it minimized the utility of beaches for swimming and fishing, citing the difficult sea conditions; and second, it would lay out a preliminary plan for preservation of the historic structures listed above and suggest limiting tourism according to the interests of patient residents.

However, the Parks Service assumed greater responsibilities than simple caretakers and administrators of a lived space and preservers of several historic places. They also became the collectors of oral historical data and further interpreters of those data. While the tone of the report stresses the values of cultural sensitivity and interfacing with church groups, there is no clear escape from the dilemma at the center of the matter: how seamlessly can the conceptual
division between lived space and historic space be made less than a century after
the events in question? And, by making that division, to what degree does that
artificially divide the enforced isolation of one set of living individuals from those
in the past? Interest in Damien in particular would serve to alleviate some of this
confusion. The Park Service prioritizes the preservation of structures in the
Kalawao settlement over the Kalaupapa settlement, stating that “Many structures
in Kalaupapa Village are needed for housing and various community services, but
many others have little value other than their contribution as part of the total
historical complex” (Kalaupapa Master Plan, 1980: 36).

Indeed, the Parks Department plan outlines three separate prongs of its
preservation program: the collection of oral histories, the selective retention of
certain older historic structures over others, and archaeological work on
specifically pre contact materials. In contrast to this, the number of tourists
allowed to visit the site daily is capped at 100 in the interest of retaining the
primary use of the settlement as a lived space and to minimize the disruptions to
patient lifestyles. Photography of the patients was prohibited to prevent a
situation in which the patients were made to feel like living exhibits. The entire
area was proposed to be reinvented as an historical preserve (Kalaupapa Master
Plan 1980: 44) that few besides its living residents could access. The myth of
Damien and the architecture associated with him was to be retold and preserved,
respectively; the lives of those still there were to be treated with silence.

Continuing the trend of memorialization were efforts towards the creation
of a Museum to aid in the interpretation of Kalaupapa’s history. Beginning as
early as 1982, two years after the recreation of Kalaupapa into a state park, efforts began to compile museum worthy documents in preparation for the possible creation of a museum. While the origins of efforts to preserve documents are unclear in the literature (they may have simply been rooted in the recognition of the documents’ importance by proactive and forward looking park rangers), it seems that interest in establishing a public historical apparatus began relatively early (MMP 2006, 11). As stated in the 2006 Museum Master Plan, which provides an excellent history of collections efforts in Kalaupapa,

Kalaupapa National Historical Park was authorized on December 20, 1980, “…to provide for the preservation of the unique nationally and internationally significant cultural, historic, educational, and scenic resources of the Kalaupapa settlement on the island of Molokai…”. While it was recognized almost immediately that this definition must include the personal belongings and papers of both patients and care givers, it was not until May 18, 1987 that the formal archival and museum collections were established with accession #1.  

In addition to collecting documents, the Parks Service also acquired furnished dwellings whose artifacts could be documented and saved for future exhibits (MMP 2006: 13). In contrast to this, the settlement’s jail was reappropriated as a temporary archive until formal funding could be secured for museum facilities with archival capacities (MMP 2006: 14). As such, the acts of preservation entailed transforming the social lives of certain objects and spaces in ways that were divorced from their origins. More notable about this process was the ongoing interest in laying foundations for a means to access documents

---

37 MMP, 2006: 9
important to the history of the colony. As one of the Key Recommendations, the MMP lists “Improv[ing] information management tools and access procedures that promote intellectual and physical access to the park archives, library, and museum collections” (MMP 2006, 6). The Museum Plan worked in the interest of establishing both a source of interpretation by way of the museum and a canon of obscure texts to aid in research involving the colony—indeed, large portions of the 130 page document deal with the process of museum acquisition.

Tourism is a subject that has not been broached with any depth in this chapter and will be the main thrust of the next chapter. However, it is necessary to briefly characterize the role of tourism here, as efforts to establish a professional mode of interpretation through the creation of a museum is necessarily in reference to the role of tourism. Damien Tours is an organization that has since the 1970s provided tourists with access to and interpretation of the history of Kalaupapa. By employing former patients as tour guides, the patient residents are themselves responsible for interpreting the narrative of the colony. However, because of the approaching “post patient period,” at which time there will be no one who has personally experienced internment remaining to interpret the colony, the museum provides an ongoing means of interpretation.

Conclusion

The shift in administration of the colony at Kalaupapa marked a change in the sets of meanings attributed to spaces in the peninsula itself, but also indicated a shift in the presiding political morality which actively molded the colony.
Whereas the 19th century morality dictated that (1) the citizens of the state had a right to quarantine individuals who were confirmed to be afflicted with contagious diseases and (2) that the cost of care for those same individuals was necessarily the burden of the tax paying public whose safety had been insured, the latter half of the 20th century was marked by a contrary notion that the tax paying public could justifiably be made responsible for the cost of a settlement for an noncontagious disease which could be treated on an outpatient basis. Warranted in part by the inhumanity of removing people who had been interred without trial for sometimes upwards of half a century, this shift began a trend in political circles towards an uneasy mixture of evaluating lived space for virtue of its perceived historical value.

As demonstrated, the historical value of the place was established in large part by way of its association with Fr. Damien and a general fascination with leprosy. By adopting the discourse of Fr. Damien as the primary narrative for the commemoration of the colony, the memorialization of colony functioned within a hegemonic rendering of Hawaiian history and the history of leprosy. In so doing, the internal contradictions of how lived space, marked by the continually emergent narratives of ongoing life, could at once be historical space, marked by static narratives of an archaic past, were to some degree avoided. This theme surfaces again in the role of tourism on Kalaupapa.

In the attribution of these dual properties to the colony, there begins a slow shift in the nature of the colony away from its original function as an intuitive mechanism for keeping order. Instead, the story it tells (a story which itself
minimizes the role of the treatment of leprosy in coercion) deadens whatever echoes of the usage of leprosy to manufacture of an arbitrary normalcy to the domain of a separate, archaic past altogether divorced from the present. This is to say that it renders the cultural condition of the present (in which these meanings are experienced by way of professional mediators) as fundamentally different from the harshness of the past, providing it only with a negative definition of the absence of such coercion in day-to-day life. While certainly not mandated consciously by any of the documents produced at any level of government, whose concerns were in striking a working compromise between tax payers, cultural preservationists, and the resident patients of the colony, this change fits into a larger program of state control in which normalcy is enforced internally rather than externally.

Having established the beginnings of the transformation of the nature of the colony, the next chapter will attempt to demonstrate the how the coercive function of the colony vanishes in the construction of history at Kalaupapa in the context of tourism. In the next chapter, the history of the tourism industry in Kalaupapa will be recorded, which was unfolding at roughly the same time as the narrative presented in this chapter. For virtue of the nature of tourism as a particular genre of human interaction, the role of tourism in masking the history of coercion in the capitalist state can be understood as the culmination of the process of meaning making described in this chapter.
Chapter 4. Touring Modernity

If the process has been adequately traced through which Kalaupapa took on the tenuous relationship of being both an object of historical interest and an actively used lived space by the individuals being commemorated, the discussion can now shift to how that space is experienced in the context of tourism. Currently the largest industry in Hawai‘i, a number of scholars from a variety of disciplines have used Hawai‘i as a case study in both theorizing the general qualities of tourism and understanding the particularities of tourism in Hawai‘i (Desmond, 1999; Halualani, 2002; Patterson, 1992; Trask, 1999; Chan and Freeser, 2006; Yaguchi and Yoshihara, 2004). While the construction of Hawai‘i in the tourism industry advertises the archipelago as an idyllic island getaway, the reinvention of Kalaupapa as a tourist entity provides an interesting foil to deeply historical narratives of Hawai‘i as a paradise. Leprosy, by the end of the 19th century was encountered not only through personal experiences with disease and infection, by family members and loved ones who saw their relatives and friends interred, but also as a general deterrent from disobedience to the state and the Western medical establishment. Following the creation of Kalaupapa as a preserved site, Kalaupapa is now experienced by outsiders through the apparatus of tourism above all else.

Rona Halualani’s (2002: 190-191) tourism ethnography of Waimea Falls and ‘Iolani Palace contrasts two tourism experiences on Oahu, finding that within the context of tourism, Hawaiianess is constructed as a premodern entity existing outside of historical time. This chapter follows her method of contrasting two
sites on Moloka`i- in this case Kalaupapa and Hālawa Valley- but comes to a
different result. Like `Iolani palace, the seat of the Hawaiian monarchy from the
1880’s until the 1893 overthrow, Kalaupapa is necessarily associated with
modernity, and indeed constructs the history of the colony within the Damien
discourse described in the previous chapter. But while Waimea Falls served to
isolate an image of a “primitive Hawai`i” falling outside of historical time, the
Hālawa Valley tour also constructs an image of the Hawai`i from prior to
colonialism but to a radically different effect. In this case, I demonstrate how the
continuous pairing of elements of tradition and modernity in the Hālawa Valley
tour challenges both the image of ethnicity as situated outside of historical time
and the image of modernity as the erasure of Hawaiianess. This chapter
provides an ethnography of the Hālawa Valley tour and the Kalaupapa tour with
special attention to the narratives disseminated in each location. To produce this
research I participated in multiple tours of both sites in March of 2012 and
conducted interviews with the tour guides of both sites. Before moving to such
descriptions, however, it is necessary to first address the historic and academic
context of both tourism and its treatment in academia.

A Context for Tourism

As the plantation economy transitioned out of viability in the international
market over the first half of the 20th century, the growth of the global tourism
economy began to remold the image of Hawai`i within the United States.
Tourism had crept up to the third largest industry in Hawai`i by the 1920s, at
which time the focus of tourism advertisements to mainly white tourists from the mainland United States shifted from windswept sandy beaches to a feminized “playground for whites” (Desmond, 1999: 79-80). While Hawai`i would not become a state until 1959, the fact that it fell within the American empire allowed for a perception of the islands as different, but not too different for American consumers. Fitting with Urry’s theory of tourism, upper class Americans saw Hawai`i as a leisurely departure from the labor of their ordinary lives. For sociologist John Urry (1990:2), “work and leisure are organized as separate and regular spheres of social practice in ‘modern’ societies.” As leisure experiences came to be consumed by increasingly mobile consumers in the 1920s, the construction of Hawai`i as a context for such experiences was shifting (Desmond, 1999: 100). Hawaiian people, their bodies, and their practices came to replace landscapes in the center stage of tourist advertisements. As Desmond (1999: 100-101) asserted, practices such as lū`aus, music, and the hula would become fixtures of tourist experiences due to their exotic novelty, as would sexualized images of the hula girl. As such, the very practices which had signified opposition to governance, uncleanness, and primitivism to the Board of Health a quarter century earlier had been shucked from their context in a unified lifeworld and transformed to grotesque exaggerations to be bought and sold within the monetary economy. Urry’s (1990) overall program in The Tourist Gaze is to describe the style of encounter which occurs within tourism as an objectifying process in which the object of the content of the tour- in the case of Hawai`i, history and ethnicity- as falling under a gaze cast by those whose right to wield it was a
function of nothing more than their wealth. While the entrance of Hawai‘i into a tourist economy was a unique transformation of the 19th century, the roots of an imagination of the Pacific as a paradise were more deep seated. The entrance of Hawaii as an object of the “tourist gaze” fits within a larger imagination of Polynesian societies as idyllic Edens unencumbered by the problems of modernity reaching as far back as the 18th century (Kahn, 2011: 32). In the wake of Jean-Jacques Rousseau’s invention of the premodern human in a natural context as a noble savage, images of various Polynesian polities and societies— including images produced during Captain Cook’s cartographic excursions into Hawai‘i—filtered back into the West. By the last quarter of the 18th century, Romantic landscapes portraits of bucolic Polynesian settings were being reproduced, sold, and circulated en masse in Europe and the Americas (Kahn, 2010: 34-35).

As tourist images matured, tourism economies became more solidified in Hawai‘i. Although tourism maintained a “decidedly minor, if promising niche within the Hawaiian economy,” it had by the 1970’s exploded (Kent, 1975: 170). A growing demand for accommodations among the mainly Japanese and US mainland tourists grew fueled a rapid increase in the density of high rise hotels in Honolulu’s Waikiki district, which brought about not only increases in problems traditionally associated with urban settings, like violence and the drug trade, but also raised concerns that the genuine qualities of the islands were being replaced with a commercially superficial sense of aloha for travelers (Kent, 1975: 171). As the consumer underpinnings of the tourist experience created an alienation between the traditional cultural practices available to be performed and the
economic apparatus through which such practices were enacted, the relegation of Hawaiian individuals to the mainly service sector jobs created by tourist economies and the commodities purchased from payment for those tasks would serve, in Helu-Thaman’s (Helu-Thaman, 1993: 104) eyes, as recent transformations of “a process of cultural invasion that began in earnest with the spread of Christianity and Western colonial interests in the nineteenth century and has continued more recently, thanks to modern Western technological advancement, to the universalization of Western- mainly Anglo-American market-oriented, capitalist, monetized- culture.” If, as anthropologist Nelson Graburn (2001: 44-45) has suggested, an essential characteristic of tourism is the notion that the tour removes individuals from the normalcy of their day to day existences and introduces them to difference (in the case of Hawai‘i, the introduction to Hawai‘i serves as a movement into the paradisic), the nature of Hawaiian tourism is paradoxical in that the experience of Hawai‘i as a premodern, leisurely paradise is contradicted by the economic structure that allows the consumption of that product. Accordingly, the Hawai‘i consumed in the context of tourism is written about as a simulacrum rather than an authentic experience of Hawai‘i. This is to say that in tourism, we travel without leaving and move without departing.

Although Hawai‘i has transformed over the 20th century into a global tourism epicenter and tourism remains the state’s largest industry, the island of Moloka‘i exists on the peripheries of this economy. Located Molokai directly

38 See Patterson, 1993 for a description of the inequitable nature of tourist interactions between individuals of Hawaiian descent and tourists.
between the major tourism destinations of Mau‘i and Oahu, Moloka‘i is without the sprawling resorts and spas of Mau‘i or the dense, urban sprawl of low rise hotel districts, restaurants, and night clubs in Oahu’s Waikiki district. The peripheral position of Moloka‘i in the larger context of Hawaiian tourism is important context for the tourism narratives produced there. In the absence of both large numbers of tourists and an apparatus to accommodate them, Molokai’s historical role as periphery well suited for a site of isolation is, to a certain extent continued in the present.

Looking for Kalaupapa

Kalae Highway, the road to Kalaupapa, forks northward off of the Kamehameha V Highway west of Kaunakakai, which is the largest town on the island with a population of 3,425. The drive starts at about dawn to make it to across the slender center of Moloka‘i. The highway ascends so gradually, it is marked by little more than the way yellow, stalked plants and auburn dirt replace the verdant greenery of the low elevation shore. The thirty-minute drive crosses a number of ecosystems and private properties, and ends at the mule ranch where the official tour begins. Topside Moloka‘i is the area above the well-advertised highest sea cliffs in the world. Kalaupapa Rare Adventures advertises the experience in this way:
You will be riding down 1,700 feet of the most spectacular as well as the highest sea cliffs in the world (recorded in the Guinness Book of World Records). Located on the central northern coast of the island of Molokai, some of the more remote areas of this park include rare native habitat for several endangered endemic Hawaiian plants and animals. The boundless beauty you will experience as you traverse down the 2.9 mile trail, with 26 switchbacks, leaves most folks absolutely speechless.

The descent down the face of the mountain is promised to be a movement out of the ordinary and into the sublime. While anthropologist Edward Bruner (2005:13) problematized the notion of the tour as a ritual experience comprised of “travel from the familiar everyday world to another location; temporary residence in the nonordinary place in a liberated, liminal state, then, a return to home, transformed by experience,” and argued instead that tourism follows a “diurnal” cycle of sightseeing in which touring is defined by regular returns to hotels and restaurants, the passage from high elevations by car to sea level by mule instantiates a transition from the mundane to exceptionality. By the time the sun is up, there’s a group of tourists, never more than twenty, milling around outside barn at the end of the road. Once personal injury waivers are collected and everyone has checked in with the tour organizers at the barn, the nervous crowd is called to order for the time for a briefing on mule safety and the outline of events. This lecture is well practiced, and frames the experience ahead by introducing elements of humor, risk, and adventure in carefully measured quantities. Joking is an integral aspect of framing relationships between guide and tourist. For example, after describing the severe drops and the willful, sometimes dangerous behavior of the mules, the tour guide is quick to mention that “it’s nothing to
worry about, because we never had any suicidal mules.” Personal risk is an essential aspect of the experience, but must not exceed certain parameters or else the tour ceases (for most) to remain a leisure activity. As the tourists are called to mount the mules, their anxious joking dwindles one by one. The tour sets off, and as they depart from the road and onto the dirt path, trees enclose overhead. Silence, for the most part takes hold, as the unfamiliar act of the aligning the rider’s balance with the mule’s movements becomes the primary concern of all new riders. The descent takes one hour to complete, and the first sight of the peninsula occurs in break in the trees about five minutes into the tour, at which time an awed murmur runs through crowd. Kalaupapa protrudes outwards below, the thin outlines of its buildings barely visible from the elevation. For anyone who hasn’t elected to learn about the history of Kalaupapa beforehand, this visual is the first real contact to the colony. Over the course of the hour long descent, it won’t be the last glimpse of the colony from the trail, but none has quite the same striking unfamiliarity as this.

As the trail continues downwards, there remains little conversation as the mules walk in single file. When the bottom of the trail is reached, the tourists dismount and, while waiting for the tour bus to pick them up, congregate and share their reflections on the descent. Entering the colony without supervision is strictly forbidden out of respect to the patients who still reside there, as is photographing the remaining patients, should any be seen. Prior to entering the colony, this is recited to tourists with minimal gravity: “This is still a place where people live. You won’t see any of the patients out walking around because they
stay inside during the day watching soap operas, but if you do, it’s against the law to photograph them.” The extent to which this introduction conveys to tourists the conscious desire to prevent Kalaupapa from becoming a “human zoo” expressed in the NPS Master Plan is minimal. And following the collection of tickets at the door of the tour bus, the group enters the colony.

Currently, there are roughly a dozen patients who remain on Kalaupapa. If the official justification for preservation at Kalaupapa is to commemorate the life and charity of Damien, a “dark chapter” in the history of Hawai‘i, and the pre-European heritage of the peninsula, the actual tourism experience achieves a different effect. While the verbiage of the law that brought Kalaupapa into existence emphasizes three aspects of Hawaiian history, the Damien discourse is that which ultimately dominates the tourism experience of Kalaupapa. The settlement is now encountered according to a rhythm of on the bus/off the bus. Tourists are warned not to wander off from the tour group, which both restricts the types of encounters tourists are able to have and protects the privacy of residents. As the bus moves from place to place, new elements of the history of Kalaupapa are encountered, but what’s said generally doesn’t fit into any single canon. At certain sites of particular interest, like St Philomena Church which was partially built by Father Damien, certain stories are told in a traditional narrative style.

When Father Damien was saying Mass here, the Church would be about half full, and he would look at the windows and say ‘What are those people doing out there? They gotta come in here!’ And the people in the congregation, they would say, ‘those people out there are embarrassed,’ because when you got leprosy, it makes you have to spit a lot, and those people didn’t want to come into the
Church and foul it up with their spit. But they believed, and they were Christian, and were so committed to Mass, that Damien looked at them, and you know what he did? He cut holes in floor of the church building, so that when the people had to spit, they could do it without having to worry about fouling a House of God.

In this story, we encounter leprosy in the style of the Damien discourse. We do not learn about the characters of the individuals at the window beyond their dedication to their faith. The encounter with them occurs entirely through Damien’s eyes, at which time we also experience the welcoming character of Damien. But the even fact that this description of the place is put into a narrative style is exceptional- in many cases, tourists are provided with not much more than the name of a building and several isolated elements about the history of the building. The tour group learns that some concrete stilts used to be a hospital that burned down in the 1930’s, that the Bishop and Baldwin homes were divided by gender, that the original settlement was not in Kalaupapa but Kalawao.

At any time, tourists have the capacity to recreate how the narrative is divulged by asking questions about the particulars of the buildings and the histories they represent, which tour guides are very knowledgeable. The tour guides themselves all have personal connections to the settlement and its residents, whether from having worked there in various capacities prior to the tourism industry or from having been personally connected to individuals or the families of individuals that were interred there. When asked what message the tour tries to convey to tourists, one guide explained its purpose was “to tell people about being isolated here. I knew a family when I was younger who had their son taken away when he was just a little boy. His parents didn’t even know where he was for four
years, because they just took him here when they see he had a little mark on his face. The doctors didn’t wait to examine him out there, they brought him in here first and examined him then.”

But without making efforts to hear such stories, those stories are replaced by ones fitting into the Damien discourse. At Mother Marianne’s grave, one of the first stops on the tour, we experience the patients only by way of Mother Marianne’s capacity to speak on their behalf. We learn that she’s on her way to beatification, that she provided for patients by engaging politically in Honolulu, and come to understand her as the spiritual successor to Father Damien.

Father Damien was a great friend to the lepers, but he could not have done all of his work without friends. Without the tireless help the Sisters of St. Francis to care for the ill, it would have been all but impossible to care for the sick. After Damien passed away, Mother Marianne would take up the mantle of Damien’s mission, and was successful in getting resources for the patients from Honolulu that Damien could not, and worked tirelessly while at the colony.

The guide also explains how the remains of Marianne were exhumed to prove her identity during the process through which she was beatified. But the experiences of those in the colony are encountered only insofar as they qualify the virtues of the caregivers who committed themselves to service on Kalaupapa. What’s learned about the patients themselves mainly occurs through the presence of buildings- a gas station that operates one day a week, a guard house to prevent entrance or exit to the colony, a visitors building with a screen in the middle to prevent infection, a post office, a wharf where goods are delivered annually- but the historical narrative through which such change occurred is never clear, and the past and present blur into one as a result. The windows into the life of the colony
give partial glimpses into the life there today that generally do not provide historical context for the practice of internment. Other stops can be categorized as entirely miscellaneous elements of the history of Kalaupapa, like the remains of a crashed shipped from the 1940’s whose engine is still partially visible from the shore, or an aside about how the post was sometimes delivered by mule to the colony.

There are two notable exceptions to this pattern in which the experiences of individuals interred on Kalaupapa are the primary focus: specifically when passing the guest house and at the beach in front of the original Kalawao settlement. In the visitors house, the guide recounts how “they put up a big screen in the middle of the guest house so that people could come and visit their family members in here. They could talk through the screen, but could imagine being visited by your mother and not being able to hug or kiss her?” The rough treatment of lepers is attested to at the Kalawao settlement when the tour guide explains how lepers, in the early days of the colony, were “thrown off the boats and told to swim to shore.” At such times, the joking telling between tourist and tour guide stops for a few moments in recognition of the severity of the place’s history. But they vanish soon afterwards, and the joking relationship resumes. Likewise, when the two churches visited- St. Francis and St. Philomena- the tone abruptly shifts from revelry to reverence. “One patient was so dedicated that when she lost use of her hands, she began to pray the rosary using her mouth, moving the beads along with her tongue,” the guide explains. As tourists circulate around within the churches, they do so with an uncharacteristic silence
and reverence. Some purchase pendants bearing Marianne or Damien’s visage from a card table in the back of the St. Francis Church, others sit in the pews. The change in tone when entering and exiting churches is abrupt and occurs without any coordination from the tour guide. In contrast to the rest of the settlement, which is merely separate, the church is sacred.

As the group moves to an adjoining building next to the St. Francis Church, they encounter walls covered in unlabeled photographs of Fr. Damien from various moments in his life. The tour moves in a counterclockwise direction, examining the sepia images of Damien as he enters the colony as a young man, ages, and is awarded a medal from Kalakaua. By the second wall, Damien is aged and bearded; while the majority of pictures are undated, it is clear that he has already contracted leprosy. We see him with his congregation- or rather than his congregation is with him. The focal point of the room is the wall opposite the entrance, which is dominated by a massive portrait of Damien, presiding over the rest of the space. Barring a photograph of a male patient’s face before undergoing sulphone drug treatments and one following those treatments, the patients are absent from the room, just as they are the tour. The guide offers a biomedical definition of leprosy and explains how the sulphone drugs acted like a miracle. “One patient said that the moment he took the drugs, before the doctors even were certain they worked, he said he could feel them working on his leprosy like magic.” Where most patients given voice by the tour guide speak in honor of the religious mission of Damien, this one speaks in honor of the saving grace of medicine.
The final stop of the tour is a picnic lunch on the easternmost extent of the Kalawao ahupua’a. By this time, the rhythm of getting onto and off of the bus is entirely familiar and unremarkable. If the mule ride functioned as an exodus from the ordinary and a movement into the extraordinary, whatever lingering ritual structure the tour may have held has been eroded away by now. A century and a half earlier, this spot is where individuals afflicted with leprosy originally disembarked from transport ships as they were abjected to the colony. Today, its physical separation from the settlement at Kalaupapa allows for picnicking tour groups to keep from disturbing the remaining residents of the colony. But as guests converse over their bag lunches, stroll about on the grounds, and photograph the sea walls extending miles eastward, there is little to indicate that they are at the last stage of a ritual experience with the out-of-the-ordinary.

Kalaupapa is more an excursion into the removed familiar than a ritual movement into the unknown or novel. Just as Eurydice vanished when looked upon, the coercive capacity of the state through the arrest of leprosy and the redefinition infection as a personal failure to abandon an archaic culture vanishes as the place is looked upon through the eyes of Damien. As such, the capacity for the tour to provide a vision outside of normalcy and outside of the familiar is lost. What disappears is not merely the coercive function of the colony to enforce the codes of the state— it is also the reality that such codes, for virtue of needing to be enforced were themselves arbitrary. In failing to draw such connections, what remains of Kalaupapa is the narrative of Damien and an afternoon in the park.
As tourists leave the settlement, they have the option to return to their hotels for rest or a meal. But if they continue on the Kamehameha Highway a quarter mile onwards, it dead-ends at a forest preserve parking lot. A trail there splits in two directions. Travelling west, they’ll find a concrete path leading to an overlook of Kalaupapa. There, a series of signs mounted on a stone and concrete wall explain leprosy in biomedical terms, summarize the life of Damien, and briefly explain how individuals were interred there during the mid 19th century. It’s an ideal photo opportunity for tourists making their last stop before leaving the colony and committing the experience of it to memory. But going east, tourists find a gradually ascending dirt trail leading through towering pines that terminates at a sacred clearing with a stone monument dating back to precontact Hawai‘i. The age of the monument, or any information about it at all, are not divulged to tourists. Except for a sign asking visitors not to litter or deface the monument out of respect for the Hawaiians that still leave offerings there, there is no indication of the meaning of significance of the place whatsoever. There are no tour guides, ticket takers, or placards that reveal the place to tourists, only guidelines that outline unacceptable behaviors for any tourists that may have wandered in. Unexplained, the monument is on one hand encountered as a space for locals rather than tourists, but also incidentally mirrors the narrative they’ve just finished consuming on the peninsula below. The stone in the clearing is silent, the peninsula is spoken for, and site is independent of the other. While the proximity of the two spaces is entirely incidental, there’s no indication of how
many tourists that visit both are aware of the extent to which the histories each place signifies are interwoven.

_Hālawa Valley_

If Kalaupapa is an example of a narrative construction of Hawaiian history that causes the nature of the place to vanish by drawing the space into the open, the Hālawa Valley tour comes to a different effect. Like Kalaupapa, the tour of Hālawa Valley begins just before where the road ends. By mid morning several days each week, a small group of tourists can be found milling around a park located just before the terminus of the Kamehameha V Highway’s easternmost portions. The tour they’re waiting for is advertised by gohawaii.com in this way:

_Hike into the East End’s classic cathedral valley to see Hawaii back in time. It is believed ancient Polynesians settled in lush Hālawa Valley as early as 650 AD. With many hidden heiau (places of worship) it's easy to see why this area, half a mile wide and three to four miles deep, and blessed with beautiful vistas and towering waterfalls, is one of the island's most historic areas._

_Roughly two miles up the trail is the impressive, double-tiered 250-foot Mooula Falls. If you’re considering taking a dip into the pool, drop a ti leaf into the water first. Hawaiian legend says that a giant moo (lizard) lives at the bottom of the pool. If the ti leaf sinks, the moo is in no mood for visitors. If the ti leaf floats, it’s safe to enter. The hike in is moderate, and the only way to explore the area is with a guide, since the trail crosses private property._

If the advertisement promises a journey backwards through time into a legendary natural setting located in mythological time, the result is drastically different from this. As the tour guide approaches the park, he is wearing a ti leaf lei and a kukui
nut lei, but only over his t-shirt and shorts. The pairing is not accidental as it is not a costume. Instead, the combination of the traditional and modern characterizes the guide as a practitioner rather than a performer; the tour is less a movement into a space outside of time than it is a window into the lives of those in the present who choose to negotiate tradition in novel contexts and use tourism to educate. Indeed, this simultaneous experience of the traditional Hawai’i from “back in time” and that of the present is thematic throughout the tour. The terms of the relationship between tourist and guide are immediately reframed as that of a student to a teacher dynamic rather than that of an entertainer to an audience.

The guide begins the tour demanding each member of the tour group introduce themselves and justify why they are there. More a challenge for visitors than an invitation exchange pleasantries, this framing device makes guests accountable to the tour guide rather than the tour guide accountable to the guest. “It’s not enough to have people come to Hālawa to take the same pictures as your family members took and go home. You have to be here to learn something of the culture. If they’re just here to snap photographs, I’ll send them home. If they’re here to understand, I bring them along,” the guide explains. The tour company is family owned, and all tour guides are those members of the extended family united in education about Hawaiian history. “I used to do this for free, because all I wanted was to do was teach. Nowadays, I have to charge a little something, but it’s not much. I tell my kids “You want to give the tour, give the tour, but you make sure you leave too. You can’t support yourself in Hālawa like this. So I tell them to leave, not stay.”
From the outset, it is impressed upon guests that they are expected to engage the tour guide actively with questions, or he will simply be silent. “I don’t like that term tour guide,” he explains, “I’m a cultural practitioner.” Desmond (1999: 102) has described the process by which cultural images are constructed as one of “decontextualizing, iconiclizing, and decontemporizing.” While this process, in which the image of the ethnic becomes a commodity ripped from the meaningful context of the lifeworld and placed into the exchange system that precipitated its undoing, is characteristic of a variety of tourist images in Hawai‘i in both past and present, the image of ethnicity presented is that which is lived as well. Being a cultural practitioner is at once a duty to carry on the stories and meanings associated with Hālawa and their ancestors and an honor. While tour guides are merely vessels through which a commoditized story or performance passes in exchange for a monetary equivalent, cultural practitioners work the tour into a larger lifestyle that entails continuous participation in educating about tradition. As the practitioner explains how he is selecting someone to carry on in the story telling tradition he is a part of, he explains, “I have to look at the qualities of the person I’m gonna select. I have to look at how obedient they’re gonna be. Will they listen? Will they talk back? Will they be able to tell the story in a Hawaiian way? When my grandfather was training me, I didn’t just have to learn the stories- I had to know when to ask questions, when not to ask questions, when to be silent and just watch.” Whereas a tour guide becomes someone else when they leave the tour, the act of providing tours for cultural practitioners is one element of a larger life commitment to education of both
Hawaiians and outsiders that emphasizes the passage of knowledge over commodity exchange. In this way, the creation of the tour, while possibly reinforcing structural problems of tourism, provides a means through which individuals use tourism to achieve what they believe to be adequate representation of Hawai‘i.

Hālawa Valley is introduced to the tour by the meaning of its name. “Hā,” the guide says in a long release of breath, “is the breath of life in Hawaiian. Lawa means to be sufficient. In Hālawa Valley was everything the people there needed. They were sufficient there.” We’re exposed to a narrative then of ancient Hālawa, in which people work the land, provide for themselves and each other, and grow in numbers until filling the large curve of the valley. The practitioner passes photographs around the group of Hālawa Valley and its residents from the 1890s through the 1940s, showing a vast, treeless space. Looking closely, the stone walls of taro patches are sometimes visible. “Every bit of space there was to grow taro on, there was a taro patch.” While some of the photographs are from the Bishop Museum’s collections, certain are family photographs from the practitioner’s own collection. As late as the practitioner’s childhood in the 1940’s, “over a hundred families” populated the Valley. In April of 1946, however, a massive tsunami hit the Hawaiian Islands, devastating Hālawa Valley. While no one in the valley lost their lives, the destruction of property resulted in an exodus of the majority of families. A tourist asks how many people remain in the Valley today: “There are about twelve,” answers the practitioner.
In order to enter the valley, the tour group has to first pass through the home of the guide. There, the first and only example of cultural reenactment on the tour occurs. “In Hawai‘i, if someone tried to come into your lands, you didn’t know if they were friends or enemies. You had to make sure that the people who wanted to come into your land didn’t want to attack you or the chief. So first, you would chant who you were and what you wanted.” We’re instructed to wait at the gate of the house as the tour guide enters and chants his part, blows a conch shell in each of the four cardinal directions, and beckons us to come in and leave a prepared offering—some dried coconut wrapped in leaves—on a shrine outside the main house. But the moment the enactment is finished, the guide, having already described the meaning of the symbols in the reenactment, explains the meaning of the enactment itself as it fits into his own history:

“My first tour, the first one I ever had, was a Christian group with a Christian minister…and when it came time to do this part of the tour, the minister refused. He became angry because he thought this was religious, and said ‘This is unchristian! We’re not going to take part in this ceremony!’ So I say to him, ‘You don’t have to believe in any of this, but you gotta do it. You’re not here to become Hawaiian, but you better be here to learn about Hawaiians, and if you’re not, you shouldn’t be here at all.’ And when he heard that, he agreed and came in. These aren’t rituals we still believe in, or which you have to believe in if you want to enter—but you have to want to learn about them.”

As such, the reenactment of the greeting is presented for its intrinsic educational value by the cultural practitioners alongside his own distance from such meanings. Tourists experience, to a certain degree, the unfamiliar Hawai‘i from the past in
the reenactment, but not in such a way that obfuscates the reality of the likewise unfamiliar Hawai‘i that is.

As the group enters, there are taro fields on either side of the walk leading into the woods. These are actively cultivated by the tour guides for both food and to maintain tradition. Davianna McGregor (1995:194) has asserted that in general, “…land and all of nature [for Hawaiians] is considered the basis of their existence- not only as the origin of humanity, but also as the source of natural resources for day-to-day subsistence.” Indeed, the practitioner explains how the act of growing and harvesting is itself a tradition infused with meaning beyond the simple production of food. He once, for example, refused to let another cultural practitioner help harvest the taro because “he didn’t do it in the right style. There’s a correct way for these things to be done, and if you haven’t been taught, you can’t understand.” The symbolic value of taro cultivation is, for the practitioners, cast against the backdrop of the imperial efforts of the United States to extinguish Hawaiian culture. “Until the 1970’s, that’s when people started speaking Hawaiian again, started practicing the culture again. Before then, they throw you in jail if they hear you speaking the language, or catch you practicing the culture. The people are practicing the culture now, but it’s not always in the right ways, it’s how they teach it in schools.”

As the tour departs from the house and moves past the treeless, cultivated taro patches, the mowed lawns and trimmed brush are replaced with dirt trails overgrown with trees. If not for the photographs of the treeless and cultivated Hālawa Valley from the beginning of the tour, the overgrowth of the forest could
be mistaken as bucolic or a natural setting for a primitive people. As it is, the overgrowth, however majestic, is not pastoral but a jarring reflection of the histories that displaced people from here. As the trail moves forward, the path becomes surrounded on either side by stone walls, marking the boundaries of irrigation systems long out of use. With fresh memories of the actively cultivated taro patches from earlier in the tour, the silence of the irrigation system is likewise out of place. There is no specific date for these that the practitioner can describe, but rather relies on social scientists to determine the cultural chronology: “Some archaeologists believe this place had people as far back 650 AD. That’s the earliest place of anywhere on this island.” Just as traditional knowledge of history is used in tandem with “scientific” ways of knowing to describe the past, so too are traditional sites encountered simultaneously with modernity. Potentially the crown jewel of the tour, the heiau is not marked off in any way. Passing inattentively through the space, the series of ascending stone platforms can be mistaken for the agricultural walls encountered up to that point. But stopping within the heiau space, the rock walls of the valley enclose and form a natural chamber, complete with an elevated space for the Makahiki festival to occur upon.

Certain practitioners describe this as being “a cathedral space, like the Sistine Chapel of Hawai’i” as they describe the ceremonial payment of tribute, the sport competitions engaged in to accumulate mana, and the ritual significance of the season change. But such images are not provided to the group in any reenactment or plaque; the neglect of the space today speaks as much to the recent past as the heiau architecture does to the distant past. “The whole valley is tied
up in land claims,” explains the practitioner, “some people own a few acres here, a few acres there, and in between is two, three other people’s property. Nobody can do anything with this place, and because of that, the trees grow on everything.” However ancient seeming, the image of overgrown trees on ancient walls does not signify the lifestyles of the ancient Hawaiians as a forgotten people, but rather the bureaucratic mire that prevents the space from being used by residents for any purpose.

As such, the reward for attention to the landscape is not the image of the exotic Hawai’i from outside of history- it is the silence of the heiau, the defunct taro patches, and the overgrowth on spaces where homes once stood. In this way, Hālawa Valley, unlike Kalaupapa, does not hide silence in speech but rather speaks part of its story with silence. In Kalaupapa, the active role the colony played in manufacturing a state of normalcy deemed preferable to the colonial elite at the end of the 19th century is absent from the narrow narrative presented to tourists, narratives of modernity and ancientness are presented simultaneously and in conversation with one each other. The tourist is not presented with the image of ethnicity preserved outside of time behind the glass of a display case. Rather, there is the image of the cultural practitioner dressed in both traditional and modern garb, who cites knowledge produced by social scientists alongside traditional knowledge, and the image of ancient structures overgrown with modern foliage. That history and tradition are presented within a modern apparatus is never veiled. Indeed, when asked who he would train in his tradition, the practitioner replies, “In ancient times, if you couldn’t find someone in your
family to pass the stories on to, you look outside of your family. It’s the same now. If I have to look outside my family, I look outside my family. If I have to look outside Hawai‘i, I look outside Hawai‘i.”

Conclusion

Where characterizations of tourism in Hawai‘i are generally construed as negative, exploitative, and objectifying (Desmond, 1999; Halualani, 2002; Trask, 1999), this is not universally the case. As demonstrated in the tour of Kalaupapa, the narrative construction of history in the context of tourism has a real capacity to silence Hawaiian voices and reinforce the structures of arbitrary normalcy that the policy of interment in part helped to enforce. Functioning within the Damien discourse, the tour of Kalaupapa erases the coercive function of the leper colony by drawing it out into the open. While tempting to default to understandings that “there can be no touring without the exploitation of native people” (Halualani, 2002:136), the tour of Hālawa Valley demonstrates a genuine capacity for individuals to rework relationships within the context of tourism and indeed the nature of tourism itself to service rather than diminish the maintenance of identity. If this sort of restructuring is possible within the context of Hālawa Valley, it is likewise possible to rework narratives of Kalaupapa to emphasize the voices currently silenced there.
Chapter 5. At the Feet of the Statue

On a given night in Honolulu, walking downtown on Beretania Street, you’ll pass the Hawai‘i State Capitol looming on the south side of the street. Built in a modified Hawai‘i International style with a clearly Brutalism-inspired façade of raw concrete, the volcano shaped structure was intended by its architects to recall the geological origins of the Hawaiian archipelago. On the main entrance on the structure’s North side is a single bronze statue of Fr. Damien, bleakly colored, too dark to discern at night. To those who pass by it and bother to take notice, it recalls a familiar narrative of charity, benevolence, and self-sacrifice. At night, as the yard outside the capitol transforms from a hub at which the affairs of the state are handled to an empty space inhabited by the homeless who sleep on the grass, such meanings transform in tandem. The pairing of homeless individuals taking shelter against this particular backdrop is incidental, of course, but walking down Beretania on a given night, the symbols at work are too rich to disregard, the associations between them too strong to ignore. Damien has been molded in memory and crafted in stone into the benevolent foreground to colossal backdrop of the administrative center of the state of Hawai‘i, the inequity of which is made manifest by those who shelter on the lawn. In the 19th century, lepers were exorcised from social life for their impurity at the insistence of imperial elites and forced into lives of hunger, isolation, and inadequate care on Moloka‘i. In the present day, the homeless are those rejected from participation in social life and subjected to lives of hunger and disease, and like the lepers of the 19th century, they (in this case) find themselves at the feet of Damien.
While such images of exclusion are indeed operationalized by the state, the function of homelessness and leprosy are of course not entirely analogous. Where the symbolic value of the banished leper, clinging to the archaic and unhygienic practices of a supposedly disappearing people worked specifically to cultivate allegiance to the changing hegemony in the context of political economy, the image of the homeless individual banished to the street perhaps serves to warn against the temptation to refuse to participate in neoliberal capitalist society. The striking commonality between them, however, is in that both the leper and homeless person are rejected from social life, and both suffer as a consequence. If such images of hunger and disease- or simply, of suffering- function in the reproduction of power, it can reasonably be said that society employs, to a certain degree, a fear of ostracism to maintain a normal order- so long as such suffering is juxtaposed by a figure of benevolent deliverance from hardship like Damien. Among the homeless now and lepers then, there exists a common symbolic value that reaffirms the options provided by the state: there is participation in society, which begets life, and there is rejection of society, which is greeted with poverty and death. This is simply to say that coercion operates not only at the level in which dissenters are tangibly punished, but indeed at the mundane level of lived reality among those who actively participate in social life. The pervasive acceptance of such a dichotomy between participation/life and refusal/death is not merely the product of coercion, but indeed its expression as well.

The temptation is to stop here- to identify coercion, assert its functionality within the polity that occupies Hawai‘i into the present, and complete our
discussion with the determination that coercion provides, at least in part, the basis for the particular form of social life that the historical process traced in this thesis has produced. While the bulk of this thesis has been concerned with tracing the development of a coercive medical apparatus to define and enforce a symbolic order, it is now necessary to proceed to an interrogation the concepts of nature, culture, and society, between which an arbitrary set of associations were woven in the course of the medicalization of leprosy and which the imperial program of the expanding capitalist world system entailed. Leprosy was certainly a catalyst for the imperialization of a sovereign nation by the United States’ Pacific empire, but the shift from one *de jure* political entity charged with the lion’s share of the decision making privilege to another is not the entirety of the history encountered here. The shift was one of the orientation towards world as well as the conceptualization of world itself. This shift, as we have already seen, was an exercise in coercive force- but the nature of coercion in the case of leprosy, was nuanced from general understandings of violent force.

*Nature as the Agent of State Coercion*

If understandings of being, knowledge, and orientations towards world are brought into existence through the exertion of coercive force and function as the foundations and expressions of control, we might now turn our attention to the unusual coercive means through which the changes enumerated in this thesis were enforced, as well as the implications of such force. To do so, it is important to first to address certain classical theories of coercive domination and renderings of
control in order to properly anticipate the uniqueness of the Hawaiian case as well as ascertainment what general lessons can be learned from Hawai‘i regarding the construction of the state. Coercion, at the very most abstract level, might be characterized as the use of violence to control individuals at the very least and entire populations at the most. As the state goes, this entails a monopolization of legitimate violence on the level of the society—such as police or military violence is legitimate, gang violence is not. Where this monopolization is perhaps a general quality of states, the particular usage of violence to destroy minority cultures through genocide and suppression has been viewed by some as a necessary extension of the nation-state, as such cultures contrast with the image of “unity, modernization, and economic development… for which the nation state serves as a vehicle” (Robbins, 1990:122). This is to say that an outcome of state level coercion is not merely the negation of alternative entities that exert control over individuals through violence, but additionally that alternative cultures that challenge the uniformity of the national character of the state be negated. The importance— or more precisely, the utility—of fostering such characters and shared renderings of existence are, for Robbins, a simple byproduct of the requirements of capitalism. Where capitalism demanded that swathes of individuals with alternative understandings of world, the importance and purpose of labor who were distributed across space had to have a unifying cultural basis upon which their labor efforts could be coordinated (Robbins, 1999: 117-118).

Anarchist anthropologist David Graeber (2009:511) describes the violence monopolized by the state in this way: “When you make someone do something
against their will—say, by threatening to break their legs if they refuse—you “force” them to do so. ‘Force’ is power based on the systematic threat, or use, of violence.” As such, coercion, as a concept contextualized specifically within the police state, can be said to equate physical laws with cultural conventions. Indeed, Graeber (2009:512) goes on to argue that society is characterized by a “police cosmology,” in which the destruction of subversive movements is understood as a logical inevitability due to the infinite capacity of the police state to administer punishment. This characterization, for as much as it applies to the documented roughness with which lepers were treated, does not apply entirely to the nature of disease. Where a police cosmology claims a direct equation between the fundamentally discreet domains of cultural convention and natural law, the spread of disease operates independently of such meanings.

Where Graeber sees the role of police violence as a unifying cosmological basis of society, Foucault understands the true mechanism of power to be in the capacity of the state to foster self-regulation through surveillance and the threat of force rather than its demonstrated exertion. As Foucault (1975) describes in the first chapter of *Discipline and Punish*, until the 1800s, the primary means through which society was maintained and reproduced was a calculus of pain in which the capacity for the state could discipline bodies was the extent to which deviance could be prevented. To demonstrate this capacity, the state relied on grandiose displays of public dismemberment and torture in which extreme lengths were undertaken to ensure the criminal or deviant lived as long as possible and endured the greatest extent of excruciation possible before ultimately dying. The
disappearance of such displays of discipline was, for Foucault, a result of the unintentional sympathy for the victims of these acts that such displays fostered. Because bearing witness to state coercion unintentionally fostered dissent from society rather than participation in it, the mechanisms of coercion disappeared from public life as networks of efficient oversight and the isolation of deviant bodies from social life. Within this panopticon, the threat of punishment- not necessarily punishment itself- deters from disobedience, which shifts the mechanisms of control from external force by policemen or soldiers to the self-regulating individual.

Indeed, in the case of 19th century Hawai‘i, the establishment of oversight networks and attempts to foster self regulation are, like the police cosmology, visible as well. As medical authorities became agents of state oversight whose responsibilities came to include acting as both reporters of deviance and disobedience to policemen in addition to collectors of data involving sickness, wellness, and death which the state relied upon to enact regulatory practices, Hawai‘i was, through the seemingly morally unambiguous mission to eradicate infectious disease, brought into the model of the panopticon. Where the medical establishment of the autonomous Hawai‘i was noteworthy relative to elsewhere in the colonial world in that it resisted making direct equations between cultural practices and infection thereby stigmatizing culture, the Board of Health established an oversight network over the course of the three decades leading up to the overthrow of the Hawaiian monarchy that provided a framework which the imperial United States government would exploit thereafter. However, the fear of
punishment that was invoked through leprosy was qualitatively different from the fear of isolation in a prison and death by torture. Although Kalaupapa functioned essentially in the same way a prison does, Kalaupapa was without gallows or torture chambers. The mechanism of punishment— and therefore the means through which control was exercised— are not fully captured in this description.

Simply, each of the renderings of coercion offered in this section certainly pertain at least partially to the case of Hawaiian leprosy, but none capture it in its entirety. To the extent that individuals were being forcibly ejected to Kalaupapa, handled roughly, and subjected to harsh conditions while on the peninsula, the state can be said to have monopolized the ability to define the uses of space, to claim sovereignty over and exert force upon individual bodies, and to determine categories of wellness (normalcy) and sickness (deviancy) which warranted the abjection of the sick from social life. Where the parallels between lepers and criminals are obvious in examples like the Koolau, the nature of coercion was varied from such classical models. Coercion— as it was made manifest in Kalaupapa— was not administered entirely as a function of police violence, but as a project in which concepts of nature, society, and cultural practiced were aligned into a unified logical project which provided the basis for absolute participation in the state. If the end goal of coercion is to bring about activities and practices deemed acceptable to the state, this was achieved not only through normalizing imperial codes of conduct through operationalizing fear of the harsh conditions of the colony itself or the equating leper with prisoner, but indeed through reimagining the suffering of disease as the inevitable outcome of dissent from the
state. This is the key contribution leprosy in Hawai‘i lends to understandings of coercion. While Graeber sees the police cosmology as being based upon an equation between physical law and cultural convention which makes the punishment of dissent a seeming inevitability, the role of disease in society goes a step further. By understanding nature as a reified externality to culture whose operations and procedures cannot be changed and only regarded by elites, participation in the society of those elites provides life and dissent is death.

In the absence of such familiar images as the hangman, executioner, or torturer at Kalaupapa, the agent of state coercion was disease itself. This could appear to be a confusion in terms, as coercion implies a certain intentionality necessarily absent from disease. The use of force by individuals, whether acting on their own behalf or on the behalf of a polity, is a means of communication that negates the input of the person upon which force is exerted. Where the punishment or discipline an individual undergoes in this case is unambiguously a meaning laden reworking of human relationships, disease operates according to a separate system of logic and operation fundamentally without regard for the meanings attributed to them by living people.

Taking for granted that this is indeed the case- that the logics and directions disease follows are, at their core, ambivalent to the meanings ascribed to them- it might mistakenly appear that they are beyond capacity of the state to be made into a utility for the reproduction of power. Where the state can perhaps assert the validity of its categories on living, responsive individuals and populations through the strategic implementation of institutionalized coercion,
natural law operates externally to these practices of meaning making and consensus building. As such, where the immobility of nature prevented its reinvention by the state, the processes of nature could at least be incorporated within the program of the state to regularize behaviors. Accomplishing this end entailed two interrelated programs. First, nature was remade in the course of the imperial process—where prior it was understood as an aspect of a Hawaiian cosmological system, nature was reimagined as a reified externality which could only be accurately characterized through the objectified gaze of the Western scientific observer. Second, the inflexible processes of nature had to be reincorporated into a cultural system of understanding that reasserted the validity of the state as a unit of social interaction.

This was, as has been demonstrated, accomplished through the gradual isolation of Hawaiian culture as a risk factor of disease in the course of the medicalization of leprosy. The condemnation of certain cultural practices deemed distasteful to imperial elites not only provided a warrant for expanding systems of governance to supposedly unhygienic and unenlightened Hawaiians (following the overthrow of the monarchy, at least), but indeed entailed an entire system of cultural logics in which culture was imagined as the alternative to the state. This reconfiguration of the constituent aspects of reality— the natural world which encompassed all things, the human behaviors through which disease spread, the implications of partaking in the symbolic codes that broadcast identity, and the responsibility of the self to avoid disease—allowed for a vast expansion of the coercive capacities of militaries and policemen. If the use of force by living
people can be said to slyly reveal the frailty of power in the sense that it
demonstrates the desperation of the state to maintain its monopoly on truth
through any means possible, no such criticism can be levied at the requisites of
the hygienic society. The agent of coercion were manifest in nature itself- not
through a linguistic conflation between natural law and cultural convention, not
through fear of discipline by the agents of the state, but of the sole entity whose
absolute domain defied disobedience: natural law. To be infected was to reject
participation in the symbolic codes through which society was made manifest and
through which life could be maintained. In this way, the right of the state to
banish lepers to Kalaupapa could be understood as a value neutral application of
medical knowledge divorced from the political context within which it was
necessarily enmeshed.

The development of a state rooted in such understandings was by no
means a foregone conclusion rooted in the teleology of the doomed Hawaiian
Kingdom. Indeed, this research has endeavored to illustrate the ingenuity and
resistance of the medical establishment under the Hawaiian monarchy to create
disease as a coercive agent in society. But the fact that such concepts took hold
and were operationalized to bring about transformations in culture through
coercion, the absence of such knowledge from tourism narratives must now be
theorized as well.

Tourism as State Ritual
If the reworking of world served to create a system of understandings which at once stigmatized Hawaiian culture as being unenlightened and unhygienic while coercively enforcing this and other renderings of society, the role of such coercion- as well as the presence of alternative constructions of world in general- are now absent from tourist narratives of leprosy. In this way, this style of tourism might be characterized as a process through which the known (in this case the categories and logics of the state) are reencountered in the context of the supposedly unfamiliar. In Don DeLillo’s *White Noise* (1985: 15), the protagonist Jack Gladney and his colleague Murray visit the most photographed barn in the United States, where he says this of the nature of the tourist encounter:

> No one sees the barn…Once you’ve seen the signs about the barn, it becomes impossible to see the barn…Being here is a kind of spiritual surrender. We only see what the others see. The thousands who were here in the past, those who will come in the future. We’ve agreed to be part of a collective perception. This literally colors our vision. A religious experience, in a way, like all tourism.

As DeLillo characterizes, tourism can be said to have a more than passing resemblance with religious ritual, both in form and content. Just as ritual ceremonies employ symbols to instantiate a shared experience and understanding of the unifying order of reality, tourism encounters accomplish essentially the same effect- at least, in certain contexts they do. Tourism is generally regarded as a movement out of the familiar and into the unknown, manifest in the recreational daily practices in which tourists engage as well as the physical separation between “home” and “away.” But where the goal of tourism is an encounter with the unknown, tourism appropriates (and even restructures) otherness through its
objectifying gaze, thereby appropriating otherness into a familiar commodity form. Recalling MacCannell’s claim that tourism narratives are indeed themselves a means of traveling without departing, what is discovered in tourism (and perhaps in the vast majority of encounters) is not a novel orientation towards existing, communicated through a system of symbols which refer to a radically alternative way of thinking and understanding or a Lebenswelt within which alternate forms of humanity take shape. Rather, what is seen is the spectacle of the familiar disguised as the alien. The state is not made alien to us, nor is our way of being-in-the-world. If it were so, tourism would work actively against the coercive campaigns undertaken across the last two centuries of Hawaiian history. As such, as the mules descend the sea cliff, what awaits them is merely that from which they have departed.

Upon reaching the bottom of the trail, visitors encounter a narrative the specifics of which are unfamiliar, but within a recognizable framework. There is new information on the colony, certainly: visitors do not arrive at Kalaupapa with an intuitive knowledge of the set up of the grounds, the years internment took place, the name of the order of which Damien was a part, the smell of the air, the way the sea cliffs stretch Eastward from the peninsula and pale into blue distances miles away to the sound of windward waves. But the novelty of such encounters belie the fact that the colony not only served essentially as a prison for those interred there, but also that key notions of the care of the sick, the structure of society, the meaning of disease, and which authority can be said to understand the world were once contested in such a way that the colony was implicated in
normalizing certain answers (those most familiar today) while negating others (the radical otherness which suffered outright suppression in the late 19th and early 20th centuries). And indeed, while touring the peninsula, we might learn to regret the rough treatment of lepers, but we don’t contest the authority of medical professionals to inter them there or the right of medical professionals to act as agents of state surveillance. Likewise, the threat of disease is not understood as an aspect which motivated the transformation of society as the result of this transformation is known to us already. Where the tactile aspects of travel imply that we encounter difference, the realities of alternative forms of social organization remain outside of knowledge and being.

It can justifiably be said, then, that tours such as that of Kalaupapa which minimize the role of coercion not only re-entrench the normal order of the state as a natural order, but indeed function as a secular mode of ritually reaffirming this order. This conclusion, however, should not imply that tourism encounters are a predicate formed by the subject of the state. Where Kalaupapa acts as a site of state ritual in which the familiar meanings and orientations that constitute the normal order are reinstated, the Hālawa Valley tour, to a certain degree, subverts such conventions. This is not accomplished by first supposing the possibility of an image of pristine nativeness and presenting it as a commodity, nor is it completed by disregarding the existence of the state altogether and reinventing social relations as though the state does not exist. Rather, it is done by presenting Hawaiianess as an entity which has necessarily been transformed over the course of a history of displacement and which exists in the present day incorporating
aspects of the modernity. Native tradition is not intended to appear as oppositional to modernity as is the case in traditional tourism narratives, but rather an entity whose properties are negotiated within the enclosure of modernity- this is to say it is within the purse seine. Indeed, through the juxtaposition of these elements, coercion is not given to silence and the specter of the pristine, commoditized, ethnic other remains absent as well. The true value of the tourist encounter, then, is not that it allows for exposure with a cultural system thought to be erased but resurrected and preserved in perfect form for the consideration of highly-mobile consumers with disposable incomes (although highly-mobile consumers with disposable incomes are indeed those that encounter the cultural practitioners in Hālawa as well). Rather, it is the capacity for tourism to demonstrate in symbols and in speech the violent narratives through which the past was erased by the present while demonstrating how this totalizing vision of modernity is a subject of ongoing resistance.

For however valuable this contribution may be to clarifying traditional conceptual divisions between nativeness and modernness may be, however, the exceptionality of a sovereign Hawai‘i in the 19th century is still absent from tourism narratives. Indeed, the creation of the leprosarium at Kalaupapa originally was not intended by the Hawaiian state to function as a coercive mechanism, and the theme of punishment had not yet been solidified into the nature of colony in the 1860s. The conscious resistance of Hawaiian physicians illuminates the uniqueness of Hawai‘i as an autonomous Kingdom in the era of 19th century colonialism. The reliance on kōkua for assisting lepers, the
allowance of *kahuna* to practice their craft within the colony, and the resistance to equate disease with Hawaianness were all unique to the system of care giving of in the monarchy period in Hawai`i. Besides being valuable for their striking unusualness of such practices in the context of leprosy generally in the context of 19th century imperialism, such synchronizations between contrasting knowledge systems, care giving practices, and cultural preferences provide a vision of a state whose capacity for multiculturalism starkly contrast with that of the monolithic imperial entity which ultimately came to prominence in Hawai`i.

The creation of this entity was not only a process of shifting the means through which order was kept from the external exertion of coercive force to a set of internal regulations which were reproduced organically through cultural transmission, but indeed a sweeping campaign in which renderings of nature, society, and culture had to be redefined into a functional logical system. Historicizing the process through which such symbols, meanings and orientations towards the world shifted from a contested discursive sphere to the sphere of self-regulation reveals not only the unique composition of coercive force in Hawaiian history, but also the necessity for coercive force in the first place to establish certain readings of reality as true. To the extent that tourism is capable of revitalizing consciousness of this contestation, tourism can perhaps provide a sense of the arbitrary nature of the familiar as well as such viable alternatives to the state as the sovereign Hawaiian Kingdom. Until this point that the familiar is made into the alien, all remain sleeping at the feet of that statue, we are still sleeping there, sleeping there today.
Works Cited

Anderson, Warwick

Archer, Seth

Bashford, Alison


Bloombaum, Milton.

Bayman, James

Boulanger, Lori A.

Beevers, John

Bushnell, O.A.
Browne, Stanley G.
New York: Churchhill Livingstone

Carper, Robert L.; McGrath, H. Thomas; Cloyd, Paul C.; Greene, Linda w.; Blee,
Catherine H.; Somers, Gary F.
Service.

Caudwell, Irene and Stevenson, Robert Louis

Daws, Gavan
Publishers.

DeLillo, Don

Demaitre, Luke
Baltimore: The Johns Hopkins University Press.

Desmond, Jane
1999 Staging Tourism: Bodies on Display from Waikiki to Sea World.
Chicago: University of Chicago Press.

Dutton, Charles J
1932 The Samaritans of Molokai: The Lives of Father Damien and Brother

Edmond, Rod.

Englebert, Omar
Paul Editions.

Gould, Tony.
2005 A Disease Apart: Leprosy in the Modern World. New York: St. Martin’s
Press.

Graburn, Nelson


Inglis, Kerry A. 2004 A Land Set Apart: Disease, Displacement, & Death at Makanalua, Moloka`i. Honolulu: University of Hawai`i Press.


Kashay, Jennifer Fish

Kent, Noel

Kirch, Patrick V.

Kirch, Patrick V. and O'Day, Sharon Jones

Kirch, Patrick V. and Sahlins, Marshall

LaCroix, Sumner J. and Roumasset

Lock, M. & Nguyen, V.K.

Linnekin, Jocelyn

MacCannell, Dean

Malo, David

McGregor, Davianna

Miles, John
1997 Infectious Diseases: Colonising the Pacific? Dunedin: University of
Moblo, Pennie.
1996 Defamation by Disease: Leprosy, Myth, and Ideology in Nineteenth Century Hawai‘i. Dissertation, University of Hawai‘i at Mānoa UMI Publication No 9629841

Moran, Michelle Therese.

Mouritz, Arthur Albert St Maur
1916 *Path of the Destroyer: A History of Leprosy in the Hawaiian Isles: and Thirty Years of Research into the Means by which it has been Spread*. Honolulu: Honolulu Star-Bulletin, LTD.

National Park Service, Western Regional Office.

United States Congress, 94th Congress.
1976a *Public Law 94-518: An Act to Authorize the Study of Certain areas by the Secretary of Agriculture and the Interior*. October 17, 1976.
1976b “HR 1180: Hearing Before the Subcommittee on National Parks and Recreation of the Committee on Interior and Insular Affairs.”
1980 “S. 284: A Bill to Establish the Kalaupapa National Historical Preserve on the Island of Molokai, in the State of Hawaii, and for Other Purposes.”

State Legislature, State of Hawaii.
1975 HCR No 86 “Requesting the United States Congress to Enact Legislation to Designate Kalaupapa Peninsula, Molokai as a National Historic Park”
1975b S No 354. “Requesting the Department of Land and National Resources to Study the Feasability of Making Kalaupapa Settlement on the Island of Molokai a State Park”


Urry, John 1990 The Tourist Gaze: Leisure and Travel in Contemporary Societies. SAGE Publications.