"A LAND SET APART": DISEASE, DISPLACEMENT, & DEATH
AT MAKANALUA, MOLOKA'I

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First and foremost, this dissertation is dedicated to my dear friend, Clarence Joseph Nai’a, “Uncle”, whose spirit, love, and encouragement have blessed my life with the greatest of joys—knowing him—and to all of his brothers and sisters whose spirits have and continue to dwell upon the ‘Āina of Makanalua. It is also dedicated to Bernard K. Punikai’a, whose example, love, and encouragement have continued to inspire me in my study of this episode in Hawai‘i’s past. Ua hilo ‘ia i ke aho a ke aloha.
ABSTRACT

The 19th century brought many foreigners and foreign diseases to the Hawaiian islands, including that ancient scourge, leprosy. Fearing an epidemic, the Board of Health of the Kingdom of Hawai‘i chose to send all sufferers of the disease to a peninsula on the island of Moloka‘i. A great deal has been written concerning leprosy in Hawai‘i, although most works have focused on the life and contribution of Father Damien De Veuster. This study endeavors to look more closely at the Hawaiian experience with leprosy from a cultural and environmental perspective.

The geographical isolation of the Hawaiian Islands allowed for an environment that would foster the rapid spread of introduced infectious diseases, as Hawaiians lacked immunity against them. Most of the introduced diseases to Hawai‘i claimed their victims quickly, however, leprosy lingered as it disfigured the human form and as such was “set apart” from other infectious diseases as the public perceived it and in its treatment. Isolation was the treatment of choice. Hawaiians with the disease were subject to the 1865 “Act to Prevent the Spread of Leprosy,” were deemed “civilly dead,” and were exiled to the leprosy settlement at Makanalua, Moloka‘i. Some would resist the law and the prescribed “treatment,” many Hawaiians would kōkua (help) those who were afflicted, but most sufferers of the disease found themselves banished on a beautiful but difficult peninsula, struggling to survive the realities of living with the
disease in less than ideal conditions.

Resistance against the 1865 Act varied. Some hid family members with the disease from authorities, while others resorted to violence to avoid banishment. Those who eventually found themselves at the leprosy settlement were faced with a life (death) sentence in exile, confronting mortality on a daily basis.

The history of leprosy in Hawai‘i exposes an episode of far-reaching significance. Disease, of course, often leads to death and a primary consequence of leprosy in Hawai‘i was the individual loss of life. But this particular disease, “set apart” from other diseases in its time, also had significant consequences for the Hawaiian community, culturally and environmentally.
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Leprosy. It is a term that invites a variety of meanings and interpretations. For some, it evokes fear and thoughts of a highly contagious disease. Others believe it a disease of the past, relegated to medieval times and biblical connotations of the “unclean” and “ungrateful”. To a few, the term yields a contemporary understanding of Hansen’s disease – an illness caused by the *Mycobacterium Leprae* and still prevalent in areas of the world where poverty and malnutrition prevail. For those of the Hawaiian Islands and familiar with its recent history, the term may invite thoughts of the island of Moloka‘i, Father Damien, Kalaupapa National Historical Park, or maybe even thoughts of a family member who was sent to live at the leprosy settlement found on the Makanalua peninsula.

It is a disease that entered the Hawaiian community in the early 1800s, along with many other pathogens. Its introduction, spread, and consequences were in many ways similar to that of other infectious diseases that intruded on these islands and their people. Yet leprosy also has a unique history among infectious diseases in Hawai‘i, especially in the way it was viewed and treated.

There have been many histories written that tell of the history of leprosy in Hawai‘i in their own way. All are serious accounts, some more in depth than others, and all are very compelling as they tell us of human suffering and conflict during a very
significant time in Hawai‘i’s history.¹ Some tell their story in the form of fiction, others in more academic forms of scholarship, while others simply tell their story through pictures.² There are still others that come from the patients themselves, in the twentieth century.³

The history of leprosy in Hawai‘i is one that provides an opportunity not only to consider the disease experience on a personal level, from the patients’ perspective, but also to examine the long-term consequences of infectious disease and medical treatment within a cultural encounter. It is at once a tragic, disturbing, compelling, yet inspiring story. This dissertation strives to tell that story from the viewpoint of the patients who first went and lived, and died, in Makanalua in the late nineteenth century. It looks at Hawaiian and haole (foreign) reactions to a medical treatment that is informed and


enforced by lawmakers, it considers the relationship between "land" and "disease" from the Hawaiian perspective, it examines the role of "isolation" as both a cause and a consequence of the spread of disease in Hawai'i's past, and it traces the cultural significance of the disease, and its treatment, to Hawaiian views of medicine, health, and disease.

Researching the history of leprosy in Hawai'i has been as much a professional journey as it has been a personal one. I have come to know the Makanalua peninsula and its people in ways that I could never have imagined, indeed, the personal rewards of my experience far out-weigh any professional benefits. That Makanalua can be translated to mean "the double gift" seems more profound to me every day. The research and writing process has been exciting and fun, sometimes sad and painful, and at times even lonely and isolating, but I have never been alone in this endeavor. I would never have made it to this point without the help and support of so many others.

I am deeply indebted to those who acquired and those who continue to maintain the library and archival collections at the University of Hawai'i at Mānoa, Hamilton Library and Pacific Islands Collection; the Hawai'i Medical Library; the State Archives of Hawai'i; and Brigham Young University - Hawai'i, Pacific Islands Room and Archives.

My list of teachers, motivators, and mentors is long, but all were essential to my progress and survival – and all have inspired me in their own way. First and foremost I wish to express my gratitude to my dissertation chairperson and committee members,
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CHAPTER 1:
"NĀNĀ NO A KA LĀ‘AU KU HO'OKAHI": LOOK FOR THE PLANT THAT STANDS ALONE

On January 6, 1866, twelve leprosy patients (9 men and 3 women) were banished to the isolated shores of the island of Molokaʻi. They were dropped off in Waikolu, a valley to the east of a peninsula that juts out and in to the ocean, interrupting the flow of sea cliffs along Molokaʻi’s northern shore. Waikolu, a name that means “three waters,” was inhabited by native Hawaiians who, among other things, cultivated kalo (taro) in the valley. The residents of Waikolu made room for the new-comers, provided shelter, and food.

Under the laws of the Kingdom of Hawaiʻi, the Board of Health had authorized the transport of these patients, victims of leprosy, to be “set apart” from the rest of the islands’ populations. Having been given few provisions, it was expected that the leprosy patients would find shelter in abandoned homes and once settled that they would work to provide enough food for their sustenance (namely kalo). They were

Often said by those seeking strong medicinal herbs. A plant that stood by itself was considered better for medicine than one that grew close to others of its kind.” Mary Kawena Pukui, ed., 'Olelo No'eau, Hawaiian Proverbs and Poetical Sayings (Honolulu, HI: Bishop Museum Press, 1983), 248. This proverb relates to Makanalua in that like the isolated plant, the land which has been “set apart” (physically, socially, culturally) has gained a great deal of attention in its existence and influence in the recent history of Hawaiʻi.
given no medical supplies, no medical attention (nurses or doctors), but rather were left to fend for themselves.

The Kingdom of Hawai‘i had passed a law in January 1865, “An Act to Prevent the Spread of Leprosy,” in hopes of isolating those with the disease and stopping the epidemic from spreading any further.² Before anyone had been sent to Moloka‘i, many Hawaiians suspected of having the disease had come to the Kalihi inspection hospital to be examined by Board of Health doctors. Hopeful that the physicians had some means of cure, many Hawaiians willingly surrendered themselves to the Board. Many were found not to have leprosy at all, however, about half of those who presented did have mild to severe cases of the disease.

The 1865 Act had provided for a portion of land to be “set apart” to which the patients with the severe cases (i.e. with no hope of a cure) could be sent, to be isolated and quarantined from the rest. The land that was eventually chosen was the Makanalua peninsula and adjoining valleys on the northern coast of the island of Moloka‘i.³

The so-called “settlement” for leprosy patients was first founded in Waikolu. As more patients were sent to Makanalua (mild to severe cases) the patients migrated to the Kalawao side of the peninsula. Much of their food and supplies were still coming from

²See Appendix A.

³The 1865 Act also provided for the Kalihi hospital to serve as a receiving and inspection station, where some cases would remain and from where most would be sent to Makanalua.
Waikolu (either from the valley itself or shipped over from Honolulu). While less than
two miles distant from Kalawao, the patients had a difficult journey in order to receive
their provisions. The shoreline between Waikolu and Kalawao was covered by large
rocks, at high tide little or no shore was passable at the base of the cliffs, and the return
trip to Kalawao meant ascending a fairly steep hill. As the disease progresses, the
patient often loses feeling in his or her hands and feet and great pain shoots through the
body, all of which would make the trip to Waikolu very challenging.

As more and more patients were sent to Kalawao, some of those who were still
strong took advantage of the weak. They robbed the weak of their provisions, even
shelter, virtually enslaved women and children, and refused to provide for themselves.
Yet, weak or strong, the disease left its victims susceptible to other infections, the
medical authorities had abandoned them in isolation, and society had removed them
from their midst.

Considering the lack of medical knowledge about leprosy and infectious disease
at that time, and the fear about and stigma attached to the disease, the isolation of those
with leprosy appears to be a rational response. Yet, the ways in which the 1865 Act
were applied and carried out were at minimum harsh, if not lacking in humanity.

Relatively slow in its progress, leprosy is a severe disease, devastating in its
pathology, disfiguring in its attack. While usually not the actual cause of death, leprosy
brings death with it. At first attacking the cooler parts of the body (hands, feet, fingers,
face, earlobes) the bacteria causes damage to the peripheral nerve tissue, often destroying skin and mucous membranes. As such, leprosy sufferers are prone to ulcerations as well as wounds from injury that often lead to infection. As the disease progresses, the inability to move the hands or feet, deformity of the feet, difficulty in breathing (the bacteria attacks the larynx), and blindness may result. The combination of nerve damage and immune response often lead to the visible disfigurement that others in society so often react to – collapse of the nose, thickening of the skin, loss of eye brows. Further, the immune system of the leprosy victim is also compromised, leaving the sufferer susceptible to other infectious disease (in the 19th century, infections of tuberculosis, influenza, pneumonia, and measles were the most devastating).

Thus the victim of leprosy in nineteenth century Hawai‘i (ninety percent of whom were Hawaiian) would ultimately suffer the loss of life, however, because of the social and cultural construction of the disease during this time, a much greater loss was often experienced long before the finality of physical death. Indeed, the very act of sending Hawaiians with leprosy to the Makanalua peninsula fostered and resulted in a loss of ‘ohana (family), a loss of culture, a loss of Land, and a loss of mana (power, spiritual strength), for the Hawaiian people.

The subject of this dissertation is Hansen’s disease (or leprosy) in Hawai‘i, pre-1900. In particular, it considers the “land set apart” or Makanalua peninsula, upon which much of this mo‘olelo (history) unfolded. It is a story about a disease, but it is also a story about a people and their Land, and the role that this disease played in their mo‘olelo.

Scholars are paying more and more attention to the role of disease in history, both in terms of the global and local concerns of that role. As a significant component of biological exchange, disease and its consequences are of interest to many. Biological exchange has always been a consequence of people’s interactions with one another; whether it be the sharing of food, crops, genetics, the introduction of new flora and fauna, or the introduction of new diseases. But biological exchange (i.e. disease) has also been an important factor in the history of human communities, influencing politics, economics, social change, and culture.

Indeed, human history has been greatly affected by shifting disease patterns and disease patterns change whenever the environment is altered – giving disease an opportunity to emerge. This can happen in many ways, including when groups of

\[\text{\textsuperscript{5}}\text{Mary Kawena Pukui, ed., 'Olelo No‘eau, Hawaiian Proverbs and Poetical Sayings} (Honolulu, HI: Bishop Museum Press, 1983), 24. Literally, this Hawaiian proverb states that “all knowledge is not taught in the same school.” It has also been translated to mean “one can learn from many sources.”\]
people encounter one another, and through that encounter new diseases are introduced to one group or the other.

We saw this in the thirteenth and fourteenth centuries in Asia, Europe, and Northern Africa, where as a result of trade connections and the movement of people and rats along those routes, the Black Death spread and had devastating effects on all of those areas.⁶ In the Spanish conquest of the Americas in the sixteenth century we saw that disease (namely smallpox) played a significant role as multiple groups encountered one another.⁷ When we look at the history of the Americas and the Pacific in the last five hundred years, once again disease is at the forefront in the continual encounter between the foreigner and the indigenous peoples.⁸ But the introduction of new diseases did more than cause depopulation – it had psychological implications, cultural implications, social and political implications. Historians such as Alfred Crosby, William McNeill, Sheldon Watts, and Philip Curtin have called our attention to the role that disease played – even though it is less definable, less calculable, less tangible than


most historians would like.\textsuperscript{9}

The history of Hawai‘i and Hawaiians has been no stranger to this shift in disease patterns as a result of the cross-cultural encounter with foreigners. Many diseases have come to these shores. Indeed, with its historically more recent interaction with foreigners, Alfred Crosby has suggested that the Hawaiian Islands be used as a model to better understand the influence of disease in history, in particular the introduction of infectious diseases to the Americas.\textsuperscript{10} But beyond the model the Hawaiian Islands can provide for understanding depopulation in other parts of the world, the role that these diseases have played in the mo‘olelo of Hawai‘i must also be examined.

Hawai‘i follows the similar pattern of infectious disease being introduced to an indigenous (and isolated) population by foreigners, resulting in high rates of depopulation. Similarly, leprosy’s introduction to the islands, followed the same pattern as many of the other infectious diseases that came to the islands: venereal diseases, tuberculosis, cholera, smallpox, influenza, measles, etc. All were introduced to the Hawaiian population through cross-cultural interaction with foreigners. But leprosy differed in many significant ways. It is a disease that lingers and does not take its

\textsuperscript{9}McNeill, \textit{Plagues and Peoples}, 22-23.

victim quickly. It disfigures and can be visibly disturbing. Further, because of its prolonged pathology, disfigurement, and what was believed to be its highly contagious nature, it was viewed and treated differently than other infectious diseases. Leprosy also came with a greater stigma attached to it than most other diseases.

Scholars have given Hansen’s disease a fair amount of attention, contemplating its role in history, in various parts of the world. In the context of medieval Europe, Guenter Risse has examined leprosy as a tool for segregation while Mary Douglas explored the possibility that the accusation of having leprosy was used to remove the unwanted from society. Also within the history of medieval Europe, Sheldon Watts considered the “dark hidden meanings” given to leprosy and how later, through European based cross-cultural interaction, those “meanings” were transferred to the colonial world.

In terms of the history of leprosy and colonialism, scholars such as Megan Vaughan and Eric Silla have looked closely at the role of this disease in Africa. Most


recently, Jane Buckingham examined leprosy and its treatment (isolation) as a justification for and demonstration of colonial power in India, and asked the profound question of whether the leprosy sufferer was treated as a "patient or prisoner?"\textsuperscript{14}

Leprosy in Hawai‘i has also garnered a fair amount of attention, but most often it has been told through the lens of Father Damien’s experience. Gavan Daws’ \textit{Holy Man: Father Damien of Molokai}, remains one of the best biographies of the Belgian priest. And while the \textit{mo‘olelo} of leprosy in Hawai‘i continues to fascinate observers, even the most recent works by scholars, including those that de-construct the myth, remain obsessed with Damien’s story.\textsuperscript{15} Indeed, Damien’s narrative is appealing and can teach us all a great deal about giving charity and service to others – he was the ordinary man who did the extraordinary – but the focus on his experience has overshadowed and obscured the experience of many others. On one level, Damien could be viewed as a \textit{kōkua} (helper) to those who suffered from leprosy, in which case he was but one of many who went to the Kalawao and Kalaupapa leprosy settlements to assist their loved ones. Their stories also need to be told. But more importantly, the focus on Damien has served to overshadow the stories of the patients, mainly


Hawaiians, those who suffered from leprosy and society's treatment of the disease, 
those who were exiled to the settlements at Makanalua peninsula.

Thus this dissertation endeavors to add another layer of understanding to the 
history of leprosy and infectious disease in Hawai‘i. It considers what it was like for 
those who contracted the disease, who were subject to a law (suspected, arrested, 
sentenced) for having leprosy and were sent to a “natural prison” as a result. It 
examines how some Hawaiians resisted against that law and the treatment of isolation. 
For those who went to the leprosy settlement at Makanalua, it asks what it was like to 
live with the disease, and to die, in isolation. This dissertation also explores how this 
disease and its treatment affected Hawaiians, their families, and their Land.

Answering these questions is not an easy task and requires more of an 
edthnographic approach. Concerned with encounters, ethnographic history endeavors to 
draw meaning out of an event, a ritual, or a moment, and it often employs the metaphor 
as a way of illustrating different viewpoints and meanings. The ethnographic approach 
has been utilized by many scholars, but it seems to hold a special attraction for Pacific 
Island historians. Indeed, much of the inspiration on how to approach the topic of this 
dissertation has come from some of the best examples of ethnographic history by Pacific 
Island scholars such as Greg Dening, Marshall Sahlins, Patrick Kirch, Margaret Jolly, 
and Nicholas Thomas. But it has also been greatly influenced by the work of 
edthnographic historians whose topics lie outside of the Pacific, namely Inga Clendinnen
and Rhys Isaac.

Though not a work in Pacific history, in *The Transformation of Virginia*, Rhys Isaac utilizes a variety of traditional and imaginative sources to offer a portrait of the social order constructed by Virginia’s gentry in the 18th century. His is a social history that looks at the transformation of religion and authority. For Isaac, history is an interdisciplinary and interpretive exercise in which the historian can use his or her imagination.¹⁶ When applied to the history of leprosy in Hawai‘i the ethnographic

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¹⁶Isaac demonstrates well the historian’s use of imagination throughout his volume *The Transformation of Virginia* and his example has influenced me deeply. His promotion of imagination hit home on two occasions in particular. The first was during a visit to Kalaupapa with the Sierra Club in June 2000. Our work crew was out on the peninsula, near the lighthouse, lopping lantana. From our work area I could look back at the *pali* -- the walls of the *ahupua‘a* and the terracing walls for sweet potato were very apparent and awe-inspiring. I found myself visualizing what it may have been like before the *haole* came, and of the many Hawaiians who lived and worked upon that Land. Equally profound was a visit I made to the Kalaupapa settlement in January 2001, again with the Sierra Club. I had the opportunity to go inside the Visitor’s House (where patients and their visitors would meet, in the era before the isolation law was repealed). At one time a chain-link fence divided the house, through which patients and their family member(s) would visit; today a table remains, from one end to the other, down the center—still dividing the house in two. Patients and their visitors were not to have any contact with one another. According to Richard Marks (a former patient of Kalaupapa and the owner of Damien Tours), patients were sent in on the right-hand side and visitors on the left. First I sat on the visitors’ side. The view was incredible. One could see a bit of the *pali* as the island of Moloka‘i stretches westward, but mostly the background was of palm trees and open ocean. I re-entered the house and sat on the patients’ side. The background was all *pali* and I could not help but contemplate the different, perhaps subconscious, perspective of a patient’s confinement, as opposed to the “open-ness” literally viewed by the visitor. This exercise in imagination helped to bring many of the archival sources to life and my visits to Makanalua gave me a sense of space and time that could not have been achieved in any other way.
approach offers exciting possibilities – allowing the historian the opportunity to dive below the surface of the popular record, to search for voices yet unheard, to translate the silences, and to find meaning in those past experiences.

The greatest challenge in the mo’olelo of leprosy in Hawai‘i is finding the voices of those yet largely unheard, the sufferers of the disease. In an effort to re-construct the nineteenth century experience of Hawaiians with leprosy for this dissertation, many sources have been utilized, some traditional and others that required imagination and creativity. I have relied heavily upon the Board of Health reports concerning leprosy in the Hawaiian Kingdom. In particular the 1886 report, which was a comprehensive compilation of government reports and communications that directly focused on leprosy to that date. Board of Health reports after 1886 were also consulted. Also of significance to this dissertation was the manuscript written by Ambrose Kanoeali‘i Hutchison. A part-Hawaiian leprosy patient, Hutchison was sent to Kalawao in 1879, served as a resident superintendent of the settlement for several years, and remained at Makanalua until his death in 1932. While his manuscript is largely dedicated to telling the story of Father Damien, Hutchison also gives us glimpses of what life was like at Kalawao for the leprosy sufferer: the hardships, the joys, the loneliness, the triumphs, and society’s disregard. Further archival materials include many of the letters written to the Board of Health, concerning leprosy, during the period 1865-1900. Though not as personal as one might like, these letters also offer a window to the past experiences of
those dealing with leprosy.

'Olelo No'ea (proverbs or sayings) concerning Moloka'i, Kalaupapa, health, disease, and leprosy, along with particular mele (chants) have also been utilized as sources. Other published sources have also been sifted in an effort to look for deeper meaning. These include the letters of Peter Kaeo to his cousin Queen Emma. At Makanalua for three years (1873-76), the correspondence between Kaeo and his cousin relates to many issues of Hawaiian history in the 19th century, but also offers some insight into the daily experiences of life at the settlement. Finally, literature, both factual and fictional, from the period has also been examined for what it can tell us about Hawaiians' experiences with leprosy in a colonial context.

Ka Waihona O Ka Naʻauao: 17

Perhaps one of the best definitions of history that I have ever heard is that history is a dialogue between the past and the present. That is to say that as we in the present ask questions of the past (and our sources to that past) answers not only arise but often evoke new questions to be asked – sometimes of the same sources, sometimes of completely new sources. As such, the conversation between past and present continues, and "history" continues as a living, breathing, evolving, and improving

17"The repository of learning." I use this proverb in recognition of all who have contributed to the writing of the history of Hawai'i. Pukui, 'Olelo No'ea, Hawaiian Proverbs and Poetical Sayings, 178.
In the historiography of Hawaiian history the questions asked and answered were of course framed by the concerns of their present, just as our current concerns influence the questions we ask of the past today. Within the discipline of written history, the mo'olelo of Hawai‘i is still quite young and in many ways the dialogue has just begun. In other words, there are many questions yet to be asked and answered, and there are many sources yet to be cultivated and understood. 18

The prominent histories of Hawai‘i that were written in the nineteenth century told of pre-haole chiefly society, 19 of Hawaiian mythologies and folklore, 20 and of Hawaiian culture and traditions. 21 For instance, originally written in Hawaiian as a series of newspaper articles, Samuel Manaiakalani Kamakau's Ruling Chiefs of Hawaii recorded the traditional history of the chiefs as well as the changes that were affecting the Makanalua experience.

18 For example, in the history of leprosy in Hawai‘i more of the patients' voices may be recovered as programs such as the 'Alu Like newspaper project make the search of Hawaiian language newspapers a much more efficient enterprise through their indexing system. Resources such as these could lead us to ask entirely new questions of the Makanalua experience.


Hawaiian society as a result of the interaction with foreigners. Kamakau also wrote articles telling of the common people, their traditions, and ways, providing both a cultural and social history of Hawai‘i and a foundation upon which other historians could build.22

David Malo also wrote about Hawaiian culture and traditions. Also originally in Hawaiian, Malo preserved a rare glimpse of a way of life that was in some ways sharply altered, in others quickly fading, as the encounter with foreigners continued. His work continues to be a rich resource for those interested in Hawaiian social and cultural history.

In many ways, Mary Kawena Pukui continued the tradition of Kamakau and Malo in her many volumes of work. From her efforts in recovering and preserving the Hawaiian language, mele, and ‘ōlelo no‘eau, to her many writings about Hawaiian culture, family, and social structure, Pukui also provided a valuable contribution and service to future scholars.23 What Kamakau, Malo, and Pukui also offer to the modern


The historian is an emphasis on Hawaiian language sources.

By the mid-twentieth century, Hawaiian historiography was largely dominated by histories written to illustrate the political causes and consequences that informed Hawai'i's past. Beneficial for their perspectives and description of events, these works certainly have their place in the layers of the Hawaiian historical narrative. What these works lack, however, is an emphasis on the social history and motivations that surrounded the events under analysis and a Hawaiian perspective of those events. By the latter half of the twentieth century, these silences were beginning to be addressed.

Certainly, as was the trend throughout the discipline of history, historians were beginning to ask new and different questions and more emphasis was being placed on the social and cultural history of Hawai'i. Today, with the resurgence of the Hawaiian language and culture in the islands, the Hawaiian voice is not only being recovered from the past, but the Hawaiian historian is becoming a pivotal messenger of that

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It is essential that those who embark upon a serious analysis of events in Hawaiian history endeavor to employ as many sources as possible. No event in history is without its complexities and ambiguities, and as such, it is necessary to view an event from as many perspectives as possible in our effort to reconstruct the past. When it comes to histories that include the cross-cultural encounter it is even more imperative that the historian strive to place him or herself in both worlds, and at the same time acknowledge that she is a stranger to both.

This dissertation is an attempt to help recover the Hawaiian perspective in the history of leprosy in the islands through the use of many sources, traditional and non-

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\item My \textit{presence} in this history and my attempt at providing a Hawaiian perspective to the story of leprosy in Hawai'i may be questioned by many—and it should be. Hopefully the insider versus outsider debate will continue, not for the purpose of breeding contention, but for the realization of the benefits that both perspectives can offer to our reconstructions of the past. There are many scholars who have demonstrated that whoever we are, we are all strangers to the past (for example, Robert Darnton makes this point dramatically in his ethnographic history \textit{The Great Cat Massacre: And Other Episodes in French Cultural History}, New York: Vintage Books, 1985). Greg Dening is also one who has addressed this question in terms of who should write Pacific history. Asserting that both European strangers and Pacific Islanders of the past are distant from us now, my presence (and his) is justified as an historian of the regions of the Pacific. But the writing of history has to be more than simply “justified”. It is a great responsibility that must be taken seriously, not only for what our present audience will take away from what is presented, but for those whose stories we are reconstructing and representing.
\end{itemize}
It tells the story of a disease, of a changing society’s reaction to that disease, and of the consequences of that experience. It is a compelling story for many reasons. Not only would the experience of leprosy in the Hawaiian islands influence the way in which leprosy would be dealt with in other parts of the world, but the changes leprosy and its treatment brought about in Hawai‘i itself were highly significant. It separated individuals from their families, their friends, their communities, significantly altering their identities. It separated Hawaiians from their Land (to whom they were cosmologically linked), it fractured society and changed Hawaiian ideas about health, illness, and treatment. It changed how Hawaiians viewed “themselves” in that, the “diseased” had in essence become a cultural “other” to the healthy Hawaiian. Moreover, it reinforced colonial ideology and it furthered the use of both medicine and disease as tools of colonization.

A Land and a Disease “Set-Apart”

In 1865, King Kamehameha V and the Legislative Assembly of the Hawaiian Islands gave the President of the Board of Health the authority “to reserve and set apart any land or portion of land . . . to secure the isolation and seclusion of such leprous persons as in the opinion of the Board of Health or its agents, may, by being at large,

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28 At the 1897 World Congress on Leprosy held at Berlin, Hawai‘i was held up as a model for other delegates at the conference to follow in their treatment of leprosy, most often in their colonial possessions. It was a model of isolation to stop the spread of the disease, but unfortunately, it was too often a model of neglect as well.
cause the spread of leprosy."^29

While Palolo valley and Makiki, on the island of O‘ahu, were both considered as possible locations for this place of “isolation and seclusion”, it would ultimately be a peninsula on the northern side of the island of Moloka‘i that would be chosen as the place to send those who were suffering from the disease. That peninsula, traditionally known as Makanalua,^30 had a history of being set-apart: geologically, culturally, politically, economically, and as of 1865, it would be socially set-apart as well. The isolation of the peninsula would be a key factor in its history, before 1865 and after.

Most histories of Makanalua begin with the history of leprosy in the islands of

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^29^“An Act to Prevent the Spread of Leprosy, 1865,” in Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom. (Honolulu, H.I.: Daily Bulletin Steam Printing Office, 1886), 8. See also, “Appendix E: Report of Dr. G. L. Fitch to the Board of Health” in "Appendix to the Report on Leprosy of the President of the Board of Health to the Legislative Assembly of 1886," in MMHC, Box 27: Leprosy. File 289 (1) (Honolulu, H. I.: P. C. Advertiser Steam Printing Office, 1886), xxxii, wherein he states, “the point of land projecting out into the sea from the base of the cliff, on the northern side of Molokai, was duly set apart for a residence for persons afflicted with leprosy....”

^30^Today the peninsula is referred to by most people as Kalaupapa, however, it will be referred to as Makanalua throughout this dissertation for two reasons. First, to honor the Kānaka Maoli naming of the peninsula, and secondly, to distinguish the peninsula from the settlements of Kalawao and Kalaupapa. All three names, Kalawao, Makanalua, and Kalaupapa also refer to the three ahupua’a that traditionally defined the peninsula.
Hawai‘i. However, a history of the peninsula, and indeed the history of leprosy in Hawai‘i, should begin long before the 1860s. According to Hawaiian mythology, most of the Hawaiian Islands were created by the great sky father, Wākea and his wife, Papahānoumoku (she who births the islands). Set apart in that mythology, one exception was the island of Moloka‘i, said to have been created by Wākea, and his second wife, Hina. Thus, the Hawaiian phrase explains, Moloka‘i nui a Hina, meaning “great Moloka‘i, child of Hina,” although, there are other legends as well. Some speak of all the islands being fished from the ocean by Maui. Others, concerning the creation of Moloka‘i, involve Hina, but not Wākea. And there is one legend that speaks of Pele’s involvement in the creation of the Kauhako Crater found at Makanalua, Moloka‘i. Regardless of which legend is told, it is clear that in the Hawaiian world-view, the Hawaiian gods are connected to the creation of the islands, including Moloka‘i and even to specifics found at Makanalua.

Makanalua peninsula is divided into three ahupua‘a (districts). Kalawao to the east is said to mean “announce mountain area.” In the center of the peninsula is

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31 Hawai‘i (with the 'okino) will be used to refer to the entire island chain, whereas Hawaii (without the 'okino) will be used to refer to the island of Hawaii, the southernmost island in the archipelago.

Makanalua district which literally translates as “double gift”\textsuperscript{33}, however, it has also been said that the name means “given grave” or “pit.” The connotation of “given grave” or “pit” is explained as a reference to the use of the lake in Kauhako Crater as a burial place.\textsuperscript{34} The third ahupua’a, Kalaupapa, means “the flat leaf” and is the name by which most refer to the peninsula and settlement found there today.

The history of the Hawaiian Islands and of the Hawaiian people, is one that echoes a theme of being “set-apart” throughout its existence. “Set-apart” in its creation, its geographical isolation, the development of its unique culture, and through its encounters with foreigners and all that they brought with them, this theme continued into the history of the Makanalua peninsula on Moloka‘i, its creation and geographical isolation, its cultural development, and later the establishment of leprosy settlements, first at Kalawao and then at Kalaupapa, on that very peninsula.

The Hawaiian Islands:

The Hawaiian Islands began to form several million years ago, and lie some three thousand kilometers from the nearest continent (see Fig. 1. Map of the Hawaiian Islands).

\textsuperscript{33}Mary Kawena Pukui and Samuel H. Elbert, \textit{Place Names of Hawaii} (Honolulu, HI: University of Hawaii Press, 1966).

Islands).\(^{35}\) They are the most geographically isolated archipelago in the world and as writer David Eyre notes, "more than any other factor, it is the isolation of these islands . . . that has shaped Hawai‘i’s natural history."\(^{36}\) Indeed, it might also be said that more than any other factor, the isolation of these islands has shaped Hawai‘i’s cultural and social history as well.

All plant and animal life had to come from somewhere else, blown by the wind or brought by the ocean currents. Likewise was the arrival of Hawai‘i’s first human inhabitants. Further, because of the islands’ isolation, its plant and animal life, and human culture, would each evolve in their own unique way. Through growth and erosion, evolution and decay, all life forms that came to the shores of Hawai‘i would shape, and be shaped, by its variety of environments.\(^{37}\) Just as Hawai‘i’s native plants and animals are unique to these islands, "as a result of its isolation and speciation," so was the development of the Hawaiian population and culture unique because of its isolation.\(^{38}\)


\(^{37}\) Ibid., 12.

\(^{38}\) Ibid., 15.
While estimates vary, it is safe to say that Pacific Islanders first came to these islands somewhere between 200 B.C.E. and 400 C.E. These early voyagers would have survived by gathering, lowland agriculture, and fishing. The cultivation of kalo (taro) would set many basic patterns for Hawaiian culture. For instance, the regulation of water, the locations of houses, festivals and rituals honoring the gods, and daily eating habits, were all influenced by this food staple. The Hawaiians were exceptional engineers and cultivators, developing intricate networks of irrigation canals, building terracing walls and fish-ponds, and cultivating as many as three hundred types of kalo, as well as numerous varieties of 'uala (sweet potatoes) and gourds.39

The 'Āina (Land)40 was not only essential to the survival of the Hawaiians, but it was also the basis of their cultural and social structure. The 'Āina was regulated by the Ali'i (Chiefs) and home to the makaʻāinana (the common people) who considered themselves kamaʻāina (children of the Land). The Land had personal status as an ancestor or progenitor, it was the place where the graves of ancestors were found, kulā iwi (the plain of one's bones), and it nurtured the people (the kamaʻāina).41

39Ibid., 52-53.
40With respect to Hawaiian mythology, the Gods, Land, and Chiefs are all divine, therefore these words are capitalized.
Perhaps most importantly, the native Hawaiians viewed their 'Āina as a precious and limited resource, one that was to be used, but one that needed their care. Certainly the early Hawaiians altered their environment, but they also had a great respect for it. That environment was protected largely by the kapu system which helped to regulate the use of the 'Āina. The kapu system, which distinguished between what was sacred and profane in accordance with the Hawaiian gods, not only controlled but preserved all the resources available to the Hawaiians, including the 'Āina.

Then, after several centuries of isolation, Hawai‘i’s shores were approached once again by foreign ocean voyagers. Europeans had long been in the Pacific, but it would take an explorer looking for a northwest passage (connecting the Pacific and Atlantic Oceans) to encounter the Hawaiian islands and introduce them to the rest of the world. The British explorer, Captain James Cook, and his crew first arrived in Hawai‘i in January 1778. Cook and his men left behind a variety of plant and animal life foreign to the islands. They also introduced foreign diseases to the Hawaiian population (venereal disease and tuberculosis, to start). Other Europeans, or foreigners, called haole by the native Hawaiians, would follow after Cook and continue to bring with them new plants, animals, and diseases. The new plants and animals would forever

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42 Eyre, *By Wind, by Wave: An Introduction to Hawai‘i’s Natural History*, 57.

change the Hawaiian landscape, and because of Hawai‘i’s previous isolation, the new
diseases would have a profound and tragic impact on the Hawaiian population. The
rapid de-population of the Hawaiian people (approximately 800,000 in 1778 to less than
40,000 in 1896) is almost incomprehensible.

For more than a decade now, the debate concerning the pre-haole population of
the Hawaiian Islands has been re-ignited, largely due to the efforts of David Stannard.
In his work, Before the Horror, Stannard challenged the prevailing estimates of
Hawai‘i’s population prior to the arrival of Captain Cook and others. Leading
demographers, including Nordyke and Schmitt, have maintained that the Hawaiian
population in 1778 should be estimated in the 200-300,000 range, 400,000 at the very

44It was not just the newly introduced diseases that would have a profound effect
on Hawai‘i and Hawaiians, but the introduction of new flora and fauna, as well as
foreign cultural ways, would also profoundly influence the ecological and cultural
environment, and give further opportunity to disease. For more on the relationship
between environment and disease opportunity and experience, see William H. McNeill,
Exchange: Biological and Cultural Consequences of 1492 (Westport, Conn.: Greenwood

45Lilikala Kame‘elehiwa, Native Land and Foreign Desires: Pehea La E Pono Ai?
(Honolulu, HI: Bishop Museum Press, 1992), 141. The population of native Hawaiians
when the haole first arrived (1778) has long been debated. Early estimates made by the
explorers are considered to be conservative at approximately 400,000 - 500,000. More
recent studies (Stannard, 1989; Kame‘eleihiwa 1992) estimate the pre-contact Hawaiian
population to be somewhere between 800,000 and 1 million. Either way, we are talking
about a 92 to 95 percent rate of depopulation! See also Table 1. “Leprosy in Relation to
Hawaiian Depopulation, 1866-1910”.

most. Using conjecture, constructed population models, population growth rates, and depopulation ratios, Stannard not only convincingly de-constructed past estimates, but provided a model that sets the figure, conservatively, at a 1778 population of 800,000 to 1 million in Hawai‘i.

As microbiologist and medical historian, O. A. Bushnell explained in *The Gifts of Civilization*, “since 1778, infectious diseases introduced by foreigners have claimed more Hawaiian lives than all other causes of death combined.” Bushnell went on to suggest that it was the isolation of the Hawaiian Islands that would produce a cruel irony in terms of the health of the Hawaiian population. First of all, being so isolated from other populations, the native Hawaiians were spared the disease experience that so many other areas of the world contended with, and as a result of that lack of experience Hawaiians did not develop the protective antibodies that would have fought against the incoming disease pathogens. Simply put, the Native Hawaiians were

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47 David Stannard, *Before the Horror: The Population of Hawai‘i on the Eve of Western Contact* (Honolulu, HI: Social Science Research Institute, University of Hawai‘i, 1989), 59. I also acknowledge Stannard’s use of the term pre-haole, which he explains on page 144 of his manuscript.


49 Ibid., 36.
vulnerable to the foreign diseases because they had never encountered them before. Secondly, the isolation and relatively comfortable environment of the Hawaiian Islands (one without over-crowding and pollution, without the presence of infectious disease) helped to produce a population in which both the weak and the strong (in immunological terms) would survive, and as such was poised to become the victim of all foreign germs and diseases.  

With the arrival of the haole, foreign diseases, and new plants and animals, the isolation that had “at once created and protected these unique islands was forever lost.”  

Another factor in the spread of disease would be the cultural changes taking place in the islands after the arrival of foreigners had shattered their isolated existence. The kapu system had “maintained strict public sanitation and environmental protection” and it provided an explanation for health and illness, thus some researchers maintain that when the kapu system was no longer in effect (by 1819), the laws that governed personal hygiene and public sanitation were also abolished, allowing for pollution of person, home, the land, and water, inviting the spread of disease.  

The kapu system defined relationships between people, and between people and

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50 Ibid., 55.

51 Eyre, By Wind, by Wave: An Introduction to Hawai‘i’s Natural History, 79.

their environment. Practically speaking, it helped to maintain good hygiene and therefore good health. As O. A. Bushnell explains, "no one dared to defile land or water or sea, no one caused waste or disarray or ugliness. Land was not blighted, water was not fouled." To be more specific, the kapu system guided Hawaiians to bathe two to three times a day, for example, and to carefully dispose of individual body wastes. Thus, as the kapu governing hygiene and sanitation for individuals, households, and communities melted away, "nothing was left to guide the people, to give them rules to live by and purpose in living." Further, as kapu concerning land and water use were set aside, not only had haole ignored the Hawaiian guidelines (and challenged the Hawaiian gods in the process), but as Bushnell points out, they also brought "dirt, disorder, and ugliness . . . the smells of unwashed bodies, the stench of rotting garbage and decomposing ordure, the stinks of civilization such as they lived in at home."

But the abolishment of the kapu system may have had more than just environmental consequences. There may also have been a psychological aspect to the breaking down of the kapu system, as relates to health. Illness was often explained as punishment for the breaking of kapu - so much so that "the incidence of psychogenic

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54 Blaisdell, "Historical and Cultural Aspects of Native Hawaiian Health," 41.
56 Ibid., 182-183.
ailments must have been very high. Bushnell illustrates this concept by explaining that “the ease with which a Hawaiian could lie down on his mat and die, when he was persuaded that an implacable god or a malign sorcerer demanded his life in forfeit, indicates that fear was more powerful than hope.” Thus, if the way in which people conceive of illness generally determines their response to it, then the dismantling of the kapu system left Hawaiians without explanation. While this in and of itself could leave one psychologically vulnerable, it also opens the door for a new explanation of health and illness to be given – the Hawaiian gods’ punishment, as explanation for disease, could be replaced by the Haole God’s punishment, as explanation for disease. This could be particularly significant in Hawaiian transformations of understanding, not only of disease in general, but of leprosy in particular.

The environmental and cultural changes were occurring at varying degrees throughout the islands as more foreigners arrived (whalers, traders) and Hawai‘i was becoming entangled in the capitalistic world system. But even as the trading ships converged upon the ports of Lahaina and Honolulu, there were still some places within

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57 Ibid., 64.
58 Ibid., 64.
the islands that would remain "set-apart", at least for a while longer. One such place was the island of Moloka'i.

**The Island of Moloka'i:**

Formed by two large shield volcanoes, the island of Moloka'i is situated southeast of the island of O'ahu. It was known for its sorcery and magic. It is said that the people of other islands stayed away from Moloka'i for fear that some evil might be cast upon them by the island's *kahuna* (priest). These *kahuna* of Moloka'i had a formidable reputation and were known as the "most powerful in all the Hawaiian Islands."

Most of the inhabitants of Moloka'i lived along the southeastern coast of the island. Known for its fish-ponds, the southeastern coast also had alluvial lowlands, gentle slopes, fertile soil and adequate water resources such that the residents there also practiced wet-taro cultivation. While not as large, there was also a concentration of population in the valleys along the northeastern coast of Moloka'i and at Makanalua. These populations were "politically distinct from the rest of the island," and the

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61 Refer to Figure 1. Map of the Hawaiian Islands, and Figure 2. Map of Moloka'i.


63 Ibid., 124.
resources available to them were not like those of the southeastern coast.\textsuperscript{64} Thus, prior to the advent of the \textit{haole} upon Hawaiian shores, Molokaʻi was set-apart from the other islands and Makanalua was distinct from the rest of the island as well.

Kamehameha I conquered the island in 1795. The result of his conquest left Molokaʻi “desolated and the population severely decreased.”\textsuperscript{65} Then, struck by an epidemic in 1803, the population of the island decreased further. It is thought that at the turn of the nineteenth century the population of Molokaʻi was anywhere from twenty to twenty-five thousand.\textsuperscript{66} The foreigners had brought new diseases to the Hawaiian Islands, and in this Molokaʻi would be no different from the other islands. By 1836, the island's population was down to approximately six thousand, twenty-seven hundred of which were said to be of Makanalua and its neighboring valleys (eg. Waikolu) to the east of the peninsula.\textsuperscript{67}

The decrease in Molokaʻi’s population was caused by many factors. Certainly many were lost in the conflict when Kamehameha I took over the island, and foreign

\textsuperscript{64}Ibid., 124.

\textsuperscript{65}Ibid., 125.

\textsuperscript{66}Robert C. Schmitt, \textit{Demographic Statistics of Hawaii: 1778-1965} (Honolulu, HI: University of Hawaii Press, 1968), 42. However, DeLoach’s research places the population as low as eight to nine thousand at that time, 125.

Figure 2. Map of Moloka'i
diseases also reduced much of the population. But other factors included the sandalwood trade which forced many to leave their fields and go into the forests without proper provisions, weakening their stamina, often leading to illness and death. Many of Moloka‘i’s residents also migrated to Honolulu and Lahaina in order to participate in whaling and trading practices there. With only a few small harbors on the south shore, a lack of provisional supplies, and a lack of fresh water for the vessels, the whaling and trading ships rarely stopped at Moloka‘i. Together, these factors contributed to Moloka‘i’s isolation. As a result, Moloka‘i gained a new reputation as the “Lonely Isle” in the early 1800s.

Along with other animal life, cattle, horses, and goats would all eventually be introduced to the island. Rudolph W. Meyer (a German immigrant who married into a prominent Moloka‘i family) would be among those who promoted cattle as a possible source of income for Moloka‘i, as early as the 1840s. Meyer would have some success with this, but for the individual native Hawaiian farmer, success would be difficult to find. Further, the 1848 Mahele did little to change the life of the Hawaiian farmer on Moloka‘i. This redistribution of royal lands to commoners, meant that these farmers now owned their kuleana (small plot of land) rather than simply holding rights to the


69 Meyer was also an agent of the Board of Health for the purpose of obtaining lands and resources for the settlement and the first superintendent of the leprosy settlement at Kalawao. He and his family lived in Kalae (topside Moloka‘i).
use of that land, under the control of the Ali’i. Those who were cultivating excess kalo often exported their surplus to Lahaina, although, by then the individual farmers were also faced with a changing economy.\textsuperscript{70}

Throughout the period 1848 to 1900, Moloka’i was struggling to find a suitable cash crop that would allow it to participate in the new commercial economy that was evolving throughout the islands. In order to compete in the new capitalist economy, the people of Moloka’i were searching for crops and enterprises that would substitute for the subsistence farming and fishing that had sustained them before the arrival of the haole to the islands. Even though many tries were made, Moloka’i was unable to find anything that would allow them to succeed in this endeavor, “therefore, for about the first 130 years of western impact, the majority of the people on Molokai maintained the old ways.”\textsuperscript{71} Thus, in an economic sense, Moloka’i remained separate from the other islands, but more importantly, the people of Moloka’i remained culturally set-apart as well, as the change to western ways was not as rapid upon that island as it was on some of the others.

Makanalua peninsula:

It has been speculated that the pali (cliffs) of the north side of East Moloka’i were formed by faulting that had supposedly dropped the northern portion of the shield

\textsuperscript{70}DeLoach, "Molokai: An Historical Overview", 129-130.

\textsuperscript{71}Ibid., 130.
below sea level. The only evidence that might support this hypothesis is the presence of the Makanalua volcano. Geologists admit that it is possible that the magma of the Makanalua volcano was brought to the surface by a fault. However, this theory is not generally accepted. Instead, it is believed that the *pali* that stands above Makanalua is a sea cliff, formed by the impressive "power of the waves driven by the trade winds across the open sweep of the North Pacific." Further, it is believed that it took approximately one million years for erosion to form those spectacular cliffs. 

It was then a small shield volcano, resting against the pali, that formed the Makanalua peninsula (see Fig. 3). The volcano of Makanalua is indented at the top by Kauhako Crater. During the last eruptions that built the peninsula, lava rose almost to the top of the crater and then drained northward through a large lava tube which later collapsed. The course of the collapsed tube is still visible today. Hardly touched by erosion, the Makanalua peninsula is fairly young (in geological terms) and is thought to have been formed some three hundred-forty thousand to five hundred-seventy

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75 Ibid., 416.
thousand years ago.\textsuperscript{76}

This prominent peninsula stands out along the north shore of the island.

Separated from "topside" Moloka'i by the ominous *pali* and surrounded by often rough ocean waters, it has been physically and symbolically set-apart from the rest of the island since its formation.\textsuperscript{77} The isolation of the islands in the vast Pacific Ocean and the isolation of Makanalua would both have significant consequences in the history of

\begin{figure}[h]
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\caption{Makanalua peninsula (KAI - June 2000)}
\end{figure}


\textsuperscript{77}Since 1980, the peninsula has continued to be "set apart", now as a National Historical Park.
disease in Hawai‘i. Isolation of the islands would render the native Hawaiians susceptible to many foreign diseases, in general, and the geographical and social setting-apart of Makanalua would dominate the history of leprosy in Hawai‘i, in particular.

**Foreign Diseases and Leprosy:**

In his political history of Hawaii, native Hawaiian historian Samuel M. Kamakau described one of the consequences of the *haole* arriving on Hawaii’s shores:

> ... with the coming of strangers, there came contagious diseases which destroyed the native sons of the land. No longer is the sound of the old man’s cane heard on the long road, no longer do the aged crouch about the fireplace, no longer do those helpless with age stretch themselves on their beds, no longer do they remain withering in the house like the cane-blossom stalks plucked and dried for the dart-throwing game. We are praying to God that we may reach the length of life of our forbears. We build churches, labor day and night, give offerings to charity and the Sabbath dues, but the land is become empty; the old villages lie silent in a tangle of bushes and vines, haunted by ghosts ... 

This loss of generations would be the result of many foreign diseases, their introduction to and consequences upon the Hawaiian population. The impact of this encounter (physical, social, cultural, economic, political) with contagion, would be overwhelming, with far-reaching consequences still evident in contemporary Hawai‘i. Many diseases were responsible for Hawaiian depopulation, for instance cholera, influenza, and tuberculosis, and many, such as smallpox, measles, and venereal disease, attacked the

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surface of the body, but it was leprosy that was visually the most disturbing and lingered the longest.

Leprosy was "set-apart" from the rest because of what it did to the human form and because of the stigma that was attached to it in the Judeo-Christian tradition. The other diseases either took your life quickly or one recovered from them with few visible signs. But leprosy lingered and disfigured, its cause was unknown, and most believed that it was highly contagious.

Leprosy's origins in the islands are said to be traceable back to the 1830s. There was a persistent myth that it was introduced to the islands by Chinese immigrants, thus the disease came to be known as ma'i pake (the Chinese sickness) and its incidence among, and association with, Hawaiian royalty also earned it the name ma'i ali'i (the royal sickness).

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79 Leprosy is also known as Hansen's disease, named for the bacteriologist who discovered the Mycobacterium leprae which causes leprosy. Many choose to use "Hansen's disease" as the term to refer to this disease because of the stigma attached to the term "leprosy". However, because the term leprosy was used historically, and this dissertation deals with the understandings of that disease, largely in the nineteenth century, the disease will most often be referred to as "leprosy". The term "leper" is highly offensive to those who have the disease and will not be used in this dissertation, the only exception being when used in direct quotation from historical documentation.

80 In other regions of the world where leprosy has been experienced (Africa, India, China, Japan, the Pacific, the Americas) outside of a predominantly Western/Christian world-view, there seems to be a common connotation of leprosy as a disease of some form of divine punishment. However, that stigma is amplified in the Judeo-Christian tradition, and is the perspective that came with the haole to the Hawaiian Islands, thus is the focus of my attention.
Ambrose Hutchison, a half-Hawaiian patient who was sent to Makanalua in 1879 (he remained there until his death in 1932) and who wrote a memoir of his experiences at the leprosy settlement, connects the two names for the disease in his rendition of the history of leprosy in Hawai‘i. As Hutchison tells it, the disease was introduced to Hawai‘i by a Chinese man (thus ma‘i pake) who had come to the islands during the sandalwood trade era (1812-1830) and later became a cook for an Ali‘i, Naea (a member of the council of chiefs of nobles), in the days of King Kamehameha III. Soon after the Chinese cook died of the disease, Naea was said to have fallen victim to it as well (thus ma‘i ali‘i) and was diagnosed by Dr. Hillebrand of the Board of Health. According to Hutchison, Dr. Hillebrand was called to the council of chiefs of nobles and told the King and chiefs what the disease was, “a disease prevalent among the different races of people on the Asiatic continent. An incurable, contagious [sic] disease, and the only remedy known to prevent the spread of the disease is isolation of the afflicted from the well.”\textsuperscript{81} Naea was banished to Wailuku, Maui, with his attendants, where he lived and died “the first known leper.”\textsuperscript{82} As Hutchison interprets it, Naea’s attendants then scattered throughout the islands after his death, spreading the disease, creating the epidemic.


\textsuperscript{82}Ibid., 6.
Regardless of when it was first introduced to the islands, reports of the disease had increased in the 1850s, and by the following decade there was great concern over leprosy throughout the Hawaiian Kingdom. On January 3, 1865, King Kamehameha V signed the “Act to Prevent the Spread of Leprosy,” determining that a hospital for the treatment of mild cases would be established near Honolulu (Kalihi) and a settlement for advanced cases would be established at an isolated peninsula on the island of Moloka‘i. Isolation became the treatment of choice, and for many the disease was then known as *ma‘i ho‘oka‘awale*, or the separating sickness. Significantly, Hawaiians did not name the disease for what it did to their bodies, but for what it did to their ‘*ohana*. Moreover, as it separated them from their families, it was a disease that set those who suffered from it apart from the rest of society for the remainder of their lives.

In its more than one hundred year history as a leprosy settlement, approximately nine thousand people (confirmed cases) were taken from their home and family and exiled to the Makanalua peninsula, to the settlements at Kalawao and later Kalaupapa, ninety percent of them being native Hawaiians.\(^3\) Surrounded by steep cliffs and treacherous ocean, the peninsula served as a “natural prison” and soon gained a reputation as a “living tomb.”

Secondary historical writings about the period in Hawaiian history state that *kanaka maoli* (native Hawaiians) had no fear or disgust of leprosy nor of those who had it. What they did fear, however, was the compulsory banishment to Kalawao, and later Kalaupapa, the public health officials that sought to send them to Makanalua, and the disdainful treatment by a fearful *haole* community that shared power with, and greatly influenced, their Hawaiian monarchy.

**Kalawao and Kalaupapa settlements:**

When the Makanalua peninsula was chosen as the location for those suffering from leprosy to be sent to, those sufferers were to live at Waikolu valley and Kalawao. Located on the east side of the peninsula, Kalawao receives a lot of rain but is blocked from the sun’s rise and set by the high *pali* above it. By 1866, when those first patients arrived, there were few native Hawaiians living at Kalawao. Those who had remained on the peninsula were mainly living at Kalaupapa, on the western side of the peninsula. The Hawaiian Board of Health expected the first patients to remain at Kalawao and fend for themselves. But they were ill and had little strength to be caring for themselves or those around them.

Kalaupapa was known as a fishing village in the 1860s. Those native Hawaiians who still lived at Kalaupapa were also cultivating *kalo* for their subsistence. They lived

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84 See Figure 4. Waikolu Valley.
on their *kuleana* and were reluctant to leave simply because the government was sending leprosy patients to the Kalawao side of the peninsula. These original inhabitants of the peninsula would remain until the 1890s when the government would force them to leave and resettle on the southeastern shore of Moloka‘i.

Whether it be first at Kalawao or later at Kalaupapa, these two settlements soon became synonymous with leprosy. The Hawaiian population of the peninsula had already declined considerably because of disease, economic, and political changes, and their residents were soon after displaced, as yet another new disease ravaged the Hawaiian population on all the islands. The new residents, sufferers of leprosy, were
given a place to live and die, at Makanalua, apart from the rest.

Even at the leprosy settlements at Kalawao and Kalaupapa there would evolve rules of separation. Kökua (helpers) would be set-apart from those they came to care for, physically and socially. Later policies set children apart from their parents. Doctors, priests, and nuns also kept physical barriers between themselves and those they were to serve. They were an integral part of the community, yet they were apart from it.

Even the sick had degrees of separation amongst themselves. Those who could no longer care for themselves were put into the hospital (in the beginning a crude building without beds). Those who were beyond caring for were set-apart and taken to hō'opau keaho, the "dying hut." In Kalawao, next to St. Philomena’s (Damien’s church) those who died were also set apart in burial; some with marked graves within the graveyard (the "clean"), most others, leprosy patients, were left un-marked outside the walls of the cemetery (the "unclean").

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85 Father Damien was a notable exception to that policy.

86 Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 3-4, 39.
A History of Makanalua

Makanalua, the “double-gift,” is a peninsula with a rich history. A promontory with three districts, it is a land of cultural, historical, economic, and geographical importance. The ahupua’a of Makanalua peninsula are particularly significant because, as native Hawaiian historian, Lilikala Kameʻeleihiwa explains:

Ideally, an ahupua’a would include within its borders all the materials required for sustenance – timber, thatching, and rope from the mountains, various crops from the uplands, kalo from the lowlands, and fish from the sea. All members of the society shared access to these life-giving necessities.  

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Kameʻeleihiwa, Native Land and Foreign Desires: Pehea La ʻE Pono Ai?, 27.
Therefore, knowing that the Makanalua peninsula was divided into three ahupua‘a tells us that the resources available to the peninsula must have been plentiful and able to support a large population.

Most of the lands of Makanalua are plains or sloping grounds between the mountains and the sea, known as kula lands. Makanalua’s plains are dry and would have needed irrigation in order to cultivate crops.88 There are three valleys that lead down to the Makanalua peninsula or its shores, Waihanau, Wai‘alei‘a, and Waikolu. Waikolu would have been a prime area for the cultivation of wetland kalo, and Waihanau and Wai‘alei‘a would have been used seasonally for kalo cultivation as well.89 The kula lands of Makanalua were used primarily for growing ʻuala.90

Many researchers agree that the natural environment of Makanalua would have supported a large human population prior to the arrival of foreigners to the Hawaiian Islands. Such a population could have been sustained by the rich marine resources and

88E.S. Craighill Handy and Elizabeth G. Handy, Native Planters in Old Hawaii: Their Life, Lore, and Environment (Honolulu, HI: Bishop Museum Press, 1972), 55.

89Gary F. Somers, Kalaupapa, More Than a Leprosy Settlement: Archeology at Kalaupapa National Historical Park (Western Archeological and Conservation Center Publications in Anthropology No. 30, 1985), 12.

90David Malo, Hawaiian Antiquities, trans. Nathaniel B. Emerson (Honolulu, HI: 1951), 205; Somers, Kalaupapa, More Than a Leprosy Settlement: Archeology at Kalaupapa National Historical Park, 12.
the cultivation of kalo and ‘uala.\textsuperscript{91} There is also a great deal of historical evidence that speaks of the significance of the Makanalua peninsula in Hawai‘i’s history, as well as of extensive human settlement at Makanalua.

For instance, Hawaiian traditions tell us of the mo‘i (king) of the island of Hawaii, Lonoikamakahiki, seeking shelter from a storm as he passed by Moloka‘i in the late 1500s. On the north-west side of the island he “hauled up his canoes, and remained the guest of the Kalaupapa chiefs until better weather should permit him to leave.”\textsuperscript{92} This great chief was welcome at Kalaupapa and the resources available to him were sufficient.

Another tradition, from the 1700s, tells of the mo‘i of O‘ahu, Kuali‘i who became involved in a dispute between the Kona and Ko‘olau chiefs of the island of Moloka‘i. The Ko‘olau chiefs had invaded the fishing grounds of the Kona side. Kuali‘i’s fleet along with the Kona forces, “made their descent on Kalaupapa, where the Ko‘olau chiefs had collected. A well-contested battle was fought, the Ko‘olau chiefs were beaten, and . . . Kuali‘i returned to O‘ahu.”\textsuperscript{93} Both of these traditions suggest that the resources of Makanalua were sufficient to both feed and fight for the mo‘i when called

\textsuperscript{91}Somers, Kalaupapa, More Than a Leprosy Settlement: Archeology at Kalaupapa National Historical Park, 12-13.

\textsuperscript{92}Abraham Fornander, Fornander's Ancient History of the Hawaiian People to the Times of Kamehameha I (Honolulu, HI: Mutual Publishing, 1996), 116.

\textsuperscript{93}Ibid., 282.
The archaeological remains found at Makanalua (stone walls, terracing, heiau) attest to the sizeable population that once lived upon the peninsula; likewise do the accounts of visitors to the Kalawao and Kalaupapa settlements in the mid- to late-1800s. A French botanist, Jules Remy, visited the hamlet of Kalawao and the large village of Kalaupapa in 1854. He spoke of the cultivated land and of riding "through one village surrounded by fields of potatoes."\[94\]

At the 1885 dedication of the Kapiolani Home For Girls in Honolulu (for girls who were born to leprous parents or suspected of having leprosy) in the speeches that were given, many descriptions of the leprosy settlement at Makanalua were included. Robert J. Creighton stated that the Kalawao ahupua’a "was evidently the seat of a dense population, and the old natives speak of it as being famous for its production of sweet potatoes and hogs."\[95\] He goes on to describe the existence of a formerly large population as evidenced by "numerous stone walls, stone fences and break-winds; there being certainly not less than thirty to forty miles of such fences. Every little holding or

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\[95\] Robert J. Creighton, "Molokai: Description of the Leper Colony on This Island," in *Dedication of the Kapiolani Home* (Honolulu, H.I.: Advertiser Steam Print, 1885), 35.
*kuleana* was securely fenced off with stones gathered from the surface of the ground.96 He speaks also of the cultivation of sweet potato and the “dense” population that lived upon this “precious” land.

In the early 1870s, the traveler Charles Nordhoff also visited the Makanalua peninsula and later published his observations and experiences. He, like many others, would assign to the entire island of Moloka‘i the designation of the place where those with leprosy would be sent, even though those with the disease were confined to the natural boundaries of the peninsula. Looking down at the peninsula from topside, he described Makanalua as “an absolute flat, bounded on three sides by the blue Pacific,”97 however, once he had descended the *pali* he found it to have a much more rugged terrain. And while Nordhoff supposed that some (in 1873) might view the peninsula as “an absolutely sterile desert” he explained that “here lived, not very many years ago, a considerable population, who have left the marks of an almost incredible industry in numerous fields inclosed between walls of lava rock well laid up.”98 He acknowledged the prevalence of *ʻuala* that was once cultivated there and remarked that “within a quarter of a century more than a thousand people lived contentedly and prosperously,

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6Robert J. Creighton, 36.


98Nordhoff, *Northern California, Oregon, and the Sandwich Islands*, 100.
after their fashion.” What remained of this formidable population, in 1873, was “about a hundred people, the remnant of the former population.” At the time of Nordhoff’s visit, there were still approximately one hundred of the original residents of Makanalua peninsula who preferred to remain “in their ancient homes” despite the presence of leprosy sufferers in their midst.

Another report of the population that existed upon the lands of Makanalua, prior to its distinction as a settlement for those suffering from leprosy, came from Jno W. Nakuino, a young Hawaiian who was sent to the peninsula in 1878. In a letter he wrote to a friend in Honolulu, he stated of Kalaupapa that “it looks as though it had been thickly [sic] inhabited a good while ago. You may see numerous places where the land was formerly cultivated, and old foundations for houses.”

It is thought that one of the reasons for the large population that resided on the peninsula was because of their success in cultivating ‘uala. Certainly, ‘uala and its cultivation played a significant role in the history of Makanalua, prior to the peninsula

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99Ibid., 100. In 1853, the population of the island of Moloka‘i was estimated at 3,607, thus a population of 1000 on the peninsula itself would have appeared quite formidable to a visitor in the early 1870s. DeLoach, "Molokai: An Historical Overview," 130.

100Nordhoff, Northern California, Oregon, and the Sandwich Islands, 100.

101Ibid., 101.

being set-apart as a leprosy settlement. In Remy’s observations of the peninsula, he explained:

Not having seen in the fields of Kalaupapa coconut trees, pandanus, taro, I asked these people why these were not planted. They replied that it was not their custom, and as regards the taro, the ground was not suitable for its cultivation; it produced potatoes in any amount at will and these could be readily exchanged for products cultivated in Waikolu.\(^{103}\)

Actually, ‘uala was exchanged far beyond Waikolu valley. In 1849, the influx of gold seekers to California, along with a growing neglect of agriculture, created a demand in California for potatoes and other vegetables from places such as Hawai‘i. By the fall of 1849, California’s need would have a profound affect on agriculture in Hawai‘i. For example, in 1849 Hawai‘i exported 306 barrels of sweet potatoes, and by 1850 that number had increased to 9,631 barrels. In 1851, that number jumped tremendously to 56,717 barrels of sweet potatoes.\(^{104}\)

The boom would end by the fall of 1851, but ‘uala would continue to be exported, albeit in smaller quantities. Nonetheless, Makanalua enjoyed a degree of prosperity cultivating ‘uala for the California market, up until the leprosy settlement was established in 1866. Indeed, researchers found that sometimes “ships from

\(^{103}\)Remy, *Journal De M. Jules Remy, Naturaliste-Voyaguer De Museum*, 23.

\(^{104}\)Somers, *Kalaupapa, More Than a Leprosy Settlement: Archeology at Kalaupapa National Historical Park*, 21. The number of Irish potatoes grown in and exported from Hawai‘i would also increase in numbers similar to those of the sweet potato.
California would come directly from the mainland to Kalaupapa.\textsuperscript{105} The peninsula’s fame as an exporter of ‘uala is further supported by the following quotation from \textit{Ka Hae Hawaii} (a Hawaiian language newspaper), in 1857:

\begin{quote}
These are sweet potatoes from ancient times. Most of mine seen here in Kalaupapa are of these kinds. . . . These three mentioned above are much sold at Kalaupapa with the addition of some white and dark sweet potatoes. . . . Kalaupapa is a good land because the crops planted are successful and the gain is large. They are not eaten by caterpillars and cut worms. The number of animals from Kalaupapa to Waikolu are over a hundred, cattle, horses, donkeys, and mules. They do not swallow these things because there is much grass. . . . Many sweet potatoes are being planted now, four or five patches to each man. . . . Kalaupapa is the best in all the islands for good prices and fast work. All the California ships come to Kalaupapa.\textsuperscript{106}
\end{quote}

But the ships that came to Kalawao and Kalaupapa from the 1860s onward would not be coming for ‘uala, but to bring patients to the peninsula instead. These new residents would leave an even greater mark upon Makanalua and its history than did the ‘uala terracing walls.

\textbf{Disease, Displacement, and Death}

Again, because of a history of isolation, diseases introduced into the Hawaiian Islands after 1778, would cause the rapid depopulation of native Hawaiians. This loss of the native population would allow foreigners to gradually displace the Hawaiians,
economically, politically, socially, and culturally.

One disease in particular, leprosy, would leave its mark on both the bodies of Hawaiians and the Land from which they were taken, and to which they were sent.

This disease in particular would cause the displacement of many people. It forced the removal of the original inhabitants from the Makanalua peninsula and it forced the removal of those suffering from leprosy from their homes in the various islands, to the isolated peninsula on Moloka‘i’s north shore.

It is a disease that caused physical, social, and cultural disruption. It was devastating from many perspectives. It devastated families and communities, and as such it devastated the ‘Aīna. Thus when Ka‘ehu the chanter asks,

_Ha ‘ina mai ka puana_  
_Nō nei ma‘i o ka lēpela_  
“What will leprosy do to my people?  
What will leprosy do to our Land?”

he is crying out not only against the disease itself, but also against the displacement it has caused, and its subsequent devastating effects, to their bodies and to their families.

As a result of the depopulation and displacement of its residents, Makanalua would suffer as well. Being set-apart physically and culturally, the peninsula would challenge its new residents as they struggled to manage its resources and survive in isolation.

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The social and geographical environment of isolation that Makanalua offered to those suffering from leprosy had a significant impact on their experience with the disease. The connotation of the peninsula as a "natural prison", the hardships of life in isolation without proper resources, supplies, or medical care, the stigma of a disease labeled as punishment, and the daily experiences with disease and death, would all influence the life of the leprosy sufferer. The relationship between the environment and the historical actor is a significant and dynamic one. As environmental historian William Cronon explains,

Environment may initially shape the range of choices available to a people at a given moment, but then culture reshapes environment in responding to those choices. The reshaped environment presents a new set of possibilities for cultural reproduction, thus setting up a new cycle of mutual determination. Changes in the way people create and re-create their livelihood must be analyzed in terms of changes not only in their social relations but in their ecological ones as well.\(^{108}\)

Essential to this history of leprosy in Hawai‘i is the relationship between the native Hawaiian and the ‘Āina. As such, the Land, its influence, connections, and uses, in the history of leprosy in Hawai‘i must be discerned. Thus, there are some Hawaiian concepts that are of particular importance to our understandings of this history because they speak to Hawaiian connections to the Land and can provide us with the necessary

It is important to look for Hawaiian metaphors to use as models when striving to reconstruct the past from a Hawaiian perspective.\textsuperscript{109} The best metaphors are found in the Hawaiian language itself, for language is intimately connected with cultural concepts.\textsuperscript{110}

`Āina is the Hawaiian term for Land, but it is much more than that. Literally, the term means that from which one eats. Moreover, according to Hawaiian traditions, the Akua (Gods) made the `Āina, thus “having been born of the Akua, the `Āina is itself an Akua.”\textsuperscript{111} Further, as previously mentioned, Hawaiians are connected to the Land and to each other through the parentage of Wākea, “from whom all Hawaiian genealogies stem as the ancestor of the Hawaiian people.”\textsuperscript{112} Moreover, as native Hawaiian scholar, David Malo, explained “commoners and chiefs were all descended from the same ancestors, Wākea and Papa.”\textsuperscript{113}

\begin{itemize}
\item \textsuperscript{109} For historical (ethnographic) models, I am responding to the work and influences of Dening, Kame‘eleihiwa, and Sahlins.
\item \textsuperscript{110} Kame‘eleihiwa, \textit{Native Land and Foreign Desires: Pehea La Ē Pono Ai?}, 8.
\item \textsuperscript{111} Ibid., 10.
\item \textsuperscript{112} Beckwith, \textit{Hawaiian Mythologies}, 294.
\item \textsuperscript{113} Malo, \textit{Hawaiian Antiquities}, 52.
\end{itemize}
*Kumulipo*, wherein the genealogical sequence of the birth of the Land is provided.\(^{114}\)

The metaphor that is provided by the *Kumulipo* is significant to this study that concerns the Land. Kameʻeleihiwa suggests that the essential lesson of the *Kumulipo* is that "every aspect of the Hawaiian conception of the world is related by birth, and as such, all parts of the Hawaiian world are one indivisible lineage."\(^{115}\) Kameʻeleihiwa further asserts that

> When recounting a history in Hawaiian terms it is, therefore, important to examine the beginnings of and the relatedness of the players. These genealogical relationships form the parameters of cultural patterns inherently reproduced in Hawaiian history.\(^{116}\)

Then it is of great significance that the Gods, Land, and Chiefs are all considered divine in Hawaiian mythology. This is important to understand because it speaks directly to Hawaiian identity. Kameʻeleihiwa explains:

> Hawaiian identity is, in fact, derived from the *Kumulipo*, the great cosmogonic genealogy. Its essential lesson is that every aspect of the Hawaiian conception of the world is related by birth, and as such, all parts of the Hawaiian world are one indivisible lineage. Conceived in this way, the genealogy of the Land, the Gods, Chiefs, and people intertwine with one another and with all the myriad aspects of the universe.\(^{117}\)

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\(^{115}\) Kameʻeleihiwa, *Native Land and Foreign Desires: Pehea La Ė Pono Ai?*, 2.

\(^{116}\) Ibid., 3.

\(^{117}\) Ibid., 2.
Such relationships are essential to understand if one hopes to comprehend the changes that were influenced by external forces, such as foreign disease and treatments for disease, because these diseases did not just devastate native Hawaiian bodies, they devastated the Land as well.

The connection between the Land and the people is best exemplified in the Hawaiian concepts of ‘Āina, mālama ‘Āina, and pono. They are significant and connected in that it is the duty of all Hawaiians to mālama ‘Āina (care for the Land) and in return the ‘Āina will mālama the Hawaiians, thus achieving pono (well-being, balance). Disease, of course, would disrupt this balance.

These important lessons are also illustrated in the moʻolelo of Wākea. The historical metaphor offers us great insight, first of all to “man’s familial relationship to the Land, that is, to the islands of Hawai’i and Maui, and to the kalo Hāloa-naka, who are the elder siblings of the Hawaiian Chiefs and people.” That is the relationship that is reflected in the tradition of Mālama ‘Āina, “caring for the Land.” The Land is the elder sibling of the people. It is the duty of younger siblings and junior lineages to love, honor, and serve their elders. Kame‘elehiwa explains, “The Hawaiian does not desire to conquer his elder female sibling, the ‘Āina, but to take care of her, to cultivate her properly, and to make her beautiful with neat gardens and careful husbandry.” And

\(^{118}\text{Ibid., 25.}\)

\(^{119}\text{Ibid., 25.}\)
by the same token, the Land is there to care for the people: “it is the reciprocal duty of
the elder siblings to hānai (feed) the younger ones, as well as to love and ho‘omalu
(protect) them.”\textsuperscript{120}

The metaphor of the relationship between the Land and the people is an
essential one and provides us with an understanding of the Hawaiian world view. This
understanding is significant in finding models with which to reconstruct the past. Greg
Dening, in \textit{Islands and Beaches}, teaches that models are imposed while metaphors are
understood. He suggests that understanding others can have two meanings, that is, “it
can mean entry into the experience of others in such a way that we share the metaphors
that enlarge their experience” and therefore we can better understand encounters of the
past or we can translate it into a model that only illuminates our present
consciousness.\textsuperscript{121}

The hope is that one can attempt a more accurate history by constructing a
model based on the metaphors of the culture being studied. In other words, this
dissertation is an attempt to study the native Hawaiian experience with leprosy, based
upon Hawaiian metaphors. If Hawaiian attitudes toward the Land and their physical
connection to the Land can be reconstructed and understood, then it may also be

\textsuperscript{120} Ibid., 25.

\textsuperscript{121} Greg Dening, \textit{Islands and Beaches: Discourse on a Silent Land, Marquesas
possible to explore how those attitudes changed over time as a result of their experience with foreign diseases, including leprosy.

There are not many records (journals, writings) left by native Hawaiians directly affected by leprosy, thus the challenge is to find a way to reconstruct their experience, that we might have a better understanding of the history of leprosy in Hawai‘i as a whole.\(^{122}\) In such circumstances, Greg Dening has suggested that ethnographic historians (indeed, all scholars) also learn to translate the silences, especially when it comes to striving to find the native voice.\(^{123}\)

Even as this is a study of the Hawaiian experience with leprosy, using Hawaiian models based on Hawaiian metaphors to illuminate this piece of the past,\(^{124}\) it must also take into consideration the haole metaphors that were also at work during this experience with leprosy in Hawaiian history. The haole metaphors must also be

\(^{122}\)The writings of Ambrose Hutchison and Peter Kaeo, both prominent Hawaiian residents of the leprosy settlement, will be utilized as much as possible. Letters to the Board of Health, from residents of Kalawao, will also be considered. While these writings provide some perception into the lives of those living at the settlement, the letters to the Board do not provide the kind of personal insights letters to their families may have contained.


acknowledged because, as Kame‘eleihiwa explains, the two realities (Hawaiian and haole) must be presented side by side, in order to present “a more plausible reconstruction of the historical events.” Yet, it must also be kept in mind that culture and its metaphors are not fixed, but rather continue to change with time.

Thus one of the questions to be asked and answered by this dissertation is how did leprosy influence the transformations of cultural metaphors and models, of the Land, of native Hawaiians’ relationship to the Land, and of Native Hawaiians’ perceptions of the body, disease, and medicine, from a Hawaiian perspective. Likewise, how the haole and haole metaphors and models of Hawaiians with leprosy influenced the transformations of cultural metaphors and models, of the Land, of Native Hawaiians’ relationship to the Land, and of Native Hawaiians’ perceptions of the body, disease, and medicine will also be considered.

It is my contention that through the use of Hawaiian and haole metaphors as models, combined with an attention to the environment of Makanalua, another layer of understanding can be added to the history of leprosy in the Islands – in particular the daily struggles of living with a disease such as leprosy, in Hawai‘i. It is time that we give a voice to those who suffered from the disease and gain some insight into their


daily lives as leprosy sufferers, to go beyond those histories that have focused on the exemplary service of a Catholic priest, and tell the story of – or give a voice to – those whom he served. It is a formidable task indeed, in that, as anthropologist Arthur Kleinman has stated, “we, each of us, injure the humanity of our fellow sufferers each time we fail to privilege their voices, their experiences.”

On one level my over-arching theme is quite simple. A peninsula was geologically “set apart”. Geographically, the Hawaiian Islands are set apart from the other Pacific Islands. Of the many infectious diseases introduced to the islands, one (leprosy) is set apart from the others – in its history, its slow pathology, its long-term treatment, its consequences. As such, the influence of this isolation (environmental and cultural) on the history of the Hawaiian Islands is profound.

In the following chapters, the history of leprosy in Hawai‘i is told from both a global and local perspective, in hopes of connecting the two. Chapter two begins with a general look at the disease, leprosy, placing it in the larger context of foreign disease introduced to the Hawaiian Islands in the nineteenth century. A bio-medical explanation of leprosy, along with its cultural history, are offered. A general history of the disease, leprosy, in Hawai‘i will also be outlined.

Focusing on the local experience, the third chapter discusses the ways in which

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the disease and its victims were “criminalized” by their treatment in Hawai‘i. The laws that regulated this disease and the implementation of those laws are discussed. The chapter that follows considers the ways in which Hawaiians and those afflicted with the disease resisted against the 1865 Act and its application. Chapter five deals directly with life in the leprosy settlement – with the daily onslaught of disease and death – in an isolated environment. Returning to the larger picture, the sixth chapter considers the consequences of this disease, its treatment, and history, on the Hawaiian individual, community, and culture, concluding the dissertation.
CHAPTER 2:
"HE MA'I MAKAMAKA'OLE": THE DISEASE THAT DEPRIVES ONE OF RELATIVES AND FRIENDS

Captain James Cook and his crew came upon the Hawaiian Islands in 1778, their wake forever altering the economic, political, social, cultural, and disease contexts of the island chain and its people. In many ways, haole influence over the islands would come swiftly and almost unseen. By 1810, King Kamehameha, the paramount chief, had gained control over all the islands, but not without the help of his two haole captives, turned advisers, the Englishmen John Young and Isaac Davis. The conquering Kamehameha was able to centralize his power, cultural systems, a tribute system, and the economy. But no sooner had the centralized kingdom been achieved than it began to fall apart at the hands of Kamehameha’s governors and the sandalwood trade. Kamehameha’s heirs would succeed him, but by the time of Kauikeaouli (Kamehameha III, 1824-54), Hawaiian control of the kingdom was declining. Haole took over the government and turned it into a constitutional monarchy. As anthropologist Marshall Sahlins put it, “progressively undermining the ruling chiefs, the Haole officers of the kingdom also attempted to reconfigure the kingship into a subtropical caricature of

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By the late 1840s, the Hawaiian government was basically in the hands of the haole, mostly Americans. It was not long before rural areas, in other words the people’s lands, were also under foreign control. The 1848 Mahele privatized land and gave alienable rights to Hawaiians, however, other complementary laws allowed the haole to gain titles in fee simple – a combination which “proved fatal to native Hawaiian ownership of the soil and the integrity of native Hawaiian society.”

The declining sandalwood trade gave way to the whaling era in Hawai‘i, bringing more and more foreigners to the islands and, by the 1860s, provisioning the whalers encouraged a ranching and plantation economy of cattle and sugar – the haole were now in control of Hawai‘i’s resources and strongly influencing its government. It is into this political and social context that I return to the discussion of introduced diseases to Hawai‘i.

Foreign Diseases in Hawai‘i

By 1865, when leprosy was of great concern to the Kingdom of Hawai‘i and its Board of Health, Hawaiians had already suffered greatly at the hands of many foreign diseases. Foreigners, that is explorers, traders, whalers, and settlers, brought these


\[\text{\textsuperscript{3}Ibid., 3.}\]

\[\text{\textsuperscript{4}Ibid., 3.}\]
foreign diseases to the Hawaiian Islands. Captain Cook and his men introduced venereal diseases and tuberculosis to Hawai‘i in 1778 and from that moment onward, the native Hawaiians would be assaulted again and again by a myriad of epidemics. There were three "[great] epidemics in Hawaiian history," namely the \textit{ma‘i okuu} of 1804, the epidemics of 1848-49 (which included measles, whooping cough, dysentery, and influenza), and the smallpox epidemics of 1853.\textsuperscript{5} These epidemics all contributed to the dramatic decline of the Hawaiian population and many of these outbreaks seriously challenged the economy and social fabric of the Hawaiian Kingdom as the population continued to decline with each invading disease.

\textit{Ma‘i okuu} was said to have "destroyed a great number of men, women and children, and took off the majority (\textit{hapa nui}) of the population," during the time of Kamehameha I.\textsuperscript{6} Yet, while many scholars (physicians and historians) have analyzed the available second-hand accounts and popular traditions of the outbreak (along with suggested population demographics for the time it is thought to have struck) there is no clear consensus as to the Hawaiian name for the disease, where the disease originated, how widespread it was, how long it lasted, nor its final death toll.\textsuperscript{7} Indeed it would


\textsuperscript{6}"Ma‘i Oku‘u," \textit{Kuokoa}, February 28, 1863, 96.

\textsuperscript{7}Schmitt, "The Okuu -- Hawaii's Greatest Epidemic," 362.
seem to have been called by many different names by Hawaiians, 'okuu being the most common, because "the people 'okuu wale aku no i ka uhane," i.e., dismissed cruelly [sic] their souls and died." Further, few are in agreement as to what the sickness truly was, although, Asiatic cholera seems the most probable and the death toll from the outbreak is estimated anywhere between five and fifteen thousand. 

The epidemics of 1848 - 1849 were some "of the most devastating in Island history" claiming an estimated ten thousand lives (more than one-tenth of the population at that time). Measles and whooping cough struck first and simultaneously. They were followed by outbreaks of diarrhea and influenza. If death was not the consequence of these diseases themselves, complications resulting from the secondary effects of the infections would often take life.

The smallpox epidemic of 1853 took the lives of five to six thousand in its path. In February of that year a ship, the Charles Mallory, arrived in Honolulu, "carrying

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8 Thomas G. Thrum, "Hawaiian Epidemics," Hawaiian Annual (1897), 95.


11 For instance, the most common complication of influenza is secondary bacterial infections, such as purulent bronchitis and pneumococcal or staphylococcal pneumonia; heart disease could also be a secondary effect. Ibid., 4.

at least one person still showing symptoms of smallpox."\textsuperscript{13} He was isolated on shore, not aboard the ship he had arrived on. The remaining six vaccinated passengers were also allowed to land, after the mail and all baggage was fumigated. The passengers all "took salt-water baths, had an entire change of clothes, and went into quarantine for two weeks."\textsuperscript{14} Measures were taken by the Board of Health to confine the disease and for the general good, vaccinated the people in hopes of preventing the spread of the disease,\textsuperscript{15} however, the smallpox virus still spread. By May there was a full epidemic that lasted until January 1854 – thus it was known as "ka wa hepela" – the smallpox time.

Smallpox came to Honolulu again in 1881, whereupon "The Board of Health sought by prompt action, a vigorous quarantine and restriction on inter-island travel to confine its ravages" and fortunately, the disease did not spread beyond the island of O'ahu.\textsuperscript{16} This time the epidemic lasted approximately five months and resulted in 282 deaths.

Beyond these three notable epidemics, Hawai‘i was of course affected by the

\textsuperscript{13}O. A. Bushnell, \textit{The Gifts of Civilization: Germs and Genocide in Hawai‘i} (Honolulu, HI: University of Hawaii Press, 1993), 210.


\textsuperscript{15}Thrum, "Hawaiian Epidemics," 98.

\textsuperscript{16}Ibid., 100.
introduction of many other diseases as well. The list is long. Most simply carried away their victims, adding to the rapid and disturbing decline of the native Hawaiian population. Yet, there was one disease of epidemic proportion that would grant its victims a slow death, and despite its slower pace, its impact on the social and cultural foundation of the islands would make it one of the most significant in Hawaiian history.

It is thought that leprosy (ma‘i pake, ma‘i ali‘i, or ma‘i ho‘oka‘awale) came early to the Hawaiian Islands (perhaps in the 1820s or 1830s), but it did not attain levels of great concern until the 1850s and 1860s. Thousands of victims of leprosy (ninety percent being Native Hawaiians) would suffer at the hands of the disease, in confinement on the Makanalua peninsula. Leprosy was new to the Hawaiian Islands, but the disease itself has had a long history.

Leprosy

A General History:

Leprosy (now known as Hansen’s disease) is one of the oldest and most feared diseases in human history. The geographical origin of leprosy is thought to be in Asia, perhaps within the Indus River Valley. It is thought that the returning army of

17Between 1866 and 1915, the number of those in Hawaii who suffered from leprosy (including those who were segregated and those who, according to Dr. Mouritz, were known to have the disease but were not segregated) totaled 9,696. A. A. St. M. Mouritz, The Path of the Destroyer: A History of Leprosy in the Hawaiian Islands and Thirty Years Research into the Means by Which It Has Been Spread (Honolulu: Honolulu Star-Bulletin, Ltd., 1916), 165. See also Table 1 and Table 2.
<table>
<thead>
<tr>
<th>Census Year</th>
<th>Hawaiian Population</th>
<th>Percentage of depopulation(^{18})</th>
<th>Percentage of depopulation(^{19})</th>
<th>Hawaiians with Leprosy segregated</th>
<th>Percentage of population segregated</th>
</tr>
</thead>
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<td>58,765</td>
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<td>95.1</td>
<td>658</td>
<td>1.7</td>
</tr>
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</table>

Table 1. Leprosy in Relation to Hawaiian Depopulation, 1866-1910

\(^{18}\)Percentage of depopulation based on Lieutenant James King’s estimate of 1778 Hawaiian population of 400,000.

\(^{19}\)Percentage of depopulation based upon a 1778 Hawaiian population of 800,000 as asserted by David Stannard in *Before the Horror: The Population of Hawai‘i on the Eve of Western Contact.*
Alexander the Great in 327 BC, and later Roman armies, introduced the disease to western civilizations and facilitated its early spread. In the seventh and eighth centuries, a precedent was set for the mixing of accusations of religious heresy and leprosy, fostering the development of the stigma attached to the disease. Constructing leprosy to include the "impure outsider", the Lombard king Rothari incorporated the following into a law code:

If anyone is affected with leprosy and the truth of the matter is recognized by the judge or by the people and the leper is expelled from the *civitas* or from the house so that he lives alone, he shall not have the right to alienate his property or to give it to anyone because on the day he is expelled from the home it is as if he had died. Nevertheless, while he lives, he should be nourished on the income from that which remains.

The disease became quite prevalent during medieval times, although its increase was likely exaggerated by mis-diagnosis and confusion with other diseases that demonstrate similar visible stages, not to mention moral constructs. Yet most significantly, leprosy provided "a prism for Christian thinking about disease," in that disease in general, and leprosy specifically, was "no less a religious than a medical diagnosis, it was associated with sin, particularly lust, reflecting the assumption that it was spread by sex."

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20 Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven: Yale University Press, 1997), 44.

21 Quoted in Watts, *Epidemics and History: Disease, Power and Imperialism*, 45.

But not all early medical practitioners connected the disease with private moral behavior. For example, Aretaeus of Cappadocia, an Alexandrian physician in the first century CE, regarded leprosy as simply a disease of the body. Although he did acknowledge that "because of the physical disfigurement it caused, true leprosy frightened many people: 'for this reason there are those who abandon their most cherished relatives in the desert and the mountains . . . even if [they are] one's own son, father, or brother." Moreover, between the seventh and eleventh centuries, Muslim scholars were able to present clinically correct descriptions of leprosy and "it was not seen as a moral category or as a punishment sent from on high." However, the West would not find their meanings for "leprosy" in these medical or literary sources. Instead, they would gain their insights from sources that were largely influenced by those of the clergy, seeking to interpret the Judaic-Christian scriptures.

Unfortunately, the Hebrew word tsara'ath which was translated as leprosy in the book of Leviticus and other parts of the Old Testament is today believed to have included a wide variety of diseases, not necessarily leprosy as we know it today. As a result of errors in translation by Jewish and Arabic scholars of the Bible from Greek sources, "the condition of spiritual uncleanness of tsara'ath, which was a matter for investigation and treatment by the priests, became associated . . . with the mutilating

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23Watts, Epidemics and History: Disease, Power and Imperialism, 46.

24Ibid., 46.
deformities of leprosy."\(^{25}\)

In the *New Testament* the Greek word *lepra* was used to describe the disease and it is more likely that it was indeed what we call leprosy today. However, the Christian world’s view, reaction, and treatment of “leprosy” was based upon understandings from both the *Old* and *New Testaments*. Thus disease, and in particular “leprosy”, could be viewed “as an opportunity for spiritual as well as physical cleansing or purification.”\(^{26}\) Further, the societal view of illness has often removed individuals from their daily routines and responsibilities and some cultures would physically remove and isolate the sick from the rest of society to the extent that they would be deemed socially “dead” long before the disease claimed their life.

Throughout history and various cultures, leprosy was likewise treated. This “treatment” was justified by the teachings found in the *Book of Leviticus*.\(^{27}\) Thus the Christian West would build upon this foundation and be convinced that “leprosy was God’s punishment for sin and that lepers must be driven out of the camp.”\(^{28}\)

In Western Europe, from 1090 to 1363 CE, there occurred what scholars have


\(^{26}\) Ibid., 170.

\(^{27}\) *Leviticus* 13:44-46.

labeled “The Great Leper Hunt”. The question remains as to how those with leprosy were identified and how their diagnosis was confirmed. The Book of Leviticus was still the guiding force in determining the responsibility for judging those with leprosy and imposing their “treatment”. Some scholars have suggested that the “leper hunt” had little to do with a physical disease and more with removing inconvenient people or trouble-makers from society. Thus it could be argued that a construction of leprosy was used as a “tool of social control” in the Middle Ages, as several thousand leprosaria were opened in Western Europe between 1090 and 1240 CE. Further confusing the issue are the ambiguities inherent in the Christian interpretations and meanings placed upon leprosy and “lepers”:

Though a leper could be seen as a representative of Christ offering opportunities for Christian charity, the leper was also seen as a sin-curst being who, following the precepts of Leviticus, must be cast out of the community of the faithful.

While some societies would regard leprosy as a disease like any other, the stigmatizing of leprosy was largely a cultural construct of the West.

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30 Watts, Epidemics and History: Disease, Power and Imperialism, 50.

31 Ibid., 52.

Thus, by the nineteenth century, westerners concerned with the “Imperial Dangers” of diseases such as leprosy in places like India and Hawai‘i, had inherited this socially constructed understanding of leprosy and acted upon that understanding. As they perceived it leprosy was “God’s punishment for dark, hidden thoughts, words and deed, usually involving disgusting forms of sex.”^{33} Moreover, those with leprosy were in need of moral cleansing more than medical care, thus most of the work among the diseased was done by missionaries, missionary doctors, and religiously motivated volunteers.^{34} During this time of “Imperial Danger”, leprosy seemed to be found most commonly in the tropics and certain ethnic groups were particularly susceptible. Thus debates began concerning the hereditary nature of the disease, and whether or not confinement of those afflicted was necessary.

In 1862-63, arguments against confinement of leprosy patients included, “a committee of the Royal College of Physicians [who] decided that leprosy, historically amongst the most feared contagions, was a hereditary disease and recommended that ancient leper statutes be repealed.”^{35} The British committee was responding to a request from colonial officials in the West Indies as to whether confining those with the disease

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^{33}Watts, *Epidemics and History: Disease, Power and Imperialism*, 43.

^{34}Ibid., 43. Father Damien fits well into this model.

was justified or not. Throughout the world of western influence, the debate as to the hereditary or contagious nature of the disease would continue, infused as much by medical understandings as by the socially constructed views of the disease.

When leprosy became prominent in Hawai‘i in the mid-1860s, disease theories and medical practices were very diverse. There were both conflicting as well as shared ideas in the world of medicine, but what most western medical practitioners did agree on was that empiricism should be relied upon more heavily than theory. In other words, physicians were relying upon experience and observation to build up their medical knowledge, often avoiding “theory.” But when theory did prevail, the most popular ones concerning disease and germs, supposed that contaminants arose within the body. But just as important, explains medical historian Michael Worboys, “doctors saw the external environment as an important factor in the origin and development of all manner of internal diseases, acting directly on tissues, as with the effects of colds and chills, or indirectly, as when predisposing the body to particular conditions, as with dampness.”

While most physicians would have been aware of developments in the field of medicine, mostly through contact with their colleagues, few would have had the

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36 Ibid., 28.
37 Ibid., 22.
38 Ibid., 22.
opportunity to make their own investigations. As such, the modern concept of the
"germ theory of disease" did not begin to take hold until the 1870s. It must be
acknowledged, however, that during this era there were many germ theories of disease.
Further, many "existing medical and sanitary procedures, such as disinfection, isolation,
antisepsis, anti-inflammatory remedies and vaccination" that would be specified as
ergem theories, were further redefined and elaborated after 1865. 39 How these
developments influenced medical practices in Hawai'i will be discussed below.

In the mid-1800s a dominant metaphor in germ theories of disease and health
was "the botanical one of 'seed and soil'". 40 That is, disease-germs would plant
themselves in soil that was conducive to their growth. The implications of such
metaphors on the understandings and representations of a population such as that of
the Hawaiians would be quite far-reaching. Essentially, the haole contingent tended to
view the native Hawaiians as poor, unsanitary, uncivilized, and unclean, a "soil" in
which the "seeds" of disease could grow quite readily. The continual onslaught of
epidemic disease was already "proof" of that theory for many of the foreigners, and
their presence in the islands was thus further justified in order to implement western

39 Ibid., 5.
40 Ibid., 6.
ways of dealing with disease that the "dying race" might be "saved". For many, leprosy was the prime example of a disease finding a rich "soil" in which to grow, and it provided the haole residents with an opportunity to exercise their understandings of the disease and how it should be treated.

The Social Construction of Leprosy:

The stigma that leprosy carries with it from the Western/Judeo-Christian tradition is a strong and negative one. From the Old Testament, Book of Leviticus through to Luke in the New Testament, "lepers" are interpreted as being cursed, diseased, contagious, ungrateful, and unclean. In Biblical times, leprosy was thought to be very contagious, thus "lepers" were forbidden by law to enter any walled city. If a stranger approached, the "leper" was obliged to cry "unclean". The disease was regarded as a living death and in some cases was thought to be given as a sign, a warning, or a punishment. Further adding to the stigma was the public discomfort of the appearance of those disfigured and suffering from a disease thought to be highly contagious.

Add to this stigma the haole perceptions of Hawaiian culture as being uncivilized, immoral, and lascivious. Haole writers considered Hawaiians to be in

41See David Arnold, Colonizing the Body (Berkeley: University of California Press, 1993).
"want of cleanliness," and having insufficient or poor diets. Further, its early association with syphilis lead many to perceive leprosy as a sexually transmitted disease—a fit punishment for the promiscuous.

Susan Sontag has argued that diseases for which the cause is mysterious are often understood as judgments on a society and as such offer the best possibilities as metaphors for what is thought to be socially or morally wrong with that society. Any disease that is both highly feared and mysterious will be seen as morally, if not literally, contagious. Sontag asserts that with the advent of Christianity, which imposed more moralized notions of disease, "the idea of disease as punishment yielded the idea that a disease could be a particularly appropriate and just punishment." Moreover, in the

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43 One of the prevailing theories amongst some physicians in the late 1800s, in Hawai‘i, was that leprosy was actually the fourth stage of syphilis. In opposition to the theory, Dr. Edward Arning, a bacteriologist conducting research in Hawai‘i in the 1880s, thought the theory ridiculous and suggested that if those in power truly believed that it was true, then the logical thing to do would be to stop syphilis before it became leprosy, and that the government should really be establishing syphilis settlements rather than leprosy settlements! "Report of Dr. Edward Arning," in *Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom*, in *MMHC, Box 27: Leprosy. File 289 (1)* (Honolulu, H. I.: Daily Bulletin Steam Printing Office, 1886), 148.

tradition of political philosophy, disease has served as a metaphor for social disorder, and the importance of cutting off serious disease early, while it is relatively easy to control, is seen as the rational response. According to Sontag, the disease metaphor in modern political discourse assumes a punitive notion in which the disease is not seen as a punishment but as a sign of evil and something to be punished.\textsuperscript{45} Leprosy and its treatment in the late nineteenth and early twentieth centuries, as experienced in Hawai‘i, conforms to these processes as described by Sontag.

Throughout its history there has been serious disagreement with respect to how leprosy was transmitted from one person to another, if it was hereditary or contagious, and, if so, just how contagious it was or was not. In the late nineteenth century leprosy was increasingly moralized as a just punishment for a corrupt and diseased society. Many in Hawai‘i discussed how the disease was caused by divine wrath, or that it was due to sexual intercourse with an infected woman.\textsuperscript{46} The cause of the disease came to be seen as indigenous and was situated in the promiscuous sexuality of the culture. In a paper read to the Honolulu Social Science Association in 1888, Rev. S. E. Bishop’s discourse was typical of haole judgments of the time. In answer to the question “Why

\textsuperscript{45} Ibid., 5-6, 61, 78, 82.

\textsuperscript{46} Walter M. Gibson, "Address by the President of the Board of Health," in Dedication of the Kapiolani Home for Girls, the Offspring of Leper Parents, at Kakaako, Oahu, by Their Majesties King Kalakaua and Queen Kapiolani (Honolulu, H.I.: Advertiser Steam Print, 1885), 18.
are the Hawaiians Dying Out?”, Bishop reasoned the causes in the following order: unchastity (among females as well as males), drunkenness, oppression by the chiefs, infectious and epidemic diseases, *kahuna* (Hawaiian priest or expert) and sorcery, idolatry, and wifeless Chinese. He refers to Hawaiians mingling “freely with lepers” and their regarding the “segregation of their leprous relatives as a cruel and uncalled for severity” and offers this as “only one illustration of the habitual indifference of this people to sanitation, whether in physics or in morals.”

To most *haole*, Hawaiians’ social relationships, sexual mores, religion, diseases, medicines and *kahuna* were subjects for disapproval if not outright condemnation. It was even thought by some that the Hawaiian diet was to blame, thus because Hawaiians were more apt to contract leprosy than were the foreigners in Hawai‘i, the native food staple, poi (the food, not just the act of eating it), was at one time suspected to be the cause of the spread of the

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48 O. A Bushnell, 68.
Medical History of Leprosy and Its Treatment:

Leprosy is a disease that is highly feared by many and throughout history was thought to be highly contagious. In reality it is one of the least contagious of diseases. It is a chronic bacterial infection that attacks the nervous system, mainly in the limbs and facial area, causing patches of skin to lose feeling and creating ulcerating lesions that appear on the hands and feet. Further, as the nerves degenerate, the glands that oil the skin cease to work, and as the skin cracks, the extremities are left vulnerable to secondary infection. The nerve damage further creates a variety of visible symptoms—collapsed nose, claw-like remains of hands and feet, loss of eye brows, blindness.

When the "Act to Prevent the Spread of Leprosy" was signed by King Kamehameha V in 1865 and implemented by the Board of Health in the Hawaiian Kingdom, little was truly understood about the disease and its transmission. It was not until 1873 that Gerhard Henrik Armauer Hansen, a Norwegian bacteriologist, discovered the leprosy bacillus. His discovery disproved the theory that leprosy was

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49 Ronald F. Chapman, "Leprosy in Hawaii: Scare Advertising at the Turn of the Century," _Hawaiian Journal of History_ 13 (1979), 124. Dr. Mouritz also discusses at great length the possibilities of transmission in the Hawaiian way of eating poi (namely all dipping and licking their fingers as they take poi from the bowl), but he does not condemn the practice, rather merely points out how the bacillus could be transferred as a result. A. A. St. M. Mouritz, _The Path of the Destroyer: A History of Leprosy in the Hawaiian Islands and Thirty Years Research into the Means by Which It Has Been Spread_ (Honolulu: Honolulu Star-Bulletin, Ltd., 1916), 125.
hereditary and focused future research on its nature as an infectious disease and its potential cure. However, three decades would pass before a possible remedy, chaulmoogra oil, was found and it would not be until the 1940s that an effective treatment, sulfone drugs, would be discovered. In 1949 it became law that the official designation for the disease in Hawai‘i would be “Hansen’s disease” rather than “leprosy”, but despite a known treatment and a name change the stigma and public fear remained. And even with this “cure”, the rules and regulations of segregation persisted, reminding the people of Makanalua that not only were they still patients but social outcasts as well. It was not until 1969 that the isolation policies were rendered obsolete and the segregation law was ended.

Caused by the bacterium, *Mycobacterium leprae*, Hansen’s Disease is spread in droplets of nasal mucus, but a person is infectious to others only during the first stages of the disease and only those living in prolonged close contact with the infected person are at risk of infection. Further, less than five percent of the world’s population today is susceptible to the disease. It has a very long incubation period (minimum three to five years, though there have been extreme cases of three months to forty years) and most of the destructive effects of the bacteria on nervous tissue are caused by a reaction of the body’s immune system to the organisms as they die, and not by bacterial growth. Most who are exposed to *Mycobacterium leprae* remain unaffected by it; in those who are affected, the bacterium grows within the skin and nerve cells and can cause a variety of
symptoms depending upon the person's immune response to the growth of the
bacteria.\textsuperscript{50} Because the bacterium prefers temperatures slightly lower than normal body
temperature, symptoms often appear first in the cooler parts of the body (hands, fingers,
feet, face, nose, earlobes).

There are two main types of the disease, lepromatous leprosy which is quite
severe, and tuberculoid leprosy which is milder. Initially the damage is confined to the
nerves which supply the skin and muscles, causing a lightening or darkening of skin
areas. As the disease progresses these nerves swell and become tender. Hands, feet,
and facial skin become numb and the muscles become paralyzed.\textsuperscript{51} The symptoms of
the disease depend heavily upon the patient's cellular immune response against the
bacteria. Normally, when faced with infection, the human body will defend itself
through two processes of the immune system. The first is the humoral immune
response in which antibodies are produced to attack and destroy the infectious agents
that are present in body fluids (eg. blood). The second is the cellular immune response
which produces white blood cells that can destroy infectious agents associated with
cells. But because \textit{M. leprae} "hides" and grows within human cells, only a cellular
immune response can be of any help against the infection. Further, the "ability to

\textsuperscript{50}Vicki J. Isola, "Leprosy," in \textit{Magill's Medical Guide: Health & Illness} (Pasadena,

\textsuperscript{51} \textit{The American Medical Association Encyclopedia of Medicine} (New York:
Random House, 1989), 634-635.
generate a cellular immune response against *M. leprae* is dependent upon the genetic makeup and overall health of the victim. Herein lay the challenge for the native Hawaiians of the nineteenth century. Isolation had allowed for a vulnerable population without the genetic experience of infectious disease, and massive social, economic, political, and cultural change (not to mention other introduced diseases) was challenging the overall health of the people. Thus the person able to provide a quick and strong cellular response would contract the mild form of the disease (tuberculoid leprosy) or no symptoms at all, where as a slow or weak cellular response would result in the more severe form of the disease (lepromatous leprosy).

There was little hope of an effective treatment for leprosy before the 1940s, but today, Hansen's Disease can be treated with antibiotics. Dapsone was used widely as of 1950, but more recently, dapsone-resistant strains of the disease have appeared, thus for many patients today a combination drug therapy is used. Research into the disease continues (its exact mode of transmission is still unknown) and the World Health

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52 Isola, "Leprosy," 475. A poor cellular immune response is often associated with malnutrition.


54 For most lepromatous leprosy patients, a combination of dapsone, rifampin, and clofazimine are used, where as for tuberculoid leprosy patients only dapsone and rifampin are recommended.
Organization is encouraging a global effort for the production of a vaccine for leprosy as it remains prevalent in areas of Africa, Southeast Asia, and South America.\textsuperscript{55}

\textbf{Introduction of Leprosy to Hawai‘i:}

Aside from Ambrose Hutchison’s \textit{mo‘olelo}, the first rumored case of leprosy was in 1835, and is attributed to a Hawaiian woman, Kamuli, from Koolau, Kauai.\textsuperscript{56} As early as 1823 missionaries were noting medical cases that may have involved some aspects of leprosy, though its confusion with early stages of syphilis may discount these records. Nonetheless, it is not certain how or when leprosy was brought to the islands. Recall that in its early incidence in Hawai‘i the disease was most often associated with Chinese immigrants (\textit{ma‘i pake}). There could be two reasons for this association: Chinese persons were counted among those who had the disease, or that the Chinese were familiar with the disease because it was endemic in their homelands. Some believed that leprosy was imported by Chinese plantation workers who were brought to the islands, but as many individuals were brought from other lands where leprosy was also endemic, it could have come from any number of sources (the Azores, Africa, India, Malaysia, Norway).\textsuperscript{57}

\textsuperscript{55}Isola, "Leprosy," 477. 1992 WHO records estimated some 5.5 million cases of Hansen’s disease world wide.

\textsuperscript{56}Mouritz, \textit{The Path of the Destroyer},

\textsuperscript{57}Walter M Gibson, Sanitary Instructions for Hawaiians (Honolulu, H. I.: E. R. Grieves, 1880), 146; Watts, \textit{Epidemics and History: Disease, Power and Imperialism}, 66;
The first Board of Health was organized by King Kamehameha III in 1850. The main charge of the board was to prevent and cure epidemic diseases. Although leprosy had been present in the islands from the early beginnings of his reign, no mention of the disease was made in official records prior to his death in 1854. During the reign of King Kamehameha IV, leprosy was not mentioned until April 1863. It was the medical director of Queen’s hospital in Honolulu, William Hillebrand, who reported that he was encountering many cases of leprosy at the Hospital and he admonished the next Legislature to “devise and carry out some efficient, and at the same time, humane measure, by which the isolation of those affected with this disease can be accomplished.”

Kamehameha V ascended the throne November 30, 1863. At the Board of Health meeting, December 28, 1863, concern over ma‘i pake was raised and at the February 10, 1864, meeting it was noted that the disease was spreading to the other islands.

Jane Buckingham, *Leprosy in Colonial South India: Medicine and Confinement* (London: Palgrave, 2002), 8-9; Gibson’s “Instructions” were originally published in newspaper articles in the Hawaiian language in 1879, and then in book form in both English and Hawaiian the following year. For the section of the instructions that dealt with Leprosy and Hawaiians, see Appendix E or F.

Questions as to the origin and inheritable nature of the disease were growing. It is within this context of alarm and concern for prevention of leprosy that the “Act to Prevent the Spread of Leprosy” was approved.

*Kānaka Maoli Reaction(s) to Leprosy*

The *kānaka maoli* response to leprosy (and its stigma and treatment) varied from acceptance to resistance. Most often, the native Hawaiian response was one that was a reaction to the way in which the Board of Health was dealing with the disease, rather than a direct reaction to the disease itself. This can be seen in the story of Pi’ilani and Koʻolau (which will be discussed in greater detail in chapters three and four) where in Pi’ilani is clearly more frightened by the prospect of separation from her husband than by his illness with leprosy. Although when faced with the final stages of the disease in Kalawao (where secondary infections along with open sores and abscesses would make the dying very difficult to deal with) many sufferers were abandoned to the *hoʻopau keaho* (dying den) by their fellow sufferers (mostly native Hawaiians). More than abandonment by fellow sufferers, however, it is also likely that the existence of the

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60 Frances N. Frazier, The True Story of Kaluaikoolau, as Told by His Wife, Piilani (Lihue, Hawai‘i: The Kauai Historical Society, 2001).
ho'opau keaho was a result of inadequate medical care and supplies being available to
the patients of Makanalua, circumstances under which the end stages of the disease
were extremely unpleasant, and of the difficulty of psychologically dealing with ones
own fate in witnessing the death of a fellow victim.

Outside of Makanalua, most Hawaiians had no qualms about having those with
leprosy in their midst. Indeed, Dr. Mouritz lamented that "healthy Hawaiians will eat,
drink, sleep, and live with a leper voluntarily, and without fear," and further that a
"healthy Hawaiian man or woman will marry a leper, although there are plenty of well
men and women in sight."61 Clearly, once a patient contracted leprosy, all Dr. Mouritz
(and most foreigners) could see was the disease, not the person. Mouritz also reported
that most Hawaiians viewed the segregation of leprosy patients as "a special device
aimed at them only to cause trouble, injustice, and break up their homes," as a
"tyrannical act, and wholly unnecessary."62 Some Native Hawaiians even told Mouritz
that "if the haole is afraid of leprosy let him go back to where he came from."63

While this may have been the case for many, Hawaiian reactions to leprosy and
to the policy of isolation did vary. Seeming to agree with the policy, there were those


62Ibid., 58-59. Some letters received by the Board of Health also accused the
government of this form of conspiracy.

63Ibid., 58-59.
who requested that others in their neighborhood be apprehended, as in this one letter sent to the Board of Health in 1873:

Hamakua. Kahi noho wa loa’a i ka mai Pake wa huna ia, a no ka makaala ole hoi kekahi o na Makai.\(^{64}\)

Meanwhile, others opposed the policy, as many petitions sent from the leprosy settlement at Kalawao to the Board of Health attest. The petitions often requested that the Board improve the conditions at the settlement, but they just as often complained about their initial removal from their homes.\(^{65}\) Many other letters to the Board were from concerned family members who believed their loved ones did not have the disease and were wrongly sent to Kalawao: G. H. Keau complained that a non-leprous woman, Mrs. Haohila, was taken to Kalawao; J. Haole believed that his father, by then at Kalawao, did not have leprosy; Kalele, a man living at the leprosy settlement stated that he was not a “leper” and wished to be re-examined.\(^{66}\)

There were also many Hawaiians who seemed willing to comply with the isolation policy, but again wanted to be certain first that the leprosy diagnosis was correct. Such was the case for a young man “feeling very anxious about his Mother ‘Nuku’” who was to be sent to Kalawao from the Kalihi hospital on May 6, 1873. The

\(^{64}\)“Hamakua. Send the police to look for those who are living with leprosy in hiding.” ARH, Series 334-5, Incoming Letters, Jan-March, 1873.

\(^{65}\)ARH, Series 334-5, Board of Health, Incoming Letters.

\(^{66}\)ARH, Series 334-5, Board of Health, Incoming Letters, April-July, 1873.
young man approached a Board of Health physician, and in communications between
the two, it would seem that one of the other physicians agreed that she was "one who
he thinks has not the 'Mai Pake'." While one may wonder at a policy that would send
"one who . . . has not the 'Mai Pake'" to Kalawao, the physicians did agree to wait
another week or two, to be sure, before sending her away. But just as telling is her son's
example of one who is willing to comply with the 1865 Act as "he has no wish to
prevent her going to Molokai - if she shall be shown to have Leprosy."67

But even those kānaka maoli who agreed with the principle of isolation were
upset by the existence of only one place of exile, on the Makanalua peninsula of
Moloka'i, and many lobbied for systems of "local segregation" on the various islands.68
Others were willing to conform in hopes that a cure or treatment to their benefit would
be found (especially among the milder cases that were kept at Kalihi Hospital in
Honololulu) though over time the inadequacies of the Board of Health and available
treatment would lead to greater discouragement and non-conformity.69 It is also very

67 "A. F. Judd to E. O. Hall, Minister of the Interior," ARH, Series 334-5, Board of
Health, Incoming Letters, April-July, 1873.

68 "Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of
Presidents of the Board of Health, Government Physicians and Others, and from Official
Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the
Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard
to Leprosy in the Hawaiian Kingdom.," in MMHC, Box 27: Leprosy. File 289 (1)

69 Ibid., 30-33.
telling that whereas most westerners would avoid any admittance that leprosy had occurred in their family, in the early years of leprosy in Hawai‘i (pre-1880s) kanaka maoli did not express any shame in such an occurrence. In other words, the Hawaiian culture did not attach a stigma to leprosy until their perspective was influenced by the haole way of thinking about and dealing with the disease.

Kōkua and Leprosy:

European anxieties about leprosy were especially high during the late nineteenth century. These anxieties were fueled by apparent Hawaiian indifference to the disease and Hawaiian resistance to the segregation policy. Hawaiians were prepared to shelter and care for those who contracted the disease and they were willing to go with and be kōkua to those who were sent to Makanalua.

For many Hawaiians, segregation was worse than the disease itself. What seemed prudent to the haole (isolation of leprosy sufferers) was essentially “non-Hawaiian” to the kanaka maoli. The Hawaiian way was to kokua, to help, those who were suffering. Another important concept in Hawaiian culture is to “acknowledge” others. To ask Hawaiians to remove loved ones from their society, to no longer “acknowledge” them, to no longer touch them (i.e. care for them), was beyond foreign. To the Hawaiian, to kōkua was to help; to the haole, kōkua, hiding, resisting, were all

appalling forms of disregard for a threatening, loathsome disease.\textsuperscript{71}

The kōkua would play an important role in the development of the settlements at Kalawao and Kalaupapa, but more importantly, their contributions tell us much about Hawaiian reactions to disease in general, and to leprosy in particular.

There were some haole who viewed the kōkua as "lazy natives", only accompanying a patient to Makanalua in order to get their food for free, even accusing some of trying to imitate the signs of leprosy so that they could stay at Kalawao or Kalaupapa and be taken care of by the government.\textsuperscript{72} While some Hawaiian kōkua may have gone to, and remained at, Makanalua for such reasons, the majority were there to care for their loved one. Most went to Makanalua in obscurity; they cooked, cleaned, and nursed their family member or friend, and were also asked by the Board of Health to work in the hospital or the laundry, or some other such duties of service (once the settlement was more organized) as a way of earning their provisions.\textsuperscript{73} Other kōkua were well-known or prominent Hawaiians. For example, Jonathan Napela (of chiefly rank, educated at Lahainaluna Seminary, a Mormon elder, and a former Maui magistrate) came to Makanalua as a kōkua to his wife Kitti. He would serve for a time

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\textsuperscript{72}Mouritz, \textit{The Path of the Destroyer}, 59.
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\textsuperscript{73}Ibid., 404.
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as assistant superintendent of the Kalawao settlement, but would later fall victim to the disease himself. Yet, whether they were well-known or simply ordinary kānaka maoli, whether they hid their loved ones from the authorities or went with them to Makanalua, many Hawaiians were willing to care for their sick and they all risked contracting the disease themselves.

Keiki and Leprosy:

*Keiki* (children) at Kalawao and Kalaupapa present an interesting insight into life in the settlements as well as of the consequences of leprosy in Hawai‘i. From Rudolph W. Meyer’s report to the Board of Health in 1886, we learn that children at the settlement were cared for in a variety of ways:

there are two other buildings, one for boys and another for girls, which are in charge of Father Damien, and on this account they are in the immediate proximity of his own dwelling-house. These houses are intended for the reception of orphans or children who have neither parents nor friends at the Settlement. Other children at the Settlement live with their parents, or relatives, in the same manner as they do in other places. There are two schools for them, one at Kalaupapa, the other at Kalawao; the former has a kokua, not a leper, for a teacher, the latter, a leper. The leprous and non-leprous children go into the same school, but are kept in separate place in each of these schools.⁷⁵


⁷⁵ Appendix N: Report of R. W. Meyer, Agent of the Board of Health at the Leper Settlement, Molokai, April, 1886, in "Appendix to the Report on Leprosy of the President of the Board of Health to the Legislative Assembly of 1886," in *MMHC, Box 27: Leprosy. File 289 (1)* (Honolulu, H. I.: P. C. Advertiser Steam Printing Office, 1886),
Prior to the 1880s, many children were simply left to fend for themselves.

Many of the children sent to the settlement, in the 19th century, did not live very long lives. Just as susceptible to the disease as their parents, the following story, told by a physician, was an all too common occurrence in Hawai‘i:

A native woman on this Island bore five children by a leprous husband; the disease was developed in each of these children, between the ages of eight and twelve years, and they were taken to the Leper Asylum where they have since died.76

For the children living at Kalawao, there were constant requests for food, shelter, clothing and supplies, a school teacher and supplies, made on their behalf.77 That the Board of Health had not foreseen the care that these keiki would need seems apparent in another letter, asking that a young kōkua to two children (ages ten and eleven) be allowed to remain even though kamaʻāina were being “encouraged” to leave the peninsula at that same time.78

Of course children were sent to the settlement because they were diagnosed as having leprosy, but children were also present as patients of the settlement continued to

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77 ARH, Series 334-5, Board of Health, Incoming Letters.

78 “Peter Young to E. O. Hall,” July 17, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.
form families. These developments would further complicate the existence of the
disease and policies of treatment in this isolated community.

From 1880 to 1949, 642 births to patients at Kalaupapa were recorded. One or
both of the parents of almost all of these infants had active lepromatous leprosy at the
time of their child’s birth. During this same period there was a high infant mortality
rate (almost 20%) among these children born in Makanalua. Prior to 1903, newborn
infants stayed with their parents from birth until they were removed from Kalaupapa
for adoption or for placement in the “preventoria” operated in Honolulu by the Health
Department (for boys) and the Sisters of St. Francis (for girls). This usually meant that
the infants stayed with their parents at least until weaned, if not longer. Beginning in
1903, the policy was to remove the infants from their mothers at birth and to place them
in a nursery at Kalaupapa until they were removed to foster homes (usually with
relatives) or to the “preventoria” in Honolulu.79

The majority of these children were out of Kalaupapa by the time they were four
years old. Careful efforts were made to isolate the occupants of this nursery from the
patients at Kalaupapa (including their mothers and fathers). Milk was supplied by
cows cared for and milked by non-patients and other food sources were similarly

79 Robert M. Worth, M.D. “Leprosy in Children Born at Kalaupapa,” Hawaii
Medical Journal Vol. 19, No. 4, (March-April, 1960):404. This corresponded with a drop
in the rates of level of infection among these children. From 1889-1900 there was a 42%
level of infection, from 1900-1929 an 8-15% level of infection, and from 1929-1959 0%.
protected. Parental visits were limited to Sundays and even then a pane of glass separated parent from child, allowing no personal contact. The women who cared for the infants included some non-patient wives (kōkua) living with their husbands (patients). After being removed from the Kalaupapa nursery, the children were placed either with relatives, or placed in the closely supervised “preventoria” where their activities and contacts were under careful surveillance.  

_Haole_ reaction(s) to leprosy in Hawai‘i

Hawaiians were continually petitioning the legislature to create leprosy hospitals on each island for almost thirty years, but the overthrow of the monarchy in 1893 put an end to any native control. As Hawaiian residents of American descent were lobbying for annexation, leprosy was increasingly identified as a native disease, one that was only dangerous to whites who adopted native customs or lived too close to Hawaiians. Hawaiians were viewed as a weak and dying race and those with the stigma of leprosy were to be entirely outcast, lest all of Hawai‘i become a “leprous

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80 Since 1929, the policy was to remove the infant from the mother at birth, and to remove the infant from Kalaupapa within the first few days of its life. By the mid-1950s, almost all births were at Honolulu hospitals and infants were placed with relatives or in other foster homes in the first month of life. The “preventoria” were closed by this time.

population.\(^{82}\)

The *haole* population in Hawai‘i viewed leprosy as a highly contagious and fearful disease, and while it had once been the scourge of medieval Europe, by the 19\(^{th}\) century it was regarded as a tropical disease.\(^{83}\) It was rare for a *haole* in the islands to contract the disease (less than one hundred cases in the 19\(^{th}\) century) but when one did, it was viewed “as an individual disaster, nothing to do with his race as a whole.”\(^{84}\)

Further, the only treatment available, from the *haole’s* perspective, for this incurable disease, was banishment of its victims. This was a rational response, especially for those who viewed leprosy as “a hereditary, contagious, incurable disease.”\(^{85}\) This Christian paradigm, prevalent from the 1860s onward, which transformed the leprosy sufferers’ identity from “a normal colonialized person into a dehumanized leper” would be the foundation for leprosy policy in Hawai‘i.\(^{86}\)

Application of this policy led not only to viewing victims of leprosy as objects for moral judgment, but also as criminals to be punished. It was a perspective that

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\(^{82}\) Prince A. Morrow, M.D., “Leprosy and Hawaiian Annexation,” 1897, 590.


\(^{84}\) Daws, *Holy Man: Father Damien of Molokai*, 74.

\(^{85}\) Watts, *Epidemics and History: Disease, Power and Imperialism*, 42.

\(^{86}\) Ibid., 41.
would often create more challenges for the haole led Board of Health. In the early years, conditions at the settlement were a constant source of controversy. Often a state of lawlessness prevailed, for “patients committed crimes without fear of punishment, for no punishment could be worse than that which society had already dealt them.”

As the harsh stories of Makanalua spread, families hid loved ones who had contracted the disease, but leprosy had become a crime. Having the disease was grounds for arrest and the punishment was a life (rather, death) sentence in exile. By the late 1880s, the segregation law was enforced more strictly, members of the haole community declared that the disease was caused by licentiousness (was thought by some to be the fourth stage of syphilis), and with such statements came the implicit belief that leprosy was an indigenous disease, one that no upright haole would contract. However, when Hansen discovered the bacteria that caused leprosy, this added to haole fears of the disease, because now it was known that the disease was contagious and not inherited (although the susceptibility to the disease may have been inherited), and this meant that the haole was also susceptible to contagion.

It should be acknowledged, however, that 19th century conversion to the germ-theory was a slow and complex process. Throughout the 1800’s rates of illness and death were rising at alarming rates throughout the western world, especially in areas of

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rapid urbanization. All classes were affected and "no one . . . seemed to be safe from the invisible agents of death."\textsuperscript{88} Such circumstances provided a sense of vulnerability as well as a context for the increasing debate over the germ theory of disease. The idea that a particular disease was caused by a specific germ (eg. that typhoid fever was caused by a typhoid germ, whereas leprosy was caused by a leprosy germ) was radical and hard to accept for many. During the germ theory transitional period of 1870 - 1890, many were still holding to zymotic theory, the idea that "disease agents were chemical ferments produced by decaying filth, and that they could generate spontaneously given the right atmospheric circumstances."\textsuperscript{89} Zymotic theory had the support of "sanitary science" – those who promoted hygiene and sanitation as public health measures in the fight against disease – and they viewed germ-theory as a threat. Further, "they were profoundly uncomfortable with the moral randomness they perceived in the germ theory; if contact with a microbe was the sole cause of disease, then living a virtuous, clean life did not necessarily protect one from its ravages."\textsuperscript{90} Accepting germ theory would also be to admit that the western population was at risk from diseases of the indigenous, previously viewed as the result of "uncivilized" living standards.


\textsuperscript{89}Ibid., 27.

\textsuperscript{90}Ibid., 46.
Moreover, acceptance of germ theory would also threaten on some level the moral or superior stance of the colonizer over the colonized at a time when colonial medicine “sought to establish its superior or monopolistic rights over the body of the colonized.”

As germ theory became more and more accepted, haole fears about leprosy and its contagiousness were also increasing. The westerners’ greatest fear was that Hawaiians might introduce the disease to their population. Indeed, popular fears “of the disease and of ‘natives’” were given scientific backing more than once. For example, when Father Damien, the Belgian priest who served in Kalawao contracted leprosy, many increased their concerns not only of leprosy’s contagiousness, but of its “Imperial Danger” as well. Germ theory was also validated in 1897 at the first World Leprosy Conference held in Berlin, when on the recommendations of leading leprologists Armauer Hansen and James Cantlie, among others, the delegates endorsed a policy of strict isolation for all leprosy patients throughout the non-western world.

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92 Worboys, "Tropical Diseases," 531.

93 Of course there were those who attacked Damien’s reputation, accusing him of immorality among other things, as a way of explaining why the “Christian hero” would have contracted the disease. Again, if leprosy was not a disease of soul as in the Christian paradigm, but rather a disease of the body as the germ-theory taught, the haole had new reason to fear.

94 Watts, Epidemics and History: Disease, Power and Imperialism, 68-69.
Such endorsements also validated the Hawaiian Board of Health's model for dealing with leprosy.

But the Christian paradigm concerning leprosy would not be easily dismissed. Indeed, by the late 1800s, haole concerns over leprosy were increasing rapidly. Contagion theory or not, Hawaiian attitudes toward the disease, and those afflicted with it, were alarming to the western haole. The haole increasingly viewed the disease as a sign of sin, immorality, and uncleanliness, creating a deep anxiety among the foreigners. Further, the sexualization of leprosy was a projection of these deep anxieties. Though it had long been absent from Europe (and thereby western culture), leprosy now threatened to find its way back with the spread of western imperialism.95

In the context of leprosy in India, Henry Wright, archdeacon in the Church of England at Grantham, warned that travel back and forth between Britain and the colony would bring leprosy back to the homeland. While he pleaded for “Christian commitment” to the problem, his “Imperial Danger” thesis not only reflected growing public concern throughout the western world, but was also found useful by many.96 The haole wanted

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95 See J. R. Tryon, “Leprosy in the Hawaiian Islands,” American Journal of the Medical Sciences (April 1883): 443-450, for the concern over the possible threat the spread of leprosy posed to the continental United States.

to keep leprosy patients "without the camp" indeed, whether the "camp" be colonized soil or the homeland, for as they now saw it, if "the contagion was capable of passing between races, ... then perhaps Western imperialism was creating an empire of leprosy, in which Westerners themselves might be consumed."  

When the Hawaiian monarchy was brought down in 1893, and a haole, largely Protestant, provisional government sought speedy annexation by the United States, anxiety over leprosy's threat to the healthy seemed to increase. The isolation policy was more strictly observed and fears continued to be voiced. The haole population was increasingly concerned that should the "leprosy problem" in Hawai'i not be brought under control, Hawai'i would be viewed as a "leprous nation", putting at risk their economic and political aspirations.

Such fears were not new and were also expressed within the realm of religionists. In the original draft of the Hawaiian Evangelical Association's 1873 "Statement on Leprosy" a section that did not make it into the final publication answered the question of what it would mean should Hawai'i be considered a "nation of lepers":

It means the disorganization and total destruction of civilization, property values, and industry, of our churches, our contributions, our Hawaiian Board, and its work of Missions. It means shame, and defeat,

97Leviticus 13:46.

98Daws, Holy Man: Father Damien of Molokai, 7.
and disgraceful overthrow to all that is promising and fair in the nation.99

In particular, arguments for annexation were weakened by the leprosy epidemic. In 1883, J. R. Tryon, a physician was warning that if proper steps were not taken, leprosy would be introduced into the United States.100 Another physician, Prince Morrow, admonished in 1897 that “absorption of this tainted population,” would effect the interests of the United States, and that “there would seem to be no reasonable doubt that the annexation of Hawaii would create conditions favorable to the dissemination of the seeds of leprosy” in the U.S.101 As late as 1916, Frederick Hoffman cited leprosy as a “National and International Problem” and cautioned that leprosy was a much larger problem than was generally accepted and that the risk of its introduction into the U.S. was much greater than previous times.102

Throughout the late 19th century, germ theory and imperial fears aside, dark hidden meanings103 of leprosy surfaced and re-surfaced in Hawai‘i as leprosy provided

99“Statement on Leprosy and Resolutions adopted by the Hawaiian Evangelical Association, Honolulu, June 10th, 1873,” original draft, ARH, Series 334-34, Board of Health, Resolution on Leprosy.

100Tryon, "Leprosy in the Hawaiian Islands", 443.


103See Watts, Epidemics and History: Disease, Power and Imperialism, 40-83.
rich metaphoric possibilities to express the innate corruption of indigenous culture. The
disease was not understood by the public, the politicians, or the physicians for that
matter, and as such it offered the possibility of a metaphor for what the *haole* felt to be
socially or morally wrong with the Hawaiian community. Thus the *haole* influenced
Board of Health would endeavor to “fix” the Hawaiian community (socially and
morally) by implementing very drastic, and *non-Hawaiian*, policies.
CHAPTER 3: "A PRISON FORTIFIED BY NATURE": THE CRIMINALIZATION OF LEPROSY IN HAWAI'I

An Act to Prevent the Spread of Leprosy

In 1870, almost five years after the implementation of the leprosy segregation law, the President of the Board of Health gave his report to the Nobles and Representatives of the Kingdom of Hawai‘i, and made the following statement:

... the forcible separation of individuals from their friends and the world, although necessary for the welfare of society at large, must appear harsh to many of those afflicted, and even to many persons not personally interested in the matter.  

Indeed, many did view the "Act to Prevent the Spread of Leprosy" as a harsh measure, and while many understood the need to isolate the sick from the healthy in order to prevent further spread of the disease, the way in which the segregation policy was carried out was too extreme for most Hawaiians. Those found to have leprosy, or even suspected of having leprosy, were now subject to the law, and they were treated more

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like criminals than patients with a disease.\(^3\)

Since the 1830s there had been various reports concerning leprosy in the islands.\(^4\)

Sometimes confirmed by physicians, the reports and incidents of the disease were fairly sporadic. The first Board of Health was organized by King Kamehameha III, on December 14, 1850, and the main focus of the Board at that time was to protect the people's health and to take appropriate measures to protect against epidemic diseases then prevalent in the islands (cholera was a main concern). No discussion of leprosy took place (officially by the Board), prior to the King's death in 1854. Further, during the reign of King Kamehameha IV, leprosy was not officially mentioned until April 1863.\(^5\)

It was at this time that Dr. William Hillebrand, medical director of Queen's Hospital in Honolulu, noted the increasing incidence of leprosy patients presenting themselves at the hospital and called for measures to be taken.\(^6\) King Kamehameha V


\(^4\) See Chapter 2.

\(^5\) Native Hawaiians had certainly suffered the affects of many other infectious diseases by this time, thus leprosy was either overshadowed by other diseases until the mid-1860s, or it was not very prevalent in the population.

ascended the throne on November 30, 1863 (at the death of Kamehameha IV) and at a meeting of the Board of Health, December 28, 1863, maʻi pake was raised as an issue for official discussion, for the first time in that forum, among other matters of importance to the general health of the population. Shortly thereafter, at another meeting, February 10, 1864, it was stated that leprosy was spreading to the other islands. The Board ordered a census of sufferers of the disease around Honolulu to be taken so that those afflicted could be examined by the medical members of the Board to study its origin and to discern its transmission and answer questions of whether or not it was a hereditary disease.  

Leprosy very quickly became a major concern for the Board of Health and its occurrence in the islands would be discussed several times after that. It was at a meeting on August 10, 1864, that the subject of isolating those with leprosy was first discussed:

The subject of leprosy . . . was brought up before the Board, and its spread among the people reported. Dr. Hillebrand expressed his opinion that the disease is spreading. . . . The doctor was of opinion that isolation was the only course by which the spread of the disease could be arrested, and recommended some valley as the most likely place to meet the

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necessity.\textsuperscript{8}

Even before the segregation law was passed, where to isolate those with the disease was an issue for the Board of Health. Makiki valley (\textit{mauka} or upland of Honolulu) was first suggested as the "best adapted place, being within so reasonable a distance from town for the purposes required, and he [Hillebrand] had long convinced himself that it was also the best spot in which to fix for an insane asylum. . . . Makiki valley is well watered, and possesses many advantages."\textsuperscript{9} A section of land in Palolo Valley (two valleys to the east of Makiki), was also suggested.\textsuperscript{10} But residents in both areas were less than comfortable with the idea of having a leprosarium in their midst.

Then, with the approval of King Kamehameha V, on the 3\textsuperscript{rd} of January, 1865, the Legislative Assembly of the Hawaiian Islands passed "An Act to Prevent the Spread of Leprosy." This law instructed the President of the Board of Health to

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reserve and set apart any land or portion of land now owned by the Government, for a site or sites of an establishment or establishments to secure the isolation and seclusion of such leprous persons as in the opinion of the Board of Health or its agents, may, by being at large, cause the spread of leprosy.\textsuperscript{11}
\end{quote}

Secondly, the law also provided that every physician or other person with knowledge of

\textsuperscript{8}Ibid., 7-8.

\textsuperscript{9}Ibid., 8.

\textsuperscript{10}Ibid., 12.

\textsuperscript{11}Ibid., 8.
a case of leprosy had to report it to the proper sanitary authorities. Thirdly, it required all police and district justices, when requested, to arrest and deliver to the Board of Health any person alleged to have leprosy so that he could be medically inspected and thereafter removed to a place of treatment, or isolation, if required. And lastly, it was decided that a hospital for the treatment of patients in the early stages of the disease would be established in an attempt to find a cure, but the Board of Health also had the power to send all patients considered incurable or capable of spreading the disease to a place of isolation.

On March 17, 1865, the Board of Health purchased some land in Palolo Valley, O'ahu, (for $1000) on which it intended to establish temporary hospitals and dwellings for a leprosy colony that would ultimately house about 300 people. Accordingly, a special section for severe cases would be set apart from the general settlement, however, due to protests by adjoining residents, that the water of the stream in that valley would become contaminated and thus unfit for their use, the land was never used.

As the Board of Health continued to discuss the issue, on June 10, 1865, two propositions were suggested. One was to establish a settlement for both light and severe cases of leprosy near Honolulu, which would be simpler and less expensive, and where the whole operation could be more concentrated. It was determined that a site a few miles from town on the seashore, approximately 50 acres, would accommodate a settlement in which the severe cases and the general settlement would be separated,
each with its own hospitals and dwellings. The other suggestion was to establish hospitals and cottages for lighter cases in a place near the sea close to Honolulu, approximately 5 to 10 acres, and select a large tract of land on another island on which to put the incurables:

The northern side of Molokai was thought to contain valleys which were by nature favorably located for the purpose, containing hundreds of acres of cultivable land, abundance of water, separated from other parts of the island by steep palis, and the landings on the sea shore difficult to approach so as to insure the seclusion desired.\(^\text{12}\)

Thus, a "natural prison" would be their solution to the "leprosy problem".

**Makanalua, The Choice of the Board of Health:**

At the Board of Health meeting, September 20, 1865:

The President [of Board of Health] reported that he had, since the last meeting of the Board, again visited the island of Molokai, and had succeeded in procuring the desired tract of land at Kalaupapa. There are from seven to eight hundred acres, excellent land for cultivation and grazing, with extensive kalo land belonging to it; there are from 15 to 20 good houses obtained with the land, the whole being obtained for about $1,800 cash, together with some other Government lands given in exchange. A promise was made to the present inhabitants to remove them from there free of charge.\(^\text{13}\)

The peninsula on the northern shore of Moloka' i seemed the most suitable spot for a leprosy settlement in isolation. The southern end of the peninsula is bounded by a *pali* – a vertical mountain wall that rises 1,800 to 2,000 feet high. The north, east, and west

\(^\text{12}\)Ibid., 21.

\(^\text{13}\)Ibid., 27-28.
sides of the peninsula are surrounded by the sea and precipitous shores. Landing at the peninsula was possible in only two places, at Kalaupapa on the west side, and at Kalawao on the east side of the peninsula (weather permitting).

That Makanalua peninsula was what the government was looking for in order to isolate patients, was confirmed in F. W. Hutchison’s (President of the Board of Health) 1866 report:

The tract was extremely well situated for the purpose designed. It is difficult of access from the sea; has no roads passing though it into other districts; is supplied with water by two running streams; has a large area of kalo land; enjoys the advantage of the constant trade wind; has ample grazing lands; and possesses a soil capable of raising vegetables of all different kinds adapted to these islands in the greatest abundance. The lands are situated on a peninsula, washed by the sea on three sides, and bounded by high precipices on the south, the only access being by a path cut in the pali of 1,800 feet elevation.14

Many, including Rudolph Meyer (superintendent of the settlement) concurred with this assessment of the land.15

All private rights to the valleys of Waikolu and Wainiha were also secured by the Board of Health, thus giving the Government

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14Ibid., 38.

the ownership of nearly all the lands on the peninsula, and separates by a long interval the few persons who reside at the landing place at Kalaupapa from the lepers, rendering any intercourse with them both unnecessary and excuseless [sic].

Thus the "incurables" were to dwell on their own, fend for themselves, and remain isolated from all others. However, the Government failed to recognize that these victims of disease were ill, sick, unhealthy, and unable to care for themselves.

Patients to be Punished:

Because leprosy was thought to be highly contagious and because of the lack of a cure, complete isolation of the afflicted was the policy determined by the Hawaiian Kingdom, to prevent the further spread of the disease. For the benefit of the healthy, persons suspected of leprosy were condemned to a life of virtual imprisonment on the northern coast of Moloka‘i, at the peninsula of Makanalua. The forcible separation of individuals from family and friends seemed harsh not only to the victims and their relatives but to many not even affected by the policy who did not believe the disease was contagious and who therefore thought that such strict measures of isolation were unnecessary.

16"Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom," 39. The three ahupua‘a of the peninsula were fully acquired by the Board of Health as follows: Kalawao district in 1865, Makanalua district in 1866, and Kalaupapa district in 1873.
However, as it was mainly Hawaiians who were affected by the disease, many looked to the Hawaiian people, their culture, their society, as providing the reason for the spread of leprosy. For example, Walter M. Gibson (President of the Board of Health 1882-1887) wrote in the Hawaiian language newspaper, *Nuhou*, in 1873:

> It [Ma‘i Pake] is spreading rapidly. There are 438 confirmed lepers in Kalaupapa, and nearly as many more throughout the Islands with manifest symptoms of the disease. The chief cause of its increase lies in the native apathy. The healthy associate carelessly with the ... victims. The most awful conditions of the disease neither scare nor disgust. . . . The horror of this living death has no terror for Hawaiians, and therefore they have need more than any other people of a coercive segregation of those having contagious diseases. Some people consider this enforced isolation as a violence to personal rights. It is so, no doubt, but a violence in behalf of human welfare. 17

Further, there were many statements made that added to the “blame” being placed on Hawaiian culture, justifying any measures that were deemed necessary, namely isolation. For instance, the Act itself stated that “the great distinguishing characteristic of leprosy is *invariable tendency to spread.* . . . Sequestration from the healthy seems to be the only alternative in cases of the malady.”18

At the heart of the discussion on how to treat leprosy was the debate over how

17Walter M. Gibson, “The Lepers and Their Home on Molokai,” *Nuhou* (Honolulu, H. I.), March 14, 1873.

18“Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the “Act to Prevent the Spread of Leprosy,” Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom,” 3.
the disease was transmitted. An unknown writer in the "Hawaiian Gazette," February 25, 1865, stated that:

The Chinese medical men, . . . insist that two causes produce it, i.e., hereditary transmission and sexual contact. From close observation, during five years, the writer is inclined to believe that it spontaneously arises, in many instances, from the peculiar idiosyncrasy, matured by heat, want of cleanliness, bad diet, or all these causes combined. 19

It was this same writer (unidentified) that went on to state that "a thorough leper is incurable." 20 His choice of the word "thorough" is significant as it denotes a moral condemnation beyond the physical reality of the disease.

But the concern was as much about the actual disease as it was over the Hawaiian attitudes toward leprosy, and lack of attention to the segregation policy and western medical practitioners. Even before the "Act" was put into law, Dr. D. Baldwin, in April 20th, 1865 complained:

The native population are not too much alarmed. In this region the healthy are often seen mingling with the leprous, which thing ought not so to be. . . . I wished to turn the attention of natives from their ignorant and dangerous practitioners to foreign physicians. 21

And further that "the disease has been considered in all countries, contagious . . . . we have the proof of it in several native families. We are beginning to have a crop of

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19 Ibid., 12.

20 Ibid., 14.

21 Ibid., 16.
I leprosy young children."\(^{22}\)

The effects of the disease, beyond the physical, were also a concern of the haole population, and often reflected misunderstandings of the disease along with colonial attitudes. Consider, F. W. Hutchison, President of Board of Health's address to the Legislative Assembly of 1868, in which he stated:

> the terrible disease which afflicts the Lepers seems to cause among them as great a change in their moral and mental organization as in their physical constitution; so far from aiding their weaker brethren, the strong took possession of everything, devoured and destroyed the large quantity of food on the lands, and altogether refused to replant anything; indeed, they had no communication in taking from those who were disabled and dying, the material supplies of clothes and food which were dispensed by the Superintendent for the use of the latter; they exhibited the most thorough indifference to the sufferings, and the most utter absences of consideration for the wants, to which many of them were destined to be themselves exposed in perhaps a few weeks; in fact, the most of those in whom the disease had progressed considerably, showed the greatest thoughtlessness and heartlessness.\(^{23}\)

These attitudes of paternalism and condemnation fit into the larger context of isolation and confinement as a tool for social order and control.

Anthropologist Mary Douglas explains that when a disease and its mode of transmission are viewed as mysterious or unknown, its unseen contagiousness provides the opportunity for accusations and exclusion in a society. As she puts it, "the hidden power of causing injury . . . justifies their being treated . . . as potential targets for

\(^{22}\)Ibid., 17.

\(^{23}\)Ibid., 44.
strategies of rejection."\(^{24}\) Further, when "immorality" is associated with infectious
disease, the justification for social exclusion is strengthened.\(^{25}\) As such, the disease (or
the confinement of those with the disease) can then be used as a resource for
maintaining particular cultural regimes or for maintaining patterns of authority. When
this occurs it is often the marginalized who are the main target. Thus, since leprosy was
associated with sin, it was a chastisement by the hand of God. This was also seen in the
late 12\(^{th}\) century in Western Europe, when

Lepers were now held to be highly infectious, the disease was thought to
be transmitted by sexual penetration. Endowed with an inordinate
sexual appetite, lepers were incestuous, lepers were rapists, lepers sought
to spread their condition by forced sexual intercourse with healthy
persons. Segregated for the public good, they were not allowed to move
freely in the streets, they were not able to prosecute at law, nor to inherit
land nor to transmit land rights that they might otherwise have gained
by inheritance. They were effectively stripped of citizenship.\(^{26}\)

As Douglas further explains, "The segregation and control of lepers was part of the
generally increased control of sexuality through the period."\(^{27}\) In the West, "the leper's
diseased body was the reprehensible metaphor of social disorder. But much more than
a metaphor, . . . leprosy was credited with dangerous effects which had to be

\(^{24}\)Mary Douglas, "Witchcraft and Leprosy: Two Strategies of Exclusion," *Man*
XXVI (1991), 724.

\(^{25}\) Ibid., 724.

\(^{26}\) Ibid., 732.

\(^{27}\) Ibid., 732.
Thus, in 19th century Hawai‘i, similar ideas about leprosy enabled the marginalized native Hawaiians to be put under control. As a community forms its boundaries and oppresses its marginal members, accusations of immoral conduct are a technique of control against the weak and powerless.

Historian Guenter Risse adds to the understanding of leprosy as it was dealt with in Europe, and the cultural “baggage” brought to Hawai‘i by those foreigners who came to its shores when he reminds that leprosy was “the most stigmatized condition in medieval society.” In medieval Europe, a religious ceremony was performed to “solemnly ratify the diagnosis and the finality of the subsequent banishment.” Risse describes how

the ceremony was meant to separate the sick parishioner permanently from community, friends, and family. During a mass attended by all interested members, the leper was made aware of all current proscriptions and given last rites. In fact, some victims were placed briefly in a grave to symbolize irreversible social death. The religious judgment was followed by a loss of civil rights, whereby the newly designated leper was stripped of all ownership or property, with no

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28 Ibid., 734.

29 This interpretation of control over the marginalized is very much in keeping with the work of Michel Foucault, Discipline & Punish (New York: Vintage) 1995.


32 Ibid., 172.
further rights to any inheritance. In essence, the leper became legally a "living dead" person, to be divorced and driven from home and community. 33

Similarly, in the Near East and the Mediterranean, sufferers of leprosy were generally judged to be morally impure and thus were also "excluded from normal society." 34

The Removal of Kama‘āina From The Peninsula:

But it was not only those with leprosy who were displaced from their homes and lands. In order to use the peninsula of Makanalua, on Moloka‘i, for the leprosy settlement, those Hawaiians who resided there had to be removed. Thus their lands were purchased by the Board of Health. There seems to have been little debate over whether or not these native Hawaiians should be removed from their lands, as it was for the "greater good." Hawaiian connections to the Land were ignored.

Acting on behalf of the Board of Health, Rudolph Meyer, superintendent of the settlement, bought out several kuleanas (homelands) in Waikolu, Kalawao, and Kalaupapa by 1866, though a little more than a hundred kama‘āina still remained on the peninsula. Meyer’s letters to the Board of Health tell a story of guarded compliance at the least, resistance to removal at the most. 35 In 1873, while Meyer was trying to buy out more kuleanas and houses for the increasing numbers being sent to Kalawao, many

33 Ibid., 172.
34 Ibid., 173.
35 ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873.
were petitioning to stay and complaining about the Board’s double standards. The kamaʻāina feared that “if they did not sell out their Kuleanas that the Board of Health would drive them out any how.” Meyer denied making such threats and asserted instead that “the Kalaupapa people would go willingly were I in the position to give them land in exchange.” In a letter to the Board of Health, S. K. Kupihea wrote that the people of Kalaupapa wanted to trade their lands for the land of Kaluakoi. As that land was government leased, the kamaʻāina were left to continue negotiating with Meyer. By June of 1873, Meyer had purchased several more houses at Waikolu and Kalaupapa. Eighty-one of Makanalua’s kamaʻāina soon left the peninsula, another twenty-six “not yet quite willing to sell” remained – the last of whom would not leave until the late 1890s.

And while some were eventually willing to leave their ʻĀina, there were others...

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36 This complaint was directed at Damien. While these former residents of the peninsula who “unwillingly have sold and left their homes” complied with the isolation policy, Damien was coming and going again from the settlement to visit parishioners on topside Molokaʻi. “This man should also be made to comply with the law,” they asserted. “E. H. Rogers, Deputy Sheriff, Molokai to E. O. Hall, President, Board of Health,” August 22, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.


38 ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873.

39 Ibid.
who sought to remain. On July 7, 1873, Peter Kaeo wrote to Mr. Hall on behalf of “an old Kamaaina.” Maloi was over sixty years old and apparently Kaeo, an ali’i, had asked him to serve in his household. While we may question Kaeo’s motivations in writing to the Board, Maloi’s agreement to work for Kaeo tells of his desire to remain on the peninsula. Ten days later, Kaeo argues further for Mailo’s right to remain. He asks a simple question of Mr. Hall – if the kamaʻaina of Kalauapa want to stay, why not let them? Couching his argument in the context of the emerging germ theory, Kaeo asserts that if the disease is as contagious as thought, and the kamaʻaina have already mixed with the settlement for so long, would they not spread the disease by leaving, “although they show no signs of the disease.” Extending his argument for all the kamaʻaina to be allowed to stay by reasoning that their kōkua is needed by the settlement, Kaeo asserts the following in his letter:

The kamaaina’s say that in Winter the weather is so cold and stormy, that few venture out of the house, . . . . what will be the condition of the poor Lepers, when thy have no assistance, surely [sic] we ought to have some help. Small though it be. I do not speak for myself alone, but on behalf of all those here, afflicted with this horrible disease.  

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40 Kaeo had earlier written to request that his man-servant in Honolulu be given permission to accompany him to Kalawao.

41 “Peter Young to Mr. Hall,” July 7, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.

42 “Peter Young to E. O. Hall,” July 17, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.
Leprosy Patients at Makanalua:

Separated from their families and friends, those afflicted with the disease were taken to Makanalua (first Kalawao and later Kalaupapa settlements). First-hand accounts of leprosy patients arrested and sent to Makanalua are rare, but there are a few (from the 9,000 sent to the peninsula in the space of more than 100 years) whose experiences we can discern through the records that remain.

The famous story of Koʻolau and Piʻilani will be related as it pertains to Hawaiians with leprosy being treated as criminals (in this chapter) and their resistance to the segregation law (in the next chapter). After the death of her husband and son, after years of hiding from the authorities, Piʻilani re-entered her community, leaving the Kalalau valley behind (on Kauai), to tell the story of her husband, Koʻolau, from her perspective.43

Kaʻehu, a chanter from Kauai, left only a mele to tell of his personal experience with leprosy and Kalawao, but as few as his words may be, they ring loud and forceful. As he came to deal with the disease, he had to deal with the shame then associated with leprosy (by haoles and Hawaiians alike in his time, the 1890s) and his song reflects much of the cultural and social consequences of the disease and its treatment in the

43Frances N. Frazier, The True Story of Kaluaikoolau, as Told by His Wife, Piilani (Lihue, Hawaiʻi: The Kauai Historical Society, 2001).
Peter Kaeo Young, a cousin to Queen Emma, was sent to, and lived in, Makanalua, from 1873 to 1876. Though his time in Makanalua was relatively short, Peter’s letters to Queen Emma can tell us much of the day to day life in the isolated peninsula. In particular, he often speaks of three other prominent Hawaiians who were sent to Kalawao at the same time, Jonathan and Kitti Napela, and William Ragsdale. Napela went to Kalawao to be a kokua to his wife, but he was later found to have the disease as well. William Ragsdale was also a prominent lawyer and judge from the island of Hawaii. Even though Peter Kaeo separated himself from most others sent there, his letters do offer a window into the settlement and the lives of leprosy patients.

While in his early twenties, Ambrose Kanoemal’i’i Hutchison arrived at Makanalua as a patient in January 1879. Born in Honomaele, Hana, Maui, this young Hawaiian man would quickly make his mark on the peninsula. He served as the resident superintendent of the settlement from 1884 to 1897. Having been encouraged

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45 Peter and Emma were both bilingual in Hawaiian and English, but chose to write most of their correspondence in English.

by one of the physicians to the settlement, Arthur A. St. M. Mouritz, to write a memoir of his experiences at Makanalua, Hutchison did so in 1932, providing a rare glimpse into the life of a patient at Kalawao and Kalaupapa settlements.47

All of these patients experienced the isolation of the leprosy settlement in one form or another, whether it be physically, culturally, socially, or all three. Their lives "set apart" from the rest of the islands, the rest of the world, they found a way to exist with, and sometimes resist, the disease and all of its ramifications. One Hawaiian, who would become a part of medical history in Hawai‘i, had not only a unique experience with leprosy, but stands as the ultimate example of the ways in which this disease was "criminalized" in the islands. His name was Keanu. He was a criminal, having been convicted of murder, and he was experimented on (inoculated with leprosy) in an effort to find a cure for the disease.48

47Ambrose K. Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," in Sacred Hearts Archives (Leuven, Belgium: 1931). I am greatly indebted to Valerie Monson, of Maui, for not only making me aware of the existence of this manuscript, but also for so generously sharing a copy of it with me.

The Criminalization of the Victims of Disease

Throughout its history in Hawai‘i, the language used for and about leprosy was charged with the notion that this disease was not only evil but one to be punished. There was in essence an anti-leprosy “law” that segregated those with the disease from the “clean”, those thought to have the disease were “suspects” who could be “arrested” by the “bounty hunter” and then “exiled” to Makanalua for a “life sentence”. To have the disease, leprosy, was to be “adjudged civilly dead.” If they were lucky and the disease became inactive, they could be “paroled” to visit family or friends. The 1865 Act itself used this language of criminalization, whereby “any person alleged to be a leper,” was “to be arrested and delivered to the Board of Health,” and that the “Marshal of the Hawaiian Islands and his deputies, and . . . the police officers [were to] assist in securing the conveyance of any person so arrested,” to such a place as the Board may direct, “to assist in removing such person to a place of treatment, or isolation.” It seems clear that the Board was not expecting those with the disease to accept banishment voluntarily. It is not surprising that the marshal of Honolulu would confine a


50 “An Act to Prevent the Spread of Leprosy, 1865, Section 3” in Leprosy in Hawaii: Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, And from Official Records (Honolulu, 1886), 9.

51 Later policies would take their children from them at birth and even beyond that, sterilization programs were introduced so that their bodies were not only assaulted
suspected leprosy sufferer from Kauai in the O'ahu Prison until the medical board could come to examine him.\textsuperscript{52} Even as late as 1944, Superintendent H. A. Kluegel referred to the “inmate population” at Kalaupapa in his yearly reports.\textsuperscript{53} The connotation of a prison continued.

From a series of oral histories taken in the late 1970s, the permeation of this language into patients' lives is illustrated as well. It is easy to imagine that similar feelings existed among the patients in the late 1800s as well. One man, born in 1929 and at Kalaupapa since 1944 stated, “back in the 1950s I was declared negative and paroled,” and explained that “inside, we were once prisoners, but now we are free.”\textsuperscript{54} A woman, at Kalaupapa since 1936 explained,

\begin{quote}
But for us lepers, when you ran away, they would put you into isolation – solitary confinement, like they call it in prisons. Or, you had another choice. You could volunteer to be sent to Kalaupapa. When people were sent to Kalaupapa, we thought it was to die. It was final.\textsuperscript{55}
\end{quote}

by the disease but by imposed medical procedures as well. See Gugelyk and Bloombaum, \textit{The Separating Sickness: Ma'i Ho'oka'awale} (Honolulu: Social Science Research Institute, University of Hawai‘i, 1979).

\textsuperscript{52} ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.


\textsuperscript{54} Ted Gugelyk and Milton Bloombaum, \textit{The Separating Sickness: Ma'i Ho'oka'awale} (Honolulu: Social Science Research Institute, University of Hawai‘i, 1979), 50.

\textsuperscript{55} Ibid., 58.
Further, the Kalaupapa settlement took away the agency of the leprosy patient. Richard Marks, a patient at Kalaupapa since the 1940s, says of those days:

People were still making you feel like you were paying a debt to society or that you were serving time and were to blame for what happened to you. Along with that was the attitude that since we were responsible for getting the disease, we shouldn’t complain about how others are making decisions about us. Their attitudes and feelings took precedence.  

On January 6, 1866, when the first of the exiles waded ashore they had very few provisions, no medicine, no one to help them. They were abandoned and alone. The same fate awaited others, those who were being held at the Kalihi hospital near Honolulu and those “suspects” who were yet to be “hunted” down. Kalaupapa historian, Anwei Skinsnes Law concurs:

When I look at this history, it is obvious that the Kalaupapa plan gave no hope to those suffering from the disease. The government treated these people like criminals. If they had it or were suspected of having it, this was grounds for arrest. And the punishment was first detention at Kakaako Hospital where doctors examined you and then eventual exile to Kalawao.

Many Hawaiians resisted the segregation law and refused to separate themselves from those with leprosy. Those with the disease often hid from the authorities and others who opposed the round-up of those with leprosy went so far as to hide their family

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members and friends. But microbiologist David Scollard, an expert on leprosy and Kalaupapa, reminds that the community in Hawai‘i was dealing with a disease that they felt would never become non-threatening. They felt it was highly contagious, they didn’t understand how it was transmitted, and they thought those who had the disease were dangerous to those who did not. For them there was no time limit on the danger of the spread by those with the disease, and so isolation was forever. Scollard says the actions by the Board of Health were not only based on fear, but as such were medically and socially reasonable. However, Scollard goes on to qualify this position, as he states:

I want to give these people to a large extent the benefit of the doubt. They were terrified by this illness, they didn’t know what to do. They thought they had to quarantine. They went about it in a very ruthless way. Some point there the line was crossed. Knowing what they knew, the idea of quarantine was rational. But the way they went about it—arresting people, having bounties, hunting people like they were foxes or wolves, and then banishing them for life. They did cross several lines.⁵⁸

One of the more famous stories of the power of treatment being given to lawmakers and of Hawaiians who resisted that law is the story of Ko‘olau and his wife, Pi‘ilani. In 1893, the Hawaiian monarchy had been illegally overthrown, a Provisional Government established, and the Board of Health was becoming stricter in removing leprosy patients to Kalawao and in not allowing kōkua to go with them. Some doctors who examined those who were suspected of being lepers, or police who came to get

them, were shot at. In Pi’ilani’s telling of the events of their hiding from the authorities she emphasized leprosy as “the separating sickness”. She does not reveal any fear of contracting the disease from her husband or son, but her horror is at the thought of the forced separation of Ko’olau from his wife and child. Pi’ilani says “the doctor decided that he [Ko’olau] had leprosy and directed that he be confined and taken to Kalawao, the place called by some people ‘the grave where one is buried alive.’” Ko’olau, from Kekaha, Kaua‘i, agreed at first to go to Moloka‘i when it was discovered that he had leprosy, if Pi’ilani his wife, and Kaleimanu his son, could accompany him.

But the authorities denied his request and Ko’olau refused to be separated from his wife. “And we agreed together to live patiently together in the hardships of this life, and that death only would separate us,” stated Pi’ilani. They escaped into the isolated Kalalau Valley (on Kaua‘i) for refuge, where among a population of one hundred-twenty, twenty-eight had leprosy, many of whom had agreed to go to Kalawao, but it was Ko’olau that “Lui” (Deputy Sheriff Louis Stolz) was after. In the end, Lui and three other Provisional Government soldiers were shot and killed, Ko’olau and his son died of leprosy in Kalalau Valley, and Pi’ilani did not part from her husband until after his death. Lui had come with the soldiers, with the instructions that “Ko’olau should be


60Ibid., 8.
taken alive, if possible, but if it could not be done without shedding blood, to shoot him dead." All Ko’olau had done was to fall victim to a disease and refuse to go to Kalawao without his wife. Of course, after the violent encounter at Kalalau, Ko’olau’s label as a criminal was for more than his contracting leprosy.

Keanu and Dr. Edward Arning:

Another story that speaks to the way in which leprosy and its sufferers were criminalized is found in the peculiar association between three men: a European bacteriologist, Dr. Edward Arning; a politician, Walter Murray Gibson, and a Hawaiian convicted of murder, Keanu.

When the steamer, Mariposa, arrived in Hawai‘i on Thursday, November 8, 1883, seven Franciscan nuns were arriving from Syracuse, N.Y., to be nurses for the sick poor of these islands." These same Sisters would eventually find their way to the Kalaupapa Leprosy settlement five years later. The nursing nuns had been hoped and pleaded for by the Hawaiian Board of Health for a very long time, and that day they were greeted by both religious and political leaders, ceremony and song. Amidst all the celebrating another newcomer to Hawai‘i inconspicuously made his way off the ship and into town. He had also come to Honolulu at the request of the Board of Health and his objective was specifically to study leprosy in the Hawaiian Islands, though his

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61 Ibid., 14.

62 Pacific Commercial Advertiser, Nov. 9, 1883.
arrival was without any fanfare.

The man was Dr. Edward Christian Arning, the first bacteriologist to work in Hawai‘i.\textsuperscript{63} Arning, the son of a German merchant who had settled in England, was born on June 9, 1855, in Manchester. At the age of twelve, Edward was sent to Hamburg, Germany, to study at the Gymnasium Johanneum from which he graduated in 1874. He then spent two years as a medical student at the University of Heidelberg, and completed his medical degree at the University of Strassburg in 1879. Arning began his career in Berlin as a gynecologist, but soon became interested in dermatology and venereology.\textsuperscript{64}

Arning had become a member of the Dermatological Institute of Berlin in 1881. It was there that he met the young and energetic Dr. Albert Neisser, who had acquired an impressive knowledge of the new science of bacteriology. Neisser’s contributions were partly due to his work with Dr. Gerhard Armauer Hansen, who had discovered the bacillus that causes leprosy, \textit{Mycobacterium leprae}, in 1873. Arning’s introduction to the new field of bacteriology would come through Neisser:

With specimens obtained from patients in Norway and other parts of Europe, and using techniques learned from Hansen or developed for himself at Breslau, Neisser taught Arning the latest methods for demonstrating leprosy organisms and the pathological manifestations of leprosy.

\textsuperscript{63}Arning, Edward Christian. Physicians File. MMHC, Hawaii Medical Library; Bushnell, "Dr. Edward Arning: The First Microbiologist in Hawaii," 3.

\textsuperscript{64}Ibid., 3.
their presence.\textsuperscript{65}  

No one is quite sure why Arning chose Hawai‘i as the place to study leprosy, but with a grant from the Humboldt Institute of the Royal Prussian Academy of Sciences, and the promise of $150 a month and his return passage to Germany from the authorities in Hawai‘i, Arning came to the islands to combine investigation of leprosy with the acquisition of an ethnographic collection.\textsuperscript{66}  

Arning’s primary concern was with his research on leprosy. In this endeavor, he was accountable to the Hawaiian Board of Health, and its current president, Walter Murray Gibson. 

Indeed, one of the more colorful \textit{haole} figures in Hawaii, in the nineteenth century, was Walter Murray Gibson. An American of “obscure origins,” Gibson had made his way into the inner circle of the Hawaiian government, in the words of one historian, “as the natural enemy of the white Protestant business and moral elite, and as

\textsuperscript{65}Bushnell, "Dr. Edward Arning: The First Microbiologist in Hawaii," 4.  

\textsuperscript{66}Arning, Edward Christian. Physicians File. MMHC, Hawaii Medical Library. As Arning traveled throughout the Hawaiian islands, he collected 500 artifacts, took more than 200 photographs, and kept very detailed notes. Many of the glass plate negatives and artifacts collected by Arning while he was in Hawai‘i are now at the Berlin Museum fur Volkerkunde. His photographs were mainly images of Hawaiians and cultural sites (such as \textit{heiau} and fishponds), and prints of the 1884-1886 Edward Arning Photograph Collection can now be found at the Hawaiian Historical Society Library. See "Rare 19th Century Photographs of the Hawaiian Islands," \textit{Hawaiian Historical Society: Na Mea Kahiko}, no. No. 93 (1997).
the somewhat ambiguous champion of the Native Hawaiians. He was a character; “never reluctant to use tax money for the combined purposes of the social good of the Hawaiians and his own political advancement.” Gibson, the Prime Minister of the Kingdom of Hawaii from 1882 to 1887 in King David Kalakaua’s government, he was also Minister of Foreign Affairs, President of the Board of Health, Commissioner of Crown Lands, and holder of an assortment of other positions in and out of the government – his enemies dubbed him “Minister of Everything”.

Thus when the consummate politician, self-promoting, opportunistic, yet sometimes caring and sincere, Gibson, “Minister of Everything”, had opportunity to bring someone of Arning’s caliber to Hawaii, he took it. Gibson assured Arning’s sponsors that

if Dr. Arning comes here for the purpose of studying the natural history of the contagium [sic] of leprosy, he will receive from the Board of Health every assistance they are in a position to give him.


68 Daws, 126.

69 Bushnell, "Dr. Edward Arning: The First Microbiologist in Hawaii.", 5; Daws, 126. Gibson was also the owner and editor of the Hawaiian newspaper, _Nuhou_, during this time.

70 Walter Murray Gibson. _Report on Leprosy of the President of the Board of Health to the Legislative Assembly of 1886, Supplement_. Honolulu, H. I., P. C. Advertiser Steam Printing Office, 1886, 154.
As genuine as Gibson was about improving the “leprosy situation” in Hawai‘i, even those who supported him recognized that “it appears that the Minister wants it to be looked upon as his personal merit to have secured the services of a scientist for such an investigation.”

As Gibson saw it, the Board of Health (under his direction) was “doing everything possible in the matter of leprosy, and more,” and hiring Arning was certainly proof of that. Further, Gibson did not view the islands as isolated from the rest of the world, rather the kingdom should have access to the world’s knowledge concerning leprosy, and “if the kingdom could sponsor research leading to the eradication of leprosy, then the Board of Health should make the arrangement, and reap the simultaneous rewards of local well-being and world glory.”

But of course glory, even of the local variety, comes at a price.

By the 1880’s the sugar industry in Hawai‘i was in full swing, “haole plantation owners were amassing fortunes; and the government was taking its share of the wealth in taxes.” Approximately ten percent of government revenues were going to the Board of Health, fifty to sixty-five percent of which was allocated to the care and treatment of

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72 Daws, Holy Man: Father Damien of Molokai, 171.

73 Ibid., 140.

74 Ibid., 126.
leprosy in the islands. Such attention to a single disease "had no equal in the world,"
Gibson was always quick to point out.

Funding was an on-going issue of contention between Gibson and Arning. After
two years, Gibson felt that the Board had spent more than enough for Arning and his
experiments (and wanted results); Arning felt his funding and support from the Board
was insufficient. 75

Throughout his appointment in the Hawaiian islands, Arning would be
challenged by the expectations and impatience of Gibson, and by the limits of doing
research in Hawai‘i. As such, we might well view Arning’s time and accomplishments
in Hawai‘i as inconsequential, however, he does have a place in Hawaiian history for
two reasons. Firstly, he was the physician who diagnosed Hansen’s disease in
Hawai‘i’s most famous leprosy patient, Father Damien, and secondly, his inoculation
experiment on the Hawaiian, Keanu, would give both Arning and Keanu a unique place

75 In the early years of the Kalawao settlement, more than half of the Board of
Health’s budget was going toward the care of leprosy (sixteen thousand dollars); by
1876, the biennial amount had risen to fifty thousand dollars; by the time of Gibson’s
tenure, 1882-1887, the biennial figure was at one hundred thousand dollars. More than
five percent of Hawai‘i’s resources were going toward leprosy - “The Board of Health
generally got something like 10 percent of government revenues, and devoted between
one-half and two-thirds of its appropriation to leprosy.” Gavan Daws, Holy Man: Father
Damien of Molokai (Honolulu: University of Hawaii Press, 1973), 126. Arning received
a monthly salary of $150, as a government physician, as well as other "sundry outlays in
connection with his experiments." Edward Arning, "Copies of Report of Dr. Edward
Arning to the Board of Health, and of Correspondence Arising Therefrom," in Hawn
UH-Manoa (Honolulu, H. I.: 1886), 37.
in the history of medicine in Hawai‘i.

When Arning arrived in Hawai‘i, the “leprosy problem” was the main focus of the Board of Health. Many hoped that he would produce results that would essentially “solve” the problem. It was a lot to ask of one man.

Edward Arning was a very meticulous, precise, formal, and logical researcher. During his twenty-six month affiliation with the Board of Health, Arning produced two long reports and many shorter ones for Gibson – though never to Gibson’s complete satisfaction. Gibson was impatient; he wanted results (namely results that would glorify Hawai‘i and Gibson). Arning’s first report described his experiments in great detail, his “use of techniques of histopathology and microbiology in the laboratory diagnosis of infectious diseases” and outlined his future investigations. He cautioned against looking for a “miracle cure” but Gibson was pressuring him to produce something tangible. Arning had “used electricity, generated by a Galvanic battery, to treat some of the lepers” with some success, but he wasn’t about to proclaim triumph as of yet. Even so, the report marked the high point of Arning’s career in Hawaii.

Arning was surely dedicated to his work: “with great effort and innumerable frustrations, he contrived a laboratory of sorts in a hut at one end of the Branch Leper Hospital” near Honolulu. He had brought his instruments with him, a microscope,

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77 Ibid., 10.
staining reagents, other chemicals, and a few pieces of glassware. For other materials to keep his lab going, Arning bought what he could with Board of Health funds, and the rest he bought with his own money – some things from Honolulu’s general stores, others he ordered from San Francisco, or he would sometimes design and commission Honolulu artisans to make what he could not buy.\(^7^8\)

His experimentation was extensive. Arning performed biopsies on living patients, autopsies on the dead; inoculated his assorted animals, sacrificed them and autopsied them; examined hundreds of microscope preparations, made thousands of attempts to grow *Mycobacterium leprae* on artificial media; interviewed patients, treated them, watched them.\(^7^9\)

He had used several media in his attempts to culture the “leprous germ”; this list included:

\begin{enumerate}
\item Koch’s meat peptone gelatines of varying strengths.
\item Gelatines made of seaweed and meat.
\item Gelatines made of seaweed and fish.
\item Bouillons of meat and fish.
\item Sterilized and solidified serum of blood taken direct from the carotid artery of bullocks and sheep.
\item Vegetables, solid and in decoctions.
\item Poi.\(^8^0\)
\end{enumerate}

\(^7^8\)Bushnell, "Dr. Edward Arning: The First Microbiologist in Hawaii," 10.

\(^7^9\)Ibid., 13.

\(^8^0\)Edward Arning. *Copies of Report of Dr. Edward Arning to the Board of Health, and of Correspondence Arising Therefrom.* Honolulu, H. I., P. C. Advertiser
Unsuccessful in his inoculation experiments on animals, and unable to grow the bacillus in artificial soils, Arning concluded that "the bacillus lepra is limited . . . to the human race." But his work with the "human race" (i.e., native Hawaiians) was not going well either. Beyond his clashes with Gibson, and a lacking laboratory, Arning's greatest challenge seemed to have been working with his Hawaiian subjects. He reported that his clinical work included "inquiry into the general historical features of the disease and into the history of the disease in the individual" and that

I have here encountered great difficulties, and am afraid have wasted time and patience in trying to derive reliable information from the Hawaiians. Lack of observation of their personal health and willful deceit are so mingled with truth in their statements, that I defy anybody to collect reliable statistics, such as on which it might be possible to base proofs for hereditary or congenital transmission of Leprosy on these Islands.

Thus, when the opportunity to experiment on a human being presented itself, Arning seized upon it. Dr. Fitch had already made the suggestion that "condemned criminals should be given the choice of inoculation with the blood and matter from leprous patients or execution as preferred by them." One Hawaiian man would make that

Steam Printing Office, 1886, 10.

81 Ibid., 11.

82 Ibid., 3-4.

83 Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the
From the Kohala district of the island of Hawaii, the Hawaiian man Keanu would come to be known as the convicted murderer who was inoculated with leprosy by Dr. Arning. Accused, tried, and found guilty of the murder of a Japanese man named Charlie (in February, 1884), Keanu was sentenced to be hung on October 28, 1884. It was said that Keanu had been involved with Charlie’s wife, Kamaka, a Hawaiian woman, and that “the illicit and clandestine liason between Kamaka and Keanu led to the murder.”

After the death of her husband Kamaka stopped at a local store where Dr. Thompson observed some blood on her saddle and clothes. When he asked about it, Kamaka told him that “two haoles had attacked and killed her husband,” she having got the blood on her clothes during the attack. Kamaka’s story was not believed and she was arrested – she subsequently implicated Keanu and he was quickly arrested and committed for trial. The evidence against Keanu was largely circumstantial, but Keanu’s appeals would not be recognized by the Supreme Court of the Kingdom of Hawai’i. According to Dr. George Trousseau, “the Board of Health petitioned . . . King Kalakaua’s Privy Council of State to commute Keanu’s death

Spread of Leprosy,” Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom,” 120.

Mouritz, _The Path of the Destroyer_, 152.

Pacific Commercial Advertiser, February 25, 1884, 2.
sentence to life imprisonment, and for the advancement of science he (Keanu) was to submit to inoculation with leprosy.\(^{86}\)

Confined in the O'ahu jail, Keanu gave his written consent to Dr. Arning on September 30, 1884, to be inoculated with leprosy. Under no circumstances was Keanu to be pardoned or given his freedom; if the experiment was successful Keanu would simply be moved from the O'ahu jail to Makanalua peninsula on Moloka'i, the "natural prison". Dr. Arning removed a piece of clean skin from the arm of a young girl with leprosy and implanted it into Keanu's left forearm. According to Arning's report "the implantation wound became an ulceration which took nearly three months to heal."\(^{87}\) At the time of Arning's last examination of Keanu (June 5, 1886) his arm was free from pain and no *Mycobacterium leprae* were found in the secretion. However, by the Fall of 1887 (3 years after inoculation) Keanu was confirmed a "leper". Keanu's leprosy progressed rapidly and in February of 1889 he was removed to the Leprosy Settlement at Kalawao. He died on November 18, 1892 at the age of fifty-six.\(^{88}\) Despite the apparent success of Arning's experiment, there were those who questioned whether or not Keanu's leprosy was the result of the inoculation or rather that he had lived in the

\(^{86}\)Quoted in Mouritz, *The Path of the Destroyer*, 153.

\(^{87}\)Mouritz, "Human Inoculation Experiments in Hawaii Including Notes on Those of Arning and of Fitch," 214.

same house with leprous relatives prior to his murder conviction. 89

Regardless of the success of Arning's work, Keanu's inoculation gave Arning and Hawai'i a degree of notoriety where leprosy was concerned. While medical experimentation on humans was nothing new, Arning's experimental work with Keanu, speaks largely of western concerns of the time. Further, the implication of the leprosy sufferer as a "criminal" was only compounded by this celebrated experiment on the convicted murderer.

But the human experiments on Hawaiians did not begin nor end with Arning. Dr. Mouritz also made a series of experiments in inoculating non-leprous kōkua and similar trials had previously been made by Dr. G. L. Fitch as well. 90 Dr. Fitch (the third resident physician of the leprosy settlement) was the main advocate of the theory that leprosy was the fourth stage of syphilis and believed that it was only communicable by heredity. 91 Fitch made some experiments on his Hawaiian patients, thirty males and females, by inoculating them on the upper arm in a manner similar to vaccination. His

89 Ibid., 154.


purpose was to show that all of these patients, who had syphilis, could not be successfully inoculated with leprosy, because, again, he believed that leprosy was simply "modified syphilis in a fourth stage," thus they would be immune to the leprosy inoculation.

Mouritz's objective in his experiments was also to prove that leprosy could not be successfully inoculated because it followed a different path (namely the digestive tract). Mouritz claims that in the early 1880s, "the greater number of the 225 healthy kokuaus, male and female, living in the Settlement were ready and willing to be experimented on by any means likely to induce leprosy, hoping to obtain board and lodging as lepers for the remainder of their lives without working." Whether or not their motives for volunteering were as Mouritz says, the doctor chose ten males and five females as his subjects for experimental inoculation, but "every case was a failure and produced no results." All of his subjects were Hawaiian (two being part-Hawaiian).

Whether it was Arning, Fitch, or Mouritz, the common factors in their research were twofold: leprosy and Hawaiians. Westerners in Hawai‘i, in the late nineteenth century, largely viewed leprosy as a "scourge" upon a "dying race". The "scourge"

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93Mouritz, The Path of the Destroyer, 140.

94Ibid., 151.
came as punishment for the uncivilized ways of a native population. The rhetoric of the “dying race” implied Social Darwinist attitudes prevalent at that time. Physicians like Arning were engaged in their research, hopeful for the “progress” of science. Men like Gibson were after personal glory and power, and if the Hawaiians could be helped in the meantime, that was all the better.

Gibson had wanted Arning to publish his results with Keanu in 1885, only 13 months after the experiment had begun (and no clear signs of leprosy were present). Arning refused – there was not yet any conclusive evidence or outcome of his experiment. A debate ensued between the two; played out in their reports and correspondence. It all came to an end when Gibson, on behalf of the Board of Health (and it would seem without their knowledge), dismissed Arning from his position.

Much like his arrival, Edward Arning’s departure from Honolulu was quiet and inconspicuous. It is thought that he left on July 1, 1886, but the records are incomplete.

Isolation, A Life/Death Sentence in the “Natural Prison“:

Another common element in this history of leprosy in Hawai‘i was that the leprosy patient was to be sent to the “natural prison” of Makanalua to serve a life (death) sentence. Once it was determined that a patient had the disease, theirs was to be a life of isolation, the only escape being death. That these patients had lost all rights of society was acknowledged in the 1868 report of the Board of Health to the legislature. Recognizing the government’s responsibility to those who had been set apart, the report
stated that:

the Legislature must be asked to supply absolutely for the future, all the wants of these people... inasmuch 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.\textsuperscript{95}

Within the text of the 1865 Act, it was stated that Section 302 of the Civil Code, regarding the treatment of smallpox, was applicable to the treatment of those afflicted with leprosy. This particular section provided that “when any person shall be infected with the small-pox, or other sickness dangerous to the public health,” the Board of Health had the right to “remove such sick or infected person to a separate house, and provide him with nurses and other necessaries...”\textsuperscript{96} Of course, in the case of smallpox, the isolation was for a limited time – the patient either recovered and returned home within weeks, or died quickly from the disease. In the case of leprosy, the isolation from society and family could be months, if not years. A diagnosis of the disease rendered its victim “civilly dead... depriving them of their personal liberty” in an “attempt to exterminate the disease” by the only means they had “complete and absolute

\textsuperscript{95}"Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom," 44.

\textsuperscript{96}Ibid., 8, 10.
The idea that a leprosy sufferer should be perceived as “civilly dead” was a concept with a long history and one that fit well into the Christian paradigm which held that “a person afflicted with leprosy loses all sense of her/his earlier social identity and becomes merely a leper.” Since leprosy was incurable, the haole expectation was that once a patient was sent to Makanalua, they would never return to society. Hawaiian perceptions certainly differed, especially for those who were sent to the leprosy settlement, who were anything but “civilly dead.” Patients were continually asserting their civil rights as they constantly petitioned the Board of Health: desiring to be treated by kahuna, protesting their removal from their homes, asking for improvements in the conditions of the settlement, expressing their need of supplies, clothing, housing, a proper water supply, etc. If they were “civilly dead,” why were they paying taxes? In a letter to the Board of Health, William Ragsdale reports that there were “50 persons assessed for taxes in this settlement” and further discusses the possibility of using one of the churches for elections.

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97 Ibid., 48, 86.


99 ARH, Series 334-5, Board of Health, Incoming Letters.

Beyond civic expectations, the Hawaiians sent to Kalawao were also struggling to remain "socially alive". Other letters to the Board of Health requested school teachers and supplies for the children – promoting the expectation that there was still something to living. The residents of Kalawao and Kalaupapa were requesting the right to marry, forming families, having children, being *kōkua* to victims of a disease – "one of the great needs of the Hawaiian, always, was to touch and be touched, to affirm and reaffirm physically his life and his share in a common humanity."¹⁰¹

William Ragsdale’s letters to the Board of Health also reveal the Hawaiian’s struggle to remain "socially alive," to be able to make a contribution to his society. Ragsdale is known to have been somewhat self-promoting or opportunistic, nonetheless, he seems to be continually asking to be acknowledged by the Board, perhaps to be in a sense “touchable,” certainly to be worthwhile and not discarded. In one letter he admits that he is not well enough to plant, but states “I will try and do what I can do to promote the object of husbandry among my friends who are yet able to perform manual labor.”¹⁰² In yet another, Ragsdale asserts that he will do his best to promote “industry among the lepers,” and that he will do his best to be useful to those


in the settlement, and "to the public at large."\textsuperscript{103}

Certainly, Board of Health and legislative members acknowledged the harshness of the isolation policy\textsuperscript{104} and yet seemed unable to provide even the most basic of necessities to the patients they had banished to Makanalua. Indeed, when Walter Murray Gibson recounted the beginnings of the leprosy settlement to the 1884 Legislature, the harsh realities of this life sentence in Kalawao were more than apparent:

\begin{quote}
The resources of the State at that time hardly warranted any greater charge than provision for the bare subsistence of several hundred people suddenly taken from their homes and isolated from the community. Up to A.D. 1878, the sick residents of the settlement were simply herded and fed at Kalawao, not provided with such necessaries as lamp-light, soap and lint, without any means of transportation of their staple article of food which had to be carried by individuals on foot for many miles, and were during all the time, previous to that period, entirely without any medical attendance whatever.\textsuperscript{105}
\end{quote}

It was as if the sufferers of leprosy were being punished for their disease. But even

\begin{flushleft}\textsuperscript{103}\textsuperscript{1}William P. Ragsdale to O. E. Hall," July 7, 1873, ARB, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.

\textsuperscript{104}\textsuperscript{1}It was in the 1870 report of the Board of Health to the Hawaiian Legislature that the then president of the Board, F. W. Hutchison, admitted that “the forcible separation of individuals from their friends and the world, although necessary for the welfare of society at large, must appear harsh to many of those afflicted” but little would change for at least another fifty years.

\textsuperscript{105}\textsuperscript{1}Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom", 135.
prisoners of their day were being treated better.\textsuperscript{106} That the justification for isolation was a topic visited again and again throughout the Board of Health reports speaks not only to the real and imagined concerns of those involved, but also of their inner conflict over the (in)humanity of the situation. Some argued that Hawaiian culture was to blame for the spread of the disease: “the lives of half a dozen persons are endangered by the aloha to one person who should already be considered lost.”\textsuperscript{107} Others argued that resistance to the isolation policy was causing the disease to spread further: “every obstacle is thrown in the way of the authorities when endeavoring to secure the isolation of the diseased man or woman.”\textsuperscript{108}

Once in the settlement, patients were often subject to the “arbitrary proceedings” of resident superintendents. On one occasion, in 1878, it was reported that patients had been confined “with ball and chain, for no other offense than running or attempting to run away,” others had been confined “with irons for small offenses or breaches of the

\textsuperscript{106} In her report of a visit to the leprosy settlement, in July 1884, Princess Liliuʻokalani remarks on the supplies provided to the leprosy patients and makes a comparison with what is provided to inmates of the Oʻahu jail; Honolulu prisoners were receiving more in food and shelter than the patients at Makanalua. See Appendix C or D.

\textsuperscript{107} “Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom,” 64.

\textsuperscript{108} Ibid., 64.
peace," and yet others were punished by "enforcing labor and imposing fines and penalties for non compliances."¹⁰⁹ Society's fears, and thus punishment of the victim, became quite apparent to Ambrose Hutchison when he and some fellow patients were taken to Maui to stand as witnesses in a murder trial. While awaiting their court appearance, the seven leprous witnesses were kept at the Lahaina jail, set apart from the other prisoners held there. When Hutchison and the others were finally offered some food, it was in "an old castaway rust dirty bucket which no doubt the man had picked up from somewhere and offered salmon cut up in pieces put in it."¹¹⁰ A relative of Hutchison's would eventually bring them some proper food, but Ambrose was decidedly upset with the "unmerited contemptuous [sic] treatment" that had been accorded them.¹¹¹ Hutchison had demonstrated his detest by kicking the bucket and its contents from where the warden had placed it, but the hurt at their treatment was deep: "We had been treated since our coming here to this place with indignity and for no cause other than personal aversion of our being segregated men, lepers and our presence here not wanted."¹¹² He was speaking of the Lahaina jail, but his statement in

¹⁰⁹ Ibid., 86.
¹¹⁰ Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka'i," 58.
¹¹¹ Ibid., 58.
¹¹² Ibid., 61.
some ways reflects the attitude of the larger society at that time.

The politicians were definitely concerned about the horrible nature of the disease and feared its further spread, but they were also concerned with international perceptions of Hawai'i and the economic ramifications of its spread. Thus their arguments for isolation (the only “treatment” available to them) continued. As F. W. Hutchison, then president of the Board of Health stated in his report of 1872:

... what a state we should be in, if all these lepers, instead of living together at Kalaulapapa, were running free and scattered around the islands, ... We could not go anywhere without meeting a leper; .... The consequence must ultimately be the ruin of the Hawaiian race, and the foreigner would soon be included in the catastrophe. ... The islands would be shunned.\textsuperscript{113}

The Hawaiian Evangelical Association, which included several prominent haole and “about forty Hawaiians” signed a statement in 1873 expressing their concern that “our Hawaiian people will become a nation of lepers.”\textsuperscript{114} Once again, frustration at the Hawaiians’ refusal to “separate their lepers from them” was expressed; they also resolved to “preach frequently and particularly to [the] people upon the duty of isolating their lepers, especially as illustrated by the Mosaic law in the thirteenth chapter

\textsuperscript{113}Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom," 64.

\textsuperscript{114}Ibid., 76.
of Leviticus.” Perhaps just as instructive in understanding not only the justification for banishment, but for treating those with the disease as if they were guilty of a crime, the Association also called for the kingdom to repent of its sins, “especially for those sins which promote the spread of this disease.”

But there were also those who expressed their concern for greater compassion. The 1882 President of the Board of Health, W. N. Armstrong, commented in his yearly report:

When a leper is seized and taken to Molokai, it is a sentence of death. He has committed no crime. He has met with a great misfortune. He is driven out of society, that others may live. Without intending to act harshly, the Government has not been careful enough of his feelings . . . . The policy of the government should be to treat him so that he may enjoy life while he has it.

And Dr. N. B. Emerson agreed, after a visit to the settlement in March, 1882, that “the necessity for isolation is a sad fact” but also admonished that “courage is needed in a nation, as in a patient, to nerve it to the dread ordeal of a painful surgical operation.”

Regardless of these calls for compassion and courage, for the most part, the actions of the Board of Health were perceived as harsh and uncaring; victims of a disease were

\[115\] Ibid., 76.
\[116\] Ibid., 76.
\[117\] Ibid., 116.
\[118\] Ibid., 129.
taken from their families and homes, to be punished through banishment to an isolated peninsula to live out their sentence. At least one physician, Dr. Edward Arning, was willing to be bold in his condemnation of the isolation policy:

As regards treatment of the disease, I consider it altogether unwarrantable to call leprosy incurable, and simply to remove the afflicted out of sight. This is a remnant of mediaeval barbarism which every professional man ought to oppose, more especially so in our relation to a race which has had our civilization forced upon it.\textsuperscript{119}

\textsuperscript{119} Ibid., 151.
CHAPTER 4:
"DO NOT THE HAOLES ALWAYS BRING DEATH TO THE KANAKA IN THE END?": HAWAIIAN RESISTANCE TO THE LEPROSY LAWS AND SETTLEMENT

Leprosy may have been the "disease of the despised" and those found to have it in Hawai‘i may have been sent to the "natural prison" of Makanalua, but those with leprosy did not necessarily welcome this policy of being "set apart," nor did they go to this land "set apart" without some resistance.

Indeed, many Hawaiians resisted the leprosy quarantine law and the largely haole effort to enforce it. The most famous or celebrated stories of Hawaiian resistance to the law ended in violence. These were the stories that received the most attention, first in the newspapers and then in the literature that concerned itself with the stories of leprosy in Hawai‘i. One result of this attention to these particular stories of resistance had been to further amplify the "criminal" stigma attached to sufferers of the disease in Hawai‘i.

Representations of Moloka‘i, Makanalua, and leprosy in Hawai‘i, even from the earliest times, have contributed to the stigma of the disease and the social environment

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1 Alfred Lindsley, "Aikualani: The Story of a Leper, Pt. I," The Hawaiian Vol. 1, no. no. 6 (1895), 425. Whether the disease claimed its victim or resistance to the laws concerning leprosy resulted in death, the outcome was the same.


3 Refer to Chapter 3.
in which it existed. Further, much of the literature that exists concerning leprosy in Hawai‘i fails to include the voices and perspectives of the majority of the victims of the disease, the Hawaiians. This omission is of concern as it reflects the omission that exists in the larger historical picture.

Furthermore, with few exceptions, representations of Moloka‘i, Makanalua, and leprosy in Hawai‘i, in the media and literature perpetuated a public perception of leprosy and Makanalua that fostered a social environment which contributed to the misunderstanding, stigmatization, and fear that is attached to the disease. Yet these representations also provide us an insight into the extent to which Hawaiians resisted against the leprosy segregation law.

Resisting Arrest

Ko‘olau and Pi‘ilani:

Returning to the story of Ko‘olau and his family – it is a story of love, loyalty, and courage, but most of all, it is a story of resistance. It tells of a small Hawaiian family, a father and son afflicted with leprosy and a mother devoted to their care and well-being, who resisted submission to the “Act to Prevent the Spread of Leprosy” in

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4 I will tell portions of their story, inasmuch as it pertains to this discussion, but for the complete story, and all of its variations, see Frances N. Frazier, The True Story of Kaluaikoolau, as Told by His Wife, Piilani (Lihue, Hawai‘i: The Kauai Historical Society, 2001); Frances N. Frazier, “The True Story of Kaluaikoʻolau, or Koʻolau the Leper,” The Hawaiian Journal of History Vol 21 (1987); Jack London, Tales of the Pacific (New York: Penguin, 1989); W. S. Merwin, The Folding Cliffs (New York: Alfred A. Knopf, 1998).
order to stay together.

Kaluaikoʻolau, also known as, Koʻolau, and his wife Piʻilani had left their homelands at Kekaha, Kauai, for Kalalau valley in the winter of 1892. A reddish rash had been reappearing on Koʻolau’s cheek for three years. Both he and his wife had noticed the rash, and while they were worried they had not spoken of it until they saw signs of the disease on their son’s face and other parts of his body. Later that same year, a government official, Pokipala, had come for Koʻolau and took him to the government doctor who examined Koʻolau and determined that he had leprosy and should be sent to Kalawao, on the Makanalua peninsula of Molokaʻi.5

When the decision was announced to Koʻolau, he told Pokipala that he would not go to Kalawao unless his family could go with him. Pokipala departed to report to his superiors while Koʻolau and Piʻilani discussed what they would do – they refused to be separated. By this time, Koʻolau and Piʻilani must have been fully aware of the Board of Health’s policy to no longer allow kōkua to go to the leprosy settlement. Indeed, Piʻilani referred to leprosy more than once as “this disease, which separated families.”6 They certainly were not waiting for Pokipala to return with an answer from his superiors, concerning Koʻolau’s request.

The journey to Kalalau was not an easy one. Koʻolau, Piʻilani, their son

5Frazier, The True Story of Kaluaikoolau, as Told by His Wife, Piilani, 6-9.
6Ibid., 12.
Kaleimanu, Pi'ilani's mother, and a child of Pi'ilani's cousin, were led by a guide as far as he could take them by horse. When the horse could go no further, Ko'olau's party continued alone along a difficult trail until they arrived at Kahalanui where they lived quietly, among family and friends living along the sides and shore of Kalalau valley. All seemed to be going well for the family, until one day in June 1893, Louis Stolz, the Deputy High Sheriff of Waimea, approached Pi'ilani while she was alone in their mountain home. Stolz had come for Ko'olau, as well as the other victims of leprosy living in the valley. The people of Kalalau were called together to meet with Sheriff Stolz and they all attended. Stolz then gave the order that everyone with the disease needed to prepare their belongings and be ready to be taken to Kalawao the next week.

At that time, all those with the disease agreed to go, except for Kaluaiko'olau. He again asked whether his wife could go with him. According to Pi'ilani's account, Stolz's reply was an emphatic "No! Your wife can not at all go with you – you and all

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7 According to Dr. Mouritz, Stolz had met with Edward G. Hitchcock, Marshal of the Hawaiian government under the Provisional Government, on June 5, 1893, at which time Hitchcock told Stolz to hold off on his plans to go to Kalalau in search of those with leprosy. Stolz obviously disregarded that advice as he arrived at Kalalau, Kaui, in late June, 1893. A. A. St. M. Mouritz, The Path of the Destroyer: A History of Leprosy in the Hawaiian Islands and Thirty Years Research into the Means by Which It Has Been Spread (Honolulu: Honolulu Star-Bulletin, Ltd., 1916), 72-73.

8 There were many who lived out of sight, out of reach, of the Board of Health officials during this time. The Pacific Commercial Advertiser, June 30, 1893, reported that some 28 persons with the disease were living among a native Hawaiian population of 120 in Kalalau.
those who have the sickness will be taken, no one else.”

But Ko’olau and Pi’ilani’s story is more than one of “a steadfastness and devotion that can rival any classical legend”; it is a story of resistance. Ko’olau would not go to Moloka‘i without his family for two important reasons. Firstly, he resisted against the order to go to Kalawao without his wife because it went against the Christian principles he had embraced concerning marriage: “we swore on the holy book to live together in the time of food and of famine, in sickness and in health, to live together until death should part us” But Ko’olau also resisted against the orders of the Board of Health because it was against his Hawaiian sensibilities, as his wife, Pi’ilani explained:

...he himself would refuse until the end, since he had heard of how in the strange land the bones would be laid to rest without the knowledge of the one who should attend to hiding his bones; whereas, here in the land of his birth, I, his wife, would, he knew, lay him to rest forever.

It was important for Ko’olau to know that he would have a proper burial when the time came. In Hawaiian tradition, for the warriors of old, “the great concern was

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9Frazier, *The True Story of Kaluaikoolau, as Told by His Wife, Piilani*, 16.
10Ibid., x.
11Ibid., 16.
12Ibid., 16.
that the bones were hidden, so they could not be desecrated."\textsuperscript{13} Ko‘olau was not a “warrior” as such, but he was a well-known paniolo (cowboy). Kahikina Kelekona (John G. M. Sheldon), the journalist who interviewed Pi‘ilani after she returned from Kalalau Valley, described Ko‘olau as a man whose “name was celebrated because of the unerring aim of his rawhide rope and of his gun, in the times when the cattle were to be captured in the mountains."\textsuperscript{14} But beyond the concern for hiding his bones, was the concern that only family members should attend to the sick and the deceased.

Hawaiian historian Samuel M. Kamakau was speaking of the smallpox epidemic that hit Hawaii in 1853, but it can be inferred that as leprosy was just one of many contagious diseases to afflict Hawaiians during this era, Hawaiian treatment of the ill would have been similar, regardless of which disease they were suffering from: “the wife nursed the husband or the husband the wife, and when the children fell ill the parents nursed them.”\textsuperscript{15} This point is further concurred and expanded by Mary Kawena Pukui as she explains that “for any Hawaiian, the body was exposed only to close family members. And so, just as they did in sickness, family cared for family in


\textsuperscript{14}Frazier, \textit{The True Story of Kaluaikoolau, as Told by His Wife, Piilani}, 8.

Ko‘olau was determined not to be taken alive by Stolz, nor to conform to this “wrongful law of the land, which would not allow his wife to accompany him.” The many residents of the valley met together again to discuss their predicament. Ko‘olau advised his friends to keep their promise to the government, to go to Kalawao, but told them that he would not go. Within days, Sheriff Stolz had returned with some police, intent on taking Ko‘olau prisoner. Ko‘olau swore that he would not be taken alive. Clutching his gun, Kaimonakamakeloa (death afar in a wink) to his chest, Ko‘olau took his stance and promised “we shall live in peace if we are not disturbed, but we shall fight with our knowledge and strength and fearlessness to protect us all from the enemy who attempt to overwhelm us.”

The confrontation between Stolz and Ko‘olau followed soon after. Believing that Stolz was hiding in the mountains looking for an opportunity to ambush Ko‘olau, Ko‘olau decided to take his family and few friends down to the shore. As he encountered some policemen and other friends, Ko‘olau told them that he had come there “to meet and see that haole, Lui, and some action may develop between us.”

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16Pukui, Nana I Ke Kumu: Look to the Source, 134.
17Frazier, The True Story of Kaluaikoalau, as Told by His Wife, Piilani, 16.
18Ibid., 18.
19Ibid., 19.
Late the next night, Ko‘olau and Pi‘ilani crouched by a rock with only the moonlight to assist them. Two men approached Ko‘olau’s camp (they were staying in a house with Iwa and Kala, two young men). It was Stolz and Paoa, a man who had leprosy and had been arrested by Stolz. Stolz moved toward the house and called out to Kala to stand still. Ko‘olau and Pi‘ilani heard a gun being cocked and as Pi‘ilani recounts, “at this moment my husband protected me by putting me behind him, and with a flash of powder his gun was fired, and we heard the voice of the haole saying: ‘Hu! It hurts.’”

Ko‘olau had shot Stolz, but he was still alive. Paoa, the man with leprosy that had been arrested, ran to Stolz and began to beat him. Ko‘olau reprimanded Paoa and told him to stop. Meanwhile, Stolz was kneeling and lifted his gun again. Paoa shouted that Stolz was going to shoot and at this moment Ko‘olau fired again, this time killing Stolz.

Ko‘olau turned to his wife and stated “If I had been slow, I would have died before the haole.”

It was June 27, 1893, and the news did not take long to spread throughout the valley and to Waimea. The following morning, Ko‘olau, his family, and a small group of friends returned to their mountain home to await the result of the previous day’s events. Days passed and all was quiet and calm until one day when Paoa was making a

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20 Ibid., 20.

21 Ibid., 21. As the confrontation continued into the mountains, two other soldiers would also be killed, and a third would die after accidentally shooting himself.
trip down to the shore and met some friends with some startling news. They told him that police and soldiers had landed on the shore, that they were armed and had come to fight with Ko'olau, "until they get him dead or alive." Great fear spread among the group – they only had one gun amongst them (Ko'olau's) – as they anticipated the arrival of the soldiers and their guns. Ko'olau convinced his friends that they should return to the shore and leave him to his fate. He even wanted Pi'ilani and their son to depart for the shore without him, but Pi'ilani refused, herself swearing an oath to Ko'olau to "never leave off following [him] until death shall separate us." All the others departed, leaving this small family of three alone in the wilderness of Kalalau.

Ko'olau, Pi'ilani, and their son, Kaleimanu, climbed deep into the mountains. The soldiers of the Provisional Government pursued, burning the homes of the friends who had sheltered Ko'olau and his family on their way. In her telling of the events, Pi'ilani's disdain for the Provisional Government and its soldiers is strong. The destruction of their friends' homes and belongings caused Ko'olau and Pi'ilani much sorrow and rage. Speaking of the Provisional Government, she stated, "their actions became despised by those born with Christian consciences. . . . This was the wickedness and worthlessness of these impertinent P.G. soldiers' actions towards the blameless ones . . . . their coming with a great army and rifles and cannons to shoot and kill my

\[22\] Ibid., 21.

\[23\] Ibid., 23.
husband, who was alone on his side—these were deeds shameful before the powerful governments of the world." Indeed she had much to say about "these plundering, burning, thieving P.G. kolea [a scornful reference to foreigners], the birds who came to fatten on our land, who came as wanderers and arrogantly lived on the sweet breast of our native land." Thus Koʻolau and Piʻilani’s resistance was not simply against the 1865 law to isolate those suffering from leprosy that would take loved ones from their families and homes, they were also resisting the newly formed Provisional Government and all it stood for (i.e., the aspirations of conspiring foreigners).

The Hawaiian monarchy had been illegally overthrown in January, 1893. A haole, largely Protestant, provisional government was formed with Sanford B. Dole as its president. Concerned with annexation of the Hawaiian Islands by the United States, the Provisional Government promoted a strict observance of the isolation policy, in hopes of controlling the leprosy epidemic and stifling any fears that the islands posed an "Imperial Danger" to the United States.

The hunt for Koʻolau and his family was the embodiment of the new government’s intolerance for Hawaiian agency. The soldiers confronted Koʻolau in the mountains, and several times shots were fired over the next four days. Without food and water all that time, Koʻolau then decided to take his family back down the

24 Ibid., 25.

25 Ibid., 25.
mountain at night and around where the soldiers waited, to find provisions. The following day, they sat in shelter below the soldiers’ position, as the soldiers fired cannon balls into the area Ko‘olau and Pi‘ilani had once dwelt, the earth and rocks of their former home flying about. Within a week, no more shooting could be heard. Ko‘olau and Pi‘ilani decided that the soldiers had left, thinking they had killed the small family, since Ko‘olau’s gun had not been heard since the cannon fire began. Ko‘olau and Pi‘ilani continued to live in hiding, gathering their food (taro, gobey fish, freshwater shrimp) and taking shelter, in constant fear of being found. They lived this way for almost two years before being sighted by two friends. Upon meeting, the friends assured Ko‘olau that they had no intention of harming him or his family. Indeed the following day, one of the men, Kelau, and his wife Keapoulu, met with them again. Of this meeting, Pi‘ilani reports that “they had brought us some clothing, matches and a bag of fish, dried moir [a native variety of taro, or sweet potato], and some other things we lacked. When they left, that was the last time we met and talked with any living person until our child died, and my husband after him, and until my return to the home in my birthplace at Kekaha, Kauai.” It would seem the kama‘āina of Kalalau Valley were also resisting against the 1865 Act and the Provisional Government. Pi‘ilani explains,

26 Ibid., 32.
we were missed by the friends who came seeking us, since I learned after
my return to Kekaha that on the day after Kelau and his wife had
returned to the shore and told of meeting us and where we were staying,
many, many friends had come up to see us, bringing equipment and
vegetable and protein foods, only to find on their arrival that we had
been carried off like a puff of smoke...to live in the deep gloom of the
mountain forest. 27

Koʻolau and his family had begun to wander, never staying in any one place more than
a few days, as he was suspicious that someone might want to turn him in to the
Provisional Government.

The boy, Kaleimanu, died first and Koʻolau passed away approximately one year
later. Piʻilani was there to bury both her son and her husband, and would eventually
return to Kekaha, the place of their birth.

Kapea Kaahea and Dr. Jared Smith:

There are others, as well, who resisted in their own way against either the 1865
Act or the administration of that legislation by the Board of Health. "Indirectly due to
the successful resistance of Koolau to arrest and deportation to Molokai," Dr. Mouritz
declared, was another incident of violence on the island of Kauai. 28 In September, 1897,
Dr. Jared Smith was shot and killed by someone who had come to Smith’s door.

The Kauai physician, his sister having retired to her room and he hearing a

27 Ibid., 33.

28 Mouritz, The Path of the Destroyer, 75.
knock at the door, but no reply to his question of "Owai-kela?" went to see who it was. His sister heard a pistol shot, the fall of a body, and a horse galloping up the road. As the investigation began commentators believed that the killer was someone the doctor knew and that "the method of killing is that of a white man. It certainly shows none of the handiwork of a native." They thought that Smith may have angered one of the Asian plantation workers, though not likely, and there was a rumor going around that "the murderer was a man, whose wife, a leper, had been reported by Dr. Smith."  

As the murder mystery was solved, the papers declared that "the disclosures made at the preliminary examination unfold a tale of conspiracy and murder which resembles a chapter in a yellow novel." On October 1, 1897, eight prisoners – one an elderly woman – were brought to Honolulu and marched up Fort street to the O'ahu jail. At the center of the group was a tall, lean Hawaiian, named Kapea Kaahea – the man who had committed the murder – and the remainder, his co-conspirators, were his relatives. They were all members of the Kaio household. Dr. Smith had ordered Paupau, Kaio's mistress and Pua, the thirteen-year-old daughter of Paupau and her former husband, to report to Honolulu as leprosy suspects. The Kaio household decided that the only way to stop the women from being sent to Molokai was to kill Dr. Smith. Two brothers, Kapea and Iosepa Kaahea had attempted to kill the physician on

29 "Who's there?"

30 Pacific Commercial Advertiser, September 27, 1897, 1.
two previous occasions. On the night of September 24, 1897, their third try, they carried out their plan. Suspicions about the family’s involvement were raised after Smith’s murder when it was reported to the deputy sheriff what the men had said when Dr. Smith ordered them to report to Honolulu. Subsequently, the entire Kaio household was arrested.31

Thus, the doctor was killed in an attempt to prevent him from sending Paupau and Pua, suspected of having leprosy, to Honolulu for further examination.32 Kapea was eventually put on trial, convicted, and executed for his deed. It is not known if the women were sent to Moloka‘i.

Obviously, the household did not want their family members to be taken from them, but their desperate act may also have had another explanation. Perhaps one of the reasons for this type of violent resistance against being sent to Makanalua were the stories that had been circulating concerning Kalawao. For instance, in the early days of the settlement, it was said that the first patients spent much of their time indulging in intoxicating drinks made from sour sweet potatoes and nuinui (a liquor made from

31 This account of Smith’s murder and his assailant’s arrest is based on the newspaper article, “Murder Was Done,” Pacific Commercial Advertiser, September 27, 1897, 1.

32 The doctor alone did not have the actual power to send someone to Makanalua, rather a committee of five Board of Health physicians would make such a decision in Honolulu, by examination of the patient. But with the increasing numbers of patients being sent to the settlement, particularly in the 1890s, the initial label of “suspect” would seem to seal the fate of most.
cooked *ki* roots). There were stories of virtual enslavement of the weak and vulnerable, by the strong, stories of forcing women into prostitution, and stories of unbelievable hardship. The Hawaiians soon gave the settlement the name *Ka pa pupuili* (the crazy pen), and Ambrose Hutchison explained, that for years to come “to mention the name ‘Kalawao’ was to arouse terror in the hearts of the stricken victims of the dread scourge and their opposition of being sent there.” Hutchison later contended that the lawless element in the community was not the norm, but rather the consequence of

... ignorant natives and a few unscrupulous white lepers, that scandalized everybody and [gave] the Leper Settlement of Kalawao an unsavory reputation as a Hell, spread throughout the Island group that put fear into the hearts of Hawaiian people, caused resistance when arrested for leprosy, and the very same element that bid defiance. Whether or not the stories were true or exaggerated, resistance was a result. It is also possible that the stories, whether they be factual or fictional (or had elements of both), were in and of themselves a form of resistance.

**Momona and Lohiau:**

Another violent incident had occurred at the Kalaupapa settlement in 1885, but of a different nature. The Kapiolani Home for Girls had been built in Honolulu for orphans and daughters of leprous parents, that they might be raised outside of the

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34 Ibid., 34.
leprosy settlement. The home was “dedicated to the care and training of young girls not
confirmed lepers, but who are suspected of the taint of the disease,” wherein they could
live a life without constant contact with the disease, but be closely monitored should the
sickness develop.\textsuperscript{35} As the dedication of the Home neared, fourteen girls were to be
selected, examined carefully for the absence of leprosy, and sent to Honolulu to be the
first residents of the Home, “their presence being desired at the dedication ceremony.”\textsuperscript{36}

Amidst various objections (that the separation of children from parents was
unnecessary) voiced by patients, \textit{kōkua}, and Father Damien, the assistant
superintendent, Ambrose Hutchison, oversaw the selection of twelve girls (examined
and declared clean by Dr. Mouritz) to be sent to Honolulu.

When the day arrived that the girls were to be transported by steamer (October
27, 1885), the ship arrived late and the girls were to board well after sunset in the heavy
surf. Momona, the father of one of the girls, had come to the wharf with a knife
concealed in his coat and attacked three \textit{kōkua}: Kanohoioahu, keeper of the Kalaupapa
warehouse; Kaunulau, Hutchison’s brother-in-law; and Mahiki, the third victim.
Momona and his accomplice, Lohiau, were soon after apprehended by other \textit{kokua} and

\begin{footnotesize}
\begin{enumerate}
\item \textsuperscript{35}Dedication of the Kapiolani Home for Girls, the Offspring of Leper Parents, at
Kakaako, Oahu, by Their Majesties King Kalakaua and Queen Kapiolani; Description of
the Leper Settlement on the Island of Molokai, (Honolulu, H. I.: Advertiser Steam Print,
1885), 14.
\item \textsuperscript{36}Mouritz, \textit{The Path of the Destroyer}, 78.
\end{enumerate}
\end{footnotesize}
Dr. Mouritz was sent for to tend to the wounded. While many had gathered to see the girls off, there were only twelve eye-witnesses to the incident. Kanohoioahu and Kaumulau died from their injuries; Mahiki survived.\(^{37}\) Within a week, a boat arrived at Kalaupapa, bringing members of the Board of Health and the Honolulu police force. Momona and Lohiau were arrested and deported to Lahaina, and Hutchison, Mouritz, Father Damien and Rudolph Meyer (superintendent of the leprosy settlement) were all censured because they had all “wilfully and stupidly disobeyed the clear (?) instructions of the Board of Health.”\(^{38}\) There would later be a trial held at Lahaina and the eye-witnesses would travel to Maui to participate in the proceedings.\(^{39}\)

Many questioned why such a violent incident had happened. Both Hutchison and Mouritz agreed that there was an altercation between Momona and the *kokua* officers when Momona tried to carry his daughter’s trunk to the boat (those with leprosy were not to have contact with the boat’s crew)\(^{40}\) that may have precipitated the


\(^{38}\)Mouritz, *The Path of the Destroyer*, 80. What those “clear” instructions were, remains unclear.

\(^{39}\)This is the trial to which Ambrose Hutchison was taken as a witness and experienced the indignity of being kept in the Lahaina jail while waiting to testify. See Chapter 3.

\(^{40}\)Mouritz claims this policy had more to do with preventing the smuggling of opium and intoxicating liquors, than with fear of the disease.
violence. But Mouritz also claimed that Momona and Lohiau had not only made threats against the police several days before the scheduled departure of the girls, but had openly stated that they would “resist by force” the removal of Momona’s daughter.41 Both accounts consider Momona’s care and love for his daughter, but Mouritz in particular emphasized the notion that the resistance to the removal of Momona’s daughter was that a child born at the settlement had rights to Board of Health rations. Often times the family relied on the children’s rations for their survival, thus the removal of a child would be perceived as a hardship.42

Board of Health rations and the allocation and accessibility of resources would be a constant concern for the patients of the settlement. Thus Momona’s violent act was as much against the removal of his daughter from an emotional perspective, as it was against the policies of the settlement in general, perhaps food rations and settlement provisions in particular.

Kalama:

Yet another incident of resistance that ended in violence occurred in September, 1890, near Kailua, Hawaii. A Hawaiian man, Kalama, was discovered to have leprosy and Deputy Sheriff Simeona and two other police officers (all three being Hawaiian) went to arrest him. Kalama had refused to go with the authorities a few weeks

41Mouritz, The Path of the Destroyer, 78.
42Ibid., 77-78.
previously and the police knew that he was armed. They approached Kalama’s house along a narrow path late at night and then waited until almost daylight to call at the grass house. The officers called to him to come out and surrender. Kalama refused (they had not come with a warrant for his arrest), the police fired the first shots and Kalama returned fire, killing Simeona and injuring one of the other officers. After the shooting, Kalama escaped but later that day the authorities arrested his family and told them that they would be kept in confinement until they divulged where Kalama had gone. Finding out that his family had been arrested, Kalama surrendered that evening. Kalama also had a bullet wound in his leg; it was removed, but Kalama died in jail soon after.

The exact reasons for Kalama’s resistance are unknown. His challenges were experienced in the years prior to the downfall of the Hawaiian monarchy, prior to the rule of the Provisional Government and annexation of the islands. But his encounter with government officials (the police were acting as agents of the Board of Health) did come during a time when the Board was endeavoring to observe strict isolation of leprosy sufferers, including not allowing kōkua into the settlement. He likely had heard the stories of Kalawao. He would be separated from his family. He resisted.

43“Murder in North Kona,” Pacific Commercial Advertiser, October 1, 1890.

44Mouritz, The Path of the Destroyer; Mouritz, The Path of the Destroyer, 71.
Other Forms of Resistance:

There were also those who resisted being sent to Kalawao without a violent result. For example, during an excursion in the Kaala mountain range, Dr. Mouritz happened upon a Hawaiian man sitting outside his hut, holding a gun. As the doctor came closer, the man stood and pointed his weapon at Mouritz. After some conversation, the Hawaiian man relaxed and the doctor was able to get close enough to see that the man had leprosy. Mouritz suggested that the man should go to Moloka‘i. The Hawaiian explained that he was supposed to go, but had escaped to this place, where he now lived in isolation, only seeing his wife once a week when she brought him food. Content that the man was not a threat to anyone, Mouritz made arrangements to get some medicine to him through the Hawaiian’s wife and left him alone.\(^\text{45}\)

Others, with and without leprosy, resisted the isolation policy through their actions and their words. Some resisted against the haole policies by encouraging patients to refuse prescribed medicines and rely rather on God, or on the arts of kahuna la‘au lapa‘au.\(^\text{46}\) Some resisted by hiding leprosy patients from government officials, while others ignored the segregation policy all together. One patient wrote to the Board

\(^{45}\) Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 37-38.

\(^{46}\) Pacific Commercial Advertiser, September 30, 1890.
of Health and threatened “trouble” if the Board did not resolve the patients’ concerns in Kalawao, though nothing came of the threat.\textsuperscript{47} Patients also resisted the policy in their actions of running away from the settlement, much to Meyer’s consternation: “if these people are not punished when they run away they will run away all the time.”\textsuperscript{48}

The history of leprosy in Hawai‘i contains many forms of resistance as was seen in the lives of leprosy sufferers, the \textit{kama‘aina} of Makanalua, the \textit{kānaka maoli} of the Hawaiian Islands, native Hawaiian politicians, and others.

\textbf{Kama‘aina of Makanalua:}

An expression of resistance against the 1865 Act came in the form of the actions of the \textit{kama‘aina} of the Makanalua peninsula. When the leprosy settlement was first established in 1866, there remained many \textit{kama‘aina} on the peninsula until the last of them were removed by the Provisional Government of Hawai‘i in 1895. Mouritz lamented that “during all this time [they] mingled freely with the lepers, aided the well friends of these lepers in their clandestine visits to the Settlement, affording them food and lodging.”\textsuperscript{49} The segregation law was not rigidly enforced on the peninsula.

Assistant-superintendent Hutchison was not a big supporter of the \textit{kama‘aina} either.

\textsuperscript{47}"J. S. Kaawa to Board of Health," January 14, 1874, ARH, Series 334-5, Board of Health, Incoming Letters, Jan-March, 1874.

\textsuperscript{48}"R. W. Meyer to Board of Health," April 16, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873.

\textsuperscript{49}Mouritz, \textit{The Path of the Destroyer}, 71.
He protested that they

had become a nuisance and menace to the authorities in charge of the
leper settlement, clandestinely admitting the relatives and friends of
lepers under their sheltering wings to mingle freely with their afflicted
relatives and friends and the supporters of illicit liquor makers on
their premises boldly defied the officials of the settlement in the
performance of their duty to enforce the law.  

While the *kama'aina* were perhaps resisting the expectation that they should move from
their *kuleana* (homestead) when the leprosy settlement was established, their
“clandestine” actions to help the friends and family of leprosy patients may well have
been more of a reflection of Hawaiian attitudes toward leprosy in those times than
anything else. Consider Dr. D. Baldwin’s report to the Board of Health in April, 1865,
prior to the passing of the Act, in which he argues for the isolation of those with leprosy
on the grounds that “the native population are not too much alarmed. In this region
[Lahaina] the healthy are often seen mingling with the leprous, which thing ought not
so to be.”

Superintendent Meyer was continually bothered by the number of visitors to the

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settlement – whom he considered “trespassers” – that the kamaʻāina housed them, and that the leprosy settlement welcomed them. In June, 1873, Meyer lamented “there are over 100 visitors from Maui . . . . I hope to be able to catch one or two of those visitors on the land of the Board and make an example of them.” Just as disturbing to Meyer, his assistant superintendent, Napela, and chief constable, Isae Revere, were entertaining these visitors in their houses, and perhaps demonstrating some resistance of their own to the isolation policy, by taking no action to prevent the trespassers. 52

Resistance Through Protest and Legislation:

At times there were also formal protests against the segregation policy. For instance a meeting was called at the Kaumakapili church 53 to discuss the leprosy situation. The Hawaiians who gathered for this meeting on March 31, 1873, spoke strongly against the isolation law, voiced their resentment, and even spoke seditiously of the government. 54

Some Hawaiians also tried to resist against the 1865 Act through legislation. Indeed, native lawmakers fought the policy of isolation. Though it did not pass, S. K. Mahoe introduced a bill on June 7, 1876, that would have returned all those at


53 This Honolulu congregation included many prominent and politically-minded Hawaiians.

54 Pacific Commercial Advertiser, April 5, 1873.
Makanalua back to their homes.\textsuperscript{55} It was partly in response to an earlier 1876 petition from Wailuku, Maui, which had also called for all leprosy sufferers to be returned to their homes. In response to the petition, Representative Wana of Hanalei insisted that no more Hawaiians be sent to Makanalua. The resolution was set aside indefinitely by a close vote, however, as historian Jonathan Osorio explains, this “nevertheless signaled a strong kānaka revulsion for the policy of isolation.”\textsuperscript{56}

These stories of resistance to the 1865 Act and the authorities who were charged with enforcing it, received some attention when they occurred. Some of the stories, especially those that ended in violence, also gained attention beyond their own time. Found in the literature of the late 19\textsuperscript{th} and early 20\textsuperscript{th} centuries, representations of resistance to the segregation law perpetuated the colonial discourse of the 1800s, and in their telling also provide not only a romanticization of the violence (furthering the “criminal” stigma of leprosy sufferers) but also provide further evidence of the extent of Hawaiians’ resistance to the segregation policy.

\textbf{Stories of Resistance found in late 19\textsuperscript{th} & early 20\textsuperscript{th} C. Literature}

\textbf{Alfred Lindsley’s “Aikualani: The Story of a Leper”:
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One such piece of literature is the 1895 article from The Hawaiian entitled

\begin{itemize}
  \item \textsuperscript{55} \textit{Pacific Commercial Advertiser}, June 10, 1876.
  \item \textsuperscript{56} Jonathan Kay Kamakawiwo'ole Osorio, \textit{Dismembering Lāhui: A History of the Hawaiian Nation to 1887} (Honolulu: University of Hawai'i Press, 2002), 177.
\end{itemize}
"Aikualani: The Story of a Leper", in which the writer has set the fictional scene of a reporter gaining an interview with Aikualani, a Hawaiian man who had been hiding from the police so that he would not be banished to Moloka'i. Aikualani is described as "a splendid specimen of manhood," the only exception being signs of the disease on his right hand and face, and that he otherwise, "might have been considered almost perfect." The words have described for us a handsome fugitive, yet this textual description is juxtaposed with a picture on the facing page of a man obviously suffering from the ravages of leprosy in his face, hands, legs, and feet. Aikualani is described as standing "fully six feet," with "magnificent chest, arms, neck and shoulders," yet the adjoining picture is of a slouching, weakened, saddened man. Then on the following page there is an illustration of a well-dressed *haole* man talking to a tall, strong Hawaiian man, holding a rifle, no doubt meant to depict the story from the previous page, however the previous representation of the suffering man is not quickly forgotten.

Further pictures include one of a group of ten Hawaiian boys, standing in a line looking toward the camera, most barely clothed. The scene depicts a barren land and the caption reads "told us of our nakedness" and amply depicts the colonial rhetoric of the time. Other illustrations include those of Hawaiian homes, photographs of "grass shacks", and captions that read "belonged to the simple, kindly islanders." Most of the

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pictures, however, did endeavor to coincide with the story. But the others represent Hawaiians as poor, simple, uncivilized, and in want, and the picture of the man with leprosy, titled “I am a Leper”, is surely meant to shock and perhaps even incite fear and disgust. But there is much more to this story and its presentation.

The reader is first told of Aikualani’s sister, Ono, who becomes the wife of a haole. The haole soon departs, leaving her with child, and with a sadness. It is soon discovered that she has leprosy. Aikualani explains that one day when she looked at me I saw that her face was no longer the same, but was thick and swollen. Like her face were her hands and feet, and in the joints she was stiff and sore, so that she walked with much trouble, and slow. These things a haole saw, and then many more of his kind came, and in the end Ono and the child were taken from me, and sent in a ship by the haoles to Molokai, where, if she is not dead, she still lives and weeps for the haole, the father of her child.

Aikualani then explains how another haole told him that once his sister was cured she would return. But he soon laments, “no one ever gets well of the mai pake, and never do they return from Molokai. This is why the death wail is always heard when my people are sent away in the steamer.” The events experienced by this Hawaiian family are in a sense typical, as is the scene of those with leprosy departing from the wharf in Honolulu, for Moloka‘i.

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58 Ibid., compare the pictures on pages 404, 406, 408, 416, 426, of the publication.
59 Ibid., 411.
60 Ibid., 411.
Lindsley tells of those “too far gone in the decay of leprosy” and other “miserable, maimed wretches” who are to embark on the steamer, while family and friends gather “for one last look, one final lingering embrace before the farewell which is as eternal as that of death, yet has a sting which reaches far deeper and leaves a wound never left by the cold hand of the grim messenger,” to say goodbye. Those with the disease are further described as a “freight of abandoned human misery,” for whom “death can only be a blessing.” The feelings Lindsley describes are moving, tragic, and realistic, but the adjectives with which he describes the leprosy sufferers, “decay”, “miserable . . . wretches”, “freight of abandoned human misery”, over-exaggerate the severity of the disease in those being sent to Moloka‘i (i.e., most patients were sent to the settlement before the disease reached its severe stages) and present haole views of leprosy while mis-representing Hawaiian attitudes toward the disease and death.

Hawaiian attitudes, in contrast to haole attitudes, toward the disease are discussed in Lindsley’s writing as well, albeit with colonial inflections of superiority over the Hawaiians. For example one woman is described as having to say goodbye to her child who is found with the disease: “She with a mother’s eye, albeit she is only an ignorant wahine, sees not the ravages of disease; sees not the horrible disfigurements; her mother love covers all, and she sees, feels nothing, but the white reflection of the

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61 Ibid., 413, 415.
purest, best, and truest love to mortals known." While he applauds the "white reflection" of unconditional love of a mother, the phrase "ignorant wahine" is used to explain her non-\textit{haole} attitude toward the disease, rather than view that attitude toward leprosy and its victim as unconditional love.

As the story continues, the reader learns of Aikualani's marriage to Pualilia, and then his discovery that he too has leprosy. The police are sent to bring him in and send him to Moloka'i, but Aikualani refuses to be taken and instead hides in the hills, not far from the home of his wife and children. The reader is asked "What difference does it make . . . whether Aikualani dies here in the hills, harming none, or in the crowded village of lepers on Molokai?" It is an important question as it challenges the segregation policy that was set in motion by the 1865 Act, and justifies the many who resisted that segregation but isolated themselves from the community at large (while maintaining minimal contact with family). The story of Aikualani then reaches a climax amidst tragedy. Finding that his wife has betrayed him (reinforcing the \textit{haole} perception of the promiscuous nature of Hawaiian women during that time) Aikualani kills her. The police come after Aikualani again, and in the ensuing confrontation one officer and Aikualani were dead, and another officer was injured.

\footnote{\textit{Ibid.}, 413.}
\footnote{\textit{Ibid.}, 423.}
\footnote{\textit{Ibid.}, 433-442.}
The story of Aikualani is reminiscent of the story of Ko’olau, although, in this fictional version the lead sheriff survives the violent encounter, the Hawaiian with leprosy is killed, and the Hawaiian wife is portrayed as immoral and deceiving. Again, haole, or colonial, perceptions of leprosy and Hawaiians are perpetuated. Although, there is an odd twist at the end of the story, in that an autopsy confirms that Aikualani never actually had leprosy. Thus throughout Lindsley’s portrayal, while colonial perceptions are maintained, the isolation law and how it was carried out are clearly challenged.

Jack London’s *Tales of the Pacific*

By the late 19th century, the leprosy settlement on Moloka’i had become a “magnet” for traveler-writers like Charles Warren Stoddard, Robert Louis Stevenson, and Jack London, and for some westerners it was also “a model of colonialism at its best.”65 Stoddard visited the settlement at Kalawao and mainly wrote about Father Damien. Stevenson also visited the settlement, then at Kalaupapa, after Damien’s death but wrote a famous reply in defense of Damien’s character.66 In what he did write of the settlement, Stevenson made it sound like the last untouched piece of “Polynesia” and


was impressed by the sense of community found there.  

When Jack London and his wife, Charmain Kittredge, visited the settlement in 1906 it was on the condition that they present a very favorable picture of Kalaupapa and the segregation policy, which they did. Indeed, London states that conditions were so good at Kalaupapa that those who had been forced into isolation, separated from their homes and all family and friends, were often unwilling to leave the settlement even when found to be “clean”. In his *The Cruise of the Snark*, London proclaims

> I have seen the Hawaiian living in the slums of Honolulu, and having seen them, I can readily understand why the lepers, brought up from the Settlement for re-examination, shouted one and all, “Back to Molokai!”

However, in London’s stories about leprosy in the islands, he is much more free to manifest western horror and colonial perceptions of the disease.

Colonial perceptions of Hawaiians and leprosy endure in Jack London’s *Tales of the Pacific*. In “Good-By, Jack” the story is told of Jack Kersdale, a *haole* man in Hawai‘i. In this fictional account, Kersdale and the author are down at the Honolulu wharf, witnessing the departure of victims of leprosy on their way to Moloka‘i, only to realize that a Hawaiian woman, Lucy Mokunui, a woman that Kersdale had apparently

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67 Edmond, 79.

68 In 1906, with a resident physician, nurses, improved housing and supplies, the leprosy settlement having shifted to the drier side of the peninsula at Kalaupapa, the conditions were indeed better than they had been the previous thirty-five years.

69 Quoted in Edmond, 79.
had a relationship with, was among those being sent to Kalawao. Kersdale was struck
with fear, realizing that he had been exposed to a “leprous woman” and sat muttering
“I never knew. I never knew.” 70

Throughout London’s story, the perception is encouraged that the leprosy
settlement is a wonderful place, that Hawaiians are inferior, and that leprosy, or rather
those who have leprosy, should be viewed with the greatest of fear. For example, the
Kersdale character gives the following description of the leprosy settlement and the life
to be had there:

He was an ardent defender of the settlement at Molokai, where all the
island lepers were segregated. There was much talk and feeling among
the natives, fanned by the demagogues, concerning the cruelties of
Molokai, where men and women, not alone banished from friends and
family, were compelled to live in perpetual imprisonment until they
died. There were no reprieves, no commutations of sentences [sic].
‘Abandon hope’ was written over the portal of Molokai.

‘I tell you they are happy there,’ Kersdale insisted. ‘And they are
infinitely better off than their friends and relatives outside who have
nothing the matter with them. The horrors of Molokai are all poppycock.
. . . The living death! The creatures that once were men! Bosh! . . . They
have nothing to do but have a good time. Food, shelter, clothes, medical
attendance, everything is theirs. . . They have a much finer climate than
Honolulu, and the scenery is magnificent. 71

Faced with the prospect that he might now have the disease, Kersdale’s perceptions of

70 London, Tales of the Pacific, 120. Throughout the late 1800s there was a
predominant view that “association with an infected woman” was the main cause for
the spread of the disease.

71 Ibid., 114.
Makanalua were discernibly quite different. London's description of Kersdale's
reaction in a sense mirrors what London expects the disease will do to a man: "Never
was a man overtaken by more crushing fear. . . . his face went white to the roots of his
hair, and he seemed to shrink and wither away inside his clothes."\(^{72}\)

London also tells his own version of the story of Ko‘olau and Pi‘ilani in his
"Koolau the Leper." In this excerpt from his short story, the imagery is exotic, sensual,
barbaric, and fearful:

From one of the rocky lairs calabashes were produced and passed
around. The calabashes were filled with the fierce distillation of the root
of the \(t\)-plant; and as the liquid fire coursed through them and mounted
to their brains, they forgot that they had once been men and women, for
they were men and women once more. The woman who wept scalding
tears from open eye-pits was indeed a woman apulse with life as she
plucked the strings of an \textit{ukulele} and lifted her voice in a barbaric love­
call such as might have come from the dark forest-depths of the primeval
world. The air tingled with her cry, softly imperious and seductive.
Upon a mat, timing his rhythm to the woman's song, Kiloliana danced.
It was unmistakable. Love danced in all his movements, and, next,
dancing with him on the mat, was a woman whose heavy hips and
generous breast gave the lie to her disease-corroded face. It was a dance
of the living dead, for in their disintegrating bodies life still loved and
longed. Ever the woman whose sightless eyes ran scalding tears chanted
her love-cry, ever the dancers danced of love in the warm night, and ever
the calabashes went around till in all their brains were maggots crawling
of memory and desire. And with the woman on the mat danced a
slender maid whose face was beautiful and unmarred, but whose twisted
arms that rose and fell marked the disease's ravage. And the two idiots,
gibbering and mouthing strange noises, danced apart, grotesque,
fantastic, travestying love as they themselves had been travestied by

\(^{72}\)Ibid., 119.
Hawaiian men and women, drunk from their Hawaiian concoction, “from the dark forest-depths” come their “seductive” cries, as they dance, sensual, “primeval” motions; but they are diseased, decaying, dying. Of course, the disease they suffer from is leprosy, and to the western colonial mind of the late nineteenth and early twentieth centuries, again, the disease was often equated with promiscuous, unsanitary, sinful behavior. And the Hawaiian race not only embodied those very characteristics (from the haole’s perspective), but it was also “dying.”

Throughout Pi’ilani’s telling of their story, there is little mention of the disease or its symptoms. Her fear is of the forceful separation from her family, her horror is of a loss of identity and culture. Whereas in Jack London’s version of “Koolau the Leper,” the disease is the horror and the tragedy is “the erosion of the body, seen as a figure for the larger erosion of a culture.” In his telling of the story, London is also critical of colonialism, yet his descriptions continue to reinforce colonial perceptions of native Hawaiians.

This literature of the late nineteenth and early twentieth centuries is significant because the history of the treatment of leprosy in Hawai‘i, that is how those with the disease were to be viewed and treated, was largely dictated by public (i.e., haole)
perception. Nineteenth century haole viewed Hawaiians with leprosy as a “tainted population.” Such public perceptions influenced reactions to those with the disease, including the law passed in 1865 that would isolate those with leprosy on a northern peninsula (Makanalua) on the island of Moloka‘i until the law was abolished in 1969. Makanalua (Kalawao and Kalaupapa settlements) and Moloka‘i subsequently came to be viewed not only as one in the same, but as a place of horror, a “den of death.” Cultural representations of the time, and later into the twentieth century, would often reflect these pervasive views.

Today, public perception still plays a very large role in the treatment of those with leprosy. Cultural representations perpetuate a negative stigma of the disease and of those with the disease. Unfortunately, most of what is known by the public concerning leprosy, Kalaupapa (the current location of settlement), and the island of Moloka‘i is only learned through theses cultural representations, literature and film in particular, and is often inaccurate. From the late eighteen hundreds to the present, popular culture (literature and later film) has represented leprosy in a way that has perpetuated the horrors and stigma attached to it, re-enforcing colonial perceptions and mis-representations not only of the disease, but also of the Lands of Hawai‘i and of

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Hawaiians themselves.\textsuperscript{77}

\textsuperscript{77} A most recent and disturbing example of this form of mis-representation is a January 2000 television episode of \textit{The Simpsons}, entitled “Little Big Mom.”
During the late nineteenth century in Hawai‘i, many haole commented on the living conditions found at Makanalua in a fairly positive manner, however, the realities of the relatively unkind climate, a lack of proper shelter, poorly distributed food rations, an insufficient water supply, and inadequate medical attention, were much harsher than most writers of that period would have us believe.\(^2\) The physical environment was difficult for those who were suffering from leprosy and sent to be exiled on the peninsula, and the challenges of that environment were constant throughout the early decades of the leprosy settlement, informing every aspect of daily life for the patients.

Moreover, there was another relentless constant at Makanalua that influenced all aspects of life in the settlement during this era – death. In the isolated setting of Makanalua, those who suffered from leprosy were “set-part”, left to live and to die, to suffer virtually on their own, and death was always prevalent. It was as they called it

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\(^1\)This was said of Kalawao by the Hawaiians and translates as “the grave where one was buried alive.” See Frances N. Frazier, \textit{The True Story of Kaluaikoolau, as Told by His Wife, Piilani} (Lihue, Hawai‘i: The Kauai Historical Society, 2001), 78.

\(^2\)Recall the character Jack Kersdale’s comment, in Jack London’s “Good-By, Jack” wherein he states “Food, shelter, clothes, medical attendance, everything is theirs. . . They have a much finer climate than Honolulu, and the scenery is magnificent,” \textit{Tales of the Pacific}, 114.
"life in a living tomb."³ How the residents of Kalawao and Kalaupapa dealt with the disease is very telling, but even more so, how they dealt with death has significant meaning and tells us much about their struggle.

This chapter examines how Hawaiians who suffered from leprosy dealt with the realities of their physical environment (climate, shelter, food, water supply), how they lived with their disease (largely without medical assistance), and how they lived with death all around them during the early decades of the settlement.

The realities of Makanalua:

In the memoir of his experiences in the leprosy settlement at Makanalua peninsula, Ambrose Hutchison described his arrival (1879) on the steamer ship S.S. Mokolii at the Kalaupapa landing, from where he would be sent to live at Kalawao:

... when the steamer anchored we entered a row boat in company with the two officials [Wilder and Emerson] and rowed to the Kalaupapa landing and put ashore and [were] recieved [sic] by the local officials of the Leper Settlement. After our names, ages and places we hailed from were taken down, left on the rocky shore without food and shelter. No houses provided by the then Government for the like of us outcasts.⁴

It was not much different from when the first patients were sent to Waikolu valley in


1896. As Hutchison explains,

The twelve unfortunate outcasts dumped ashore to shift for themselves had no shelter from the weather to go to. As no housing accommodation provided for them. The Kamaainas (old time residents) of Waikolu took thes [sic] outcasts in their homes unaware of what was coming. . . . these unfortunates also were taken in by their Kamaaina friends. With the increasing number of lepers brought each succeeding month thereafter the Kamaaina houses were crowded and the newly arrivals had to move on to Kalawao to find roof shelter with Kamaainas there and taken in also like the rest first comers.5

The Board of Health had intended, and hoped, from the very beginning of the settlement that the patients would establish a self-sufficient settlement in every way. They were expected to grow their own food, find or build their own housing, and if the government was to supply anything to the settlement, the patients were expected to offer their services to the community in exchange for those supplies.6 The Board of Health had chosen Makanalua and its surrounding valleys because they felt it was "extremely well situated for the purpose designed."7 The valleys provided running streams, there were large areas of kalo land, there were grazing lands and areas of rich

5Ibid., 8.


7Ibid., 38.
soil for the growing of a variety of vegetables, the climate seemed most comfortable, and certainly the advantages seemed to outweigh any disadvantages. In their 1866 report, the Board advised the legislature to purchase cattle, sheep, and goats for the settlement “that it may, as far as possible, become self-supporting in the future.” But the realities of life as a leprosy patient at Makanalua peninsula would be quite different than what the Board had expected.

In fact, when the first patients were taken to the settlement, they actually dwelt in the Waikolu valley, in kama‘aina homes that were there. Some had been abandoned, but most were still occupied and the leprosy patients were taken in by these remaining residents. As the number of leprosy patients continued to increase, the food supply and housing were strained. Soon, the leprosy patients began to settle in Kalawao and Waileia valley in much the same manner as they had inhabited Waikolu valley. After the original residents of Kalawao had all departed from the village, it then became the main leprosy settlement. Here too it didn’t take long for the kalo of the valleys and the sweet potato crops of Makanalua to be exhausted, and soon the leprosy sufferers “began to feel the pangs of hunger, the want of food, clothing and other necessary needs. There was much suffering among the lepers. The sick and helpless were neglected by their

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8Ibid., 40.
unfortunate fellow sufferers.

The Board had made promises to those with leprosy. When they notified all who were affected by leprosy, suspected or confirmed cases, that they were going to be quarantined it was stated that the Board would "secure the best material and medical aid, and will carefully watch over the welfare of such lepers as my be committed to the hospital." Yet, Board of Health reports show that year after year the basic welfare needs of the patients were not being met.

In the early decades of the colony, despite the clear difficulties the settlement was facing, in report after report, Board of Health officials continued to insist that the living conditions at Kalawao were superior to what the exiled had been taken from. As early as 1866, only months since the first patients were sent to the peninsula, the Board of Health proclaimed to Kamehameha V's legislature:

... what is undoubtedly a fact, that the condition of these poor people has been improved in every respect by their having been transferred to the care of the Government. Their general health has improved, and they enjoy a greater degree of liberty than when living among their friends, where they were usually confined to small huts ashamed to show themselves and shunned by every one. We are informed that those sent

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9Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka'i," 8-9.

to Molokai have settled contentedly on the place, and those able to work have commenced to erect new houses and cultivate the land, feeling that they are permanent settlers there. They express themselves satisfied and contented, and appear to be so.\footnote{Ibid., 40-41.}

Nothing could have been farther from the truth from the patients’ point of view, nor from the governments’. The expectations of the 1865 Act and the establishment of the settlement were met with many obstacles. Indeed, the 1868 Report of the Board of Health to the Legislature reports that “the obstacles actually met with have exceeded even the anticipation of the Board.”\footnote{Ibid., 43.} And many were to blame, according to the report: the patients, the public, and the legislature.

The leprosy patients were at fault, the report stated, because their moral and mental capacities had been diminished by the disease, not just their physical abilities.\footnote{Ibid., 44.} Further, the Board cited the difficulties in running the settlement due to the strong patients’ willingness to take advantage of the weak patients, taking material goods of clothes and food from those who were disabled and dying. It was reported that “the strong took possession of everything, devoured and destroyed the large quantity of food on the lands, and altogether refused to plant anything.”\footnote{Ibid., 44.} The public (Hawaiian public)
was at fault due to their apathy toward the situation, the Board asserted, and an unwillingness to cooperate with the segregation policy. The Legislature contributed to the difficulties by inadequately funding the Board in its attempt to establish and run the settlement. Further, stated the report, there were many other problems. For instance, transportation of patients and supplies to the settlement was lacking. But, the biggest challenge, in the Board’s view, was still the patients’ “unwillingness” to cultivate the land and become self-supporting. But even if the patients had been well enough to cultivate a food supply, other obstacles in the settlement were difficult to overcome and impeded a self-supporting settlement in such circumstances.

Climate:

The climate of Kalawao offered its own challenges to the leprosy settlement and often garnered the attention of the Board of Health. Throughout reports from presidents of the Board of Health to the legislature, as well as the Special Sanitary Committee sent to observe conditions at the settlement, the climate and its subsequent affect on Kalawao were of concern. The climate affected both agricultural production at the leprosy settlement as well as the living conditions of the patients.

In the 1868 Report of the Board of Health to the Legislature, two years after the establishment of the settlement, the Board noted the challenges of Kalawao’s climate that made the growing of food difficult for the patients. The report states:

... sweet potatoes and other vegetables in considerable quantities have
been planted by them, but as the late stormy winds and cold rains have destroyed most of the plants and vines, very little food will be derived from this source.\(^{15}\)

The Board of Health had hoped from the beginning that the settlement would become self-sufficient, yet had not anticipated challenges of this sort. Though the peninsula was suitable to the Board as a "natural prison," the often damp and shaded Kalawao side was difficult for patients to live at, let alone grow their own food.\(^{16}\) Further, the difficulties of maintaining a suitable food supply would be on-going throughout the early history of the settlement, and that the climate was limiting the patients' contribution to that food supply was a growing concern.

Ten years later, in 1878, the Sanitary Committee reported that difficulties over the food supply continued and in particular that the weather often made it difficult for patients to receive their supplies from the government. Patients were still expected during this time to trek over to Waikolu valley to claim their food rations. The climate further added to the hardship, making the trip all the more precarious and the Sanitary Committee advised that "sick people should not be obliged to expose themselves . . . to

\(^{15}\)Ibid., 45.

\(^{16}\)Earlier Hawaiian residents of the peninsula rarely lived in large numbers at Kalawao because of these same concerns over the weather and conditions found there. Due to its proximity to the pali neither the rising or the setting of the sun can be observed from Kalawao, making the days often cooler and shorter than what is experienced elsewhere on the peninsula.
the frequent rains of this settlement, whilst waiting for their ration of taro or of beef.”

Also by 1878, concern over the climate had grown to include the patients’ living conditions. The Special Sanitary Committee had been organized and made a trip to Makanalua to see the conditions of the settlement first hand. In their report to the Legislature, Walter M. Gibson (chairman of the committee) remarked on the beauty of Kalawao, but also observed that “it is associated with a great deal of moist atmosphere” and noted the greater importance of providing patients with adequate and “complete shelter against inclemency of weather.” The settlement had been established twelve years earlier, and yet patients were still struggling to find proper shelter.

Gibson’s report continued and described one example that epitomized many of the “homes” found at Kalawao as follows:

... a large number are too small and of too light construction to afford a proper shelter. In a hut 10 ft. by 8 ft., visited by your Committee, four lepers made their home. This hut was constructed of hala or pandanus stems, leaned to against one another, merely forming a roof without walls, which was covered with a thatch of partly ferns and sugar cane blades. Such a covering must be, as was stated, pervious to the winds and rains, – and it is the opinion of the Committee that patients who cannot, or will not provide a better shelter for themselves, should be provided with lodging in Hospital grounds under the immediate

17“Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom.” 90.

18Ibid., 82.
supervision of the superintendent of the settlement.\textsuperscript{19}

They also found that in most of these huts, the patients were without sufficient bedding and other basic supplies.

\textbf{Lack of Proper Shelter:}

Hutchison had received lumber from Honolulu with which to build himself a house, but despite his good fortune (in comparison to most other patients), he states that he "lived a lonely life devoting [his] time to farming raising sweet potatoes and other vegetables and before the year was out [he] had plenty of every thing [he] wanted in the line of food except money which was a scarce [sic] comodity [sic] at the time."\textsuperscript{20}

Having arrived in Kalawao in 1879 (thirteen years after the settlement for leprosy was first established by the Board of Health) Hutchison soon realized the reality of the conditions he was now living in and commented, "With the passing of each day I see more and more of living conditions in the Leper Settlement and to experience its hardships like the rest of other unfortunate folks."\textsuperscript{21}

Meyer had purchased houses in Waikolu and Kalaupapa for the leprosy

\textsuperscript{19}Ibid., 82-83.

\textsuperscript{20}Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka'i," 6.

\textsuperscript{21}Ibid., 5.
settlement, but it was not enough, as he told the Board of Health again and again.\(^{22}\) In fact, the majority of letters to the Board of Health from patients at Makanalua were requests for supplies: medicine, food, clothing, and housing.

The lack of sufficient supplies available to the Kalawao community is emphasized in a story Hutchison tells of a kinsman of his who was also living at the leprosy settlement. The man had become seriously ill and in the week prior to his death, the assistant superintendent of the settlement at Kalawao, Clayton Strawn, had "pounced on his helpless prey" and had seized "every movable belongings of the sick man, trunks of clothes, dishes pots and hogs etc. and loaded on an oxcart carried them away and taking the horse, saddle and bridle along with him and against the owner's protest which the brute paid no attention, leaving only what the sick man had on his person."\(^{23}\) Hutchison complained to the resident physician at that time, Dr. N. B. Emerson, who reprimanded Strawn, retrieved the items and had them sold at public auction so that the money could be sent to the man's daughter in Honolulu. Hutchison also claimed that this then stopped the "forcible taking of personal property of unfortunate sick lepers before the owner is dead," but it is doubtful that the practice

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\(^{22}\) "R. W. Meyer to Mr. Gulick," July 15, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873.

\(^{23}\) Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 5.
stopped entirely.24 Too many patients were without adequate food, shelter, and
supplies.

When Mouritz became the resident physician at Makanalua, in 1884, there was
hope that a “new regime” would bring about “improvements and betterment of
conditions,” for many of the same problems that had plagued the settlement from the
first days of the Act still existed, namely, “the great need of the leper settlement was
housing accommodations.”25 These problems would continue until the 1890s-1900s
when the population of the settlement began to shift more to Kalaupapa.26

Poorly Distributed Food Rations:

The kamaʻāina of Pelekunu and Wailau (two valleys to the east of Makanalua)
grew kalo that they would often deliver to Waikolu (at the eastern edge of Makanalua,
not far from Kalawao) for the leprosy settlement. They had supplied kalo for the
patients from the first days of the leprosy settlement in 1866. The patients would go to
Waikolu to receive their ration of poi each week.27 Unfortunately, during the winter
months, when landing at Kalawao, or even Kalaupapa, is difficult, the leprosy

24Ibid., 5-6.

25Ibid., 39.

26Kalaupapa was drier and more hospitable than Kalawao.

27Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other
Priests Who Have Labored in the Leper Settlement of Kalawao, Molokaʻi," 22.
settlement would often go without poi. Other kinds of food would be substituted during those months, such as rice, bread, and potatoes that may have been in abundance in the settlement.

Under the supervision of the first resident superintendent of the Kalawao Settlement (David Walsh) in 1867, the Board of Health authorized the purchase of food and other supplies to be distributed to the patients. Accordingly, “each leper [was] to receive one (1) bundle pai-ai (mash Kalo rolled and wrapped in Ki leaves) of 21 pounds net weight. Five (5) pounds beef or mutton in lieu, three (3) pounds salt salmon weekly and clothing to the amount of six (6) dollars yearly allowances.” But inconsistent delivery, inadequate amounts, and poor quality constantly plagued the community. Indeed, a Hawaiian ‘ōlelo no‘eau (proverb) concerning Kalaupapa came to reflect the poor food supply situation of the early settlement as follows: Kalaupapa ‘ai ‘ino‘ino, meaning, “Kalaupapa of the bad food.” Mary Kawena Pukui stated that this proverb was “an epithet for Kalaupapa, Moloka‘i,” because “in the early days of the leper settlement, the food situation was deplorable. Poi was floated in on the tide, and meat

\[28\] Ibid., 25.


\[30\] Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 10.
sometimes began to spoil before it was received."\textsuperscript{31} The Hawaiians knew it was a bad situation.

Peter Kaeo also knew it was a bad situation. In one of his letters to his cousin, Queen Emma, Kaeo told her of a time when the \textit{pau'i} (pounded taro) was “bad and sower” and rice had become scarce. Some patients had no cooking utensils, so instead of beef they would ask for salmon for their rations. Kaeo stated that at times the food situation was so bad that he considered sharing what little he had, but as he did not know when more food would arrive, he decided to keep what he had to himself.\textsuperscript{32} He then reflected:

\begin{quote}
I have alwais [sic] thought what heart Napela [the current resident superintendent] have [sic] to refuse these poor people, but he cannot give what he cannot and has not got. It is now just a fortnight [sic] since the last Schooner touched here to bring up some more rice, and I cannot see how Ragsdale [could] say in is letter that the people here are better provided for then their own home – he might [be] but not all.\textsuperscript{33}
\end{quote}

Peter Kaeo was not the only one writing to complain about the lack of food. On one occasion, at a time when the ocean surrounding Makanalua peninsula was known to be difficult, Meyer told the Board that the ships had not brought half of the ordered


\textsuperscript{32}Of course much of what Kaeo had at the settlement was due to his elite status and the provisions that were sent to him from his family (\textit{Ali‘i}).

pa'i'ai and as a result “a number of the Lepers have been hungry in consequence.” Less than four months later, Meyer was expressing his concerns that there was a “a growing scarcity of food on this island” and his fear that “sooner or later pa'i'ai may be difficult to obtain.”34 Napela was also writing to the Board to complain about irregularities in the distribution of food at Kalawao.35 Another concern was the on-going lack of basic supplies, including clothing, for the leprosy settlement. Many patients wrote to the Board to request clothing—it was also a challenge for Meyer. Speculating that some may have given away or sold their rations prior to arriving at Kalawao, Meyer questioned the Board’s policy: “The Lepers before leaving Honolulu used to be supplied with clothing but notwithstanding some arrive here entirely destitute and have to be furnished.”36

Insufficient Water Supply:

The settlement at Kalawao was always in need of a better and more accessible water supply. While there was a good mountain stream in Waikolu valley, it was more

34 ARH, Series 334-5, Board of Health, Incoming Letters, April-June, July-Sept, 1873. These concerns coincided with the beginning of a poi shortage on O‘ahu and Moloka‘i.


36 “R. W. Meyer to Board of Health,” April 16, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873. Patients were supposed to be given a suit of clothing and a blanket when they were sent to Makanalua.
than a mile from the Kalawao settlement. There were other streams as well, but all were at even farther distances from the settlement and would diminish during the dry season.  

Patients who were well enough would make the trip to Waikolu, “the only River here where [sic] a person can have a good Bath” according to Peter Kaeo.

In the early days of the settlement, the patients had to carry their water in cans, some on their own, a few on horses, from the stream to their homes. Father Damien reported that “the scarcity of water at that time accounted, to some extent, for their living very dirty.” In the summer of 1873, Damien and some patients laid water pipes and built a small reservoir for the settlement. “Since then Kalawao has been well supplied with good water for drinking, bathing, and washing,” reported Damien, “and has been proved to be a better place for living than Kalaupapa, where the people continue to resort to rain or brackish water, and in dry seasons they are obliged to come to Kalawao for it.” But even with such “success”, Damien was still advocating that

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38 Korn, ed., News from Molokai: Letters between Peter Kaeo & Queen Emma 1873-1876, 34.


40 Ibid., cxiii.
another pipeline and reservoir be established from Waihanau valley in 1886, in order to provide a better water supply for more of the peninsula's inhabitants.

The patients needed water, not only for drinking and cooking, but for bathing and the cleansing of their wounds. The "hospital," such as it was, was without proper "water accommodation" until 1873 when Damien and the patients laid the pipes. 41 Patients also often complained that even with the water pipe, the faucets were so few and far between that it was still a difficult task to collect enough water for their basic needs. As late as 1881, physicians who visited the settlement were still recommending improvements to the water supply in order to improve hygienic conditions for the patients. 42 During Queen Kapiolani's visit to the settlement in 1884, numerous requests were made by patients for an improved water supply. 43 But it was not until 1888, according to Ambrose Hutchison, that "necessary improvements in the Settlement long delayed by the Gibson administration," were made, including a new water main from

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42Ibid., 107.

43"Report of Her Majesty Queen Kapiolani's visit to Moloka'i, by H. R. H. Princess Liliuokalani, July, 1884," in "Appendix to the Report on Leprosy of the President of the Board of Health to the Legislative Assembly of 1886," iii-xvii. See Appendix C or D.
Waikolu valley all the way to the Kalaupapa settlement.

The insufficient water supply was a constant challenge for patients throughout the early decades of the leprosy settlement at Makanalua peninsula.

Living with the disease and dealing with death

It is difficult to discern for whom life was hardest at the settlement, though the *keiki* (children) were likely at the top of that list. Ambrose Hutchison’s description of the life of *keiki* in Kalawao was as follows:

Poor boys and girls, victims of leprosy taken away by force of the laws of the Realm from their homes and relatives and sent to the Leper Settlement of Kalawao, where no home is provided for the like of them. These waifs on their arrival in the leper settlement are readily taken in the homes of supposed relatives if not physically disabled, as domestics in the homes of would be friends are treated to servile drudgery, to look after the horses, to go after rations of food (pai ai and beef) to go out and gather wood and bring to the house, cook and other menial work while the owner of the house is having a good time. . . . the dependents are slaves to those who have taken them in their homes and if a girl have [sic] reached the age of puberty is slavishly maltreated to a life of shame and immorality. When the dependents are a physical wreck and disabled by the ravages of the disease and of no further use to those who had taken these unfortunates ones in their homes are turned out of the house.⁴⁴

Hutchison also explains that when the child was eventually taken to the hospital they were rarely attended to, but rather were left “to pine away their youthfull [sic] lives in

misery un[till] death released them of their suffering.\textsuperscript{45}

Indeed, all of the patients were left, waiting for death to release them.

\textbf{Medical Treatment:}

For all of the residents of Kalawao, \textit{nā keiki} (children), \textit{nā wahine} (women), \textit{nā kane} (men), the lack of proper medical attention only compounded their discomfort and distress. Even proper medical supplies for the sick were lacking, let alone physicians or nurses to minister to the patients. There were \textit{kōkua} at the settlement who performed many of these duties, however, it does not change the fact that basic medical needs (that had been promised to these leprosy sufferers) were neglected in this isolated community that had been "set apart" by the Board of Health. Henry Kaili once wrote to the Board that he would treat the leprosy patients at Kalawao except that there was no medicine.\textsuperscript{46}

On another occasion, Samuel G. Wilder, Minister of Interior of the Kingdom of Hawai‘i, and other philanthropists sent watermelons to the settlement along with "cases marked old clothes and rags" which were given to "the poor needy lepers and rags for bandages to lepers who have ulcers and open running sores."\textsuperscript{47} The Board was not

\textsuperscript{45}Ibid., 24.

\textsuperscript{46}"Henry Kaili to Samuel Wilder," June 17, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873.

\textsuperscript{47}Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 23.
Figure 7. Letter from Kalawao (ARH, Series 334-5, Board of Health, Incoming Letters)
One of many letters asking the Board of Health for medicines to be sent to Kalawao.
supplying bandages, but rather donations of "rags" were being sent to dress wounds. Further, it was always difficult to find those willing to wash and dress the wounds of the leprosy sufferer, as Hutchison described "persons afflicted with the rotting diseased, ulcerated face, ears, hands and feet, there is a natural repulsive feeling and aversion."\textsuperscript{48}

The patients often complained of this lack of medical attention and expressly requested that a physician or nurses reside amongst them. As one patient said to Dr. N. B. Emerson in 1882:

\begin{quote}
It is not that we have any hope or expectation that any physician can cure us of leprosy, but that we need and wish some doctor to abide with us and care for us, to treat our sores and ulcers, to minister to us in the numerous other maladies which constantly prey upon us.\textsuperscript{49}
\end{quote}

Emerson confirmed in his report, "leprosy is the chief, but not the only disease from which they suffer."\textsuperscript{50}

The Hospital:

A year after the first patients had been sent to Makanalua, in January of 1867,

\textsuperscript{48}Ibid., 70.


\textsuperscript{50}Ibid., 123.
there were letters published in Honolulu that were "reflecting severely on the Board for its alleged want of care of the Molokai Settlement, and distinctly charging it with inhumanity in allowing the unfortunate people sent there to perish from starvation and the want of ordinary necessaries of life."\textsuperscript{51} This prompted the Board to request that the President of the Board of Health, F. W. Hutchison, visit the settlement. Hutchison reported that yes, the patients "had some pilikias" but in general they "were satisfied with what had been done for them" adding that most of the patients "looked well and stout."\textsuperscript{52}

Hutchison, however, also reported that two things were absolutely necessary for the settlement. Firstly, a hospital "for the accommodation of those who were in the last stage of leprosy, or of other diseases of which leprosy was the cause," and secondly, a female nurse with medical training "who would sympathize with the sufferers" and help to run the hospital once it was built.\textsuperscript{53} After some efforts by residents at Kalawao and Kalaupapa to build one, workmen and materials were sent from Honolulu, and under the supervision of Walsh, a hospital was built at Kalawao in 1868. The hospital

\textsuperscript{51}"Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom," 45.

\textsuperscript{52}Ibid., 46.

\textsuperscript{53}Ibid., 46.
consisted of "five dormitories . . . , office dispensary, store house, cook house or kitchen, both houses and out-houses or toilets, morgue and lock-up with two cells . . . and water brought to the house in 1 1/2 inch iron pipes from the Waileia spring."\textsuperscript{54} Also erected at this time were a house for the Walsh’s, a school house for the children, and separate sleeping apartments for the boys and girls. That the resident superintendent could maintain control of the materials of the settlement and those in his charge, "all these buildings, including the hospital, are enclosed within one fence, and are under the exclusive care of the superintendent."\textsuperscript{55} Enclosed and "set apart," the hospital and related structures were to reflect a sense of order and lawfulness in contrast to what was occurring outside of the fence.

Ten years later, when the Special Sanitary Committee visited the settlement and made their report, the hospital and community were still in want. The committee found that the hospital lacked proper “bathing vessels” for the care of its patients. There were three medium sized bathing tubs for approximately sixty patients, but they were filthy and not in good condition. Furthermore, the basic needs of a hospital were not being

\textsuperscript{54} Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 10.

\textsuperscript{55} Supplement. By Authority. Leprosy in Hawaii, Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, and from Official Records, in Regard to Leprosy before and after the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom," 47.
provided. There was only a small supply of bedding and clothing at the hospital, the dispensary lacked an adequate supply of medicines, and did not even possess the appropriate or adequate materials to "help cleanse or bandage the sores of the sufferers." 56

Yet these reports seemed to do little to promote change or improvements. When Queen Kapiolani and Princess Lili‘uokalani visited the settlement in 1884, they too found the hospital in need of such basics as beds and bedding for the patients. 57 When Dr. Arthur A. Mouritz became the resident physician of the leprosy settlement in 1884, Hutchison reports that it was Mouritz who made it a point to clean up the old hospital building and made it much more sanitary. The ali‘i were also concerned when they saw the hoopau keaho for the first time.

_Ho‘opau Keaho_

In the early decades of the settlement, death was "an almost every day happening." 58 When a leprosy sufferer was dying and could no longer be cared for at the "hospital" he or she would be removed, taken to the ho‘opau keaho, and was left to

56 Ibid., 85.


58 Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 4.
die unattended.

On January 6, 1879, the day after his arrival at Kalawao, Hutchison saw the

*hoopau keahoa* for the first time. For Hutchison it was a “spectacle of inhumanity” and filled him with “intense horror” at the prospect that he may one day experience a similar fate.\(^{59}\) His is a vivid description:

> My eyes caught sight of another object that attracted my attention, held spellbound [sic] on the spot to see clearly and to know what it was. A man with his face partly covered below the eyes with a white rag or handkerchief tied behind his head came out from the house that stood near the road South-East side of the enclosure wheeling a wheelbarrow loaded with a bundle which I at first mistook for soiled rags across the ... yard to a small low windowless shack that rested on the ground on the West side of the yard adjoining a jail house and before the doorway opening to the West. The man had turned over the wheelbarrow and shook it. The bundle (instead of rags was a human being) roll out on the ground with agonized groan. The fellow turned the wheelbarrow around and wheeled it away, leaving the poor hapless sick dying man lying there. After a while the dying man raises and pushed himself in the doorway, with his body in and his legs stretched out lay there face down.\(^{60}\)

According to Hutchison, Mouritz would bring an end to the *hoopau keahoa*, as he

“forbade the removal of patients from the Hospital wards to the horror dying shack and from then on the inhuman treatment of the sick and dying patients ... end for all times its horror ... ”\(^{61}\) Though it was still there when the *ali‘i* visited in June of 1884. The

\(^{59}\)Ibid., 4.

\(^{60}\)Ibid., 3-4

\(^{61}\)Ibid., 39.
dying den was, as Hutchison described it,

a shack 8 ft wide by 10 ft long, bare of furnishings that stood along side a Lockup or jail at the West end of the Hospital enclosure and known to the lepers of the time as ‘hoopau Keaho’ where the sick and dying lepers are taken from the Hospital wards to this horror den to die without care and from there the corpse is carried away to the burial ground at Kalawao for interment.\(^6^2\)

Of course, with death comes the need for burial of the deceased.

*Na puali ekolu o Kalawao* (three knots tie of Kalawao):

Not long after his arrival, the old-timers of the leprosy settlement described the living conditions and the hardships of life at Kalawao to Hutchison, including burial at Kalawao:

The inhuman treatment [sic] of the sick and dying, of corpses [sic] being wrapped in a blanket or mat fastened around the neck, waist and ankles with a piece or cord and strung on a pole, carried on the shoulders of two men to the burial ground named ‘Moku Pua-Kala’ (thistles) ... and buried in a sitting position in a round hole grave.\(^6^3\)

Hutchison offered another description of burial at Kalawao:

Antecedent to the time of the giving of coffins by the superintendent of the leper settlement for the dead [1878], all leper corpses were buried sans coffins in a sitting position bound with a piece of cord in a round hole in the ground. The dead bodies are wrapped in a mat or blanket tied at the ankles, waist and neck and carried on the shoulders strung on a pole lengthways [sic] between to [sic] men to the burial ground at Kalawao for interment this form of burial known to the old timer isolated outcasts residents from the years 1866 to 1878 was nicknamed ‘na puali

\(^{62}\)Ibid., 39.

\(^{63}\)Ibid., 4.
ekolu o Kalawao’ (three knots tie of Kalawao). If the hole is shallow the body is uprooted and devoured by hogs running at large as scavengers. As of 1878, the Board of Health provided coffins for the interment of the deceased. Before 1878, however, only those who could afford a coffin for themselves were buried as such. When Father Damien came to Kalawao (1873), he began to make coffins for the deceased with the help of the “coffin club”. As Hutchison described, it was “a Club of men and women put up with Father Damien as Treasurer of the Club enough money to buy lumber for coffins for each member and to pay a carpenter to make the coffins.”

The Ali‘i and the Kānaka Maoli of Kalawao:

Insight into the lives of the patients at Kalawao and Kalaupapa can also be found in the interactions between the Ali‘i of the Kingdom of Hawai‘i and the residents of Makanalua peninsula. The first insight is one of displacement for the original residents of the peninsula. The government bought most of the land and houses found in the Kalawao and Makanalua ahupua‘a for the shelter and support of the patients. Many of the original inhabitants of Kalaupapa remained, as did a few in Kalawao and Makanalua.

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64 Ibid., 19.

65 Ibid., 19-20.

Unhappy with the arrangement that had been made, the kamaʻāina of Waikolu valley and Kalawao complained to their King, Kamehameha V. In the first year of the isolation policy, as more and more patients were been dropped off at Waikolu, without sufficient supplies or shelter, these kamaʻāina were taking them in, providing food and housing. A group of kamaʻāina traveled to Honolulu to speak with the king. They told him of the Board of Health’s actions in “dumping lepers at Waikolu and crowding others out of their homes,” and while the king seemed upset by these actions he could only tell them that they had to vacate what were now government lands and that the leprosy settlement was to be established. These emissaries returned to Waikolu and “told the other Kamaainas the sad news of their banishment”; after they had all abandoned their homes and crops, Kalawao became “the first leper village.”

While the kamaʻāina of Waikolu and Kalawao did not have much success in expressing their grievances to Kamehameha V, the patients of the leprosy settlement did find a voice through other Aliʻi, although it was many years later.

Princess Liliuʻokalani visited the settlement for the first time in mid-1881. This was a private, one-day visit during which no public address was made. Her second visit came in June 1884 when she accompanied Queen Kapiolani. The party that came

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67 Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Molokaʻi," 8-9.

68 Ibid., 9.
to the settlement on this occasion (1884) included Governor John Dominis, John
Cummins, Chase Wilson, and Dr. Edward Arning, along with the royals. Not long after
their arrival, Kapiolani addressed those who had gathered at Kalaupapa (many from the
leprosy settlement, kōkuas and kamaʻāinas). She had brought clothing with her from
Honolulu for the men, women, and children of Kalawao, and told the people of her
desire to visit the settlement:

For I've heard told of so much misery and suffering among you my dear
people, segregated from all you hold dear. I intend to personally inspect
your homes, to individually meet you and talk to you and to see with my
own eyes the conditions you are in that I can bear witness to tell the King
of your needs.  

Following the Queen's address, others in the crowd stood and spoke, reiterating
requests for proper food rations, access to fresh water, and adequate shelter for all.

Hutchison also stood at the meeting (1884) and stated that “the most urgent and
necessary need of the lepers are houses to house them in. The Government has not
provided houses enough for the segregated people sent to the leper settlement every
year.” He went on to clarify what the living conditions were like for most of the
patients:

Most of the good houses you see about here in Kalaupapa, Makanalua
and Kalawao are owned by lepers who have money, built by their

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69 Ibid., 40. Compare Hutchison's account of Kapiolani's address with
Liliʻuokalani's report, Appendix C or D.

70 Ibid., 40.
owners at their own cost and expences [sic] and lepers who have no money to buy lumber to build houses for themselves are living in caves and stone wall built huts covered with any kind of materials they can get hold of to keep the sun and rain out.\textsuperscript{71}

Hutchison reiterated that the most basic needs of the leprosy patients were not being met as he asked again for “money to buy lumber for houses” and “money to buy water pipes to bring the water of the valley of Waikolu (water tree) to Kalaupapa a much needed necessity for a community of lepers in a dry country without fresh sweet water.”\textsuperscript{72}

As Hutchison spoke, a small child, his two year old daughter, made her way to where he stood and upon calling to him “Papa, Papa” he bent down to pick her up. In his memoir, Hutchison says that the moment was directed by Providence as he felt inspired to speak to the Queen and her entourage concerning the children of the settlement:

[He] turned the child about to face the Queen, Princess and other visitors, said, here is a non leper child one of many other children like her, females and males children born of leper mothers. Must she and the other children like her be left to their fate to become victims of the dread scourge with which the mothers are sorely afflicted? . . . I ask Your Majesty for a home, established for this child and others like her where they may be removed cared and educated with hope of their not becoming victims of the scourge that afflicts the mothers.\textsuperscript{73}

\textsuperscript{71}Ibid., 40.

\textsuperscript{72}Ibid., 40-41.

\textsuperscript{73}Ibid., 41.
The Queen’s response was to come down into the crowd and take the child into her arms before returning the girl to her mother, where upon Queen Kapiolani promised that a home would be built. Less than a year and a half later, the “Kapiolani Home for Girls, The Offspring of Leper Parents” was dedicated on November 9, 1885 and opened at Kakaako, Oahu.74

While the remainder of the visitors spent the afternoon with Father Damien, Hutchison (then the resident superintendent of the leprosy settlement) took Queen Kapiolani on a survey tour of the homes of those with the disease. Hutchison affirms that they “entered every house and hut at Kalaupapa and Makanalua inhabited by lepers.”75 The Queen greeted each occupant with “Aloha” and then asked about their health and well-being. Hutchison states that, in general, the Hawaiians answered “pilikia, the Hawaiian word that means hardship and suffering.”76 Hutchison reports that “The Queen seeing with her own eyes the poverty, squalor and squalid bare condition of the homes of some of her people, was visibly affected, and her only comment heard of the scene she was witnessing was ‘Kaumaha nohoi!’ (deep

74 Dedication of the Kapiolani Home for Girls, the Offspring of Leper Parents, at Kakaako, Oahu, by Their Majesties King Kalakaua and Queen Kapiolani; Description of the Leper Settlement on the Island of Molokai, (Honolulu, H. I.: Advertiser Steam Print, 1885).

75 Hutchison, ”In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i,” 41.

76 Ibid., 41.
Their tour for that afternoon ended "when Kapiolani entered the cave situated on the South border top edge side of the crater of Kauhako near a trail leading down the precipice of the bottom first floor of the crater where some lepers lived, about eighth [sic] in number which had been their abode since their segregation to the Leper Settlement of Kalawao."\(^{78}\)

The next day, June 5, 1884, the Queen asked to tour the remainder of the peninsula, beginning in Kalawao. She began the morning at Polapola where she viewed the hospital, which consisted of a group of about 15 buildings, including dormitories, a bath house, a wash house and laundry, and a store house, for the care of "the inmates in this institution".\(^{79}\) Nearby was a "jail or lockup with two cells" and the last building to be seen was "the notorious shack 9ft wide by 12 ft length well known to every inmates and residents of the time in the leper settlement as the dying den with the reputable Hawaiian name (Ohoopau Kuaho) [sic] where dying patients men and women are taken from the dormitories to this shack and left there to die uncared [sic] and the following day if found dead the corpse is rolled in a mat blanket or coffin and carried away to be buried in the graveyard at Kalawao. Such inhumanity is unbelievable, nevertheless it is

\(^{77}\) Ibid., 41.

\(^{78}\) Ibid., 42.

\(^{79}\) Ibid., 42.
and was a fact practised [sic] in those years . . ."80

The hospital had been built in 1867 by the first superintendent of the leprosy settlement, David Walsh. But there, seventeen years later (in 1884), Queen Kapiolani entered the Government sponsored hospital only to find “leprous stricken people in the last stages of the disease bare of such necessities as beds and bedding to view their miseries and sufferings. The patients some lying down and others sitting up cross legs on mats laid on the floor.”81 Hutchison reports that

The Queen went through the entire Hospital buildings, peeps in the dying den and told the name of the shack she shuddered and expressed her horror in no uncertain terms of those persons of no feeling of love responsible for the inhumanity of their fellow suffer (masuona [sic] aloha ob [sic] ka haoia) and seeing all she wanted there, left to make her survey of the private houses of her people living at Kalawao.82

The Queen did not continue with her tour of the homes of those suffering from leprosy until after dinner. Hutchison took her to the north side of the Kauhako crater “where several lepers lived in a cave known by its ancient Hawaiian name ‘Ke Ana o Kaupokiawa’ a large open cave facing the West and stone wall huts scattered the place near the sea shore.”83 Before returning to the Kalaupapa landing to return to the

80 Ibid., 42.
81 Ibid., 43.
82 Ibid., 43.
83 Ibid., 43.
steamer, Queen Kapiolani and Hutchison visited more huts occupied by both patients and kōkua at Keona Keokeo (the western point of the peninsula) as well as some more “comfortably established” homes at Iliopi‘i.\(^{84}\) Thus it seems evident that while the leprosy settlement was “officially” marked from the middle of Makanalua (at the southern base of the Kauhako crater) to Kalawao village, patients with leprosy were residing all throughout the peninsula, inter-mixed with non-leprous residents, finding shelter wherever they could, whether it be houses, huts, or caves, and ignoring the rules of segregation as prescribed by the Board of Health.

Hutchison attributes later improvements in the living conditions at Kalawao (housing and the laying of water pipes from Waikolu to Kalaupapa) in 1888 to the visit made by the Ali‘i in 1884.\(^ {85}\) But it was not until the Ali‘i came and saw for themselves the conditions of their people that their influence would be felt. Even then, they often submitted to haole perspectives on everything from the course of treatment for the leprosy patients (i.e. continued isolation at Kalawao) to the allotment of funds and supplies being sent to the settlement.

\(^{84}\)Ibid., 44.

\(^{85}\)Ibid., 44.
CHAPTER 6:  
"HA‘INA MAI KA PUANA, NŌ NEI MA‘I O KA LĒPELA": WHAT WILL LEPROSY DO TO MY PEOPLE? WHAT WILL BECOME OF OUR LAND?

The year 1873 was a significant one in the history of leprosy in Hawai‘i. The leprosy settlement on the isolated peninsula of Moloka‘i was a mere seven years old. Gerhard Henrik Armauer Hansen, the Norwegian bacteriologist, successfully identified the bacillus that causes leprosy, *mycobacterium leprae*. His discovery was noteworthy in Scandinavia where many suffered from the disease, but it would also be relevant, in the decades to come, to those who also suffered from leprosy in the Kalawao leprosy settlement on the Makanalua peninsula of Moloka‘i.

In that same year,² a Belgian priest, Father Damien de Veuster went to live at Kalawao. Within a decade of his arrival, he was an international hero for his willingness to serve among those suffering from one of the world’s oldest and most feared diseases. It was also in that year that four prominent Hawaiians, Peter Kaeo, William P. Ragsdale, and Jonathan and Kitti Napela, all leprosy patients except for Jonathan, arrived at the settlement.³

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²May 10, 1873.

³June, 1873. Jonathan Napela went to the settlement as Kitti’s kōkua, but soon showed signs of the disease himself.
There was a *poi* shortage on Moloka'i and O'ahu in the winter of that year, making living conditions at the leprosy settlement even more challenging than usual. As a result, the Board of Health reduced rations being sent to the settlement and replaced the Hawaiian staple with more salt beef, salt salmon, and fluctuating rations of rice. They also received many complaints.

As the disease continued to spread throughout the islands, the Board of Health became more concerned about fully carrying out the isolation policy. In the first half of 1873, all who had, or were suspected of having, leprosy were to report to the Kalihi hospital in Honolulu to be examined. Almost 1200 cases came for examination (at Kalihi and elsewhere) and more than 400 were sent to Kalawao, placing an even greater strain on the already inadequate housing, and food, water, and medical supplies. The burden was evident in many of Rudolph Meyer's letters to the Board expressing his inability to control the situation and facilitate the newcomers to the settlement: “I beg leave to caution the Board of sending to the Leper Settlement a very large number at a time.” The Board had also determined that in order to better implement the isolation policy, *kōkua*, meaning friends and relatives, were no longer allowed to accompany

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their loved ones to the settlement.6

Perhaps the Board's strictness accounts for the crisis the father of Ilai Gordon found himself in. Ilai clearly had the disease as his physician's case book entry testified:

Ilai Gordon. Male. 16 years. Lahaina - well defined Leper - as seen by the peculiar "red ulcer" of feet (not known in any other disease with which I am acquainted); clubbed fingers, (beginning absorption of phalangeal bones); and incipient Tuberculated disease of face... all peculiar and unmistakable signs of Leprosy as it occurs in this Kingdom.7

But his father wanted desperately for his son to not be sent to Kalawao. Ilai had also been examined by Dr. F. W. Hutchison. Apparently Hutchison and Dr. Saunders, the Board's Traveling Physician for Maui, disagreed on Ilai's fate. Saunders had the greater authority in the matter, and Ilai's father was willing to go to great lengths to keep his son from being sent to Kalawao. In an effort to influence the doctor "to send the patient to Honolulu or allow him to remain at home for treatment," the father offered Saunders one thousand dollars. The physician was shocked and "had it been other than a father intimating such a disgraceful bargain for the purpose of freeing his son," Saunders would have taken some official action against the man.8

The living conditions at Kalawao were difficult every year up until the turn of

6Pacific Commercial Advertiser, "Notice" February 22, 1873.

7"J. Bartlett Saunders, M.D. to Edwin O. Hall," May 14, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873.

8Ibid.
the century, and in that regard, 1873 was no different. The Board received several letters throughout the history of the leprosy settlement asking for better housing, food, clothes, water, and medicine. But the leprosy situation in Hawai‘i also brought in many letters from all the islands, expressing their various concerns over the disease. In Hilo, on the island of Hawaii, there was a small building where those with leprosy were held “before being sent away” near the center of the town. Displaying largely haole attitudes toward the disease and its sufferers, T. L. Lyman wrote to the Board asking that the building be moved to a location more remote. Expressing public fears of the highly contagious nature of the disease, Lyman writes: “it is but a few rods from our dwelling house as well as being right by the side of a public road to the Wailuku river, where the school children and many others go to bathe nearly every day.”

Indicative of kānaka maoli reactions to the disease were the number of letters received by the Board of Health from Hawaiians and kahuna la‘au lapa‘au requesting the opportunity to treat those with leprosy. Willing to “touch” those with the disease, many kahuna la‘au lapa‘au expressed their desire to share their knowledge and care for the diseased. Their motives may have been somewhat less than altruistic, as their

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9See Figure 7. Letter from Kalawao, (March 7, 1873.)

10“T. L. Lyman to E. O. Hall,” September 15, 1873, ARH, Series 334-5, Board of Health, Incoming Letters, July-Sept, 1873

11In contrast there were haole physicians like Dr. Nathaniel B. Emerson, the first semi-resident physician at Kalawao, arriving in 1879, had grown up in Hawai‘i, spoke
position in society was being challenged by *haole* medicine and beliefs, thus any success in treating leprosy would elevate their position once again. Nonetheless, they were willing to try and many did receive permission from the Board of Health to treat leprosy patients, though most were in Honolulu.\textsuperscript{12}

To combat what many *haole* perceived as Hawaiian apathy and ignorance toward contagiousness and relaxed attitudes toward the segregation policy, in 1873, the Hawaiian Evangelical Society was drafting and adopting their statement on leprosy. Committed to stricter observance of the 1865 Act, the statement admonished its audience that “Strict, thorough isolation from us of all infected persons, not merely of established lepers, but also of all who are reasonably suspected.” would not only gain God’s favor but stop the spread of the disease as well.\textsuperscript{13}

But perhaps the most compelling letter/document received by the Board of Health in 1873 came from W. N. Puahewa, a patient at Kalawao. Writing on July 1, fluent Hawaiian, and had a fairly amicable relationship with the Hawaiian people. However, as a physician to leprosy patients, he exemplified *haole* attitudes in his refusal to “touch” his patients. Emerson went as far as to set medicines out on his fence post so that he would not have to go near those with leprosy. Daws, *Holy Man: Father Damien of Molokai*, 11.

\textsuperscript{12} As was the case with D. Kaiuiokaloa who, in 1873, requested and received permission from the Board of Health to treat leprosy patients at Kalihi. ARH, Series 334-5, Board of Health, Incoming Letters, April-June, 1873.

\textsuperscript{13} “Statement on Leprosy and Resolutions adopted by the Hawaiian Evangelical Association, Honolulu, June 10\textsuperscript{th}, 1873,” original draft, ARH, Series 334-34, Resolution on Leprosy.
1873, Puahewa told E. O. Hall, President of the Board of Health, of his hardships in the settlement. Resigned to his fate, he made one request of the Board. Puahewa was asking if he could see his family once more before his death.  

For Puahewa leprosy was indeed maʻi hoʻokaʻawale. He likely was removed from his home as a “suspect” and upon examination sent to Kalawao, awaiting his turn in the hoʻopau keaho. He may have had to deal with stigma and himself questioned why he had the disease. He no doubt felt the strain of living at the settlement with a lack of shelter, food shortages, a deficient water supply, little medicine, and virtually no care from others. And in July of 1873, he was having to face his own mortality directly, perhaps succumbing to influenza or tuberculosis, the two most common killers at Kalawao. His is an individual’s story, but it is one of many, indeed thousands, largely unknown.

Leprosy, as it was experienced in Hawaiʻi, influenced the lives of those who suffered from it in many different ways and on many different levels. For the individual Hawaiian, contracting the disease meant an eventual physical suffering due to the disease’s pathology and a lack of proper medical attention to secondary infections or other complications. Further, the chosen “treatment” for the disease meant the banishment and isolation of its victim from society at large. And, of course, for the individual, the disease experience brought eventual death.

14“W. N. Puahewa to E. O. Hall,” July 1, 1873, ARH, Series 334-5, Incoming Letters, Board of Health, July-Sept, 1873.
For the Hawaiian community, the experience with leprosy brought about a separation of families (ma'ihō'oka'awale). It introduced a social stigma with a long history that often left the leprosy sufferer and his or her family with a sense of shame. Moreover, the experience with leprosy in Hawai'i had an overwhelming impact on the social fabric of Hawaiian society.¹⁵

For Hawaiian culture and society, the impact of leprosy in the islands was explicit. The social, political, and cultural implications were profound, as leprosy and its treatment of arrest and isolation, unlike other diseases, gave the haole component of late 1800s Hawaiian society the opportunity to control the lives (and bodies) of Hawaiians in a very literal and significant way.¹⁶

Leprosy brought about the further depopulation of native Hawaiians. Even though the disease could linger for several years in some cases, it would eventually cause death. The Hawaiian experience with leprosy resulted in the removal of its victims from their families and communities. For the Hawaiian islands it was as much a

¹⁵For instance, Hawaiian physician, Kekuni Blaisdell, has stated his suspicion that “every Hawaiian family has been affected.” Richard Kekuni Blaisdell, "Leprosy: The Separating Sickness,” in Simple Courage (Honolulu: HI: 'Olena Productions, 1992), 13.

matter of depopulation by displacement, as by disease. The disease also made its victim more susceptible to other diseases, contributing further to depopulation.

**Individuals**

For the individual sufferer of leprosy, the consequences of the disease were at minimum threefold: the physical nature of the disease, the emotional and social isolation from society, and eventual death.

Firstly, the prolonged physical attack of the disease would not only disfigure its victim, but also render their hands and feet from numb to useless. Some would succumb to blindness as blinking would no longer be possible. Some lost the ability to breathe properly as their throat closed in, and, if medical attention was available, they would be given a tracheotomy. The *Mycobacterium leprae* which causes leprosy would compromise their immune system, leaving them susceptible to other diseases. In the mid- to late-1800s, most often it was influenza, pneumonia, or tuberculosis to which the leprosy patient would succumb. In 1879 a measles epidemic visited the "isolated" peninsula causing a few deaths as well. In his 1882 report to the Board of Health, after a visit to Kalawao, Dr. N. B. Emerson noted that the patients were especially affected by

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infections of "the bowels and lungs, to fevers, dropsies and numerous other intercurrent maladies; their skin is liable to various painful and annoying eruptions, and their whole body to ulcers and putrefying sores."\(^{18}\) Open wounds and sores were susceptible to secondary infections which could result in gangrene (possibly resulting in loss of a limb) or even septic shock (resulting in death).\(^{19}\)

Secondly, individuals were of course separated from their family, their community, their Land. The emotional and social trauma of arrest and banishment to Makanalua was tremendous. Ambrose Hutchison spoke not only of being "an exile, taken from all a man holds dear in life by force of the law," and of living in the "settlement for 'Shut in Outcasts'," but also of having to live "a lonely life."\(^{20}\) Yes, the leprosy patients at Makanalua formed a new community together at Kalawao, a community that one commentator felt resembled any "Hawaiian Village,"\(^{21}\) but they

\(^{18}\) Ibid., 124.


\(^{20}\) Ambrose K. Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka'i," in *Sacred Hearts Archives* (Leuven, Belgium: 1931), 2, 3, 6.

longed for family and friends left behind. Peter Kaeo wrote to his cousin, Queen Emma, of watching the sun set on O'ahu from Makanalua and lamented, "It makes me so sad that I cannot rest with ease for some time, till the evening shades hide from me the dusky form I so dearly love. 'Home'." Indeed, he often spoke of his desire to simply go "home." Thirdly, for the individual who had contracted leprosy in the mid- to late-1800s and was sent to Kalawao, the disease rarely subsided on its own. Whether it was from the slow pathology of the disease itself, secondary infection, or another disease such as influenza, pneumonia, tuberculosis, or measles, the outcome was, of course, death. Ten days after his arrival at Makanalua, Peter Kaeo experienced a death and burial and upon conversing with another patient was told that "it was nothing new as they die almost every day." It was not long before he was writing to his cousin reports that "natives are begining [sic] to die almost dayly," and "deaths occur quite frequently here, almost dayly [sic]." When Ambrose Hutchison arrived in 1879, his perception was

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23 In 1876, he did return to Honolulu.

24 Ibid., 20.

25 Ibid., 29, 48.
similar as he stated that death was “an almost every day happening.”

At its height (late 1880s to 1890s), when total patients numbered in the 1000 to 1200 range, reported deaths were sometimes over 200 for the year. But even when those numbers were lower, for the patients themselves, confronting mortality was a daily reality. Death was inescapable at Makanalua’s leprosy settlement. While exact numbers may never be known in the more than one hundred year history of the settlement, it is estimated that some eight thousand patients were sent to the settlement and never left.

The Hawaiian Family

For the ‘ohana, leprosy and the 1865 Act separated husbands and wives, parents and children, brothers and sisters. Of course there were emotional consequences for any of these separations, but there were also social and economic repercussions. The Board of Health’s concern over this situation was apparent in 1884 when President of the Board of Health, Walter Murray Gibson stated:

It is not enough to care for a thousand people summarily removed from their homes, but the thousand suffering families affected by their

26 Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 4.

27 See Table 2.

28 The Board of Health kept good records of patients sent to Kalawao and Kalaupapa, but kōkua and kama‘āina also came and went, at times freely and without record.
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Table 2. Patient Admissions & Deaths in Makanalua Leprosy Settlement, 1866-1897

29 *Hawaii. Board of Health,* “Report of the President of the Board of Health to the Executive and Advisory Councils,” (Honolulu: Board of Health, 1897), 166.
removal demand some consideration also.³⁰

The involvement of the ‘ohana in this history was also significant when it came to resistance against the prescribed treatment for leprosy. Family members often resisted against the separation act by hiding their disease afflicted loved ones from authorities.³¹ Family members were often the ones to become kōkua to those with leprosy. Families were the hardest hit by the removal of a father, mother, sibling, or child. The 1884 Board of Health Report concluded that the isolation law required that “men, women, and children shall be torn from their homes, without any provision being made for the suffering and loss that may be entailed.”³²

The report went on to cite concrete examples of the distress the leprosy law was causing to those left behind. One Hawaiian man was suddenly arrested, “leaving


³¹The intention of the 1865 Act was to stop the spread of the disease, but as kama‘āina resisted against the isolation policy by hiding family members and not seeking treatment (because it was so harsh) the actual consequence of the Act may have been to further the spread of the disease.

behind a helpless wife about to give birth to a baby”; a woman “condemned as an incipient leper” was suddenly removed from her home, “to which the husband returns to find his two helpless little children moaning for their lost mother.” These were common occurrences as the 1865 Act to isolate those with leprosy was carried out. Thus for many Hawaiians, the concern was not over what the disease did to their bodies, but over what it did to their families and homes. It was the “separating sickness”: ma‘i ho‘oka‘awale.

Ma‘i Ho‘oka‘awale:

Board of Health officials were frustrated that so many Hawaiians (the common people) did not wish to banish their family members. In 1873, the Hawaiian Evangelical Association admonished that

Our great peril is from general ignorance on this subject among the common people, and from their consequent apathy and perversity. They refuse to separate their lepers from them. They eat, drink and sleep with them. They oppose their removal and hide them. 

An earlier report had stressed the need to “impress upon the natives a salutary dread of the disease, so that no case should be concealed.”

The efforts to instill a “salutary dread of the disease” may have helped the Board

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33 Ibid., 132.

34 Ibid., 76.

35 Ibid., 68.
of Health to arrest those with leprosy and remove them to Makanalua but it also produced a stigma that attached to the disease, those who suffered from it, and their families. By the 1890s, Hawaiians entering the leprosy settlement were known to change their names so that their families would not be associated with the shame of the disease. For Ambrose Hutchison, the label of “leper” meant not only a life in isolation, but a feeling of abandonment as he and others were discarded upon the shores of Kalawao: “such is the fate men, women and children over whom the pronouncement of a Government physician the magic word leper, sealed their doomed [sic].”

The result of this separation of families, as a result of leprosy, was to alter the social fabric of Hawaiian society. The ‘ohana was the basic unit of the community and the ‘ohana was connected to the Land. With the introduction of each new epidemic, Hawaiian lives were lost, opportunities to claim Land and power were open to haole, and the ‘ohana’s connection to the Land was diminishing. Leprosy played an integral role in the loss of this most important connection and its reciprocal loss of Hawaiian identity. On the relationship between Land, disease, and the kanaka maoli, historian Jon Osorio has stated: “The banishment of Hawaiians to Kalawao, even as the nation was entering a period of tremendous prosperity [in the sugar industry], intensified the

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36 Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," 28. Hutchison was sent to Kalawao in 1879.
growing distance between kanaka and the various symbols of their identity, symbols which included the `Āina.

Hawaiian Culture & Society

As was previously discussed, Hawaiian susceptibility to foreign infectious diseases was largely due to factors brought about by the isolation of the Hawaiian islands. But there is another factor to consider as well, one which takes into account the changing social and political environment in Hawai‘i in the 1800s.

The early 1800s (and 1850s in particular) had brought some of the worst epidemic diseases and population decline to the Hawaiian islands. The ramifications of the rapid depopulation are significant. As historian Jonathan Osorio points out,

One result of the great dying off of Hawaiians was the weakening of the traditional land tenure system that had sustained the pre-Contact chiefdoms. The labor-intensive subsistence economy and extensive cultivation of the mauka (upland) areas had been the basis for, and also a sign of, a healthy and prosperous civilization. This system was especially vulnerable to rapid depopulation, which inexorably led to the abandonment of thriving lo‘i (taro patches) and homesteads as the labor needed to maintain them continued to diminish.

This lack of labor for a subsistence economy would translate to a diminishing food

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38 See Chapter 1; lack of immunological experience with infectious diseases; homogeneity of the Hawaiian population.

supply for the Hawaiian people. A lack of kalo, the native staple and a good source of fiber, vitamins C and B-1, potassium, magnesium, and iron, would invite malnutrition.\textsuperscript{40} Malnutrition has a direct effect on the immune system, in that malnutrition inhibits the cellular immune response (the production of white blood cells) to fight against infection.

As it is only the cellular immune response that can be of any help against the \textit{Mycobacterium leprae} which causes leprosy, one can conclude that another important factor in a Hawaiian's susceptibility to the disease, was the change in the cultural, political, and economic fabric of Hawaiian society that led to the disruption of the Hawaiian way of life and the population's subsequent weakened immune system.

Beyond the 'ohana, leprosy also left its mark on the Hawaiian community. The foreigners in Hawai'i were increasingly concerned over the disease and its spread, not just out of fear of contagion, but also in fear of its possible economic and political repercussions. In 1880, Chairman of the Sanitary Committee, Godfrey Rhodes warned: "We should gradually sink into loathsome decay and death, and our bright and beautiful islands would be shunned by the rest of the world as a living charnel\textsuperscript{41} house,

\textsuperscript{40}Tina Shaffer, "Timeless Taro," \textit{Island Scene} HMSA, Spring 2000, 59.

in stead of being sought as a place of refreshment and refuge.\(^{42}\)

Nineteenth century Hawai‘i experienced a great deal of change through the mechanisms of commercial, cultural, and biological exchange. One of the consequences found in the history of leprosy in Hawai‘i is that biological exchange, the introduction of new diseases in general and leprosy in specific, facilitated cultural (ex)change in the way(s) in which Hawaiians viewed disease, medicine, and the self (the body). That is to say that through the experience with leprosy, Hawaiian explanatory models (or views) of the body, medicine, and disease, were influenced and changed by haole explanatory models of the body, medicine, and disease.

The Hawaiian view of disease, medicine, and the body, to the late nineteenth century is one that is intertwined with the Hawaiian view of the self and with Hawaiian cosmology. First and foremost, recall that all Hawaiians are connected to the Land, as children are connected to parents, in the belief that Wākea (Sky Father) and Papa (Earth Mother) gave mystical birth to the islands and human birth to their descendants.\(^{43}\) Thus, Papahānaumoku, she who births the islands, is understood as the mother of all

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humans. To care for the Land, *mālama ʻāina*, was to care for the Hawaiian self.

Further, Hawaiian cosmology connects the Land and people as family, and as such, caring for the Land and family concerns were linked. The Hawaiians concluded that the earth was charged with the life-giving, animated, and energized forms of *mana* — it held the life force. Thus, in likening the earth to a mother, the Hawaiians were saying that the earth is a living entity, “feeding” us as a mother feeds a child, “caring” for all our material and biological needs. The key to the metaphor is the belief that the earth is a living entity and that the Hawaiian has a relationship and connection to that life force. The relevance of the metaphor to this discussion is that the Hawaiian view of the body and of disease is connected to both the life of the Land and to the idea of *mana*.

The connection between the Land/self and disease is illustrated in a chant written by Kaʻehu, a famous composer and chanter from Kauai. It was composed after he was sent to Kalawao, having contracted leprosy, in the late 1880s. He begins and ends his *mele* (song, chant) questioning the consequences of this disease:

\begin{align*}
    \text{E aha 'ia ana o Hawai'i} & \quad \text{What will become of Hawai'i?} \\
    \text{I nei ma'i o ka lēpela} & \quad \text{What will leprosy do to our land -} \\
    \ldots & \quad \ldots
\end{align*}

\footnotesize

\begin{itemize}
\item[45]Ibid., 186.
\end{itemize}
What will leprosy do to my people? What will become of our land?46

His mele reinforces the concept of leprosy as ma‘i ho‘oka‘awale, as the disease separated Hawaiians from the ‘Āina, to whom they were cosmologically connected.

The Hawaiian view held that good health was the reward of respect for the kapu (which often included ethics of caring for the Land), reverence for the gods, and integrity, expressed in their relationships with family and neighbors. The kānaka maoli also recognized a dualism of complementary opposites in their cosmology. These dualities required pono (balance and harmony) and mana (power) to maintain these pono relationships.47 Sickness was viewed as punishment, imposed directly or indirectly, by the gods for having broken their kapu.48 The result of breaking kapu was a loss of mana, and the loss of mana resulted in the loss of pono and good health.

Further, sickness could be caused by failure to obey the mandate of an ‘aumakua (ancestral or personal god), for offending an ‘aumakua, intentionally or unintentionally, for speaking ill of a relative or an ‘aumakua, or for promising


something and then failing to fulfill the obligation.\textsuperscript{49} Illness could also be viewed as the result of sorcery in that illness was not seen as natural, but the consequence of supernatural actions or forces. Nonetheless, most ailments for Hawaiians (previous to encounters with the \textit{haole}) consisted of the consequences of physical injury, cuts, bruises, wounds, difficulties with childbirth, and aging. There is no evidence that there were any epidemic infectious diseases prior to the arrival of foreigners.\textsuperscript{50}

Those who treated illness were the \textit{kahuna la'au lapa'au} (medical practitioners). Samuel M. Kamakau divided the \textit{kahuna la'au lapa'au} into eight major categories, although he considered them all to be \textit{kahuna ʻaumakua} because in their attempts to identify sickness and methods of treatment, they all – regardless of their specialization – invoked the assistance of ʻ\textit{aumakua}.\textsuperscript{51} Even though methods of treatment began to change with the arrival of foreigners and new diseases, from the Hawaiian perspective, the gods (particularly \textit{Lono, Ku,} and \textit{Hina}) continued to maintain their importance in concepts pertaining to the cause of disease.\textsuperscript{52}


\textsuperscript{50} Bushnell, \textit{The Gifts of Civilization: Germs and Genocide in Hawai'i}, 19-20.

\textsuperscript{51} Samuel M. Kamakau, \textit{Ka Po' e Kahiko: The People of Old} (Honolulu, HI: Bishop Museum Special Publications 51, 1964), 98.

\textsuperscript{52} Bushnell, \textit{The Gifts of Civilization: Germs and Genocide in Hawai'i}, 67.
An important example of the medical instruction given to the kahuna 'aumakua comes from the papa 'ili'ili (Table of Pebbles). This unique representation depicts the human form with pebbles. It was made of 480 pebbles, laid out on tapa cloth and spread over a pandanus leaf mat, diagraming the male human body. The table was said to be formed in the outline of the god Kane (the creator god), from the head to the feet. The color of the pebbles represented human structures that related to Hawaiian creation myths. White clay was used to form the head, brain, and nerves. Red clay was molded into pebbles that formed the body torso. Black or bluish lava pebbles were used to create the skin. This anatomical model was mainly used by the kahuna hāhā who used palpitation with their fingertips to diagnose illness. What is important here is to realize that the Hawaiian, prior to western contact, held a complex view of the body, that corresponded with their perspective of the environment and the universe.

Further insight into the Hawaiian concepts of disease and health can be found in Hawaiian proverbs or poetical sayings. Those that relate to health, disease, or suffering refer to one's mental and physical well-being. They promote seeking the advice of kahuna when ill, recognize gods of health, remind mothers to accept pre-natal care, and regard suffering as an unlucky journey. One expression used in prayers of healing

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53Rubellite Kawena Johnson, "The Hawaiian 'Table of Pebbles,'" Hawaii Committee for the Humanities, Pamphlet, 1997; Kamakau, Ka Po'e Kahiko: The People of Old, 94.
includes the phrase "Mai ka piko o ke po’o a ka poli o ka wawae, a la’a ma na kihi ‘eha o ke kino" (meaning, from the crown of the head to the soles of the feet, and the four corners of the body) and elucidates that between the four corners of the body (the shoulders and hips) rest the vital organs, of which great care should be taken.  

Just as important, the Hawaiians believed that whatever illness the gods gave, they could also take away. The primary function of any kahuna ‘aumakua was to ascertain which of the gods had been offended and how the victim of that god’s displeasure could best appease the angered deity. The first step in healing was always to restore the depleted mana of a patient. The spirit was to be healed first, then the cure of the body would follow, if the ‘aumakua so willed. The Hawaiian approach to illness was a very holistic one in which the spirit and body were treated as integral to one another. But it is also important to point out that the rationale of Hawaiian medicine was based on symptoms rather than causes. Sickness was the result of a loss of mana and an offended god was believed to be the agent who gave health to a person or took it away. Kahuna la‘au lapa‘au were still thinking in these terms well into the late 1800s.


Since the Renaissance, western medicine (not yet what we would call bio-
medicine) began to “diverge from other systems in its beliefs and organization.”57 As a
result of Enlightenment thinking, there came a sense that diseases resulted from a defect
of material physiology.58 By the end of the eighteenth century, humoral ideas had been
left behind and were replaced by a perspective of the body as being made up of parts.
For many, it was held that it was in the organs, tissues and cells that disease would be
caused, due to “structural abnormalities or physiological malfunctions.”59 These
materialist notions led to further investigations and by the early 1800s, the consequence
of all these investigations into disease theory was a connection between organic dirt and
disease.60 Even miasma theory, the idea that strong, foul odors spread disease, relied
heavily on a connection to dirt or filth. Indeed, it was in the early 1800s that the phrase
“cleanliness is next to godliness” became prevalent; the cause of disease was explained
by the prevalence of dirt, a sign of ungodliness, thus resulting in disease.61

From the early 1800s onward, western medicine became more science based and

57Michael Worboys, "The Spread of Western Medicine," in Western Medicine, ed.

58Harold Cook, "From the Scientific Revolution to the Germ Theory," in Western

59Worboys, "The Spread of Western Medicine," 249.

60Cook, "From the Scientific Revolution to the Germ Theory," 98.

61Ibid., 98.
reductionist. Medical practitioners were soon treating the disease, not the whole person. The westerner viewed the human body as a machine. This man-as-machine imagery depicted humans as performing living functions, such as blood circulation, food digestion, or reproduction, by purely mechanical means.  

The publication of Darwin's *Origin of Species* (1859) had far-reaching effects on western culture, western colonial practices, and western medicine. The resulting Social Darwinism stirred and justified the western mind and colonial actions. Further, and relevant to this dissertation, in the late 1800s, the idea of the healthy Noble Savage was abandoned and other medical notions were blended with Social Darwinism to support the belief that people of color were degenerate, licentious, indolent, polluted and polluting. "Other" populations were then seen as dangerous carriers of disease.

The late nineteenth century also saw western explanatory models of disease in contest with each other. The tension was largely between the scientific, laboratory based, objective, germ theorists on the one hand, and the more bureaucratic,  

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64 Worboys, "The Spread of Western Medicine," 254-255.

65 There is also a discussion of this in Chapter 2.
unsound, politically motivated, sanitarians on the other.\textsuperscript{66} Often the concepts of contagion, infection, and miasma were used interchangeably and overlapped when used by theorists in the nineteenth century. Further, concepts of individual morality, social responsibility, and collective action became inseparable from the ideas of contagion. Policies of isolation and quarantine, and public health measures, illustrate this point best. Yet, cosmological or divine causes of disease (such as the wrath of God) were still part of the explanation in the hierarchy of causes in western culture.\textsuperscript{67}

The late 1800s also experienced a new understanding of cellular and chemical pathology, which created a new microcosmic vision of the body. Virchow and others elaborated cell theory into a theory of disease causation which held that in as much as all cells originated from cells, then all disease was a disease of cells.\textsuperscript{68} Koch and Pasteur, the fathers of bacteriology, added to this microcosmic view. Even after 1870 and the work of Koch, Pasteur, and their followers, which proved the germ theory of disease causation, the environmental concepts were not entirely driven out of biomedical


\textsuperscript{67}Ibid., 312.

\textsuperscript{68}Michael Worboys, Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900 (New York: Cambridge University Press, 2000), 32-35.
Moreover, it was also widely held that medicine and biology, in the late 1800s, should achieve the same dignity as physics and mathematics, since they were subject to the same natural laws. As contagion began to be accepted as explaining the cause of disease, simple analogies came into use. For example, the analogy of rotting fruit was used to describe the transfer of disease. It was based on the observation that fruit would decay, and decay would spread throughout the fruit, as well as spread from one fruit to the next, if rotting fruit came in contact with healthy fruit. The same could be said for diseased and healthy populations. Such metaphors justified public health measures at home and the imposition of colonial medical systems on indigenous populations abroad.

Westerners often used medicine as evidence of the humanitarian zeal of colonial rule, to justify colonialism itself, and held it up as “one of colonialism’s nobler and more redeeming features.” David Arnold, an authority on colonial medicine in India has stated that more recent scholarship demonstrates that “medicine has come to be identified as a colonizing force in its own right, a potent source of political authority and

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Moreover, the work of Foucault asserts that in the nineteenth century, the body, in the west, became an object of social control, as was observed in clinics, prisons, and hospitals, wherein bodies could become the instruments of and for the exercise of power. Again, these notions of the body, in the west, would be imposed upon colonized peoples.

Many measures that were introduced in the Pacific, in the nineteenth and early twentieth centuries, in the name of public health had more to do with a central concern about the health of the *haole* than with the health of the native populations. Colonizers privileged the health of foreigners over the health of the indigenous populations. As bacteriological research began to reveal how diseases were transmitted from one host to another, disease came to be identified less with the environment and more with living "native reservoirs" of disease. Separation (confinement or quarantine) from such reservoirs was often the prescribed "treatment". Though one must not forget that separating the healthy from the sick was a common practice in western culture and medicine, regardless of ethnicity. Yet separation would be leprosy's legacy.

Further, the nineteenth century *haole* equated colonialism with civilization. Medicine was given a prominent position in the list of benefits western civilization was

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72 Ibid., 1393.


itself bestowing upon the rest of the world and it was also one of the most intrusive mechanisms of state power. That is not to say that western medicine was transferred wholesale and without alteration to much of the colonized world, although it did exercise some power over many indigenous systems.

This budding bio-medicine, western medicine of the nineteenth century, was rooted in western European culture. Within that culture was the prevalence of monotheism. It is argued by some that "the idea of a single god legitimates the idea of a single, underlying, universalizable truth, a unitary paradigm" as is seen in western medicine or biomedicine. As such, within that paradigm, any tolerance for alternative models is weak or absent. The prevalence of monotheism then relates to a single version of the body, of disease, and of treatment.

Prior to western influence on Hawaiian conceptions of the body and disease, Hawaiian views of disease and suffering could be distinguished as an external orientation, wherein blame was placed upon the 'aumakua more than upon the individual. In contrast, haole views of Hawaiians who contracted disease (in this case leprosy) are directed as an internal orientation. There is an elaborate discourse on the

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75Ibid., 1393.


77Veena Das, Critical Events (Delhi: Oxford University Press, 1995), 139-140.
meaning of this suffering, the power of the haole is legitimized by this orientation, the
victim is seen as being responsible for his or her suffering (their behavior is responsible),
and the disease (their pain and suffering) is equal to punishment. The haole maintained
that the Hawaiian’s plight with leprosy was caused by Hawaiian culture: promiscuous
behavior, licentiousness, and uncleanliness.

Historical writings about the period (pre-1890s Hawai‘i) illustrate that
Hawaiians had little fear or disgust of leprosy, nor of those who had it. What they did
fear, however, was banishment to Makanalua, separation from their family, and arrest
by public health officials. The stories of Ko‘olau and Pi‘ilani, Dr. Jared Smith, Momona
and Lohiau, Kealoha, and others all demonstrate this point.78 Recall that in Pi‘ilani’s
telling of the events of their hiding from the authorities, she emphasizes leprosy as “the
separating sickness” and does not reveal any fear of contracting the disease from her
husband or son.

But a change in Hawaiian views toward the disease is also indicated in Ka‘ehu’s
mele (chant). A noted composer, chanter, and hula master, Ka‘ehu composed many
mele, but this one “Song of the Chanter Ka‘ehu” is autobiographical and was his last
known composition. It tells of his diagnosis of leprosy and his subsequent banishment
to Kalawao. What this mele reflects is that fear of the disease and shame in having it

78See Chapter 4.
has become prevalent, which is an indication that the Hawaiian perspective had been
influenced by *haole* views and concerns. He wrote:

> ‘Ano ‘e mai ana nā hoa hui
Like ‘ole ka ilina mamua.
He ‘āhiu ke ‘ike mai,
Ne’e a kāhi ‘e noho mai,
Kuhikuhi mai ho‘i ka lima,
He ma‘i Pākē kō ‘iā ‘la
Kūlou au a hō‘iā‘i‘o,
Komo ka hilahila i ka houpo.

Strange when a man’s neighbors
become less than acquaintances.
Seeing me they drew away.
They moved to sit elsewhere,
whispering,
and a friend pointed a finger:
“He is a leper."

I bowed my head
I knew it was true.
In my heart I hugged my shame.\(^79\)

The influence of the *haole* model on Hawaiians can also be discerned in the

*‘olelo no‘eau* that reflect the presence of foreign diseases, including leprosy, in Hawai‘i.

For instance, the impact of *haole* diseases is represented in the saying:

> *Lawe li‘ili‘i* ka make a ka Hawai‘i,* lawe nui ka make a ka haole.*
(Death by Hawaiians takes a few at a time; death by foreigners takes many.)*\(^80\)

Moreover, the impact of leprosy on the Hawaiian *‘ohana* is described in the proverb:

> *He ma‘i makamaka ‘ole.*
(The disease that deprives one of relatives and friends.)*\(^81\)

Perhaps just as telling is an example that demonstrates the paradigm shift in Hawaiian

\(^79\) Ka‘ehu, "Song of the Chanter Ka‘ehu," 128.

\(^80\) Pukui, ed., *‘Olelo No‘eau, Hawaiian Proverbs and Poetical Sayings*, 211.

\(^81\) Ibid., 155.
perspective on the self/Land and disease in the following two proverbs. Moloka‘i went from being viewed as “Moloka‘i nui a Hina (Great Moloka‘i, land of Hina)” pre-1860s to “Moloka‘i ʻāina o ka ʻehaʻeha (Moloka‘i, island of distress)” post-1860s, illustrating a change in the cultural construction (or representation) of the island.82

Another Hawaiian proverb reflects, possibly, that disease was viewed as “God’s” punishment or wrath, after the arrival of missionaries to the islands, though it could also be argued that it has as much to do with Hawaiian concepts of hospitality. The proverb states:

Na ka puaʻa e ʻai; a na ka puaʻa ana paha e ʻai.
(It is for the pigs to eat; and perhaps the pigs will taste [you].)83

Pukui says this proverb stands as a reminder to be hospitable. It comes from the story of a missionary and his two Hawaiian companions who arrived hungry and tired in Keonepoko, Puna, after traveling a long distance. They saw some Hawaiians removing cooked breadfruit from an ʻ imu (oven) and asked if they could have some. The people said “No . . . It is for the pigs to eat.” The missionary and his companions left. Not long after their visit, leprosy broke out among the Hawaiians of Puna. Those who first contracted the disease were taken to Oʻahu and then were later sent to Kalawao. Others

82 Ibid., 238-239. Pukui stated of the second proverb that “This expression came about after the establishment of the leper colony there. It refers to the separation of loved ones, the ravages of the disease, and the sad life in the early days at Kalawao, when so much was lacking for the comfort of the patients.”

83 Ibid., 244.
died in Puna and were buried. When the last resident of Puna died there was no one to bury them, explained Pukui; the pigs feasted on their bodies, and it was said that justice was served.⁸⁴

Where did this change in perspective (external orientation to internal orientation of blame) come from? As the biological exchange of foreign diseases in Hawai‘i took place, so too did the cultural exchange of haole views of the body, disease, and medicine. The haole’s perceptions of Hawaiians were culturally, socially, and religiously informed, and these views soon invaded Hawaiian concepts much in the same way the foreign diseases had, along with an emerging bio-medicine.

When the kapu system was abolished in 1819 by Ka‘ahumanu, Liholiho, Kauikeaua and Keōpūolani, men and women, chiefs and commoners, were then free to eat with one another. It was called ‘Ainoa (free or profane eating). By this act, Ali‘i were no longer divine, the Hawaiian gods were no longer feared, and the priests and chiefs were losing their authority. By this time, epidemics had already devastated the Hawaiian population, and their occurrence was perceived as a loss of pono (balance, harmony, health). The pattern of disease was changing in the islands, largely due to the social and environmental changes brought about by the influx of foreigners and

⁸⁴Ibid., 244.
subsequent environmental, cultural, and socio-economic changes. Alcoholism was increasing among the people and the foreigners were bringing more diseases. By breaking the *kapu* system, "they [the Ali‘i] shattered the religion and the mythos that gave meaning to life," wrote O. A. Bushnell, and, "in doing so, they brought down upon their nation nothing less than catastrophe."87

Dismantling the *kapu* system, the system that had guided Hawaiian society for centuries, left Hawaiians without explanations for all that was going on around them.88

Change was inevitable, in both belief and practice. As historian Jon Osorio explains:

> Perhaps these things were not perceived as mere coincidence by the Hawaiian people. There is evidence that Natives saw the growing presence of foreigners in the Islands as contributing to the miserable fortunes of the Hawaiian people. Many of them, even as Christians, wished the haole would simply go home. At the same time, the haole and their new religion promised to rescue the people and their chiefs from the social breakdown that accompanied the ‘Ainoa by introducing a new commitment and discipline – namely Christian prohibitions, which were understood to replace the old *kapu*.89

In terms of health and disease, the changing beliefs in the gods allowed for

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88Ibid., 11-14.

changes in ideas of disease origin, cause, and consequences. In terms of leprosy, the changing beliefs allowed for some to adopt western views of the disease and subscribe to the new paradigm. As Hawaiian beliefs began to be transformed so too would their practices.  

The Judeo-Christian stigma that was attached to leprosy, wherein those with the disease were interpreted as being cursed, diseased, contagious, ungrateful, and unclean, was an old and enduring one. Add to this stigma the haole perceptions of Hawaiian culture as being uncivilized, immoral, and lascivious. Haole writers considered Hawaiians to be in “want of cleanliness,” and having insufficient or poor diets. Further, its early association with syphilis led many to perceive leprosy as a sexually transmitted disease – a fit punishment for the promiscuous. Though the connection to syphilis was false, it should be noted that in the nineteenth century, leprosy and syphilis were both considered earthly and loathsome diseases that were associated with filth,

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90 In an article that looks at changes in Samoan ideas about health and illness, Cluny Macpherson convincingly argues that the way in which people conceive of illness generally determines their response to it, and that changes in belief generally precede changes in practice. Macpherson, “Samoan Medicine,” in Healing Practices in the South Pacific, ed. by Claire D. F. Parsons (Laie, HI: Institute for Polynesian Studies, 1995).

91 J. R. Tryon, "Leprosy in the Hawaiian Islands," American Journal of the Medical Sciences (1883), 444.
human contagion, and moral sin. 92 As medicine associated itself more and more with state power in the 19th century, in an imperial context, these ideas were influencing indigenous populations, their beliefs and their practices. Western medicine allowed for a cultural and political assertiveness that became evident in often hostile attitudes towards native populations and their beliefs. 93 Such was the situation in Hawai‘i in the context of dealing with leprosy.

Moreover, there is no greater indication of the power and influence of the western medical paradigm and culture, over the Hawaiian views of disease and treatment, than is demonstrated in the way in which leprosy was “criminalized”. Yet, despite this criminalization of the disease, many Hawaiians resisted the segregation law and refused to separate themselves from those with leprosy. Those with the disease often hid from the authorities, and others who opposed the round-up of those with leprosy went so far as to hide their family members and friends.

Here we return again to the story of Ko‘olau and Pi‘ilani. When the authorities had denied Koʻolau’s request to take his wife and their son with him to Kalawao, Koʻolau refused to be separated from his wife just as the Christian missionaries had taught them: “And we agreed together to live patiently together in the hardships of this


life, and that death only would separate us," stated Pi'ilani. While the Hawaiian concept of 'ohana is very important and basic to Hawaiians and cannot be ignored in this story, it should be noted that part of Koʻolau’s argument against separation from his family was not based on this Hawaiian concept but rather was couched in Christian rhetoric. When the government officer told Koʻolau that Pi'ilani could not go with him to Kalawao, Koʻolau replied as follows:

The consecrated law of marriage has come to us, and we swore by the holy book to live together in the time of food and of famine, in sickness and in health... Until death should part us, and now, the power of the government wants to break the law of man and of God and make the oath before Almighty God as nothing. We swore to become one, never to leave one another, and now it is commanded that we be parted. The love that is implanted in my heart for my wife shall never be extinguished, and the oath swore before God shall continue until I die.

The message that the haole brought in this time of biological and cultural exchange was indeed a complex and confusing one: a theology that married husbands and wives until death should part them, yet a view of health and medicine that acted to separate them in times of sickness.

An Environment of Isolation

The environment of the Hawaiian islands (geographical, social, cultural) in the mid- to late-1800s played a significant role in the handling and care of Hawaiians with biological and cultural exchange was indeed a complex and confusing one: a theology that married husbands and wives until death should part them, yet a view of health and medicine that acted to separate them in times of sickness.

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leprosy. Specifically, an environment of "isolation" was a crucial factor in this history. The isolation of the Hawaiian islands directly influenced the consequences of introduced foreign diseases. The isolation of the Makanalua peninsula was a critical element in the establishment, operation, and day-to-day maintenance of the leprosy settlement, for both the authorities and the patients who were sent there. The laws concerning the disease, and their application to society, were fashioned, not only with isolation in mind, but often reflected the environment in which leprosy in Hawai‘i existed, as well. Hawaiian resistance to these laws, and the prescribed treatment of those with leprosy, was often facilitated and shaped by this same environment. The living conditions of the leprosy settlement at Makanalua (including the daily exposure to the disease and dying of others, if not self) were also directly related to the environment of the peninsula. And finally, the consequences of this disease on the Hawaiian population, culture, and islands, reflected the circumstances of the environment in which the disease was introduced, received, and confronted.

Hawaiian historian, David Malo, in describing the role of disease in the rapid

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96In a commentary on the relationship between the environment (specifically as it affected the climate) and disease in Hawai‘i, the physician Alonzo Chapin remarked in 1838 that the islands’ "remoteness from other lands is so great that but few contagious diseases are imported among them," thus reminding that the Hawaiians had little immunological experience with infectious diseases prior to the arrival of haole. Alonzo Chapin, "Remarks on The Sandwich Islands; Their Situation, Climate, Diseases, and Their Suitableness as a Resort for Individuals Affected with or Predisposed to Pulmonary Diseases," The Hawaiian Spectator Vol. I, no. 3 (1838), 252.
rate of Hawaiian depopulation reported that in the late 1790s "the pestilence, (mai ahulau,) visited the Hawaiian islands, and the majority (ka pau nui ana) of the people from Hawaii to Niihau, died." Indeed, Malo also commented that as a result of the economic and social changes taking place, in his view largely induced by the sandal wood trade, basic survival was at stake as many Hawaiians were struggling "and living without land, they are without food."  

But it was more than just the isolation of the Hawaiian islands that had a part in the history of leprosy in the islands. The choice of an isolated peninsula on the northern coast of Moloka‘i, one that would stand as a "natural prison" to all who were sent there, greatly affected the treatment of those with the disease. As reported to the Board of Health in 1865,

The northern side of Molokai was thought to contain valleys which were by nature favorable located for the purpose, ... separated from other parts of the island by steep palis, and the landings of the sea shore difficult to approach so as to insure the seclusion desired.  

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97 David Malo, "On the Decrease of Population on the Hawaiian Islands," *The Hawaiian Spectator* Vol. II, no. 2 (1839), 125. It is unknown as to which epidemic disease *mai ahulau* may have been.


But this desired seclusion, for the purpose of containing the disease, also provided many challenges in maintaining the settlement. While many in the Board of Health believed that the peninsula and its surrounding valleys could provide an abundance of food and water, the reality of the leprosy patients' situation made it difficult for them to cultivate food crops and access water supplies. Instead, as a result of the isolation of the peninsula, a lack of adequate food and water was often at the root of the settlement's difficulties. Further, the choice of an isolated peninsula made it difficult for the Board of Health to enforce the quarantine law in the settlement itself, wherein the kamaʻāina of the Kalaupapa village (some of whom remained until the 1890s) were “commingling, feasting or dwelling together”\(^{100}\) with leprosy sufferers now living on the peninsula and often allowing relatives and friends of the leprosy patients an opportunity to visit.\(^{101}\)

“The land is become empty”: depopulation by disease

Hawaiian historian Samuel M. Kamakau was speaking of the many diseases that had afflicted the people of Hawai‘i by the middle of the 19\(^{\text{th}}\) century when he stated:

“with the coming of strangers, there came contagious diseases which destroyed the native sons of the land. . . . We are praying to God that we may reach the length of life of

\(^{100}\)Ibid., 104.

\(^{101}\)Ambrose K. Hutchison, "In Memory of Reverend Father Damien J. De Veuster and Other Priests Who Have Labored in the Leper Settlement of Kalawao, Moloka‘i," in *Sacred Hearts Archives* (Leuven, Belgium: 1931), 7.
our forbears. We build churches, labor day and night, give offerings to charity and the Sabbath dues, but the land is become empty.\textsuperscript{102} The changes brought about by rapid depopulation were, of course, enormous – the least of which was the literal disappearance of Hawaiians. Contemporary Hawaiian historians have noted the affect of depopulation on the Ali`i Nui (chiefly class), a comparatively smaller population than the maka`ainana (commoners), among whom “losses from their ranks would seem more severe, because of the potential problems lack of leadership could bring.”\textsuperscript{103} Indeed, the Ali`i had not escaped the introduction of foreign diseases and while leprosy, the disease, may not have directly affected the Ali`i of Hawai`i on a large scale (notable exceptions being Naea and Peter Kaeo), leprosy and its social construction and treatment certainly did affect the Ali`i as it took its toll on the Hawaiian population as a whole.

When Lili`uokalani composed “He Mele Lāhui Hawai`i” in 1866 she had witnessed a great deal of depopulation among the people of Hawai`i and had also endured a great deal of personal loss due to foreign diseases, among the Ali`i.

Lili`uokalani equated mana with good health and her mele speaks of the loss of mana


\textsuperscript{103}Osorio, \textit{Dismembering Lāhui: A History of the Hawaiian Nation to 1887}, 9. Osorio is also acknowledging the work and interpretations of Lilikalā Kame`eleihiwa and Kanalu Young in his discussion of the consequences of depopulation.
that Hawaiians and their Aliʻi were experiencing as a result of the many epidemics they had to endure. In other words, this loss of mana reflected a continual threat to Hawaiians and the Kingdom of Hawaiʻi as epidemic diseases contributed to the loss in leadership of the Aliʻi.104

The impact of diseases such as leprosy on the Hawaiian islands and its people is best summarized by Samuel M. Kamakau who noted that “Leprosy is another disease brought to this country and still prevalent. From all these diseases the native population of these islands has suffered decrease. There is also a large mortality among children and a decline in the birthrate, not because women do not desire offspring. Some Hawaiian women have as many as ten to twenty children, but few grow to maturity.”105

The Scars of Disease

The scars of both the disease and the enforced segregation of the 1865 “Act to Prevent the Spread of Leprosy” still remain in Hawaiʻi today. Patients were separated physically, culturally, and emotionally at the leprosy settlement in Makanalua, isolated and imprisoned for life. Cultural and personal identity were lost. Further, a greater

104 I am indebted to Benjamin B.C. Young, M.D., Director of the Native Hawaiian Center of Excellence, John A. Burns School of Medicine, University of Hawaiʻi at Mānoa, for bringing this mele and its message to my attention. Liliʻuokalani, "He Mele Lahui Hawaiʻi," in The Queen’s Songbook: Her Majesty Queen Liliʻuokalani, ed. Barbara Barnard Smith (Honolulu: Hui Hanai, 1999), 42.

105 Kamakau, Ruling Chiefs of Hawaii, 237.
process of the colonization of the Hawaiian people was at work. Under the rubric of the
“Act to Prevent the Spread of Leprosy” (the formation of a leprosy settlement at
Kalawao and the segregation of those afflicted by the disease) was the diverse array of
ideological and administrative mechanisms by which an emerging system of knowledge
and power extended itself into and over the native Hawaiians.106

The nineteenth century Hawaiian explanatory model of the body, disease, and
medicine was one that combined the Hawaiian view of the self with a cosmology that
connected all people to the Land. They were linked as family and as such were
accountable in terms of kapu, pono, and mana in that relationship. The cause of disease
was seen as an external influence and reclaiming health was a matter of returning pono
to regain lost mana. Whether it was to appease an offended aumakua or repair a
broken kapu, treatment was sought through a kahuna and the body was treated as a
whole.

The haole perspective of the body, disease, and medicine, in the nineteenth
century had evolved along with an emerging biomedical system. The body was viewed
more as a machine, even at a microcosmic level. Though still debated by some, the
ergm theory of disease was gaining support, however, the correlations between dirt and
disease, cleanliness and godliness, sanitized and civilized, still persisted. Native

populations were labeled as promiscuous and lascivious, thus plights with disease were explained as justified. Disease causation was viewed with an internal orientation, especially where “others” were concerned.

When these two systems of medical explanation came into contact, as epidemic diseases were introduced to the Hawaiian Islands, the haole model soon dominated the Hawaiian view. Social, economic, and political changes had been influenced by rapid Hawaiian depopulation, helping to foster this form of cultural exchange. Leprosy, a disease “set apart” from the others by its historical stigma, length of incubation and duration, and disfiguring pathology, was an especially significant facilitator of this cultural exchange. While not entirely one-sided, this form of cultural exchange (concerning views of the body, disease, and medicine) left the surviving Hawaiians to mourn the loss of their Land (to whom they were cosmologically connected), to mourn the loss of their health (in terms of mana and pono), and specifically in the case of leprosy, to mourn not only the loss of individuals but to mourn the loss of ‘ohana; to be separated from their families and to be treated as criminals for contracting this particular disease.

There is no doubt that diseases introduced to Hawai‘i through the contact with foreigners were part of an unequal biological exchange. Nor would one argue with the perception that haole intrusion into the islands forced many cultural and social changes to take place. But this research is asserting that diseases such as leprosy facilitated a
significant aspect of cultural exchange: that Hawaiian views of their body, views of
disease and how it was explained, and perceptions of why they suffered from disease,
were greatly influenced and changed by haole conceptions of the body, disease, and
medicine. In this regard, it was leprosy, which outwardly altered the form of the body,
that facilitated cultural exchange and as such that cultural exchange literally and
symbolically inscribed itself upon the bodies, and upon the Land, of Hawaiians.

Ha‘ina mai ka puana
No nei ma‘i o ka lepela\textsuperscript{107}  
What will leprosy do to my people?  
What will become of our land?

\textsuperscript{107} Ka‘ehu the chanter. Mary K. Pukui and Alfons L. Korn, The Echo of Our Song:  
GLOSSARY:

ahupa’a - district or land division
‘Āina - Land
‘Ainoa - free or profane eating
Akua - Gods
Ali‘i - Chiefs
‘aumakua - ancestral or personal god
hānai - to feed
haole - foreigner; white
heiau - Hawaiian temple; sacred space
Hina - second wife of Wākea
ho‘omalu - to protect
ho‘opau keaho - the dying hut
imu - oven
kahuna - priest; expert
kahuna ‘aumakua - expert who calls upon the gods
kahuna hāhā - medical practitioner who uses palpitation in diagnosis of illness
kahuna la‘au lapa‘au - medical practitioner who specializes in use of plants
kama‘āina - children of the Land
kane - man
kalo - taro
kānaka maoli - Native Hawaiians; commoners
kapu - sacred; forbidden
keiki - children
kōkua - to help; helper
kolea - a scornful reference to foreigners
kula iwi - the plain of one’s bones
kuleana - small plot of land
ma‘i ali‘i - the royal sickness
ma‘i ho‘oka‘awale - the separating sickness
ma‘i okuu - the squatting sickness; 1804 epidemic
ma‘i pake - the chinese sickness
maka‘āinana - common people
Mālama ‘Āina - care for the Land
mana - power
mauka - upland
mele - chant or song
moi - a native variety of taro, or sweet potato
mo‘i - king
mo‘olelo - history
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>nuinui</em></td>
<td>- liquor made from coked <em>ki</em> roots</td>
</tr>
<tr>
<td><em>ʻohana</em></td>
<td>- family</td>
</tr>
<tr>
<td><em>ʻolelo noʻeau</em></td>
<td>- proverb</td>
</tr>
<tr>
<td><em>pai ʻai</em></td>
<td>- pounded kalo (taro)</td>
</tr>
<tr>
<td><em>pali</em></td>
<td>- cliffs</td>
</tr>
<tr>
<td><em>paniolo</em></td>
<td>- cowboy</td>
</tr>
<tr>
<td><em>Papahānaumoku</em></td>
<td>- she who births the islands</td>
</tr>
<tr>
<td><em>papa ʻiliʻili</em></td>
<td>- table of pebbles</td>
</tr>
<tr>
<td><em>Pele</em></td>
<td>- goddess of the Volcano</td>
</tr>
<tr>
<td><em>pilikia</em></td>
<td>- problem(s)</td>
</tr>
<tr>
<td><em>poi</em></td>
<td>- the Hawaiian staple; made from kalo (taro)</td>
</tr>
<tr>
<td><em>pono</em></td>
<td>- balance; well-being; harmony</td>
</tr>
<tr>
<td><em>ʻuala</em></td>
<td>- sweet potato</td>
</tr>
<tr>
<td><em>wahine</em></td>
<td>- woman</td>
</tr>
<tr>
<td><em>Wākea</em></td>
<td>- Sky Father</td>
</tr>
</tbody>
</table>
APPENDIX A:

HE KANAWAI
E Kaohi Ai I Ka Laha Ana O Ka Mai Lepera.

No ka mea, ua nui ka laha ana o ka mai lepera iwaena o na kanaka, a nolaila, ua loaa ke kumu oiaio e anoninoni ai ka manaio; a no ka mea ua kanalua kekahhi poe no ka mana o ka Papa Ola e lawelawe ma ia mai, oiai nae e waiho nei ka Pauku 302 o ke Kanawai Kivila; a no ka mea hoii, ma ka manaio o keia Hale Ahaolelo ua lawa pono no na olelo o ia pauku e hoopiliia'i i ka poe mai lepera; aka, i mea e hoomaopopo lea ai, a i mea hoii e hoomalu pono ia ai ke ola o ka lehulehu:

No laaila,

_E hooholoia e ka Moi a me ka Hale Ahaolelo o ko Hawaii Pae Aina i akoakoa iloko o ka Ahaolelo kau Kanawai o ke Aupuni:_

PAUKU 1. Ma keia ua kauohaia ke Kuhina Kalaiaina, ma kona ano he Peresidena no ka Papa Ola, me ka ae pu o ua Papa nei, e hookoe a e waiho aku i kekahhi aina a apana aina paha o ke Aupuni, i kahua a mau kahua paha kahi e kukuluia'i ke hale a mau hale paha i mea e hoookawaale loa ai, a e hoomalu a i a poe mai lepera i manaoia e ka Papa Ola, a e kona mau luna paha, he pono ke hoomaluia lakou i mea e hoolaha ole aku ai i ka mai lepera.

PAUKU 2. E hiki no i ke Kuhia Kaliaina, ma kona ano he Peresidena o ka Papa Ola, me ka ae pu o ua papa la, e kuai a looa mai, no na hana i haiia ma ka pauku maluna iho, ma ke kuai maoli ana, a ma ke kuai panai ana paha, i kekahhi apana aina a mau apana aina paha, i manaoia ua o'i aku ka pono no ia hana mamua ae o na aina o ke Aupuni.

PAUKU 3. Ua kauohaia ka Papa Ola, a o kona mau luna paha, e hoookawaale a e hoopaa ma kahi i hoomakaukauia no ia hana, i na kanaka mai lepera a pau i manaoia ua hiki no ia lakou ke hoolaha ae i ka mai lepera; a na kela a me keia lunakanawai hoomalu a apana paha, ke noiiia aku e ka Papa Ola, a e kona poe luna paha i hookohiuia, e kena a hopu a e hoohoia iloko o ka lima o ua Papa nei, a o kona poe luna paha, i kela a me keia kanaka iloko o ia apana i oleloia he mai lepera kona, a na ka Luna Makai Kiekie o ko Hawaii pae aina, me kona mau hope a me na makai, e kokua ma ka lawe ana aku o ia poe mai i hopu ia pela, ma kahi a ka Papa Ola, a o kona poe luna paha, e kauoha ai, i
mea e nanaia'i e ke kahuna lapaau, a pela no e kokua ai ma ka hoihoi ana'e o ua mea mai la i kahi kaawale loa, ke kauohaia pela e na Luna o ka Papa Ola.

PAUKU 4. Ua kauohaia ka Papa Ola e hoomaopopo no ke kukuulu ana i kekah Halemail, a i ole ia, no ka loaa i kekahia aoao iloko o kekahhi Halemai e noho nei, kahi e lapaaui a e hoola i na mai lepera i akahi a hoomaka ia; a he mana no ko ka Papa Ola, a o kona poe luna paha, e hookuu aku i na mai i manaoia ua ola loa, a e hoouna aku hoi ma kahi kaawale loa i hoakakaia ma na Pauku 1 a me 2 o keia kanawai, i na lepera a pau i manaoia he mai aai kona, aole no e ola ana, a me na lepera a pau i manaoia ua hiki ia lakou ke hoolaha aku ia mai.

PAUKU 5. Na ka Papa Ola, a o kona poe luna paha, e hoohana i ka poe mai, ma na hana kupono i aponoia e ke kahuna lapaau; ua hiki no hoi i ua Papa ia ke kau a hoolaha aku i na rula a lakou i manao ai he mea e pono ai ka noho ana o na lepera, a e hooko a hoolaha aku ia mau rula e like me ka mea i olelo ia ma na Pauku 284 a me 285 o ke Kanawai Kivila.

PAUKU 6. E hiki no ke hookupuia ka waiwai o na kanaka a pau i waihoa na ka Papa Ola e malama, no na kumu i haiia maluna ae nei, no na lilo a pau e hili ana i ko lakou hoopaaia'na, a na ka Loio Kuhina e hoopii no ia mea, ke noiai pela e ka Papa Ola.

PAUKU 7. Oiai e malama ana ka Papa Ola iloko o ka Buke Helu, i na dala a pau a lakou e hoolilo aku ai, mamuli o na haawina i hooholoia e ka Ahaolelo, e malama okoa ia na lilo no na mai lepera. A, e hoike aku ua Papa nei imua o ka Ahaolelo, ma kela a me keia kau, i ka papahelu o ia mau lilo pakahi, a e hoike hoi i na manao e pili ana i ka mai lepera, a me ke ola ana o na kanaka mai o a o, e like me ka mea i manaoia ua pili i ka pomaikai o ka lehulehu e lohe.

Ua aponoia i keia la 3 o Januari, M. H. 1865.

KAMEHAMEHA  R.
APPENDIX B:

An Act to Prevent the Spread of Leprosy.

Whereas, the disease of Leprosy has spread to considerable extent among the people, and the spread thereof has excited well grounded alarms; and whereas, further, some doubts have been expressed regarding the powers of the Board of Health in the premises, notwithstanding the 302d Section of the Civil Code; and whereas, in the opinion of this Assembly, the 302d Section is properly applicable to the treatment of persons afflicted with the Leprosy; yet for greater certainty and for the more sure protection of the people—

Be it Enacted, by the King and the Legislative Assembly of the Hawaiian Islands, in the Legislature of the Kingdom assembled:

Section 1. The Minister of the Interior, Acting as President of the Board of Health, is hereby expressly authorized, with the approval of the said Board, to reserve and set apart any land or portion of land now owned by the Government, for a site or sites of an establishment or establishments to secure the isolation and seclusion of such leprous persons as in the opinion of the Board of Health or its agents may, by being at large, cause the spread of Leprosy.

Section 2. The Minister of the Interior, as President of the Board of Health, and acting with the approval of the said Board, may acquire for the purpose stated in the preceding section, by purchase or exchange, any piece or pieces, parcel or parcels of land, which may seem better adapted to the use of Lepers, than any land owned by the Government.

Section 3. The Board of Health or its agents, are authorized and empowered to cause to be isolated and 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 and District Justice, when properly applied to 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 Officers, 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 a place of treatment, or isolation, if so required by the agents of the Board of Health.

Section 4. The Board of Health is authorized to make such arrangements for the establishment of a Hospital, or the securing of a ward in some Hospital, where leprous patients in the incipient stages may be treated in order to attempt a cure; and the said Board and its agents shall give full power to discharge all such patients as it shall deem cured, and to send to a place of isolation contemplated in Sections 1 and 2 of this Act, all patients as shall be considered incurable or capable of spreading the disease of Leprosy.

Section 5. The Board of Health or its agents may require from patients, such reasonable amount of labor as may be approved of by the attending Physicians; and may further make and publish such rules and regulations as by the said Board may be considered adapted to ameliorate the condition of Lepers, which said rules and regulations shall be published and enforced as in the 284th and 285th Sections of the Civil Code provided.

Section 6. The Property of all persons committed to the care of the Board of Health, for the reasons above stated, shall be liable for the expenses attending their confinement, and the Attorney General shall institute suits for the recovery of the same when requested to do so by the President of the Board of Health.

Section 7. The Board of Health, while keeping an accurate and detailed account of all the sums of money expanded by them out of the appropriations which may be made by the Legislature, shall keep the account of sums expanded for the Leprosy, distinct from the general account. And the said Board shall report to the Legislature at each of its regular sessions, the said expenditures in detail, together with such information regarding the disease of Leprosy, as well as the public health generally, as it may deem to be of interest to the public.

Approved this 3d day of January, A. D. 1865.

KAMEHAMEHA R.
APPENDIX C:

*Ka Hoike a ka Mea Kiekie ke Kamaliiwahine LILIUOKALANI, no ka Huakai a ke Alii ka Moiwahine KAPIOLANI i Molokai, Italai, 1884.*

I Ke Alii ka Moi:

Aloha oe: – Ua loaa ia’u ka hanohano e waiho aku i ka moolelo o ka huakai a ke Alii ka Moiwahine Kapiolani i ke Kahua Mai Lepera ma Molokai; a mamuli hoi o ka hoolohe ana i kou makemake e ka Moi, ua ukali aku la au ia ia a iki i laila. Waiho ia mai la ka mokuahi *Waimanalo* e ka Hon. J.A. Cummins, malalo o na hooohana ana a ka Moiwahine; molaila, ma ka wanaao Poaono, Ulalai 19, 1884, kau aku la la ka huakai Alii maluna o ka moku, a haalele io la ia Honolulu nei, i ka hora 3 a.m., a ku aku la i Waimanalo, i ka hora 8 a.m. o ia kakahiaka no.

Ma ke kakahiaka Poakahia ae, hekau mai la ka malie a me ka molale maikai o ka makani, haalele iho la makou ia awa no Kaluapapa, a ma ka auina la hoea aku la makou i ka pahu hopo o ka makou huakai. I ka hora 4 p.m. lele aku la ka huakai Alii, oia hoi ke Alii ka Moiwahine, ka Hon J. A. Cummins a me kana lede, na ukali lawelawe no ka Moiwahine, Dr. Edward Arning M.D., a me Mr. C. B. Wilson, ko’u Lunahooponopono, a ua hookipa ia aku la e Ambrose Hutchinson, ke Kokua Luna Nui, ka Makua Rev. Damiano, a me ka Makua Rev. Alabereto, a na lakou hoi i alakai aku i ka huakai Alii a i kekahi hale, e akoakoa ana na mai he lehulehu.

Hoike aku la o Hon. J. A. Cummins i na kanaka i ke kumu o keia huakai a ka Moiwahine i hiki aku ai iwaena o lakou. Alaila, ku ae la ka Moiwahine iluna, a me ka puana mua ana ae no hoi i ke kaunu aloha maa mau “Aloha Oukou,” a haiolelo pokole aku la oia imua o lakou, penei:

“Me ke aloha no au e walohia aku nei ia oukou a pau. O ko’u puuwai – i hoehaeha ia a pela pu no hoi me ko ke Alii ka Moi ko oukou Makua, aia no me oukou iloko o ko oukou mau kaumaha a me ko oukou mau ehaeha. Ua hoouna mai nei ka Moi i Kona kaikuhaine, ka Hooilina Moi, e ukali mai Ia’u ma keia huakai, no ka hoike ana’ku i Kona aloha ia oukou. Ke hawi aku nei no hoi Au ia oukou ike aloha o ka Honolulu poe, na wahine me na kane, na kanaka Hawaai me na haole, a me ka poe no hoi o na mokupuni e ae, ka poe hoi i kokua pu mai Ia’u ma ka hoahu ana i puu dala i mea kokua aku ia oukou.

“Ua ike Au i ka oukou mau palapala a pau i kakau ae ai Ia’u, a pela pu no hoi me ka oukou mau palapala hoopii imua o ka Ahaolelo; a o na mea a pau a oukou i makemake ai e hoike mai, e olololu ana no makou e hoolohe aku ia mau mea, oiai ko makou wa e noho pu iho ai me oukou.
“O ke kumu nui o keia huakai i hiki mai nei i ko oukou Halemai oia no ka ike pono ana i ko oukou noho‘na, a e haawi aku no hoi i na kokua ana i kupono no ka hooloulo ana‘ku ia oukou.”

Ua hoopiha loa ia na kanaka i ke aloha no na oeleo a ka Moiwahine. Ua ku no ke anaina iluna a hiki i ka pau ana o ka haiolelo. A i ka pau ana o ka ka Moiwahine mau oeleo, ua kamailio mai la o Kailikapu, penei:

“E ka Moiwahine, ka Mea Kiekie ka Hooilina Moi, a me a ke ali, e haawi mua aku ana au, ma ka aoao o ko‘u mau hoa mai, ia oe e ko makou Moiwahine, i ko makou aloha pumehana a me a hoomaikai ana hoi no keia hoike‘na o kou aloha makolukolu a moomanao ana mai hoi ia makou, kou mau makaainana i hoehoe ia. He kanaka kahiko au no keia Halemai, a o keia ka elua o na manawa, i lawe ia mai ai au mai Honolulu mai a i keia wahi, kahi hoi a‘u i manao ai e noho e like me ko‘u mau hoa pilikia, me a hookaukolo hoomanawanui ana iloko o keia ola mauleule me kahi manaolana ole no ko hiki e hoola ia mai; a he oiaio nae, ua kaawale mai la mai na luakaha oluolu ana o ko ke kino hale ponoi hoi, a mokuhia ia mai la hoi a kaawale mai ka ohana mai a me a hoa‘loha. Mai ka wa o‘u i lawe hope i mai ai ia nei, ua hakilo pono loa au i na hana ana a keia mai ma keia wahi, a a maopopo loa ia‘u, ke ano lele ole o keia mai maanei. He lehulehu loa na mea e maopopo ai. O na kane i loohia ia i keia mai, i ukali ia la ia e ka lakou mau wahiine kino ola maikai, a noho pu me lakou, a malama aku la no hoi ia lakou, no na makahiki loihi, a hiki i ka make ana, me ka loaa ole ana o ka wahiine i ka mai, a pela no hoi ke kane ma he wahihe ka mea i mai. O na keiki no hoi kekahia i hanau ia mai e na makua lepera a i hanai ia a nunui iwaena o ka poe lepera, aole no i loaa i ka mai; a he nui loa ia poe iwaena o makou nei i keia wa. A ina o ia iho la ke ano, aole au i ike iki, pehea la i hiki ai ke oeleo ia, he mai lele keia; a no keaha la hoi makou i hokaawale ia mai ai i keia wahi, kahi o ko makou mau hemahema nui a hoolawa ia mai ai me ke kupono ole. Mawaena o na pilikia nui a makou e hoike aku ai, oia no ka ai kupono ole, a uuku no hoi, me ka nele pu i na malama kupono ia ana i na wa mai. A ina aole hiki i ke Aupuni, ke hoolawa ia mai ia makou me keia mau mea, e like me ko makou hoolawa pono ia ana, oiai makou ma ko makou mau wahi ponoi, alaila, he mea pono i ke Aupuni ke hoihouri hou aku ia makou i ko makou mau wahi i lawe ia mai ai.

“O ko makou haawina ai no ka hebedoma hokahi he 21 paona pai'ai, 7 paona io pipi, a 1 paona ko-paa. A o keia mau paona io pipi hoi he 7, he 5 paona okoa he iwi wale no. Ua lawa keia haawina ai, no ke kaoaka hookahi wale no iloko o na ia ekolu, a o na ia aku i koe o ka hebedoma, e noho wale ana ia me ka ai ole. O ka poe e noho mei ma Kalaupapa, e hele ana lakou he elima mile no ke kii ana i ko lakou mau haawina ai, a oiai aohe kaa i hoolako ia no ka halihali ana mai ia mau mea; nolaila, o ka poe nawaliwali a hiki ole ke hele aku ia loa a aole hoi o lakou mau lio e hele aku ai, a aole no hoi he mau hoaloha e kokua mai ai ia lakou, ua pinepine loa ko lakou nele ana i ak ai. A
he nui hoi na kanaka i hiki ole ke hana i ka lakou mau mea ai, mahope iho o ka looa ana mai ia lakou, no ka nui maoli o ko lakou nawaliwali a me ka muumuu ana o na lima. I ka wa e hoi mai ai na la ua, alaila, ua halana pu ia ae la na kahawai e ka wai a o keia poe palupalu, i kekeahi wa, ua hoonawaliwali loa ia a hiki ole ia lakou ke au a pae ma kela aoao o ke kahawai, no ka hoi ano i ko lakou mau hale; a nolaila, ua kali lakou a malie ka ua, a akakuu mai hoi ka waiaka, mamaua ae o ka hiki ana ia lakou ke hele a pae ma kekahi kapa. A mamuli o keia hana ana, ua nui ka poe i loaa i ke anu a make aku la no ia kumu.

“O ka bila kikoo no eono dala ma ka lole, i haawe ia i ka mai hookahi no kela a me keia makahiki, a ma ka halekuai hoi o ka Papa Ola e hoolawa ia ia i kauoha. Ua lawa ole no keia. He wahi palule huluhulu hookahi a he wahi huluhulu moe hookahi, e kuai ia aku ai keia mau dala a pau. Mamuli o keia hoolako pono ole ia ana me ka lole, ua make kahi poe no ke anu, iloko nae o na malama o ka hooilo ka o i loa. O kekahi pilikia nui no hoi, oia ka loaa ale ana ona wai-e-inu maikai, a e hana ai hoi i no mea ai. I keia wa, aia ma kahi o ka ekolu mile makou e kii aku ai i ka wai a malie ka keia mai ia keia pono a malie ka Hale Ahaolelo, e noho ne i keia wa, a ua hoakaka ia ma ia palapala na mea i pilikia io ai makou, me ke noi ana hoi e hookoia mai keia vai no - a he hana no hoi keia a u hana ai me ka olioli. O ka hilinai a me ka paulele a lakou i hookau mai ai maluna o u e hooko i ka hana, ma ko lakou aoao, ke hoolilo nei au ia mea i kuleana no u hikia i a i a kei hoike aku ia oukou i na mea a u i manaio ai o ko makou mau pilikia maoli ia; ke kamailio nei au no ka pono o keia poe kanaka, a oukou e ike nei a puni oukou, o ko o loa aku nae no ka poe i anee ia e ka mai a nawaliwali, a hiki ole ia lakou ke hele mai a halawai pu me oukou ma keia akoakoa ana; a no ka poe hoi kekahi i kuleana like e hui pu mai me makou no ka hoike ana aku i ko makou mau ohohia hauoli, no ke aloha kulipolipo a oukou i hoike mai nei imua o makou, mamuli o ko oukou au ana mai i keia moana a halawai me makou, a e hoolohe mai hoi i ko makou mau leo no i, ahawii mai hoi i na mea e hoopau ia ai ko makou mau pilikia. He nui ko makou mau pilikia. O ka mea o loa aku nae iwaena o lakou, o ia ko makou pilikia lole (ahuu) a me ka nele i kekahi kanaka kupono i loaa ka
mana e hooponopono i ko makou mau kuee a i hoopau ia ae ai hoi ia mau mea me ka maikai. Keia wa e noho nei, o ka ae wale aku no ko makou me ka hiki ole ke hoopii hoohalahala ae, i na hooponopono kuika wa ana a ka Agena o ka Papa Ola, a ua pinepine loa hoi na wa i hoopaaia ai ke kanaka iloko o kahi paa, no na hewa i hoohuoi wale ia, ma ke ano pupuahulu wale, me ka hoolohe pono ole ia o ka hihia.

“O ka makemake o ka nui o makou, e hookohuia ona lunakana-wai noho paa, ka mea hoi e noho mau mai ana, a hookolokolo, a hooho, ma ke ano pololei i na kuee liilii he lehulehu wale i ulu ae mawaena o na kanaka o ko makou panalaau nei, a e hoomanaia no hoi, e kau mai i ka hoopai kupono no kela a me keia hewa, e kue ana i ka maluhia a me ka pono o ko makou aho-o’na. Hookahi no ike ia ana mai o ko makou luna nui, i kela a me keia hapaha makahiki, a he pokole loa ka manawa e noho ai, a e hiki ai hoi ke hoolohe pono mai, a imi mai hoi i na mea e hookoia ai ka pono io maoli. Ua pinepine maoli na haaele ana i ka berita mare, a ua nui launa ole ka pilikia i ikeia mamuli o keia kumu. He nui loa ka poe iwaena o makou i keia la, ke noho nei iloko o ka moekolohe, no ka mea, ke manao nei lakou ua palekana lakou, mamuli o ko lakou hookaawale ia ana mai a mamao, mai na kikoo ana mai a ke Kanawai. Aohe a’u mea e hiki ai ke hoahewa aku i ke Aupuni, oiai ua hoao ikaika ia na mea a pau e pono ai makou, aka, he hoahewa ka’u i ka Papa Ola, no ka ulololohi ma ka hooko pololei ana, i mea e hiki pono ai ke hoopuaia mai ko makou mau pilikia, e like me ka ke Aupuni i hooholo ai. E like me keia, ma ke awawa o Waikolu, e hoopaeia ae ai ka makou mau pai-ai, anean elima mile mai Kalaupapa aku, a na na ma’i no o ia wahi, e auamo mai i ka lakou mau pai-ai iloko o ia loa. He hana ehaeha loa keia i ka hapa nui o makou, a he mea hoi i hiki ole i ka poe ua hele a nawaliwali ke hana. A o kahi no hoi e hoopaeia ia ia ae ai, aia ia ma kahi maikakai ole, a o ke alanui e hiki aku ai ilaila he inoino loa, a i ka wa ua, o ka keia ana malaila ua ku maoli no i ka pilikia, a i kahi mau manawa ua lilo i ka wai e piho na lio hoounauna me ka lakou mau ukana, a ua pakele mahunehune mai no hoi na ola o na kanaka. A mamuli o ia mau ulia, o ka poe na lakou ia mau pai-ai lilo aku la e noho wale ana lakou a hoa hou mai ka ai. A mahope iho o ka loaa ana mai o ke pai-ai he nui loa o ka poe i ho-oopa ia, aole hiki ia lakou ke ku’i ponoi hio, aole hoi e loaa ka wai e hoowalai ai, koe wale no ke makemake lakou i ka wai-kai e kokoke ana i ka hahakai, a, aole no hoi he kupono o ia wai no ka hoowali ana i ka ai.

“O ka poe i makemake i ai okoa ma kahi o ke pai-ai, e loaa ana he 9 paona raiki a me 7 paona palena no ka pule. Ua kii ia aku no keia mau mea e na kanaka, i mea hoalo ke ike lakou ua uuuk mai ka po’i, a i ole, no ka hiki ole pa’a ia lakou ke kii aku i ke pai-ai no ka lohi loa. Aka, aohoe maona pono o ia ano ai, a ina no e ai pu ana makou i ka makou mau haawina o ia ano ai me kahi mau ai e ae, aole no makou e maona ana. O ka poi ka makou ai kamaaina, a aohoe ai e ae e hiki ke law i kona wahi. O na kakou o na ma’i, e ai ana lakou i ka ai, mai na haawina ai aku a na mai, a ina pela iho la ka hana, alaila, o ka haawina ai no ka pule, aole no e lawa ana ia haawina no ekolu la, a o ka
hapa nui o ka manawa, e noho pololi ia ana e ka mea mai. He lehulehu o na mai, he mau kokua ko lakou, a na ia poe e hoomakaukau mai i ka ai na lakou, a ina aole na kokua, e noho wale ana lakou me ka ai ole, a I kahi wa e make maoli ana no i ka pololi. O ka olelo a ka mea mua i kamailio iho nei, no ka mea e pili ana i ka lawa ole o ka lole no ka hoopumehana ana a me ka nui o na make mamuli o ka nele ana ia a mea, he oiaio loa ia. Ina makemake ke Aupuni e malama ia makou ma keia wahi, alaila, e ao ia aku ka Papa Ola, e hooi ia aku ka lakou malama pono ana mai, a me ka hoolako ana mai hoi I ko makou mau hemahema. E ae ia mai i kela a me keia pakahi o makou i 6 dala maoli no ka makahiki."

Ua ku mai ia o Mr. Ambrose Hutchinson, ke Kokua Luna Nui o ke kahua holookoa, a olelo mai ia: "Ma ko'u ano he kauwa na ka Papa Ola, ua manao au he hana pono ia'u, ke koku ana 'ku i na hana a ka Papa Ola, ma kahi hiki ke pale ia, aka ia manawa hookahi no nae, ua manao au, no ka pono o ko'u mau hoa e noho pu nei i ka eha ma keia wahi, oia ko' u hoike moakaka lea ana'ku i na mea a pau e like me ko lakou ano maoli i ikeia ai. Ua like no ko' u manao me ko na keonimana mua i kiu iho nei e kamailio, no na mea e pili ana i ka lako a, a me ke ano e loa mai ai. Aole i halahu ka laua mau hoike ana mawaho aku o ka mea kupono. No ka poe i anee ia e ka mai a nawaiwali, a hiki ole ia lakou ke hoolako no ko lakou mau hemahema ponoi, ua lako makou i ka halemai, kahi e hiki ai lakou ke malama ia me ke kupono; eia nae, mamuli o ko lakou mau manao hoomaka'uka'u a me ka hopohopo wale, no ka halemai, nolaila, ua nui ko poe o lakou i hoonele ia lakou iho, i na mea kupono i hoolawa ia maloko oia hale. O ko lakou maka'u i ua hale ia he mea akaka wale no ia, ke noonoo iho kakou i keia mea, oia hoi, o ka hana i maa mamua, oia no ka hoouna pu ana me kela a me keia mai, ma ka manele hookahi, i ka pahu kupapau e lilo ai ua mea mai la i moepuu no ia pahu. A hui pu aku hoi me keia mau mea, ka pono ole a me ka maikai ole ho i o ka malama ia ana, a me ka maka'u loa o na ma'i i ua hale ia u hiki wale no ke hoomoakaka ia ae. O ka hemahema nui oonei, o ia ka hoolawa ole ia ana mai o na kahu mai kupono no ka malama ana i na mai. He mea pono no hoi, ke hoolako ia na mai, o loko o ka halemai me na lako kupono e ae e oloulu a; a e hana ia no hoi i hale a i rumi ai kupono, kahi e hiki ai lakou ke ai i ka lakou mau mea mai i na aina a pau. A ina e hui pu mai me keia mau hoolako ana, ka hoonoho ia ana mai i kauka noho paa a me kekahi poe kahu malama ma'i eleu a mikiala, alaiia, e hehee wale aku ana ka manao kue o na mai'i i ka halemai, a e komo aku auanei lakou ilaila mamuli o ko lakou mau manao ponoi iho, a oia auanei ka mea e ikeia ana, ma kahi o ko lakou hoomaka-e ana i ua wahi la, e like me ka lakou e hana nei i keia wa. Ina paha e hiki ana ke poloai ia aku kekahi mau Kaikuaahine o ka Manawalea e hele mai a noho pu me makou, e like me ko keia wa ma Kakaako, he pomaikai nui maoli keia. O ka oihana kahu a malama ma'i ke hana ia nei, i keia wa, e na kokua, me ka uku ole ia, a aole hoi i pili ko lakou mau naau iloko o ka hana a lakou e lawelawe ana, a ua like me ka ole ka lakou hana ke hoomau ia aku ka
lakou mau lawelawe ana no na hemahema o ko lakou mau hoa kanaka ponoi. E hele ana lakou a e hoi mai ana, e like me ko lakou makemake; a ua hoopilikia nui loa ia na mai mamuli o ko lakou hoohemahema ana. Hookahi a’u mea i makemake loa ai e poloa aku i kou hoolohe maopopo ana mai e ka Moiwahine, oia keia, eia iwaena o makou he heluna nui o na keiki i hanau ia mai e na makua ma’i lepera, a no lakou hoi na helehelena i alina ole ia e na hiona o ka mai lepera.

I keia wa, hii ae la oia ma kona mau lima, he wahi kaikamahine uuku ana i lalau aki a ma iwaena mai o ke anaina, nona paha na makahiki he umi, a hoomau mai la i ka olelo ana. Eia kekahi o ua poe kekhi la, a aia mawaena o 50 a me 60 poe keiki e like me keia ke ano, maanei nei, a no na makahiki like ole ho. He mea pono ke hookaawale ia aku keia poe keikai mai ka poe mai aku, a e malama pono ia hoi maloko o kekahi hale hoomalu kaawale, a aole ho e ae ia e noho ma kahi e akaka loa ai ko lakou lilo ana’ku i poe mai lepera, mamuli o ka noho huikau ana. Ke uwalo ikaika aku nei au i ka Moiwahine a me ka Hooillina Moi, e noonoo koke ia keia mea, a e lilo hoi ko laua mau kulana ihi kapa lani alii a me ka mana nui i loaa ia laua, e hookaukolo aku maluna o ka Papa Ola, i hiki ai ke hooiaio ia mai na noonoo e pili ana i keia hana nui a waiwai no hoi. I ko’u hooki ana i ka’u poe, ua hiki ia’u ke hoike ae i ko’u maneolana, e lilo ana keia huakai alii i kumu hoopomaikai no keia mua aku, a e hooia mai ana hoi, he ahailono ia no ka hooholomua ia ana’ku o ke kulana noho pono iwaena o makou.”

He elua mau mea i kamailio hou mai e like me ka na mea mua i kamaiio mai ai. Hookahi o laau, he kanaka opio, nona paha na makahiki he 30. Ua kamaiio loihia mai oia no na mea e pili ana no ka hookohu ia ana o kekahi mea i lunakanawai noho paa, a hoike mai la oia i kekahi moolelo walahia no ke aloha ole o kana wahine mare, a me kona nele ana i na mea e hiki ai ke hooko ia kono pono ma ke kanawai. Aoke ana mau hoohalahala e ae e kue ana i ka Papa Ola. O na mea i hana ia mai no lakou ua kupono loa no, a ua hoolawa pono ia lakou me na mea a pau. Ua ulu ae la he nunenune o ke hoahewa ana iaia ia wa, a ua hooki koke ia aku la no nae, mamuli o kona hoomau ana mai i kana mau olelo ana.

Mahope iho o na komo kauhale ana, no kahi wa, iloko o na kauhale o Kalaupapa, ua kau ae la ka Moiwahine a me na hoa, maluna o ka lio a holo loa aku la no Kalawao, a hoea aku la ilaila, i ka hora 7:30 p. m. Ilaila ua hoomakaaukau e ia he mau wahi no ka huakai alii, e Mr. Van Giesen iloko o ka halelaau hou, i kukulu ia ai ia mau la iho, i wahi noho no na kauka kahele. Ma ka aina ahiahi ua kono ia aku ka Makua Rev. Damiano, e noho pu mai ma ka papaina.

I ke kakahiaka o ka la 22 ae, mahope iho o ka pau ana o ka aina kakahiaka, hoomaka aku la ka huakai alii, oia hoi ka Moiwahine, e ukali ia ana e ka Hon. J. A. Cummins, Kauka Arning, Mr. C. B. Wilson, Mr. J. H. Van Giesen, a me ke Kokua Luna Nui Mr. Ambrose Hutchison, e komo iloko o na kauhale o na mai.

I ka hale mua i komo ia aku ai, he eiwa mai; hookahi o lakou ua hele a inoino
loa. He umikumamalua ona makahiki o ka noho ana ma na wahi e ae o ke kahua hoomalu mai, a he eiwa makahiki iloko o ka halemai, o ka nui o kona mau makahiki he aneane 60. He ekolu o keia poe, he aneane 30 makahiki pakahi; a o ke koena iho o lakou, he poe keikikane no lakou pakahi na makahiki mai ka 15 a hoea aku i ka 7.

No na ninau mai ka Moiwahine aku, ua hoohalahala mai la lakou, no ko lakou wahi e moe ai, i ke oolea loa; oiai, ho mena wale no. O ko lakou mau kapa moe, aohe lawa kupono no ka hoopumehana ana ia lakou i ka po. O ka lakou mau mea ai, aohe i hana pono ia, a aohe no hoi he nui kupono e lawa ai. Ua hoohalahala mai lakou, no ka hoomahi o na kokua, oia ka poe i hookaawale ia ai no ka haawi ana'ku ia lakou i na laau, a me ka wa-hi ana i ko lakou mau palapu.

Ua hoike mai no hoi lakou i ko lakou makemake loa e noho kekahai Kauka noho paa, i mea nana e lapaua ia lakou ma ka hapa nui o na ma'i e ae, e ike mau ia ana iwaena o lakou. I ka wa i ninau ia aku ai no ke Kauka kahehe, pane mai la lakou, no ka pokole loa o ka manawa e noho iho ai ke hele mai ia, a ua awiwi launa ole no hoi oia i kana lawelawe ana, nolaila, aohe pomaikai i loa mai, ma ia mau kahehe ana mai a ua kaua la.

Maloko o ka hale elua, he umi ma'i, no lakou no makahiki pakahi mai ka 25 a ke 70. O ka hapanui o keia mau ma'i me he mea la no ke kulaiai mau maloo o na aa lolo, a aole hoi i ano e loa ko lakou mau heleheleina. O ka hapanui o keia poe mai ua nele meoli i na manamana lima a me ne manamana wawae, a he kulaiai kupono hoi ko kekahai, ke oki ia, a o ia iho la ka mea e hookokona ia i ua poe la, e kaukai holookoa i ko lakou ola ana mamuli o na kokua ana mai a hai. Ua wa-hi ae la kekahai poe o lakou i ko lakou mau lala palaho, mamuli o ke ano maa mau i ka Hawai mai kahiko mai. I ka ninau ia ana, ina paha he hiki ia mau ma'i puha ke hoola ia, mamuli o na lapaua kupono ana, ua ae mai la o Dr. Arning, me ka hoakaka ana mai hoi, ma ka olelo ana, ma kekahai mau ma'i nae, e puka hou ana no ma na wahi i hoola ia, oiai o ke anao maoli ia o ka hana a keia mai. Hai mai la no keia poe mai i na hoohalahala, e like no me ka ka poe mua; a o ka oi loa aku nae, o ka hoopalaleha o na kokua, a me ka pilikia launa ole, a lakou i ike mau ai, no ko lakou hoolako mau ole ia mai i ka wai e lawa pono ai oiai no nae he nui no ka wai o ia wahi.

Maloko o ka hale ekolu, he umi kumamakahi poe mai; he elima o lakou aia mawaena o ke 60 a ke 70 makahiki; he ekolu aia ma kahi o ke 35 makahiki; a o ke koena iho, aia mawaena o ka 17 a me 20 makahiki. O kekahai mai, he 25 ona makahiki, ua makaploa ia oia, a ua helelei hoi kona mau manamana lima a me no manamana wawae. O keia holoeana o na hana a ka mai, o ia ke kumu i lilo ai oia na kekahai mai e ae o loko no o ia keena e hana Mai iaia. O ka elemakule o Nakaiana, oia kekahai iwaena o keia poe. A ua kamaaina hoi oia i ko Honolulu poe, ma ke ano, oia ke kanaka kalewa o na mea kahiko o Hawaii nei, i kahi mau makahiki mamua aku nei. Ua loaa oia i ka mai,
he aneane eha makahiki, a ua noho oia maloko o ka Halemai ma Kalawao no ekolu makahiki.

O kekahi mea ano nui, e pono ai ke hoikeia aku, oia ke mea e pili ana i kekahi wahine a makou i halawai pu aia maloko o keia hale, o Kelahia ka inoa. Ua hiki aku oia ilaila, kokoke 14 makahiki mamua aku nei, oia a me kana kane mai lepera, kai make hoi malaila, aneane ehiku amakahiki i hala aku nei. He ikaika maoli no kona kino, a, aole hoi he mau hiona o ka mai maluna ona, a ua hoolimalima ia oia e ka Papa Ola, no ka holoa ana i na lole o na mai lepera o loko o ka Halemai, no ka uku mahina he $10. Oia hoi ka makuahine o kekahi mau keiki eha, hookahi o lakou i make mamuli o kekahi mai maoli, me ka puka a maka oia mai ana o ka lepera, a o kekahi keiki hoi, ua make oia no ka mai lepera, a o na keiki elua e ola nei, he mau mai lepera laua.

Iloko o ka hale eha, aia malaila he umi mai, a he poe wahine wale no lakou. He ewalu o lakou, aia na makahiki mawaena o ka 19 a me ke 30; a he elua, aneane i ke 65 makahiki. Iwaena o keia poe he keikamahine opio pio no paha na makahiki he 10, a ua hele pu oia me kona kupunawahine. Mahope iho o ka nana akahele ana a Kauka Arning, ua hoikeia mai ia, aoha mau ouli o ia mai maluna ona, a he mea pono oia ke hookaawale ia. O ka hoohalahala nui maloko o keia hale, i ka hoomaopopopo aku, oia no ka lawa pono ole o na aahu hoopumehana a me na wahio moe e oluolo ai.

Ma ka hale elima, he elua ona mau rumi liilii, a maloko o kekahi o keia mau rumi, he eono mau kanaka opio pio, mai ka 15 a ka 20 makahiki, a o lakou a pau, he poe mai lepera kahiko. A maloko o kekahi rumi ae, he elua keiki kanaka a he elua pake. O kekahi keiki ua makapo ia, mamuli o keia mai. O ko lakou pilikia no hoi, o ka lawa kupono ole no i na kapa e mehana ai.

Ma ka hale eono, hookahi wale no mai o ia hale, a, aia oia ma ke oioina hope loa o ka mai. Ua hele kona mau helehelena a inoino launa ole, a o kona mau maka hoi, ua makapo loa ia. I ka nana aku, ua komohia oia ilo ko kekahi eha nui, a e namumamu ana, me ke kaa ana i o a ia nei, ma ke ano ku i ka weliweli. Ua keheaia aku la o Kauka Arning e komo mai, a haawi aku la oia i ka laau, a loa koke aku la iaia ka maha; a i ka hala ana o ka hapalua hora, ua hiamo malie aku la oia. O na mai e like me keia, ke hooiaio nei, i ka waiwai maoli no o ka hoonoho ana i Kauka noho paa.

Ma ka hale ehiku, he eha mau mai inoino loa. Hookahi nae o lakou, ua hakilo pono loa ia aku. He uuiko loa ke ano ino o kona helehelena, eia nae o kona pauku kino holookoa, ua paapu i na pukapuka liilii aai, a piha i ka palahahe, a e hoopuai mai ana hoi i ka ea ino, e hiki ole aie ke hoomanawanui. Ma ka nana ia ana o keia mai, ua hoomaopopo ke Kauka, mamuli o na lapaaau maikai ana, ua hiki no ke hooluolu ia na mai o keia ano, a e koahi nue ia auanei na hoohaeha ma’uwele ana, a like iho ia me keia.

A maloko o ka hale ewalu, he ekolu keikikane, mawaena o na makahiki mai ka 14 a ka 17, a o lakou a pau ua inoino wale no. He ano ohilahila ko lakou, i ka nana aku, aohe a lakou mau hoohelahala, a, aole no hoi wahi mea a lakou e kamailio mai ai.

Ua hele aku la ka huakai aliili e nana i ka Hale Paahao. He 10 kapuai ka laula o
keia hale, a he 15 kapuai ka loa, a he elua rumi o loko, no laua pakahi na kapuai 6 ka laula, a he 9 ka loa. Ua hoolulu kupono ole ia ka ea o keia mau rumi, ma o ke komo kupono ole ana mai o ka makanaki, ma na peapea hao liiili, i hana ia ma ka aoao lulu o ka hale. Ma kekahih rumi, he elua mau pake, a ua hoopaiia laua he hookahi mahina hoopahaiao, no ka hewa hoana e hohea me ka mea make, i kekahih o ko laua mau hoa pake. A ma kekahih rumi ae, ua hoopaaia kekahih kanaka, o Makahui ka inoa, a ua hoopaiia no ko hewa wawahia a komo ana iloko o ka halekauai o ka Papa Ola, a lawe mai ia mailaila mai he $240, a o kona kokoolua iloko o keia karaima, he kanaka o Naai ka inoa, ua lawe hoi oia i kona ola, mahope koke iho o kona hoopaiia ana, ma ke kaawe ana iaia iho, ma na peapea hao liiili o kona rumi i hoopaaia ai.

O na lako o loko ka hale kuke, he mau lako nunui maikai ia, i malama ia me ka maemae, a, aohe no hoi he wahi hemahema. He kapuahi nui kekahih, e hiki ai ke hoomoa ia ka ai, e lawa ai na kanaka he 150. O ka rumi poi, he keena akea no hoi ia, me ka maemae.

Oiai, he lehulehu loa na manao hoakaka i hoolahaia mamua aku nei, no ka mea e pili ana i ke kahua mai lepera, a me he mea ia nae, o ka Halemai ka o ai aku, nolaila, he mea makehewa wale no ka hoike hou ana aku ia mau mea. Aka, maa nei nae au e olelo ae ai, ua loa na mahalo kiekie ana i ka poe na lakou e kiai nei ia wahi, no ke ane mikioi a me ka maemae maoli o ka malama ia ana o na mea a pau.

Mahope iho o ka haalele ana i ka Halemai, ua hele aku la ka huakai e nana i ka halekauai, aole no i mamau loa aku mai ka Halemai aku, a aia no hoi ma kela aoao koke mai o ke alanui. I ka hakilo pono ana i na mea a pau o loko o ka halekauai, ua maikai no na mea i hoolakoia mai ai, koe wale no ke kopaa, ka barena a me ke kamano. O ke kamano nae, no ka pulupulu loa a me ka palaha, ua kupono ole ke ai ia. O ke kopaa hoi, he eleele a me ka ekaeka, a no ke ano helu 3 a 4 paha. O ka barena, he maikai no hoi, ma ke ano he barena helu 2, eia nae he oi loa aku ka maikai o ka barena, e hoolakoia nei i ka Halepaahao o Oahu.

He 14 pipi i pepehiia i kela a me keia pule. A ina o ka averika kaumaha he 350 paona (eia nae he averika nui loa keia, wahi a kekahih poe lole pipi e ae) no ka pipi hookahi i lole ia; a he 7 paona io pipi na ke kanaka i ka pule hookahi; alaila, e lawa wale ana no kela mau pipi i pepehiia ai, no na kanaka he 700; oiai nae, o ka nui o na kanaka ma ke kahua mai lepera, ke hui pu ia me na kokua, aia mawaena o ka 850 a ka 950.

O na lako no ka pepehi pipi ana, no ke au kahiko loa no. A o ka lako wai hoi, aole i lawa kupono loa, no ka hoomaemae ana i ka io pipi. Eia nae, ke hana ia nei i keia wa, kekahih mau hana hou, e hoopau koke ia aku aia ia hemahema. Ke makaukau nei i keia wa, e kukulu ia aku he luawai hou, e kokoke ana i kahi pepehi pipi; a ua manaoia, e hoopihia ia ua luawai la, ma ka hookahe ana mai i ka wai, ma na paipu, e moe ana mai ka luawai aku a loaa ka wai o ke awawa.

O kekahih mea, nana i kono mai i ka noonoo o ka huakai, o ia ka hele ana’ku i na
hale kula, malalo o ke alakai ana a ka Makua Rev. Damiano. O na hale i hoohana ia no keia hana, na ka Papa Ola i hoolako aku. Hookahi hale no na keikikane, a o kekahiko no na kaikamahine. A ua kokoke no ke ku ana o kahi I kekahih, aia no hoi ma kela a ma keia aoao o ke alanui. A o ia mau hale hoi a i elua, a ia no ma kahi kokoke I ka pa luakini.

Ma ka hale kula o na kaikamahine, he 16 haumana ka nui, no lakou na makahiki mai ka 9 a ka 17. A iwaena o keia poe o Luahiwa kekahih; oia kela kaikamahine opio a Kauka Pika I kamailio ai, ma kana hoike hope iho nei no na makahiki elua.

O keia poe kaimahine a pau, oia ka mea o i loa aku o ke ino o ka mai. A maiwaena mai no hoi o ua poe kaikamahine la, he eha kaikamahine, mawaena o 9 a me 11 makahiki, aole mau ouli o ka mai maluna o lakou; aha, hookahi nae o lakou. Ma ka nana pono ia ana e Kauka Arning, ua ike ia aia oia ma ke kulana hoomaka mua o ka mai.

Maloko o ka halekula o na keikikane, he 26 ka nui o na haumana, a ua puka a maka maoli ka mai maluna o lakou a pau.

Ua hookaaawale ia ka noho ana a me ka ai ana o na haumana o kela a me keia kula. He mau keiki makua ole a makamaka ole lakou a pau. Aia hoi lakou malalo o ka malama ahonui ana a ka Makua Damiano, a me kekahih wahine Hawaii o Kulia ka inoa he wahine hoi, aole i loaa i ka mai.

Mahoe iho o ka halele ia i na hale kula, ua holo aku la ka huakai maluna o nalio, no ka nana ana i ke kumu-wai kahiko a me ke kumu-wai hoi i manaoia ai, oia hoi na kumu-wai elua e hoolawa ai i ke kahua Lepera. O ke kulana hoolako wai, e hoohana ia nei i keia wa, a aneane i na wa no hoi a pau mai ke kukulu ia ana mai o ke kahua Lepera, aia kona kumuwai ma ke awawa o Waialeia. Ua hoomaopopo ka Papa Ola i keia wa, aoel hiki i keia wai ke hoolawa i na hemahema o ke kahua lepera; nolaila, ua hooholo ia e lawe mai i ka wai mai ke awawa mai o Waikolu--aneane elua mile ke kaawale. O waikolu kahi e hoopae ia ae ai ka ai o ke kahua mai Lepera holookoa, a e haawi ia aku ai hoi i na ma'i. A o ia wahi, aneane elu mile me ka hapa mai Kalawao aku, a he elima hoi mile me ke hapa mai Kalapupapa aku. Mahoe iho o ka hele ana ma ke alanui e hiki aku ai i ua awawa la e hoomaopopo lea maoli iho ana no kekahii, i ke koikoi a me ka oiaio o na hoahewa laulaha like ana, i hoike ia mai e na mai no ka loiihloa o kahi o lakou e kii mai ai i ka lakou ai.

He nui ka wai o keia wahi, a aohe hoi kau e maloo ai; a ua hiki no hoi ke hoolawa ia kekahih kulanakauhale i o akuka nui i ko Honolulu. He nani na hiona o keia awawa. O ili mai la na wai-lele he nui, ma o a maanei, mai luna mai hoi o na pali maioheohe keikei, a kilihune iho la na huna wai nani maluna o na opu laalaau, me ka uhi ana ae hoi maluna o na lau lau uluili, me he mau opuupuu momi la. He hiona ike kakaikahi ia keia, a o kona nani a me ka maikai he kakaikahi loa na wa e kela ae ai kahi.

Aia ma keia awawa he nui na eka aina waiho wale, e hiki ai ke hoowaiwai ia, no kahi lilo uuku, ma ke kanu ana i ke kalo a me kekahih mau mea ulu e ae, no ka pomaikai
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o ke kahua lepera.

I ka pae ana mai o elua waapa, i piha i ka ai, oiai hoe i noho ana ka huakai ilaila, ua loaa loa ka wa kupono e Ike maka aku ai a hooiaio iho, o na hooohalahala, i hahai mua ia ae nei, aole no i hoike ia mai me ke kumu kupono ole. Ua halana pu ia ae la ke kahawai e ka u, i haule mao ole ai, oiai makou malaila. A mahope iho o ka pau pono ana o na pai-ai i hoopae ia mai, i loko o ka inoino; he mea oiaio ua oi loa aku ka pilikia no na holoholona hoonauna, me ka lakou mau ukana koikoi no ka hiki e kau ma kela kapa o ke kahawai, a mamuli wale no o na hookikina ikaika ana, e hiki ai lakou ma kela aaoa.

Mahope iho o ka hoomaha ana no ka hapalua hora, ua loaa i ka huakai he manawa kupono e hele aku ai e nana i ke awa pae hou, e manaoia nei e hana, anean he hapalua mile mai ka Halemai mai; alaila, hoe aku la no Kalawao; a ua komo kauhale aku no hoi ka huakai ma na hale e ike ia aku ana. O ka hale ano nui i hoomopopo ia ai, mawaena o na hale i kipa ia aku ai, o ia ka hale noho o Kaulamealani, Napua, Kuanea a me Kii. O keia mau mea hope elua, i hoike ia ae ia, ua ku maoli laua i ka manaonao, a e kaukai ana i ko laua ola ana mamuli o na kokua aloha ana mai a ko laua mau hoaloha e like me ka mea e looa mai ana ia laua. Ua aneane e pau loa ko laua mau manamana lima a me na manamana wawae i ka helelei, mamuli o ka ai ana a ka mai. Me ko laua mau lima palaehe a me na manamana lima omumuu, i wahia ai laua me ka hemahema i ko laua mau pukapuka eha, i loaa ai kahi maha. O na hoolawa ana a me na kokua ana o loko o ka halemai, ua akaka loa ke kupono ne keia mau mea ma'i, aka, a ko laua ninau ia ia'ku, ua pane mai la laua, he makau laua ke hoi i ka halemai.

Ua hoowalohia loa ia ko ka Moiwahine puuwai a pela pu no hoi me ko na hoa e ae o ka huakai, i ka ike ana i na hiona manaonao o keia mau luahine elua, i hiki ole loa ke lawelawe no lau ia iho. A hoike aku la ka Moiwahine, e hooikaika no oia ma kona aoao, e hookaawale loa ia aku na mea i hoowahawaha loa ia ia ka Halemai, ina he mau kumu io, a e hooikaika ia ma keia mua aku, e hoolilo i ua Halemai ia e wahi makemake loa ia, aole hoi i wahi hookaia. A oiai he pokole loa kahi manawa i koe, a ua hoike e aku hoi ka Moiwahine e kamailio ana oia imua o na kanaka o Kalawao, mamua o kona haallele ana iho; nolaila, haawi aku la oia i kona aloha i na mai a kamo loa aku la ka huakai no Kalawao. Hiki aku la ma ka halekuai, kahi e haawi ia ai ka haiolelo Alii i ka hora 3, oia auaneia. He heluna nui o ko poe mai kaakoakoai mai la. Kamailio aku la ka Moiwahine imua o lakou, e like no me na mea i hoike ia ma Kalaupapa. A i ka pau ana o kana mau olelo, ua huro mai la na kanaka iaia, me ka hauoli nui. Aole no i nui ka poe o lakou i pane mai i na olelo a ka Moiwahine, a oiai hookahi no ano like oia mau haiolelo me na haiolelo i hai ia mai mamua, nolaila, he mea makehewea ke hoike aku maanei. A ko makou haalele ana ku, ua haawi ia mai la he ekolu mau hora no na'Lii ka Moi a me ka Moiwahine.
Mamua o ka haalele ana 'ku i kahale ma Kalawao, ua lilo aku la na hoa o ka huakai i ke kanu ana i na anoano pea me ka manako, no lo ko mai o ka puolo anoano a ka Moiwahine i lawe aku ai i mea haawi aku mawaena o na kanaka.

I ka hapatua hora ehiku ahiahi hoea, aku la ka huakai i ke awa mahope iho o ko ka Moiwahine makaikai pokole ana i kekahui lua pele, ua hele a piha hapa o lalo i ke kai, mamuli o kekahui ana loihii e hui ana meka moana. Mamua o ka haalele ana iho ia wahi, ua kipa hou aku la no ka Moiwahine ma na Hale o ia wahi. Ma ka ulia wale ana e hoike aku ai au i kahi mau olelo, i kamakamailioia mawaena o kekahui hoa o ha hukai a me Kailikapu, kekahui o na kanaka i haoolelo ai mamua aku; a he nui no hoi na kanaka i akoakoa ae malaila. Ke olelo nei keia kanaka, ua loaa oia i ka mai lepera mamuli o ka o ia ana, a ua hoea mai ua mai la, i ka hala ana o na makahiki he eha mahope iho. Ua hooia mai oia, mamuli o ia mea hookahi, ua pau loa kona poe hoakula i ka make, ma ka looa ana i ka lepera. Kamailio mai la oia, ma kekahui mau mea e ae, wahi ana, ma o ka maikai ole la o na hookele ana, ua ili he poho ma ko ke Aupuni aoao, ma o ka poino ana o ka akahi hapakolu paha o na pipi i ho-a ia mai ma ke alanui pali nihinii mai Kalae mai, a ua manao oia, e emi iho ana na lilo no keia mea, ina na na moku e lawe mai i ua pipi a hoopae aea ma Kalaupapa. Wahia ana i olelo mai ai, ua lawa loa ke kula hanai holoholona mai ia apana, no na pipi he mau haneri ka nui.

Aole oia i hoapono i ka hookohua ana o kekahui mea i lunakanawai noho paa, me ka olelo mai, he mea makehewa wale no ia; a ua ulu mai no hoi ia manao mailoko mai o ke poo o kekahui mea, i ake loa! Oia ke hookohu ia mai ma ia oihana. O ka haole, i olelo mai a oia, aole kupono i Hope Luna Nui no ke kahua mai lepera, oiai, mamuli o na manao hoohuoi wale, e koho kuhihewa pinepine ia aku ai kana mau lawelawe ana, a e ulu mai auanei he poino nui. E o oia ana ko na kanaka Hawaii uhiuhi ana a hoopopoulu wale au a na hewa o ko lakou poe pono i ho, mamua o ko ka haole, ina oia ka mea i hana i ka hewa. Hai mai la ia, o ka hope luna nui o ia wa, oia hoi o Mr. Hutchinson, ua kupono loa oia ma na ano a pau no ia kulana, a ua mahalo nui ia hoi e na mea a pau o ke kahua mai lepera. Ua manao oia he mea pono loa ke hoomahuahua hou ia a eke Halemai, a pela pu hoi e loa ona Kauka lapaa a me na kahua malama mai. Hai mai la no hoi oia, mawaena o ko lakou pilikia nui, o ka loa ana ona wahie kekahui mea nui. Oiaia, i keia wa, e pii kino maoli ana no na mai i ka loa a pinana aku la i ke kua hiwi i looa ai ka wahie.

A mamuli o ka nana akahele ana i na mea a pau i hoai ai mai ma a makou huakai, a pela pu hoi me na mea i ikemaka maoli ia no na hana ma ia wahi, ua ulu mai la keia mau manao hoakaka:

1– Oiai, o ka lako wai e hoolawa ana i na hemahema o na kanaka, ua akaka loa kona lawa ole; nolaila, he mea pono ke hookoia ka hana i hoolala ia, no ka lawe ana mai i ka wai, mai ke awawa mai o Waikolu, kahi e loaa ai ke kumu wai nui me ka nele oli i
kahi wa. A o ia lako wai hoi, e hookahe loa ia aku a hiki i Kalaupapa, kahi he wai hukakai wale no ka mea loaa, a he wai kupono ole hoi no ke ola kino. O koonei wai, ua lilo pinepine i mea kupono ole ke inu, mamuli o ke kono ana mai a ke kai (i ka wa kaipii) iloko o ka punawai.

2- Ua kupono e hoonohoa aku kekahi Kauka noho paa me ona kokua, a o kahi e noho ai, ma kahi kokoke aku ia i ka Halemai, a he wahi hoi ia aia iwaena konu. Ua nui no na mai i make mamuli o kekahi mau mai e ae, e like me ka hi, hikoko a me kakahi mau ano mai e ae, e hiki ai no ke hoola ia, ina e noho koke ana na lawelawe lapaau kupono ana.

3- E hoomahuahua hou ia ae ka Halemai, i lawa ai na mai he elua haneri ke haahaa ke noho.

4- Ina he mea hiki e noi ia aku na Kaikuahine o ka Manawalea, e haawi mai i ka lakou mau kokua ana, ma ke ano kahu malama no na ma’i, a me ka malama ana hoi i ka halemai.

5- E hoolako ia i kaa manele ma’i, no ka halihali ana i ka poe mai lepera oopa, a pela pu hoi i elua kaa kupono no ka lawe io pipi ana a me ke pai-ai a haawi aku i ka poe mai, a i ole, ma kahi kokoke i ko lakou mau hale.

6- He mea pono e hookaawale ia i haawina dala uku hoomau no kau wahi mokuahi uuku, nona na tona mai ke 80 a ka 100, e hiki ana ke lawe i 20 a 30 pipi, i 50 coda wahie, a me ka poi no hoi. A e hoohana ia no hoi keia mokuahi, no ka lawe ana i ka poe ma’i; mai Honolulu a i Kalawao.

7- O ka poe ma’i lepera hiki ole ke malama ia lakou iho, he mea pono ke kauoha ia lakou e hoi iloko o ka lahemai.

8- No ka lapaau ana i na keiki, ma ke keehina mua o ka ma’i, me ka manao e hoola ia lakou, a pela no hoi i Hale Hoomalu no na keiki ma’i ole, kahi e hiki ai lakou ke malama kaawale ia no kekahi manawa kupono, he mea pono ke hana ia i elua mau hale maloko, a ma kahi paha e kokoke ana i Honolulu, a na kekahi kauka makaukau a me kekahi puali kahu malama mai eleu, e kiai a e malama ia lakou.

9- A oiai, he nui loa ka hoohalahala no ka lawa kupono ole o ka ai a me ka aahu; nolaila, i ka nana’ku, he mea pono e hoomahuahua aku ia mau mea, a e hoololi ia ae hoi na haawina ai, penei:
4 lbs. pipi, elua haawi ana o ka pule.

15 "" pai-ai, elua haawi ana o ka pule.
1 " samano i ka pule (ma ke auo hoalo).
4 " io hipa no ka namawa, ma kahi o ka io pipi.
2 " Kopaa, aole elele loa mamua o ka Helu 2.
5 " paakai no ka malama.

Ke hoaiai aku nei no hoi au, e hoao ia na io pipi kini, e like me ka hana ia ana ma Auseteralia no na koa a me na moku manuwa, ma ke ano i mea hoalo, ma kahi o ka io pipi; a i ka nana aku, e hololea ana keia a me ka uuku o na lilo.

1 auka kopa, 2 lbs. no ka mahina.

1/2 galani aila hoomalamalama no ka pule.

No ka mea hoi e pili ana i ka aahu, he mea kupono loa e hoolako ia aku kela a me keia ma'i. I lako aahu no ke ao a me ka po, ma kahi o ka haawina dala i haawi ia no ia mea, e like me ko keia wa. He nui wale ka poe i hoolilo ole aku i ka lakou dala no ka lole, a loaa mai la ka pilikia. Ua oi aku ka pono e haawi ia 'ku i kela a me keia ma'i i elua paa lole huluhulu, no ka makahiki, a i elua huluhulu moe, e like me ka hana ana ma ka halepaahao o Kawa Oahu.

Aole au i ike i ke kumu, e hiki ole ai ke hooholo ia ona pua-a pipi kalua a me na pipi waiu, ma kula hanai holoholona o ke kahua mai lepera. E malama ia hoi na pipi kalua, no na wa pilikia, ke hoea mai ka ino, hookaulua ia aku la ka hoea mau ana mai o na pipi mai kahi nana e hoolawa mau mai. A e uwi ia no hoi na pipi waiu, no ka pono o na keiki lilii a me na lepera i mai.

Aia ma kela mau awawa elua, oia hoi o Waikolu a me Waileia, he nui ka aina i mahi ole ia, a ua kupono loa no ka mahi kalo ana, ina e hiki ana ke hoohana ia, a ua manao au, he mea hiki no ia, ina e haawi ia aku ana he mau kumu hoohoihoi kupono i ka poe nana e mahi.

He mea pono no hoi e haalele ia ke awa pae ma Waikolu, oiai he inoino loa ke alanui e hiki aku ai ilaila; a e hana ia hoi i awa e pae ai ka waapa ma kahi kokoke i Kalawao. Ua hiki no ke hana ia keia hana a paa me ka nui ole o ka lilo. O ke alanui e hele ai a hiki i ke awa-pae o keia wa, he elua mile okoa o kona loa, he a pela wale no; a e malu iho ana na pali pohaku kuhoho maluna iho, a no na manawa he nui, e helelei iho ana na pohaku maluna o ke alanui, a ua ku no i ka pono ka hele ana ma ia wahi no ke kanaka a me ka holoholona. O kekahui mea pilikia loa no hoi oia ko ke kai paulu-a pinepine ana i ua alanui ia, a no keia kumu, i kupono ole ai ka hele ana'ku malaila, i ka wa e hoi mai ai ka ino.

E hooi ia'ku ke kulana hooponopono e pili ana i na hana a na kokua mamua aku o ko keia wa. No ke mea e pili ana i ka mikiala a me ka hiki ke paulele ia aku, he mea makehewa ka haawi ia ana aku o ka hana o ia wahi i na kokua, e like me ke kulana hana.
o keia wa. Aole no hoi i manaoia, o ka poe e hele ana ilaila, no ka lawelawe wale ana no ko lakou mau hoaloha ponoi a o ko lakou mau pilikana paha, e hanaia mai ana ia hana aloha e lakou no kahi poe e ae, a o na hookikina ana aku ia lakou no ia mea, ua kaa aku ia mawaho o no paleno a ka hiki e noono o ia; eia nae, aia maluna o ia ano kokua laula ana, i loaa mai ai mai ia lakou mai, e ku nei na hana o keia wa.

O ka malama ana aku i kela a me keia kokua, oia no kahouuku ana mai i na haawina ai a me kekahia mau la ko e ae e pono a i kela a me keia mai. A o ka ninau e pili ana i ke kupono o ka ae ia ana o na kanaka ola e ku ma ke ala e loaa mai ai i ka mai, mamuli o ka nele ana i na rula e kaupale ana ia lakou, he ninau ia e pono a i ke noono o ia.

Mamua ae o ko’u hooki ana i keia mau olelo hoakaka, aole hiki ia’u ke kaohi iho i ka hoike ana aku, o ke kahua mai lepera, ma ke ano he wahi e malama ia ai keia poe poino, ua kupono maoli ia wahi no lakou, i wahi e noho kaawale ai lakou; a o ke kulana ano nui o na hana a me na hiona i ike ia malaila i keia wa, ua oi aku ia i ko na mea a’u i ike ai ma ka’u huakai mua o ka M. H. 1881.

Ua hoaumoe ka huakai maluna o ka mokuahi ia po; a i ka hora 4:45 a.m. o ke kakahiaka o kahi la ae, haalele aku la ia Kalaupapa no Honolulu, a ku mai la i ka uwapo i ka hora 12 awakea. Mahope iho o ka huli hoi ana mai ma ke kowa o Pailolo, iloko o ka malie a me ka maikai o ke kai.

LILIUOKALANI.
APPENDIX D:


To His Majesty The King:

Sir: I have the honor to submit the particulars of Her Majesty's visit to the Leper Asylum on Molokai, whom, in obedience to Your Majesty's wishes, I accompanied thither. The steamer Waimanalo having been placed at the disposal of Her Majesty by Hon. J. A. Cummins, the party embarked early on Saturday, the 19th of July, 1884, leaving Honolulu at 3 a.m. and arriving at Waimanalo at 8 a.m. that morning.

The weather proving favorable on Monday morning, we left that port for Kalaupapa, reaching our destination in the afternoon. At 4 p.m. the party consisting of Her Majesty the Queen, Hon. J. Cummins and lady, who were in attendance upon Her Majesty; Dr. Edward Arning, M.D., and Mr. C. B. Wilson, Comptroller to my household, landed and were received by Ambrose Hutchison, the Assistant Superintendent, Rev. Father Damien, and Rev. Father Albert, who escorted the party to a house where a large number of the patients were assembled.

The Hon. J. A. Cummins addressed the people and stated the object of the Queen's mission among them.

Her Majesty then arose and with the usual salutation of "Aloha Oukou," briefly addressed them as follows:

"With love I greet you all. My heart-felt sympathy and that of His Majesty the King, your Father, is with you in your affliction. The King has sent His Sister the Heir Apparent, to accompany me in this mission, to show his love to you. I also bring to you the love of the people of Honolulu, the ladies and gentlemen, natives and foreigners, and those of the other islands who have assisted me in raising the necessary funds and contributions for your relief.

"I have been made familiar with your letters to me, and petitions to the Legislature, and whatever remarks you may have to make we will be pleased to hear them while we are with you.

"The principle object of this mission to your Asylum is to know your condition, and to render such assistance as may be necessary for your comfort."

The people were much moved with the Queen's remarks. The assembly standing during the address. At the conclusion of Her Majesty's remarks, Kailikapu made the following address, "Your Majesty, Your Royal Highness, and gentlemen, I must, first, on behalf of my fellow sufferers, express to you our warm and heart-felt feeling and thanks for this exhibition of your tender love and affection towards us, your afflicted people. I have been an old inmate of this Asylum and this is the second time I have been removed from Honolulu to this place, where I suppose I must remain like my afflicted fellows to linger out a miserable existence without a hope of cure; away from the comforts of home and the society of family and friends. Since my last removal to this place by a close observation of the workings of the disease here, I have become
thoroughly convinced of the non-contagious nature of the workings of the disease here. Instances are numerous here where men afflicted with the disease have been accompanied by healthy wives, who have lived with them, and nursed them for years until death, without the wife becoming affected by the disease, or in the other case the husband. Children, too, have been born of diseased parents and reared among the lepers, without contracting the disease; several such cases are among us now. Such being the case I cannot see how the disease can be called contagious or why we are segregated in an isolated place, where our most urgent wants are but poorly supplied. Poor food, insufficient as regards quantity, and want of proper care and nursing, are prominent among the ills of which we have to complain, and if the Government cannot supply these as they are supplied to us when at home, they should return us whence we came.

"Our rations consist of 21 lbs. of paiai, 7 lbs. of beef, and 1 lb. of sugar per week. Of this 7 lbs. of beef, 5 are often made up of bone. This is sufficient for one person only for three days, and the remaining part of the week he has to go without food. Those living at Kalaupapa have to travel five miles to get their rations, and there being no means of conveyance supplied, such as are too feeble to travel that distance, and have neither horses of their own to travel on, or friends to assist them, are often deprived of food. Many poor, disabled people too are unable, in their feeble and mutilated condition, to prepare their own food after they have got it. When the rainy season sets in the streams would be swollen, and these feeble ones would sometimes be so exhausted that they were unable to cross the stream on their way home, and therefore had to wait until the storm and freshet subsided before they were able to cross. From this cause many have taken cold, and died in consequence.

"An order for six dollars' worth of clothing is allowed per year to each patient, which they get filled at the store of the Board of Health. This is altogether insufficient. One woolen shirt and a blanket is all it will buy. On account of being thus poorly supplied with clothing, some die of cold, especially in the winter months. One great need also is wholesome water to drink and use for preparing food. Now we have to go three miles for water and pack it ourselves, and very often we are compelled to use the brackish water from a well near the beach.

"I will also speak of another matter—that is of the healthy children amongst us. Why are such children (many of whom are well grown, and without any sign of the disease about them) allowed to remain here and become patients through contagion? Why are they not taken elsewhere and properly cared for?"

The second speaker, Mr. Kahanapule, said: "Greeting to you our Queen and to your Royal Highness and gentlemen: By the request of the patients now residing at Kalaupapa and Kalawao, I was selected from among their number to draft a petition in their behalf to be presented to the Legislature, now in session, in which was made a statement of our needs and a prayer for relief— a duty I was glad to perform. The confidence they have placed in me to act in their behalf, I now avail myself of on this occasion to make known to you what I believe to be our sorest needs; I speak in the interest of these people you now see around you, and more especially of those in
crippled condition, unable to be present to meet you upon this occasion, and of those who would have joined with us in showing our appreciation of the great love you have shown to us in the willingness with which you have crossed the dangerous ocean to meet us, and hear our appeals and relieve our necessities. Our needs are many. Foremost among them is the necessity of clothing, some one with authority to settle our difficulties, and satisfactorily dispose of them. At present we have to submit without appeal to the arbitrary ruling of the Agent of the Board of Health, and are often incarcerated for alleged offences in a summary manner, and without a hearing of the case.

"It is the desire of many of us that a resident judge should be appointed, who will always be present to hear and determine in a proper manner many of the little grievances between the members of our colony, and also be empowered to punish justly any offence against the peace and good order of our community. Our general superintendent visits us only once during each quarter of the year, and remains altogether too short a time to make such investigations as are necessary to the end of justice. Especially frequent are desertions in married life, and the annoyance suffered on this account is great. Many, to-day, amongst us are living in adultery because they feel secure in their removal from the reach of the law. With the general Government I have no actual fault to find, as every endeavor is being made to provide for our numerous wants; but I do blame the Board of Health for its laxness in carrying out a proper system of supplying those wants which have been liberally provided for by the Government. Our paiai, for instance, is landed at Waikolu Gulch, about five miles distant from Kalaupapa, and the patients of that part are necessitated to pack it themselves all that distance. This is a grievous task to many, while to those who are weak it is an impossibility. The place of landing, too, is so situated, and the road to it impassable, that in stormy weather travel there becomes actually dangerous, and at times pack-horses, together with their burdens, have been washed away and drowned, and men too have barely escaped with their lives. In such an event, those to whom the food belongs are necessitated to go without their supply until a new lot has been received. After the paiai is obtained many of the more crippled are unable to prepare it themselves, and can have no water to mix it with unless they are willing to use the brackish water near the beach, which is entirely unfit for any such purpose.

"Those who prefer it may, in lieu of paiai, have 9 lbs. of rice and 7 lbs. of hard bread per week. They are compelled to make the change when the poi supply is short, or when they are unable to go that long distance for paiai. But such food is not satisfying, even when we have eaten our fill with other kinds of food we were not satisfied. Poi is our natural food, and nothing could take its place. Kokuas who help the patients have to be fed out of their rations, and when this is the case the weekly supply of food is not more than sufficient for three days, and the unfortunate one goes part of the time hungry. Many of the patients have kokuas to prepare their food for them, otherwise they would, and sometimes even do, die of starvation. What the previous speaker has said in regard to the insufficiency of warm clothing and the number of consequent deaths is perfectly true. If the Government intends to keep us here, let the
Board of Health be instructed to exercise a better care over our wants. Each of us has an allowance of $6 a year."

Mr. Ambrose Hutchison, who is Under-Superintendent of the entire Settlement, said: "Being myself an employee of the Board of Health, I feel it my duty to uphold the actions of the Board where they are defensible, but at the same time I feel it my duty to my fellow sufferers here that I should speak plainly of matters as they are. I concur in the statements made by the previous speakers with reference to the food supply, and the mode of delivery. Their statements are not exaggerated. For those who are so crippled as to be unable to attend to their own wants a hospital is provided; but their prejudices against the institution prevent many of them from availing themselves of the comfort there afforded. Their dread of the place may be easily explained, when we take into consideration the fact that it was formerly a practice to send along with each patient, by the same conveyance, the coffin he was soon to occupy. Add to these things the fact that no proper care or nursing is provided, and the horror of the place so generally entertained by the patients is easily explained. The great want here is the institution of more approved nursing facilities. The hospital patients should be also supplied with better accommodation generally, and be provided with a more appropriate place in which to take their meals. If to such provisions were added that of a resident physician and an efficient staff of nurses, the main source of objection would be removed, and then they might enter the hospital willingly instead of avoiding the place as they do now. Could some Sisters of Mercy be induced to come up and remain among us, as is now the case at Kakaako, it would certainly be a great blessing. The nursing is now performed by kokuas who receive no pay, and whose heart is not in their work, and amounts to nothing so long as they attend to the wants of their own people. They go and come as they please, and patients suffer much from their neglect. One thing I would like especially to call your Majesty's attention to, and that is among us are a number of children born of diseased parents, who themselves are entirely free from all symptoms of the disease."

Taking in his arms a little girl about ten years old from the crowd, the speaker said: "Here is one of them, and there are here between fifty and sixty just such cases as this, and at various ages. These should be kept aloof from the diseased, and properly cared for in a separate asylum, and not be allowed to remain where the chances are of so many of them becoming patients by contagion. I would urge upon the Queen and the Heir Apparent to have this matter attended to, and to allow the weight of their elevated positions and the great influence they possess to bear upon the Board of Health, in order to bring about the realization of so worthy an object. In conclusion, I can only express my hope that this royal visit may be pregnant of future good, and may rove the harbinger of an improved moral and social condition among us."

Two other speakers followed in substantially the same strain as the two first speakers; one of them, a young man of the age of thirty years, spoke at length upon the proposition for the appointment of a resident judge, and told a piteous tale of the infidelity of his own wife, and his want of means of redress. He had no other complaints to make against the Board of Health. What was done for them was perfectly satisfactory,
and they were all well provided for. A murmur of disapproval was at once raised, and interfered with the continuation of his remarks.

After making such visits as time would allow among the tenements of Kalaupapa, Her Majesty and company proceeded on horseback to the main settlement, arriving at about 7:30 o'clock p.m. There quarters were provided for the Royal Party by M. Van Geisen in a new house lately built for the special accommodation of visiting physicians. At supper the Rev. Father Damien was a guest.

After breakfasting on the morning of the 22d, the party consisting of Her Majesty, attended by Hon. J. A. Cummins, Dr. Arning, Mr. C. B. Wilson, Mr. J. H. Van Geisen, and the under-superintendent Mr. Ambrose Hutchison began to inspect the houses of patients.

In the first place visited there were nine patients, one of which was a very bad case. He had been twelve years at the settlement and nine in the Hospital; his age being about 60 years. Three were about the age of 30 years, and the remainder boys between 15 and 7 years of age.

To questions put by Her majesty, they complained that their bedding, (only mats,) was too hard, their covering in sufficient to keep them warm at night, and their food was neither properly prepared nor always sufficient in quantity. They complained also of neglect at the hands of the kokuas, to whom were detailed the work of administering their medicine and dressing their sores. They also expressed their desire for the attendance of a resident physician who could prescribe for them in the many cases of inter-current diseases, such as bowel complaints and other troubles which were frequent among them. When questioned as to the conduct of the visiting physician, they said that his visits were so short, and his work so hurried that no practical advantage was to be derived from them.

In the second ward were ten patients ranging in age from 25 years to 70. Most of these cases seemed to be of the anaesthetic form of the disease, there being but comparatively little distortion of features. In the majority of these cases fingers and toes were either entirely wanting or in process of amputation, rendering the victims almost entirely dependent upon the help of others. Some had bound up their own ulcerated extremities themselves after a primitive fashion. To the question asked whether or not such ulceration could be healed, by appropriate treatment, Doctor Arning answered in the affirmative, qualifying the treatment, however, by saying that in some cases the healed surfaces might again take on ulcerative action, that being the natural tendency of the disease. These patients uttered the same complaint as those previously visited; but complained especially of the neglect of the kokuas and the difficulty they often experienced of getting a sufficiency of water regularly supplied them notwithstanding the fact that there was an abundance of water on the premises.

The third ward contained eleven patients, five of whom were 60 and 70 years old, three about 35 years of age, and the remainder between 17 years and 20. One aged 25 years had totally lost his sight, and all his fingers and toes. This result of the disease
required him to be fed by another patient of the ward. Among those was the old man Nakahuna, well known to all old residents of Honolulu as a vendor of Hawaiian curios there a few years since. He has had the disease about four years, and has been an inmate of the Hospital at Kalawao for three years.

Worthy of remark is the case of a woman named Kealahua, whom we met in this ward. She came to the settlement about 14 years since with her leper husband, who died there about seven years ago of the disease. She herself is robust and to all appearance without any symptoms of the disease about her, and is engaged by the Board to do the entire washing for the patients at the Hospital, at a salary of $10 per month. She has been the mother of four children, one of whom died of acute disease without having developed leprosy, another of leprosy, the remaining two now living being lepers.

The fourth ward contained ten patients, all of whom were women. Of these eight were between 19 and 30 years of age, and two about 65 years. Among them was a young girl of about 10 years who had accompanied her leper grandmother there. This, after a careful examination by Doctor Aming, was pronounced to be free of leprous symptoms, and her removal recommended. The great complaint here seemed to be of the insufficiency of warm clothing and comfortable bedding.

The fifth ward contains two rooms, in one of which were six young men between 16 and 20 years, all of whom were inveterate cases. In the other room were two native boys and two Chinamen. One of the boys was threatened with blindness from the disease. Insufficiency of warm clothing was also their complaint.

The sixth ward was "occupied by one patient only, who was in the last stage of the disease. He was horribly deformed in features and his eyes totally blind. He seemed to be undergoing intense suffering and was muttering, throwing himself about in the wildest manner. Doctor Aming was called in and gave him a draught which seemed to give speedy relief; and at the end of half an hour he was sleeping quietly. Such cases as this prove the value a resident physician might often be.

In the seventh ward were four very bad cases. One in particular was noticed, where, though the face showed little disfigurement, the whole trunk was a mass of inflamed or suppurated tubercles which emitted an offensive smell unbearable to stand. In noticing this patient the Doctor observed that with proper medical treatment, such cases as these might be greatly alleviated and a great deal of unnecessary suffering be prevented.

In the eighth ward were three boys, between the ages of 14 and 17 years, all bad cases. They seemed diffident and had no complaints and nothing otherwise to say.

The Lock-up was next visited. The building is about 10 by 15 feet in dimension, and contains two rooms about 6 feet long and 9 feet wide respectively. These are poorly ventilated by small iron gratings situated on the leeward side of the building. In one were two Chinamen, both sentenced to one month's confinement on a charge of assault with a deadly weapon upon one of their countrymen. In the other was confined a native, named Makahui, sentenced for burglary in the store of the Board of Health, and abstracting therefrom money to the amount of about $240, his partner in the crime on Naai by name, had terminated his own life shortly after sentence, by suspending himself from the gratings of his cell.
The cooking arrangements are commodious, cleanly kept, and convenient; a cooking range being supplied sufficiently large to do the cooking for 150 persons. The poi room is also spacious and clean.

As numerous descriptions of the settlement generally, and of the Hospital in particular, have heretofore been published, it will be unnecessary to give a further description. But here I may say that great credit is due to those in charge for the very neat and cleanly manner in which everything connected with the premises is kept.

After leaving the Hospital premises, the party next visited the store-house, situated not far distant from the Hospital and immediately across the road. Upon a close observation of the stores, all the articles provided appeared good, with the exception of the sugar, bread and salmon, the last mentioned article being so mouldy and soft as to be unfit for use; the sugar dark and dirty, of about No. 3 or No. 4 quality; and the bread tolerably good for medium bread, though inferior to that supplied to the Oahu Jail.

There are about 14 head of cattle butchered per week. Allowing (which according to the statement of some butchers is a large average) that each bullock weighed dressed, 350 lbs., and seven pounds per week of beef to an individual, the amount of beef slaughtered would supply only about 700 people; whereas, there are at the settlement, including the kokoas, a population averaging between 850 and 950 souls.

The arrangements for slaughtering are most primitive; and the water supply insufficient for the cleansing of the meat. Arrangements, however, are now being made, whereby this defect will soon be remedied. A new reservoir is now in process of construction near to the place of slaughtering and designed to be filled from pipes connecting with the valley supply.

The next subject which engaged the attention of the party was an inspection of schools under the charge of the Rev. Father Damien. The buildings occupied for this purpose are supplied by the Board of Health, one of which is used for a boys' school and the other for girls, being situated in near proximity, and on the opposite sides of the roads. Both are within the vicinity of the mission church.

In the girls' school are sixteen pupils in all, ranging in age from 9 to 17 years. Among these was the young girl Luahiwa, of whom mention was made by Dr. Pitch in his late Biennial Report. Of all these scholars she bore the worst marks of disease. Out of these children there were four between 9 and 11 hears of age who exhibited no external signs of the disease; but one, upon careful inspection by Dr. Arning, was declared to be in the incipient stage of disease.

In the boys' school were twenty-six pupils, all of whom were well marked with the disease.

The pupils of each school are separately lodged and fed. They are all either orphans or friendless, and are under the immediate care of Father Damien and a native woman named Kuilia, not herself a leper.
After leaving the school the party proceeded on horseback for the purpose of inspecting the old and the newly proposed sources of the water supply of the Settlement. The system now in use, and which has been so almost since the establishment of the Settlement, has its source in the valley of Waialeia. It is now recognized by the Board as inadequate to the needs of the place, and a proposition has been made to bring the water from Waikolu Valley—about two miles further on. Waikolu is the place where the paiai supply of the Settlement is landed and dealt out to the patients, being about three and a half miles from Kalawao, and five and a half from Kalaupapa. After traveling the road to this valley one is forcibly struck with the force of the universal objections made by the patients of the great distance they have to travel for their food.

The water supply here is abundant and never-failing, and capable of supplying the needs of a town larger than Honolulu. The scenery of this valley is grand. The numerous cascades darting out in all directions from over the lofty precipices, the spray gracefully falling among the dense shrubbery and covering the green foliage as with gems of pearls. A sight seldom seen or surpassed in magnificence and beauty.

In the valley are several acres of land now lying idle which might be utilized, at a small outlay, in the cultivation of taro and other products for the use of the Settlement. The landing of two boat-loads of paiai during the sojourn of the party there afforded an opportunity of realizing the fact that a number of complaints, already enumerated, were not without foundation. The stream was so swollen by the rains which had been unceasing during our visit that, after a difficult landing had been affected, it was still more hazardous for the animals with their heavy packs, and they had to be forced to cross over the stream.

After staying in the valley for half an hour, the party took the opportunity of inspecting a proposed new landing about half a mile from the Hospital, thence returning to Kalawao and visiting on the way every house to be seen. Most noted among the houses visited were the dwelling of Kaulamealani, Napua, Kuanea and Kii. The two last named individuals were pitiable objects indeed, and entirely dependent upon the friendly assistance of their neighbors for what help they received. Their fingers and toes were almost entirely gone with the disease. With suppurated hands and stumpy fingers they had improvised rude bandages for relief. Hospital accommodations and aid were clearly needed, but in reply to the question put to them, they said that they had a horror of entering the Hospital.

Her Majesty, as well as others of the party, was much affected at the touching sight of these two old women, utterly unable to help themselves, and promised every exertion on her part toward the removal of any objection that might really exist in the institution, and that efforts hereafter should be used to render the place attractive and not repulsive. As there was little time to spare, and as Her Majesty had promised to address the people of Kalawao before leaving, she bade the sufferers a kind adieu, and
the company wended their way toward the settlement, arriving at the store where the address was to be given at three o'clock that afternoon. A large number of patients had gathered. Her Majesty proceeded to address them similarly as upon the previous occasion at Kalaupapa. At the conclusion of her address, she was heartily cheered by the people. A few among them responded to Her Majesty's remarks, but as they were of similar tenor to those previously given, it will be unnecessary to quote them here. Upon our final parting, three cheers were given for their Majesties the King and Queen.

Before leaving the house at Kalawao, the party engaged itself in planting several seeds of alligator pears and mangoes, taken from a large supply of such fruit seed as had been brought by Her Majesty for distribution among the people.

The landing was finally reached at about half-past seven o'clock p. m., after Her Majesty had made a slight detour in order to visit an extinct crater whose basing is partially filled with sea water by a subterranean connection with the ocean. Before leaving the place, however, Her Majesty again visited every tenement in the neighborhood. Incidentally I would mention an interview which took place at the landing between one of the party and Keliikaupu, one of the former speakers, several others being in the company. This man claims to have contracted the disease from vaccination, it having appeared about four years after. He asserted that through the same agency all of his schoolmates had died of the disease. In speaking of other matters, he said, that a great deal of bad management existed, rendering a loss to the Government of about one-third of the cattle driven to slaughter over the precipitous road from Kalae, and thought it would be far less expensive on this account to land them from vessels at Kalaupapa. He said there was ample pasture in the district for several hundreds of cattle.

He disapproved of the appointment of a resident judge, saying that such an office was unnecessary, and that such an idea had only originated in the brain of one who was looking forward to his own appointment. A foreigner, he said would never suit as under-superintendent of the settlement, as, owing to prejudice, his actions would often be misjudged, and trouble of a serious nature might ensue. Natives would be more likely to overlook or condone the fault of one of their own race, than would be the case if the offender were a foreigner. He said that the present overseer Mr. Hutchison was in every respect a good man for the position and universally esteemed in the settlement. He thought there was urgent need of more Hospital accommodation, and medical attendance and nursing. He said that not the least among their difficulties, was that of obtaining wood for fuel. As it was now the patients had to travel far and climb the mountain themselves to get it.

Upon a careful review of all the facts elicited by our visit and observation of the existing state of affairs, the following propositions have suggested themselves:

1st. As the supply of water is manifestly inadequate to the needs of the population, it would be advisable to put in to operation the proposed plan for bringing
the water form the valley of Waikolu, where an abundant and never failing source could be obtained, and the supply so created should also be extended to Kalaupapa, where brackish and unwholesome water is now only obtainable. Here the water is often rendered absolutely unfit for use by an overflow of the tide into the well from which the supply is derived.

2nd. A resident physician and an assistant is needed, whose dwelling place should be in near proximity to the Hospital, that being a central locality. The patients die in many cases from other maladies, such as diarrhoea, dysentery and other complaints that can be treated, if proper medical aid were at hand.

3rd. The Hospital accommodation should be increased so that at least two hundred patients could be admitted.

4th. If possible, Sisters of Mercy should be induced to lend their aid in carrying out the nursing part and care of the Hospital.

5th. There should be an ambulance provided for the transportation of crippled patients, also two spring wagons for the more convenient delivery of beef and paiai to the lepers, at or near their dwellings.

6th. It would be good to subsidise a small steamer, from 80 to 100 tons, able to carry 20 to 30 head of cattle, 50 cords fire wood and the poi. This steamer should also be sued for the transportation of patients from Honolulu to Kalawao.

7th. Lepers who are unable to help themselves, should be compelled to take shelter in the Hospital.

8th. For the treatment of children in the incipient stage of the disease, with a view to their cure, and also as an Asylum for the otherwise healthy children where they could be kept apart for a reasonable time, there should be two proper buildings provided in or near Honolulu, to be attended by a competent physician and an efficient nursing staff.

9th. As so much complaint is made about an insufficiency of food and clothing, it might be advisable to increase the supply of the same, and to have the rations altered as follows:

4lbs. of beef delivered twice a week,
15 " paiai delivered twice a week
1 " salmon (for variety sake,) per week,
4 " mutton occasionally, in place of beef,
2 " sugar not darker than No.2
5 " salt per month

I would suggest also a trial of canned meats, such as are put up in Australia for army and navy use, by way of variety as a substitute for beef, it might be found useful and economical.

1 bar 2 lbs. soap per month
1/2 gallon illuminating oil per week.
In regard to clothing, it would be advisable to supply each person with a certain amount for day and night wear, in place of an allowance in money for that purpose, as at present. Many misuse their money, and suffer in consequence. It would be far better to allow each person two suits of woolen clothes a year and two blankets, the same as is done at Oahu Jail.

There is no reason why a moderately large herd of beef cattle and milch cows could not be raised on the pasture lands of the settlement. The beef cattle could be kept for cases of emergency, when weather might interfere with the regular supply and the cows might be milked, more especially for the benefit of children and the sick.

In the two valleys of Waikolu and Waileia, there is much and uncultivated which would be suitable for the growth of taro, if it could only be utilized, which I believe is possible, if proper inducements were offered to cultivators.

It would be advisable that Waikolu should be abandoned as a place of landing, on account of the dangerous nature of the only road thereto; and that a boat landing be constructed near Kalawao. Such a plan is perfectly practicable and could be perfected with but little outlay. The road to the present landing place is for two miles of its length over lava rock, and overhung by craggy precipices from which frequent showers of stones are precipitated upon the road below, rendering travel dangerous to man and beast. A greater danger still exists in the frequent washing out of the road by the sea, making it on this account, in stormy weather, highly unsafe to travel.

There should be a better system adopted in regard to the kokuas than at present exists. So far as efficiency and reliability are concerned, the present plan of giving the work of the place to kokuas is a failure. It is not to be expected of the persons going there as they do, merely to serve their own immediate friends or relations, that gratuitous work could be voluntarily performed by them for others, and any compulsion in this matter is altogether out of the question; and yet it is upon their general help that reliance has under the present system is mainly placed.

The support of every kokua means so much less in the way of food, rations and other necessaries to every patient that needs their help, and the question of propriety in allowing so many healthy people to place themselves without restriction in the way of contagion, is one to be taken into consideration.

In closing these suggestions, I cannot help stating that the settlement as an asylum for these poor unfortunate creatures is decidedly the best place for them for a place of strict isolation and the condition of things are much better than that at my former visit in 1881.

The party slept on board the steamer which lay at anchor that night, and at 4:45 a. m. on the morning of the following day, left Kalaupapa for Honolulu, arriving at the wharf at 12 o'clock [p.] m., after a smooth and pleasant passage across the channel.

LILIUOKALANI
APPENDIX E:

He Mau Olelo Ao E Pili Ana I ke Ola Kino o na Kanaka Hawaii [1881]
Walter M. Gibson

"NO KA LEPERA"

Ua kapa na kanaka Hawaii i keia ulia poino nui o ko lakou lahui he Mai Pake; aka, aole keia he mai no ka Pake wale no, a pela no hoi aole no na kanaka Hawaii wale no, no ka mea, ua kau aku oia maluna o na lahuikanaka a pau a i na keneturia a pau; a oia ka weli O na Israelea, ka poe Helene a me na lahui e ae o ke au kahiko, ;e like me ko keia au mawaena o na Hawaii, Norewai a me kekahihau mau lahui e ae o keia au.

O na kuee aupuni a lauhui paha, he mau kumu alako mau ia i ka poe naaupo, ma ke kuhi ana aku i kekahihau mai ino i ike ole ia mamua, mai kekahihau lauhui e e kipa mai ana me ko lakou mau mai iho. Pela ka lauhui Enelani i ke keneturia umikumamaono, i ko lakou ike mau na i na hana hooipoeno a na mai kaokao; ua kapa aku lakou o ke Kackao Farani, a o ka Mai Farani. Aka, e like me na mea i hai mua ia ma kekahihau wahi o keia mau olelo ao, ma ka hookumu ana o ka mai, aole i ka Farani wale no, me ka nele ia o Enelani, a oiai ka oiao maoli, he pino hualamahe keia i laha iwaena o na kanaka e like me ko ka lepera hooipoeno ana.

Nolaila, mai olelo ae e na Hawaii, na ka Pake i lawemaii keia mai he lepera a komo iloko o keia paemoku; oiai, ke ike pono nei no kakou, he kakaikahi loa o ia poe i loaa i keia mai - me he mea ia, aole paha e loaa ka Pake hookahi iloko o kea a me keia hanoeri Hawaii i loohia i ka lepera maloko o keia aupuni.

Ua ikeia ka mai lepera ma ka mokupuni o Timor, a me na mokupuni o Malaea, kahi o na kanaka i ano like na helehelena me ko Hawaii nei.

O na kauka lapaa u akamai a i kamaaina nui hoi ma ka lapaa u ana, aole o lakou manao ua maopopo loa ke ano o keia mai. Ua kapa aku lakou malalo o kekahihau mau inoa he lehulehu. Ua olelo lakou he ane ike ale i ia o ka eha, a ua kapa ia iho ia o ka lepera o ka poe o Helene; aka, aole loa nae i loaa i lakou ka hoomaopopo ana i na kumu hoano e e hana ia ai iluna o ke kino o ke kanaka, e like me ka uhi paa pu ia o ka ili, ka upheupehu hinuhinu o na papalina, na eha palapu maea a puni ke kino, ke kolekole o na io pelapela, a me ka helelei ana o na iwi pono popo, a me a na anoa mai e ae - i kapaia he mai lepera.

O kekeahi keia o na mai kiekie o ke ino ma ke ino o ke kanaka; he mai ola ole i na akamai o na kauka a pau, a he mai hoi nanae hookaawale mai ia ia iho mai na hoahana u ohana a pau; a he mai nona e hookedahahah mau ia ai, e like me ko kuaka uwe ana ma ka aina o Palestina i ka poe a pau e kaalo ae ana; “E hookaawale aku! Ua hoinoino ia au! Ua maemae ole au!”

O oukou e na kanaka Hawaii Karistiano, ua heluhelu paha oukou maloko o ka Baibala, i ke ano o ka hoopai ia ana o kela hookuli nui a hoopunipunoi hoi me ka lepera, e like la me ko Miriam a me ko Gehazi; a oiai, aole no paha oukou e ike ana i kekahihau anoo hoopai o ia ano; aka, e hoaiia ia me ka maopopo, ma o kona mau hihiiona he lehulehu, he hoopai keia e ukali ana mahope iho o na uhai ino mau ana, ma ka manao a ma na ulia paha o na kanawai o ke ola.

Ina aia na hoailolina o ka mai ino iloko o kou koko, a ua hoopalaleha oe ia mea, me ka paa mau o na hiona o keia mai ma ke kino, o kou hoomakaukau mau ana ia i ke kahua mau e ulu ai ka mai lepera.

Ina e malama maikai ole ia ke ola kino me ka hookonopono ole ia, e noho ana iloko o ka hale i hookalalamaalama kupono ole ia, a e hiamoe wale ana ma kahi kawau,
me na moena polapolona a pela pela no hoi, o kou haawi mua ana aku no ia i ka palahehe e kipa mai.

I na oukou e hookahekahe mau i ke koko me na hana ino a no haining, alaila, e manao iho no oe, e kau mai ana kekahi mai i hoopai no ia mau hana, a ke kau mai, anoai paha o ka olo aku ia o ke ino me ke kaumah.

I na oe e hiamoe pu me ka mea i loaa i ka mai lepera, aole ia e kumu e maopopo aikou loaa ia mai, - aole paha no kahi mau makaheiki he lehulehu, aka, e manao iho nai, iaia ma ka pili ana o ka ili a i ka hopena o ka pilikia, aole ia e kumu e hele kohana wale ai oe me ka pakele.

A ke kau aku ka lepera maluna ou, o ke kau ana no ia o na hiona o ka make maluna ou; a oiai paha ke paa ala no ka hanu me oe, aka, me he mea la, aia no oe iloko o kou lua kupapau.

Aole no i hooiaio iki ia mai e kekahi kanaka nanaaue, he mai hiki ke hoolua ia ke lepera. Lehulehu wale o na kaua a me kahi poe akamai e ae e hooikaika nei e lepaa i na palapu o ko lakou mau hoakanaka, ua lawelawe i ka mai i ka wa i hoomaka eai, aia hoi, aole i manaioa he lepera, a ua ola loa a like me ke kino ola makaik nei keia mea i manao wale ia he lepera.

Aka, ke hoomaka ka io a me ka iwi o ke kanaka e helelei mamuli o ka lepera, aole loa e hiki i kekahi kanaka ke hoolua aku ia kino kanaka e helelei ana, e like me ka hiki ole i ke akamai o o ke kanaka ke an ake ko ka hopena o ka lua kupapau, mai na kino upehupehu a uli o ka make, a lilo i kino ola makaik nei ke koko maemae.

Nolaila, o ke kahua o keia mau hoolala ana, oia no ka noonoo ana me ka imi ana i na wa hi e hiki ai ke kaohi ia ke laha ana o keia mai lepera, aole hoi o ka lapapau ana. A e noonoo muakou i kekahi o na ano a me na kumu e lele nei keia mai a kau aku maluna o kekahi a i kekahi, a laha loa iwaena o ka lahui. Ua manao kekahi poe kaua lapapau naaum a no aina e, i noho ma Hawaii nei, o ke kumu nui, oia no ke ano o ka o lima ana i na keiki Hawaii iloko o na makaheiki i hala ae nei, i kumu e pale aku ia i ka mai hepera, a oia kekahi kumu nui o ka lahui ana o keia mai maloko o keia pae aina.

He mea nui keia ma ka noonoo ana, oia hoi ka loaa ana o ke kumu pale no kekahi mai, aka, he ouli nai i na ka hookawaale pu ana aku i ke ano o kekahi mai hou aku i o ke ino.

Ua manao ui ia ka loaa ana o keia mea he o lima makaena o ka poe naauo he lapapau, a he pomaikai nui hoi no ka lahui kanaka. Aka, e like me na pomaikai e ae e he lehulehu i hanana io a, i hoa maopopo pono ole ia, malia paha o ka lawelawe hawawua ia o keia kumu pale poino, e lilo ai auanei kona hopena i ula no ka pohlilikia.

E ike oukou, e na Hawaii, o ka o lima ana me ka pono e like me ka hoomaopopo ia ana e ke kaua lapapau Beritania, oia o Kaua Jenner, oia no ka ohiu ia ana mai o ka palahehe mai kekahi palapu mai o ka bi bi wahine a okomo ia iloko o ka ili o ke kino o kanaka, i kumu e pale aku ia, a e hooki ai hoi i ka laha loa ana o keia mai hepera iwaena o na luhui kanaka a pau.

O ka mai o ka bi bi wahine, he ano like no me ko ke kino kanaka, he ano mama loa nai, a ke hui ia na mai a i elua, ua lokahi kekahi me kekahi; nolaila, ina ua loa ike de wahi lihi o ka mai o ka bi bi iloko o ke kino kanaka ma ka o lima ana, aohe hopohopo o ka loaa ana o kona kino i ka mai hepera. A ke lawe ia mai ka palahehe mai ke kin no mai o ka bi bi a i ko ke kanaka, aohe e loaa ka pilikia, ma ke komo ana mai o ia mai iloko o ka ilo i ia kanaka. Aka, ina oia palahehe i hooko moia, ma kekahi eha mai o kekahi kino kanaka e aku, aole hoi no ka bi bi wahine mai, alaila, he kumu hopohopo nui o keia, o ka hooa ana mai o na mai inu i waiho i iloko o ke kino o ke kanaka, e laa ka hepera a kaukao paha, e ulu ana no iloko o ke kino ola ma keia ano. He kakaikahi o keia mau ano mai i hoihe koke i mai ke ano maoli maluna o ke kino o na kamali malalo iho o eono makaheiki. O na keiki malalo o ia mau makaheiki, ina no he lepera a kaukao paha ko na maka, me ka maikai no o ke kino a me na helehelena, aka, e like me
ka pii ana ae o na mkahihi, pela no e ulu ai ka mai a hoike ae la ia ia iho, ka mea hoi i lu mua ia mai na makua a hoea iloko o na la oipio o ka lakou mau kama.

Nolaila, e na makuakane a makuhine Hawai'i, e lele ana ka oili a puiwa ka hauli ke hoea a laha hou ka mai hepera maloko o ko oukou mau paemoku; nolaila, he mea pono ia oukou ka hooikaka ana e malama pono i ka oukou mau keiki mai keia mai poino, e like me ko oukou ao mau ia ana paha mamua a ma na mea paha e pili ana i ka o lima ana, e like me ia i hoike ia ae la maluna; nolaila, e akahele a kupaa ma keia mea, a mai ae wale aku i kela a me keia e noi mai ana e o lima, me ka maopopo ale ia oe o ia ano palaehe e o ia ai; ina he makamaka haole, kahunapule a kumukula paha, lunakanawai a makai nui paha, e manao ana e o lima i ka oukou mau keiki, mamuli o ko lakou luna aupuni ana a kiekie paha, mai noho a ae iki aku; aka, e hele aku imua o kekahi kauka lapaa nauao, i hooiaio ia ma kona palapala hoike hoomaikai no kona akamai, e hai aku ia ia ua makemake oe e o lima pono ia kau keiki, me ka palaehe maikai mai ka bipi wahine mai.

A ke hooke pono ia pela, alaila, e maha auanei ka manao me ka hopohopo ole ke loa mai i ka mai lepera a kaokao paha, a ano mai ino e ae maluna o ke kino opio o kaou keiki. Aka, o ka o lima hawawa ia ana me na palaehe inoino, oia no kekahi o na kumu nana e hookuonoono no mai ino maluna o na kino o na keiki a kanaka.

O na mai kaokao, ua ano pili pu no me ka lepera, aka, o ko laua wahi i like ai, aole i hoomaupopoia; hooakah nae mea i maopopo iwaena o oukou e na kanaka Hawai'i, a oia ka lilo ana ona kino maikai i hanaia a like me ke kino o ke Akua i mea ino wale mamuli o ia mau kumu a i elua, a i ai ia ai o ia ia i mea i wi. A ua ike no hoi oukou, ina he kanaka kino ola maikai, a he kanaka hoi i loa a ka mai he kaokao, a e huipu ana laua me ke mea i loaa i ka mai hepera, e loa koke ana no ka mea i loaa i loa mua i ka mai kaokao me ka mai lepera mamua o ka mea mai ole.

Aka, owai la ke kane a wahine paha me ke kino maikai e ae ana e hoohuipu aku me ka mea i loaa i ka mai lepera?

Ua oleloia ma kahi nau mau wahi o keia nau mau olelo ao, a he hiki no ke olelo hou a maanei; o ka hui ana a launa pu ana o ka mea kino ola me ka mea kino mai lepera, he kumu ino nui no ia, a e pono e manao ia aku he karaima nui ia. O ka pone e hele ana a hoolahia ma ka hoolaula ana paha ia ano mai ino iwaena o kono poe, o ka inoa kuponoh e kapa aku ia ia poe he pupule.

A o ka mea e noho pu na ana me ka ano he keane a wahine paha i loaa i ka mai kaokao, ma kekahi ia ano mai paha, e manao koke iho oe, o ka lepera ke pani no kou mau hewa.

He oiaio, o ka wawae o kahi poe, "e hookahua ana i kahi o ke poio."

Eia no hoi kekahi, ma ka noonoo ana i na kumu o ka lepera, ua ike na kauka naauao kiekie o Europa ma ko lakou hoomaupopoia ana, hooea mai ka hapanu i ka lepera mailoko mai o ka pone ilihune, i ola aia ia poe me na mea ia kuponoh, a i noho hoi iloko o na wahi kakahawa, na hale a papai paha i nele i na hawina o ka noho'na malamalama me na ea kuponoh. A me he mea la, he hiki no ke hoopili ia aku ma ka hooahikake ana me na kanaka looia me ka mai lepera ma Hawaii nei.

Ina uo loaa ia kekahi mea kuonoono, i noho me ka lawa i na pono kino kuponoh i ka mai lepera, ua hooholo i ake akeu la ka kumu, he kamoe mai na kupuna mai; he okomo iloko o ke kino mamuli o ka o lima a eha e ae paha; a i ole, mai na ano o ke ola ana, i nele loa i ke kulan hoke o ke ola maikai ana.

He mea no nae aole i hooiio ia: o ke kanaka kuonoono, i noho me ka lawa kuponoh a maikai ma na mea o ke ola kino, i nele hoi i na ulia o ka mai kamoe mai na kupuna mai, i paumaele ole hoi mamuli o ke komo ana mai o na kumu hoio koko, a i laanakila mai ka noho'na haumia, e loaa ano na ia i ka mai lepera.

Aka, ua ae laulaha ia, o ka pone ilihune loa, e ola ana mamuli o na mea ia a me na aahu kuponoh, a i noho maloko o na wahi pelapela, e ano kau aku ana no ka lepera maluna o lakou, i na no aole i noho iloko o ke haumia a me ka haukai.
A mawaho ae o na kulana kupono ole o ke ola ana, a noho’na haumia me ka hui kau; he oiaio no paha, he nui aku no na kumu i nalo mai ka ike ia ana, nana i hoolala i ka ulu ana a me ke kanu ia ana mai keia mai lepera. Aka, ma na ouli i ike ia e pili ana i keia mai, ua kau ia no hoi na manao kupono, ma ke ano he mau kumu; o oukou e na kanaka Hawaii, ina he kane a wahine paha, e pono e noonoo me ke akahele a e lawe aku me ke kuio iloko o ka puu wai, e like me ko oukou manao nui i keia ola ana, a i makau pono hoi i ka weli o na hiona o ka lepera, e hoolkaika e kiai i ko oukou ola ma o keia mau rula malalo iho nei:

Rula 1.

Mai ae aku i kehaki mea makukau ole i ka lapaa u ana e o lima ia oe, a i kau keiki paha. E hele aku i kahi o kekahi kauka lapaa u haole i akamai a i maa, a e hilinai ma o ka o lima ana me ka palahehe maemae a maikai.

Rula 2.

E hoomaemae i kou koko mai na ana mai ina ae. Ina paha ua loohia ia oe i ka mai kaokao, a ke mau i la no paha maluna ou, e hele aku i kahi o kekahi kauka haole akamai, i loaa ai ka lapaa u kupono ia mai ma keia anu kulana mai. I kahi manawa, ka loohia ia oe me keia anu mai, o oe, a o kahi hoalaoha paha e kokua mai ana ia oe, mamuli o ka ai ana i ka laau i kapaia e na kauka haole he iodide of potassium, blue stone, a ano laau e ae i maa i na kanaka Hawaii i ka lapaa u ana ia lakou iho i keia manawa, i loaa ai na anu maikai o ke kina a me ka olu o o ke ola; aka, e manaoio iho oe, a like me ia i oeleo mua ia iho nei, mamuli o ka nele ana o ka mea lapaa u i ke akamai aole e nele ka halele o ka hapanu i i kauka haole i ka lapaa u ana i kou mai, a e haule hope loa ana o keia mai ka hooloa loa ana i kou kina, e koe no anuanei iloko ou na maawe mailo o ka mai, nono ka hopena kaumaha he lepera. Nolaila, e hilinai mamuli o na kauka haole wale no, ma ke pale ana aku i na mai kaokao. A ia oe hoi e ka mea maemae i loohia ole ia i nei anu hoihiona, e hoopaweo loa mai ka mea i loaa i kauia kulana, e like me ko hooakaawale ana ia oe iho mai ka lua ahi mai.

Rula 3.

E pale loa i ka hui naa o na kauka naauao no ka lele a me ka lele ole o keia mai lepera. Aole io no paha he lele e like me ka mai hebera a mai puupu Puulaili; aka, he mai kau aku no paha i kahi, mamuli o ka launa kina pu ana, e like me ka mai akepau.

He hiki no i kela a me keia, me na kina ola maikai, ke noho pu a ai pu me ka mea mai lepera, a ma na anu mai o ka noho’na o keia ola ana, a me ka noho pu me ia, aole no e loaa kekahi kumu, oia o Damien, i minamina ole i kona anu iho no ka pomaikai o ka poi mai lepera, a mahope wale iho o ka hala ana o na makahiki ehiku o ka launa pu ana me lakou ma Kalawao, Molokai; me ke kokuia i kela poi pilikia ma na mea a pau i iki ia i ke kukua iloko o na wa a pau a hiki i ka hooloolo ana o kona kina ma ka luakupapau, aole nae i loaa iki i keia mai weliweli; aka, ke lilo i halawai pu ana ma o ke kina a he kina, alaila, ina he mea mai lepera kekahi, e manao ia no anuanei, e hoa ae ana no ke ewe o keia anu mai iloko o na la mahope i laua a i elua.

E hooakaawale ae oe mai kahi o ke kanaka lepera, e like me ko hooakaawale ana ia oe iho mai kekahi lua ahi mai.

Rula 4.

E ola e like me ka mea i hiki kupono ia oe ke malama ia oe iho. E ai i kela a me keia manawa kupono, a e hoomahuahua i na anu mea ai e like me ka mea e loaa ana ia
E manaioa mai auanei paha he mea makehewa keia mau olelo kuhikuhi, oiai, he poe maa no na kanaka Hawaii i ka ai nui; aka, aole nai e maa na kanaka ma ka hoopololei ana i ka manawa no ko lakou wa e ai ai, he manawa ai wale no ke hiki mai ka pololi. No lakou, he ahaaina i kahi la, he paakai ko kahi la, a he neo loa no ko kahi la, a pela iho la ko kanaka noho‘na. O ka ai nui loa a o ka hoopololei ole i ka manawa e ai ai, he mea hoinoino koke ia i ke koko, a he kumu hoomihala mai i ka opu i na la iho mahope; nolaila, e ai me ka hoopololei i na manawa kupono, me ka hoomau aku pela me ka lawa pono i na la a pau; a e noho malalo o na malu hale kupono. E pale aku i na wahi pouliuli, a ano kawau no ka hooluolu ana, i lawa ole me na haawina no ka hoolawa ana i na kukuna o ka la a me ka pa ana o na ea, e like me kou pale ana aku i kahi o ka poino. Mai moe me ka aahu lepo a kawau, a e malama mau i ka maemae o ke kino.

Rula 5.

E makaala loa i na hiohiona mua o ka lepera. I ka manawa au e hoomaopopo iho ai i ke ano ike ole ia o ka eha, a ike ia ka puka ana o kekahai ano upehupehu paha, he mau ouli mua ia o ka lepera, e hele koke aku i kahi o ke kauka, a e ae aku e nana mai oia ia oe. Ma ka hooko koke ana i keia me ke kanalua ole, e hoolilo ana oe ia ia i hoaaloha nou. Aole ia e makemake ana e hoike ae he lepera oe e hooanaia aku ana oe i Kalawao; aka, e hooikaika ana kela e hoola ia oe, a e pale aku i neiia mau omaka o ka mai, i lilo ole ai oe i kanaka mai lepera. A mai hoolei wale aku i kau wahi meheu o kou ola na na kahuna Hawaii hoopunipuni e palaukea mai me na puua hiwa, i-a ula, a pela aku, me ke kaa o ka pa‘u ia oe.

E waiho aku ia oe iho iloko o ka lima o ke kauka i ao i na wahi a pau o ke kino kanaka; e like me ka mea i ao i na olelo kuhikuhi o kekahai buke, a nana e hooiaio mai ia oe, ina he kanalua no keia mai, a mai okoa e ae paha.
APPENDIX F:

Sanitary Instructions for Hawaiians [1880]
Walter M. Gibson

"Leprosy"

Hawaiians call this scourge of their race the Chinese disease. ("Mai Pake."") But it is no more a Chinese disease [sic], than it is a Hawaiian disease; as it attacks, or has attacked all races of mankind, in all ages. It was the terror of Israelites, Greeks, and other ancient peoples; as it is now of Hawaiians, Norwegians and other nations of this day.

National, or race prejudice often leads ignorant people to attribute maladies, hitherto unobserved by them, to the malign influence of some other and antagonistic race. Thus the English, in the sixteenth century; when they first began to observe the ravages of venereal disease, named it the "French disease." But it was; as is elsewhere stated in these instructions, no more French, than English in its origin; and was, and is in truth, a curse of universal humanity, like leprosy.

Therefore, say not, Hawaiians, that the Chinese brought the disease of leprosy into the islands; since you see, that they are very rarely attacked by it: - there being hardly one Chinese leper to a hundred Hawaiian lepers, in this Kingdom.

Leprosy prevails in the island of Timor, and those islands of Malaysia, whose races are most cognate with the Hawaiians.

Physicians the most learned, and of the largest experience, do not profess to understand fully this disease. They give it names. They say it is nervous; or painless; or they call it leprosy of the Greeks; but they have not yet acquired any positive knowledge about the causes of the wonderful and horrible changes that take place in human bodies; such as numbness, or deadness of the skin; swellings on the face; foul blotches all over the body; sloughing of putrid flesh and crumbling away of rotten bones, and other conditions of disease, called leprosy.

This is the supreme physical curse of man that baffles all skill, and which separates the leprous man in all lands from his kind and kin; - and bids him cry out; as he did in the land of Palestine, to all passers by. "Keep away! I am accursed! I am unclean!"

You Christian Hawaiians, have read in the Bible, how that great disobedience; or great falsity were punished with a certain form of leprosy; as in the cases of Miriam, of Gehazi, and of Uzziah; - and though you may not witness any such special cases of punishment; yet be assured, that this disease, is indeed, in most cases, a curse, following upon gross and constant violation; either voluntary, or involuntary, of the laws of
health.

If venereal poison is in your blood, and you are neglecting your case; – living on with a diseased body, – you are preparing a soil for the growth of leprosy.

If you are living poorly and irregularly; and lodging in a badly ventilated house, and sleeping on damp, mouldy mats, you are offering an invitation to leprosy.

If you constantly vitiate your blood with riot and debauch, you ought reasonable to expect some chastening malady, and when it comes, it may be the worst of all.

If you sleep with a leper, it is not certain that you will become a leper, at any rate not perhaps for several years; but be sure, you cannot rub against an abomination and go unscathed.

And when leprosy has marked you for its own; the stamp of death is upon you and though you are still breathing, you have virtually entered your grave.

No man of science has yet proven that leprosy is curable. Many physicians and other good persons, striving to heal their fellow begins, have treated the disease in what are called early stages; or what was not in fact confirmed leprosy; and have restored a suspected leper to apparent sound health.

But when the flesh and bones of a human being have begun to slough and crumble away in leprosy; no man’s skill has brought back to soundness and cleanliness, such a decaying body; any more than human skill has checked the putridity of the grave; or flushed a livid corpse, once more with a tide of healthful and beautifying blood.

Therefore the subject for these instructions to consider, in connection with leprosy, is prevention rather than cure; and first, let us dwell upon some of the ways, that this dread disease may be communicated to an individual, and propagated among a people.

Many well informed foreign physicians, in Hawaii nei, are of opinion, that the general and unprofessional vaccination of Hawaiian children, in years past, to prevent small pox, has contributed largely to the spread of leprosy in these islands.

This is a serious matter for consideration; that the means provided to avoid one danger, should only prepare the way for a greater one.

Vaccination has justly been regarded, as an important discovery in medical science; and a great blessing to mankind; but like many blessings, that are abused, or not well understood; it may be, that this preventative remedy, being improperly administered, may become a curse.

Know, Hawaiians, that vaccination proper; as discovered and administered by the English physician Jenner, is the introduction of matter from the scab of a pox on a cow, into the skin of a human being, in order to check, or prevent the development of the disease of small pox.

The cow pox produces produces [sic] a disease somewhat similar to the human
pox; but in a much milder form; –and one disease neutralizes the other; –so that, when any one disease has had the slight disease of cow pox, imparted by vaccination; such a person is not liable to the dangerous disease of small pox, which attacks human beings. And when the matter, used in vaccination, is taken from the animal, there is no other element of danger, in connection with its insertion into the human skin, than what is associated with the simple cow pox disease.

But, if the vaccine lymph, or matter, applied to the arm, or leg of any adult, or child, has been taken from a sore on the body of a human being; and not direct from the cow; then there is danger, that some of the many germs of disease, lurking in human bodies; such as leprosy, or syphilis, may be planted in a healthy body, in this way.

These disease germs are never manifest; or do not break out, on the bodies of children, under about six years. Children under that age, even of leprous, or syphilitic parents, may appear quite clean limbed and sound; but as life advances, the horrible disease begins to grow and to show, what was planted in the tenderness of infancy.

Therefore, O, Hawaiian fathers and mothers, should you become alarmed again, on hearing of the arrival and spread of small pox in your islands; and you should then desire to have your little ones guarded against danger; as you have been often and properly instructed, but the operation of vaccination; then be prudent, and resolute; and do not allow any one, who may propose to do so; any foreign neighbor, or preacher, or school teacher, or judge, or sheriff; who my appear to you well informed on account of their official and respectable position, to perform this operation on your child; but go to a respectable foreign physician, one whose position has been recognized by his diploma, or written character of instruction and practice; and tell him you want your little one vaccinated. And then, when the operation is properly performed; you may rest content, that no germ of leprosy, or syphilis, or other dreadful disease has been planted in the tender body of your innocent child.

But, improper vaccination is only one of many ways, by which the disease of leprosy may be imparted to a human body.

Venereal diseases and leprosy are evidently akin; but exactly what that relationship is; or how one disease may lead to, or favor the attack of the other, is not yet understood; or at least, not yet declared by learned physicians. But this much you know however; many of you unfortunate Hawaiians; that both diseases will eat away your flesh and bones, and soon make of the comely bodies, made in God’s image, a frightful abomination. And you feel tolerably well assured, moreover; that if two men, one perfectly well and clean in body, and the other diseased with venereal virus, were each brought into intimate contact with a leprous individual that the venereal man would be affected by the horrid association, and become a leper, far sooner than the sound man.

But what sound, or sick man, or woman will seek intimate contact with a leper?
It has been said in another part of these instructions, and may be repeated; that sexual intercourse, between a sound person and a leper, if voluntary, should be regarded as a crime.

Or, those who go about to propagate so woful [sic] a curse on their kind, should be confined and treated as insane.

And you that are going to cohabit with a man, or woman, diseased with syphilis, in any of its stages, consider that leprosy may be the price of your folly. Surely the feet of some people are ready to “take hold on hell.”

Again, in considering the cause of leprosy, observant physicians in Europe have noted the fact, that nearly all lepers come from among the poor, who have fared badly, and have lodged in damp, and illy [sic] ventilated cottages or huts. And the same may be said of the most of Hawaiian lepers.

If a well off, and well nurtured individual has become a leper, the cause is usually referred; either to hereditary taint, inoculation of the disease; or to habits of life, that have vitiated all good living.

It has yet to be proven, that a well to do individual, having fared and lodged well through life, who is, without suspicion, of hereditary taint, who has not been affect by inoculation; and who has been free from vicious habits and associations, can become a leper.

But it is freely admitted, that very poor, ill fed, badly clothed, and unwholesomely lodged people, are liable to become lepers; without vicious conduct and associations.

And besides unhealthy conditions of life, or vicious conduct or association, there are no doubt many hidden causes or influences, that prepare the human body for the planting and growth of leprosy. But in regard to what is known, and justly regarded, as predisposing causes, you Hawaiian, man or woman, should consider them carefully, taking them earnestly to heart, and as you love life and justly fear the horror of leprosy, endeavor to guard your health by the following rules:

Rule 1.

Do not let any unprofessional person vaccinate you, or your child. Go to an experienced and faithful foreign physician, and trust, that he will perform the operation with pure vaccine lymph.

Rule 2.

Eradicate syphilis from your blood. If you have, or have had any venereal disease; and are still affected by it, go to a skilled foreign physician to be thoroughly treated for this malady. Sometimes when you are affected by the disease, you, or some friend assisting you, may produce some soundness of flesh and appearance of health, by
the administration of iodide of potassium, blue stone, and other remedies now familiar to
many Hawaiians; but be assured, that being without medical skill, you will be most
likely to omit much in the treatment of our case; and you may fall short of having
effected a radical cure, and may leave in your system, germs of disease, that have a fatal
affinity for leprosy. Therefore, trust only to the foreign physician to eradicate venereal
disease.

Rule 3.
Avoid contact with a leper. It is true that the contagiousness of leprosy is yet in
dispute among learned physicians. It is certainly not contagious like small pox, or
measles.

But it may be communicated by much and intimate association, like
consumption.

Any one whose flesh is all sound, may sit and eat with a leper, and in any
ordinary matters of daily life, may associate with one; and yet have no reason to dread
any effects of contagion. This ordinary intercourse, between the healthy and the
leprous, has taken place in these islands in a multitude of instances, without any
apparent hurtful result to the healthy individual.

But when the association is intimate – is a close contact of body to body – then, if
one is a leper, it may be expected, that leprosy will by and by, claim both for its own.

Avoid a leprous bedfellow, as you would a pit of fire.

Rule 4.
Live as well as you can. Eat regularly and plentifully of the best food you can
get. This advice may seem unnecessary; as Hawaiians never neglect to eat bountifully,
when ever an occasion offers. But all Hawaiians do no provide their food regularly. It
is with some a feast one day, and a famine another day. Excess, or irregularity in diet
soon disorders the blood, and makes the individual susceptible of disease; therefore, eat
regularly and well every day; and lodge well. Avoid a dark, damp, badly ventilated
room, as a place of repose, as you would a grave.

Never lie down to repose in damp, or dirty clothes, and keep your body always
clean.

Rule 5.
Take care of the first symptoms [sic] of leprosy. The moment you observe any
numbness of feeling, or notice any of the marks or swellings, that indicate leprosy, go to
a good physician at once, and let him examine you thoroughly. By acting thus promptly
and frankly, you will make him your friend. He will not want to report you as a leper,
to be sent to the Leper Asylum at Kalawao; but he will strive to heal you, and to prevent
these beginnings of disease from leading to confirmed leprosy. And do not throw away your chances of life by trusting to a pretender, (kahuna,) whose chief skill for saving you, is to eat a particular pig, or chicken, or drink some awa at your expense.

Put yourself into the hand of a man who has studied all the parts of the human body; even as one who has studied the leaves of a book; and he will tell you truly, whether you have to fear leprosy, or something else.
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