HEALING GENERATIONS OF HISTORICAL TRAUMA
IN A HAWAIIAN BODY OF KNOWLEDGE

A CASE STUDY OF
AN ACT TO PREVENT THE SPREAD OF LEPROSY, 1865

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

MASTER OF ARTS

IN

HAWAIIAN STUDIES

DECEMBER 2015

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ACKNOWLEDGEMENTS

Aloha
Creator/universe, nā akua, nā ‘aumākua, nā kūpuna of the earliest blinks of time,
thank you for what you give,
in earthly and light forms, from dark depths,
gifts of differing degree (all sacred),
so that we may continue to move slowly enough to see the path and with enough weight
and pace to support the treading of our people and the recovery of universal (beyond)
pono.

Our Ancestors affected by An Act to Prevent the Spread of Leprosy,
for your pains and beauty,
your efforts and love,
may you continue to inspire our movements toward restoration and help us to find peace
in our carrying on and fighting to heal these heavy burdens.

All of you, may you find yourselves in these words and know I hold you close to my
heart:

ALL of my grandparents, thank you for being a breathing connection to our lines,
grounding our bones to different spaces of the planet, thank you for kahana-pidgin,
namesake magic, popcorn movie and indian blood, cherrie ice cream sterness and
gardens, thank you for seeing me and loving me beyond what is understood, past our
logical minds through soul hugs and teary eyes. Mahalo for sharing a house, for long
talks, for deer meat strew, for da truck drives on reservation lands and up into Kuliouou,
for sharing prayers and dreams, for being family, for weekly lomi/poi sessions that
provide me with grounding in this world that moves too fast for its own good, thank you
for reassuring pace that propels forward/forethought/backreflections. Mahalo for old
school morals, life lessons of timing and accountability, may we always be held
accountable.

ALL of my teachers, mentors, for the ‘āina and kūpuna, through thick and thin, we
struggle, we do it for our families, our people, our communities, our nation, thank you for
helping me feel the strength from our backs. Mahalo for believing in the power of ‘āina
foods and medicines, for your ingenuity, dedication to justice, practicality, for setting a
bar we look up to, for always sharing your thoughts and having a moment. Mahalo for
blowing the mind out of regularity and the body into place, mahalo for loving lāʻau and
living to a strict standard, your strength and visions are immeasurable, you live beyond
measure. Thank you for your knowledge in the arts that has helped me understand energy
(all its placements, breathing, and parts), for opening up your home and practice to heal
the nation, for getting me to this last semester and through it. Mahalo for your brains and
brawn that give light and strength to our people, thank you for your research, critique,
soul and sight, mahalo for the foundations of pure, solid love, thank you for making a
place of our ancestors for the next generations to be welcomed home and housed. Mahalo
for your friendship and insight over a lifelong journey, thank you for shared openness to
possibility, for seeing into blurred lines, for believing something could come of this process and supporting its emergence as it needed to be. Mahalo for being a connection to our kūpuna, through the tongue and mouth into the souls, minds and knowing that we long to connect with and hold close. Mahalo for opening up heart, family and home, for providing shelter and flight for wings, thank you for firmness in finishing and believing in me as a practitioner in this world. Love beyond/aloha nui, deepest thanks.

ALL of my parents, aunties & uncles, thank you for having me. Thank you for being parts of a whole, for teaching me forgiveness, friendship, strength, respect, independence, dependence, loving with conditions unconditionally, and for accepting me as I am. Thank you for “strong woman” mentality, for helping the masses, for your tabs and concern, which give so much more spring board than you will ever/that has ever moved mountains, thank you for being outside of normal.

ALL of my brothers, sisters & cousins, thank you for your sprightly nature, you always give solid challenge and are of tender heart, may you lead from the latter and find support in the former, thank you for teaching me about sisterhood/motherhood – it is amazing to see you in both realms – may you find the stability needed in soaring to the stars, thank you for your loving heart and sweet nature, may you be fierce in your endeavors and only accept the best for yourself, thank you for your shy, steady work ethic and steadfast knowing of who you are, may you be soft and fully expressed in loving this path, thank you for fruitful eyes and appreciative soul, may you find a cool spot in this world and the worlds out there that warm your heart. Thank you for the good times equally able to bear weight with the bad, for the sight of light and transformation as women, raising children, being there for our people in all the ways we know how, with fault, and from heart, all knowing ever open (protected). Mahalo for your steel tongues cast in flames of true heart, always caressing our communities, molding, supporting and shaping into what is possible from what we recover and know as truth. Mahalo for the sides of creation that allow us room for visioning and reevaluating pains, melodies sung into growth.

ALL of my babe, thank you for your millions of selves that effortlessly and with much effort feed our people by the mouth and through the soul, both filling the gut through the scrutiny in your eye, giving reliability to your cause, roundedness to your cycle, mahalo for envisioning, creating, and for meeting/seeing me in these moments.

ALL of our children, may we hold you now, as we forever will, tightly for the warmth and ample in the space needed to reawaken the crackling, unfurling that is you, direct reflections of your ancestors.

May this song fly and be free,
its words are yours too,
mahalo, mahalo, mahalo.
ABSTRACT

In an effort to curb the contraction of leprosy, An Act to Prevent the Spread of Leprosy was created in the Kingdom of Hawai‘i. This thesis examines the ideology behind this law’s creation and the treatment prescribed by it, in order to critically explore its past effects and carefully investigate its present-day repercussions. A Kanaka Maoli health practitioner lens is used as a viewing tool to connect history, politics and health over time periods and across populations. This thesis includes literature reviews on policies of regulation, human experience, historical trauma, measurements for human and Indigenous rights and self-determined methods for rebuilding health. Conceptual modeling adds visual connections between disease, policy, people and health, and a survey of Hawaiian language newspapers provides a bridge to ancestral voices on these topics. Findings suggest colonial ideology racialized An Act to Prevent the Spread of Leprosy to regulate Kānaka Maoli through stigmatization, criminalization, separation/displacement and experimentation against our cultural responses to disease. Through historical trauma and with the political power to create or destroy health, colonial ideology within An Act to Prevent the Spread of Leprosy continues to regulate, control and adversely impact Kānaka Maoli health representations of people, ʻāina and nation today. These findings and the suggested healing interventions can be applied to all peoples affected by colonization and/or occupation, where it is necessary to intimately and carefully examine past events and historical trauma in order to move forward in current healing situations.
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PREFACE

This work has turned out to be a twisting and turning path; a representational convergence of many view points into a single, story-like thesis. In it we will travel across time periods and through knowledge banks including history, politics, ‘ōlelo Hawai‘i and public health as they pertain to *An Act to Prevent the Spread of Leprosy*, a law that passed in the Kingdom of Hawai‘i in 1865. This thesis is tailored and told through the lens of a Kanaka Maoli health practitioner, where health assessment skills of lomilomi, ho‘oponopono and lā‘au lapa‘au are combined with cultural, critical and political skill sets and analyses learned at Kamakakūokalani, Center for Hawaiian Studies. This broad and yet specifically focused lens is just one approach to examine connections between time periods and subject matter around *An Act to Prevent the

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1 Mary Kawena Pukui and Samuel H. Elbert, *Hawaiian Dictionary* (Honolulu: University of Hawai‘i Press, 1986), 284 and 62: Hawaiian language. This dictionary is cited here in book format because of the wealth of knowledge found in it pertaining to culture, practice and history as defined by a well respected Hawaiian elder, Mary Kawena Pukui, who was also integral in the creation of other works not limited to, *Nānā I Ke Kumu: Look to the Source*.

2 Kingdom of Hawai‘i, *Laws of His Majesty, Kamehameha V., Passed by the Minister of the Interior Legislative Assembly, at its session, 1864-1865: An Act to Prevent the Spread of Leprosy* (Honolulu, HI: 1865).

3 Pukui and Elbert, *Hawaiian Dictionary*, 127 and 240: Hawaiian native; Native, Indigenous person, where Kānaka Maoli is the pluralized form of this term and will be used throughout this paper. Also, for this work Native/Indigenous is specific to the persons Indigenous to Hawai‘i.

4 Ibid., 212: Reduplication of lomi (to rub, press, squeeze, knead, massage); masseur, masseuse.

5 Ibid., 341: To put to rights; to put in order. In this context of healing, to make right is appropriate.

6 Ibid., 189: medicine. Literally, curing medicine.

7 “Kamakakūokalani, meaning upright eye of heaven, serves as a metaphor for the Hawaiian Studies program’s higher mission of seeking truth and knowledge. The Kamakakūokalani Center for Hawaiian Studies (KCHS) was named for Gladys Kamakakūokalani ‘Ainoa Brandt in 1997, a prominent Native Hawaiian educator who believed it was through education that the Hawaiian people will become more effective agents in carrying out traditional ancestral practices, customs and in transforming, shaping, and contributing to the world. Her work, integrity, and passionate devotion to education continue to inspire and guide Kamakakūokalani today.” Hawai‘inuiākea, School of Hawaiian Knowledge, *Kamakakūokalani Center for Hawaiian Studies*, http://manoa.hawaii.edu/hshk/kamakakuokalani/.
*Spread of Leprosy.* Through it a reader may uncover ways in which Kanaka Maoli health was affected because of this law when it was being enforced, determine how this continues to inform Hawaiian health as it manifests today, and approach various access points of healing for our people and the larger community in Hawai‘i.

Various forms of scholarship have already been produced on the topic of Hansen’s disease, hereafter known as leprosy, in Hawai‘i. Some pieces to this story include Health Reports on the topic of leprosy as documented by the Board of Health. Letters between loved ones, letters from those exiled in Kalaupapa to the government as well as their accompanying pictures are, in part, what constitute the valuable work by Ka ‘Ohana O Kalaupapa. This organization serves both a broad and deep mission where,

**Ka ‘Ohana O Kalaupapa**, an ohana of Kalaupapa patients, their family members and friends, is dedicated to promoting the value and dignity of every individual exiled to Kalaupapa since 1866. As an ‘ohana, we cherish and look for guidance from our kupuna of Kalaupapa and we believe in the values of aloha, lokahi, malama, kokua, and pono. The goal of the ‘Ohana is to ensure that the state and federal laws are carried out to guarantee that all patients can live out their lives in Kalaupapa with all the necessary support and services. We will also work with and serve as a resource for other entities to help shape the community’s future, assist with the interpretation of history, educate the public and make certain that the legacy of Kalaupapa will remain a living inspiration and testament for generations to come.

Anwei Skinsnes Law, a scholar dedicated to the revival of the people behind these stories, contributes to the mission of the ‘Ohana. Her work combines photographs and translated excerpts from both nūpepa and letters to give readers a deeper and more beloved understanding of the people who called Kalaupapa their home. Her work, I

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8 Hansen’s Disease is a more commonly used name for the disease leprosy today. The term leprosy will be used throughout this paper instead because of its more prevalent use in scholarship, medical, historical documents and Hawaiian language newspapers.

9 Ka ‘Ohana O Kalaupapa, *THE OHANA MISSION STATEMENT*, http://kalaupapaohana.org/mission.html. The bold font and spelling in this quote are found as is in this source.

believe, is towards a humanizing end, where the soul and personality of the individuals who suffered because of this disease are brought to life to be celebrated and so that their stories may be told from their own words. Also, Law and the ‘Ohana’s efforts as a collective have produced records that have helped bring together family members and their ancestors who were sent to and perhaps passed away on Kalaupapa. Law’s book *Kalaupapa: A Collective Memory*, and one she co-authored, *Ili Nā Ho’omana’o o Kalaupapa: Casting Remembrances of Kalaupapa*, were published in 2012.¹¹

Kerri A. Inglis, also a renowned author on the subject of leprosy in Hawai‘i, has produced scholarship on the topic and a most recent book entitled *Ma‘i Lepera: Disease and Displacement in Nineteenth-Century Hawai‘i* that was published in 2013. For this latter publication and in her own words, Inglis says that

The work strives to present this episode in Hawaiian history from the patients’ perspectives, the overwhelming majority of whom were Native Hawaiian. Therefore, Kānaka Maoli (Native Hawaiian) voices are privileged in this mo‘olelo (history), Hawaiian language sources are examined, and nineteenth-century indigenous Hawaiian cultural concepts are sought to be understood as they relate to concepts of self, disease, health, and well-being.¹²

Inglis’ critical analysis is sharp, her relaying of historical voices and truths is strong and her inclusion of harm done to the individual, ‘ohana¹³ and lāhui¹⁴ is of importance. Her work will be cited in this document, along with that of Law.


¹² Kerri A. Inglis, “Acknowledgments [Sic],” in *Ma‘i Lepera: Disease and Displacement in Nineteenth-Century Hawai‘i* (Honolulu: University of Hawai‘i Press, 2013), IX.


¹⁴ Ibid., 190: Nation.
Also included within this work is scholarship by various authors concerning the links between exile, shame and their origins in the enforcement of *An Act to Prevent the Spread of Leprosy*. This research bank, varied in both perspective and intent, is valuable in its contributions to a history untold for some time. My hope is that this paper may add to the knowledge well, and make available for discussion, a sense of the impact that historical trauma can have on a people’s health in the time of an occurrence and the continued impacts that may occur on the future health of a population and their descendants.

Particularly for discussion here, the enforcement of *An Act to Prevent the Spread of Leprosy* affected Hawaiians more than any other population in Hawai‘i at the time. In fact, more than 90% of the 8-9,000 people forced into isolation were Hawaiian. This law effectually regulated and harmed one population in particular – the people with genealogical ties to Hawai‘i.¹⁵

**Ka/ānaka Maoli/Hawaiian/Native Hawaiian:** I will be using the terms Kānaka Maoli, Hawaiian(s), Hawaiian people and Native Hawaiians interchangeably to reference those Native/Indigenous to Hawai‘i. There is currently debate on how/in what ways we (like many other colonized and occupied peoples) identify, name and reference ourselves according to what rights and paths of de-colonization and/or de-occupation we need to take. I understand the relevance of this conversation, although it will not be a focal point.

¹⁵ Law, “Perhaps They Are Just Left There,” in *Kalaupapa*, 5; Inglis, “A Land and a Disease Set Apart,” in *Ma‘i Lepera*, 33. An example of a 1903 census provides a specific breakdown for the 888 people isolated in Makanalua. Of 541 men, 85% (or 459) were Kānaka Maoli men, and of 347 women, 97% (or 338) were Kānaka Maoli women. Among the other ethnic groups represented were 40 Chinese men and 3 Chinese women; 12 Portuguese men, 2 Portuguese women; and 7 American men and 1 American woman. U.S. Department of the Interior, “Kalaupapa: National Park Service Hawai‘i,” *An Act to Prevent the Spread of Leprosy. 1865*, last modified October 27, 2015, http://www.nps.gov/kala/historyculture/patients.htm.
in this paper. My interchanging of these words is intended to give back power to Kānaka Maoli in what it means to decide how we want to be identified, named and referenced; I am not choosing or canonizing any term according to a specific political goal outside of Hawaiians choosing our stories and health representations according to what is best for our people. And attention given to the power of naming is focused here on our Hawaiian ancestors’ intimate links to ‘āina.16 They traveled to these islands thousands of years ago, and although we are not as old as the coral, our creation stories say we descend from them.17 Our ancestors’ bones mingle with the sand, and this genealogical connection to Hawai‘i makes us ‘Ōiwi18 to this place, and our ties to this land go back further than any other ethnic population.

Self-determination:19 The use of self-determination in the context of the debates around Hawai‘i and colonization and occupation, as well as the use of colonization and occupation throughout this document deserve some explanation. Kūhiō Vogeler charts a transformation on political thought that shifted in “focus in Hawai‘i from land protests and colonization to rights of Indigenous peoples, then toward academic research into the

16 Pukui and Elbert, *Hawaiian Dictionary*, 11: Land, earth – Whereas, in the words Ua mau ke ea o ka ‘āina i ka pono (The life/breath/sovereignty of the land is perpetuated in justice/righteousness), it is evident that Kānaka Maoli held a profound connection to the land, and an imperative instinct existed where a healthy, balanced connection between Kānaka and ‘āina involved the symbiotic, cultural, historical, political and ecological survival of both.

17 For example, *The Kumulipo: An Hawaiian Creation Myth*, translated by Queen Lili‘uokalani, is one of the creation stories that refers to our human beginnings. This resource can be located with this citation: Queen Lili‘uokalani, *The Kumulipo: An Hawaiian Creation Myth* (Kentfield: Pueo Press, 1978).


19 Defined as “the right of the people of a particular place to choose the form of government they will have” and “determination by the people of a territorial unit of their own political status,” as well as “the freedom to make your own choices” and “free choice of one’s own acts or states without external compulsion.” “Definition of Self-determination,” Merriam-Webster: An Encyclopedia Britannica Company, accessed November 5, 2015, http://www.merriam-webster.com/dictionary/self-determination.
U.S. occupation of Hawai‘i.” 20 He argues that under international law, an independent state [a country under international law] can be occupied but not colonized by another state.” 21 Vogeler sites that Hawaiian resistance to “continued foreign occupation” surfaced in 1978 and by 1996 Hawaiian scholar, Kanalu Young, “began discussing with Keanu Sai and others the illegality of the U.S. occupation.” 22 Kekailoa Perry adds Kamana Beamer as another Kanaka Maoli scholar who is “now developing tremendous works that assert Hawai‘i’s rights, under international law, to end the U.S. occupation of the existing, independent nation-state of the Hawaiian Kingdom.” 23

Vogeler clearly states that, “as with inherent sovereignty, the term “self-determination” inaccurately places Native Hawaiians within U.S. domestic law, implying that the Hawaiian Islands were never an independent state.” 24 However, he also makes room for the existence of both previously: “internationally, during a global period of decolonization, the concepts of colonization and occupation were linked,” where the United Nations has likened foreign occupation to colonization as a form of foreign aggression that prevents a people from exercising their self-determination. 25

Noelani Goodyear-Ka‘ōpua believes that the theories of colonialism and occupation are not mutually exclusive, where “this important legal clarification

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21 Ibid., 253.

22 Ibid., 255-6 and 260.


25 Ibid., 256.
[occupation] does not require dispensing with an analysis of colonialism, which is more than just a legal status but a set of discourses and social relations.”

Perhaps even, the “legal clarifications made by Sai, Vogeler, and others” bolster the consideration “that a prolonged U.S. occupation of Hawai‘i enables ongoing hegemony of a settler society – settler colonialism – with varying aspects and affects.”

Haunani-Kay Trask links colonzation and occupation in the following statement,

But American colonization has brought more than physical transformation to the lush and sacred islands of our ancestors. Visible in garish “Polynesian” revues, commercial ads using our dance and language to sell vacations and condominiums, and the trampling of sacred heiau (temples) and burial grounds as tourist recreation sites, a grotesque commercialization of everything Hawaiian has damaged Hawaiians psychologically, reducing our ability to control our lands and waters, our daily lives, and the expression and integrity of our culture.

In trying to respect all forms of past and current Hawaiian scholarship, for this thesis I am proposing a combination of both theories, intermeshed. It goes well perhaps for this thesis where colonial, pre-overthrow conversations will be had alongside the repercussions of these occurrences in an occupied Hawai‘i today. In terms of the Hawaiian charter school process, Goodyear-Kaʻōpua describes self-determined, Hawaiian education as “Hawaiian-designed and Hawaiian-controlled.” She says that “self-determination has been powerful for Indigenous and other oppressed or


28 Haunani-Kay Trask, From a Native Daughter: Colonialism and Sovereignty in Hawai‘i (Honolulu: University of Hawai‘i Press, 1999), 3.

subordinated people because it carries the dual connotation of both individual and collective empowerment” that are directly linked to “the health of the self as individual and the self as collective.” In this story of individual and collective recovery and healing, achieved in part by remembering our past and self-determining our present and future health representations as Kānaka Maoli and as they relate to An Act to Prevent the Spread of Leprosy and its lingering effects, we need to remember the heavy impacts of colonization that are felt daily and are enforced presently by the U.S. occupation of the Hawaiian nation.

colonizer/occupier/imperialist/westerner: These terms may be mentioned throughout the text interchangeably because of their denotative similarities in perspective, no matter the time period from which certain mindsets, motivations and subsequent actions were born. These actions, concerning the creation and enforcement of An Act to Prevent the Spread of Leprosy, were directly aimed at Hawaiians, and the current legacy of these systems in many forms (i.e. land use, education systems, economic crises, health inequities, political turmoil) are experienced more deeply and exponentially today by Kānaka Maoli in our own homes. These terms denotatively and experientially pertain to individuals and systems that worked and work towards the destruction of things sacred –


31 A note on capitalization is due here to explain that words in their various forms, Colonizer/Colonial, Occupying/Occupational, Imperial, Western etc., may be used interchangeably with their lower case forms of colonizer/colonial, occupying/occupational, imperial, western etc. “Upper case” use of words that have historically caused people harm keeps power with the Colonizer and Occupier, while “lower case” use of these words takes emphasis off of their “capital” power and allows for strength to be refocussed on communities (e.g. especially when we capitalize and “upper case” our own names, such as in Kānaka Maoli).
including, but not limited to, land, knowledge, humanness and genealogy. These terms, however, also carry heavy, connotative baggage for those individuals born elsewhere or raised here but without any ancestral or genealogical tie to Kanaka Maoli ancestors. For you all, with your good hearts, hands and intentions, I mean no harm to you and your practices and appreciate all your love, efforts and support as we hoʻoulu lāhui.32 The use of these terms and how they are applied here are specific to the connections that need to be made from truly non-self-determining actions in history and their current non-self-determined results, as experienced by Hawaiians and non-Hawaiians who call Hawaiʻi their home.

**Molokai/Molokaʻi:** This paper will proceed with the Molokai spelling with respect for what my earliest teacher of ʻōlelo Hawaiʻi, Matthew Kainoa Wong, taught me according to his knowledge about pronunciation of this place name. I also make this decision in alignment with Inglis’ work, where she makes this diacritical choice according to what the elders of Molokai recommend.33

One last area that I’d like to make note of is the use of pictures within this paper. Some of the figures are courtesy of images in Law’s books. I believe she incorporates these pictures in her work to re-humanize the faces and lives of many ancestors. She introduces them to a reader as a person first, and a person with leprosy second. In this paper, images of Kānaka Maoli and people affected by leprosy and this law are used to

32 Ibid., 368 and 190: grow the Nation. Literally meaning to grow the nation, these words signify Kānaka Maoli efforts to elevate and uplift our people on reproductive, cultural, land based and many other fronts to continually and consistently grow a Hawaiian nation of Kānaka Maoli, supported by and inclusive of our non-Hawaiian allies in solidarity for justice, empowerment and self-determination.

33 Matthew Kainoa Wong, class discussion in HAW101, Fall 2008; Inglis, “Note to Readers,” in *Maʻi Lepera*, XIV.
give readers a deeper feeling of the weight of experience, beyond “heady,” textual analysis. I hope that when we see their faces and look into their eyes, we connect with them and what they went through. In this way we can perhaps have a greater understanding of their pains, struggles and triumphs, and how these facets of their single and collective existences, and the events in their lives that created these moments, may continue to inform us today in our work for the lāhui.
INTRODUCTION

HISTORY

By 1830, leprosy was believed to be in Hawai‘i at a “moderate extent.” More specifically, the disease was reported in Honolulu in 1823, on Kaua‘i in 1835 and its presence was confirmed in Honolulu in 1848. The origin of leprosy was not pinpointable, related in part perhaps to the port-like nature of Hawai‘i for many visitors. The disease was also referred to as ma‘i Pākē, as some thought it might have had Asian origins, or that those from Asia were more familiar with the disease. We will discuss various other names for leprosy in more detail in Chapter 3, including ma‘i ali‘i, ma‘i lepera, ma‘i lepela (variation of lepera), and of particular importance and closer to the end of the 19th century, ma‘i ho‘oka‘awale or ma‘i ho‘oka‘awale ‘ohana.

The Board of Health was organized on December 13, 1850 by King Kamehameha III as advised by his Privy Council, and was tasked with “protecting the people’s health


35 Inglis, “Significant Events in the History of Leprosy in Hawai‘i,” in Ma‘i Lepera, XVII.


37 Pukui and Elbert, Hawaiian Dictionary, 221 and 305: Chinese sickness.


39 Pukui and Elbert, Hawaiian Dictionary, 221 and 20: Chief sickness.

40 Ibid., 221 and 203: Leprosy sickness.

41 Ibid., 221, 108 and 276: Sickness that separates or sickness that separates family; Inglis, “Note to Readers,” in Ma‘i Lepera, XIII.

42 Greene, “Leprosy in Hawaii,” in Exile in Paradise, 11; Inglis, “Significant Events in the History of Leprosy in Hawai‘i,” in Ma‘i Lepera, XVII.
and with taking measure to cure them of epidemic diseases such as cholera.”

However, it wasn’t until after the passing of King Kamehameha III and King Kamehameha IV’s ascendance to the throne that leprosy surfaced as an issue. The medical director at the time at Queen’s Hospital in Honolulu was Dr. William Hillebrand. He wrote to the Board in April of 1863 saying,

> Although it may not appear quite in place, I will here avail myself of the opportunity to bring to your and the public’s attention a subject of great importance. I mean the rapid spread of that new disease, called by the natives “Mai Pake.” It is the genuine Oriental leprosy, as has become evident to me from the numerous cases which have presented themselves at the Hospital…. it will be the duty of 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.

As leprosy was a prime topic in a few Board of Health meetings in April of 1863, this disease was also discussed with importance in prior and later years. On December 28, 1862 and February 10, 1864, reports on the spread, origin, transmission and hereditability of leprosy were ordered. On August 10, 1864 when the Board of Health met and reports were heard, Dr. Hillebrand spoke, saying that he “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 necessity.” At that point, it was decided that

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46 Hawaiian Kingdom Board of Health, Leprosy in Hawaiʻi, 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 (Honolulu, HI: 1865), 5-6, quoted in Greene, “Leprosy in Hawaii,” in Exile in Paradise, 12-13.
leprosy had to be dealt with, and *An Act to Prevent the Spread of Leprosy* was passed by Legislative Assembly and approved by King Kamehameha V on January 3rd, 1865.\(^47\)

ROLL OUT

How this law was interpreted and applied will be discussed as we transition into Chapter 1. This chapter will address sections of the law and their detail on method of regulation for the disease called leprosy as well as those who had the disease. We will also look at the members on specific boards and decision-making groups. Attention will be on the presence of a certain kind of colonial, occupying, imperial or western mindset that perhaps strongly assisted in the creation of *An Act to Prevent the Spread of Leprosy* and in the execution of the law performed by the Board of Health and its agents.

With law in general, and especially as it pertains to health and ethical health practices regarding leprosy in Hawai‘i, there were likely immense complications to be had in maneuvering between culture and politics, not to mention the simultaneously emotional and spiritual coping with diseases such as leprosy that contributed to intense depopulation of Hawaiians from 800,000 in the year 1778 to 58,765 in the year 1866.\(^48\) At that time, the Kingdom of Hawai‘i, ruled by Hawaiians, had experienced immense loss, and we cannot begin to imagine how our kūpuna\(^49\) felt as they tried to act quickly to save and protect their people who had survived this early onslaught by foreign disease. As so many people had passed away in only a few generations around the time *An Act to


\(^{48}\) Inglis, “Table 1,” in *Ma‘i Lepera*, 32.

\(^{49}\) Pukui and Ebert, *Hawaiian Dictionary*, 186: (Plural of kupuna) Grandparent, ancestor.
Prevent the Spread of Leprosy passed as law, we will explore how this disease was regulated and how the law’s enforcement and methods of dealing with disease created further trauma and harm for those who had contracted the sickness.

Chapter 2 will begin to bridge An Act to Prevent the Spread of Leprosy and its application with the repercussions of these enforcements for both past and present time periods, as experienced by our kūpuna in that time and by our communities today. Discussion of historical trauma will help us understand the access we have to the knowledge and pain involved in the experiences felt by our kūpuna because of this law. One Hawaiian and holistic method of understanding this law’s effect on our ancestors and on us today is through our continued, genealogical connection as a people and because of ties we have with our homelands. Ileana Haunani Ruelas writes,

A native Hawaiian perspective understands ‘āina (land) as more than a resource that serves consumptive function, and as more than a space to be inhabited or controlled. The Hawaiian word for land is ‘āina or that which feeds. But this conception of being fed is holistic and familial, rather than a purely transactional exchange of satisfying needs. ‘Āina is a repository for ea, the life, sovereignty, independence, and self-determination of a people. ‘Āina carries collective memories of generations in its landscape, in its stories, in the pathways (and features) that are revealed over time, and in the practices that are maintained by this relationship. ‘Āina is a comprehensive, holistic, connected concept – rooted in the foundation of the collective identity of families and communities. Therefore, what has been particularly devastating about the process of dispossession, displacement, or the separation of people from ‘āina, is that a native Hawaiian worldview and lifestyle conceives of, responds to, and cares for land as family. And just as the dynamics of families are influenced and guided by love, mutual affection, struggle, continual conversation, roles, responsibilities, constant engagement – so is relationship with ‘āina.

This relationship between people and ‘āina sustains systems of interconnectedness that strengthens the health of both parties. There is no definitive recipe for maintaining the health of a relationship, these elements are multi-faceted and impacted by the personality, history, and experiences of groups of people involved in the situation. But there are common components that nourish a relationship, and some of these include mutual respect and care, responsiveness to changing contexts, and consistent nurturing. Therefore, if a group of people
enjoys close family ties with ʻāina that help to shape their identity, informs their life choices, ethics, and practices – then separation from these ties would have destructive consequences. Native Hawaiian people trace their genealogical connections to land as a source of kinship, of cultural understanding, of ways of knowing (epistemology), and practices that maintain the community health – thus the severing of these relationships further facilitates the long term effects of displacement.  

Relationships we have with ourselves, our families, with ʻāina and lāhui are informed by interactions of physicality, policy, emotion, care and justice, and lack thereof of these intimacies. There are certain underpinnings of history informed by leprosy that can be explored and connected to the ways in which Hawaiians in particular and all people in Hawaiʻi today experience and know their relationships with themselves, with one another, their families, communities and the ʻāina. The work at hand will attempt to show some of these underpinnings seen as both repercussions and legacy of colonial and occupying mentality as they relate to An Act to Prevent the Spread of Leprosy.  

A Kanaka Maoli health practitioner lens gives insight into this research and the definite health connections between trauma of our past and current occupied health representations of our present. We might take for example, the current occupation of the Hawaiian Kingdom by America.  


ourselves and our history in daily practice, and in relation to the rest of the world. Linda Tuhiwai Smith explains that a new *knowing* is possible by *rewriting* and *rereading*.\(^5^2\) She says that,

*Coming to know the past* has been part of the critical pedagogy of decolonization. To hold alternative histories is to hold alternative knowledges. The pedagogical implication of this access to alternative knowledges is that they can form the basis of alternative ways of doing things. Transforming our colonized views of our own history (as written by the West), however, requires us to revisit, site by site, our history under Western eyes. This in turn requires a theory or approach which helps us engage with, understand and then act upon history.\(^5^3\)

We can consider why stories have been kept from circulation concerning the oppression of Hawaiians, as well as Hawaiian resistance against U.S. and imperial domination.\(^5^4\) Sharing stories in this way, we *rewrite* and *reread*.

As we analyze this story of leprosy under western eyes, the evidence of self-interest at the expense of Kānaka Maoli will create a clearer picture of the force used by the Board of Health, the medical community and the government to regulate, violate and torture Hawaiians. Learning about our ancestors’ experiences of suffering and pain allows us to know more about the genealogical feelings we carry because of these experiences. And this helps us realize truth and understand, more fully, how expectation and outside influence affect the health situations that exist for Kānaka Maoli today.

Going back in time like this is purposeful and healing. It isn’t about *not* letting go of something that already happened. It isn’t about reliving pain or a reality prescribed by

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\(^5^3\) Ibid., 34.

\(^5^4\) What Wa Thiong’o terms the “cultural bomb” is relevant here. This is where western colonization infiltrates a people’s collective mind and obliterates the faith that they have in themselves, their culture, their medicine and their health. All that is left is the colonizer’s way of doing things. And that is what we are to challenge. Please see his work in Ngũgĩ Wa Thiong’o, *Decolonising the Mind: The Politics of Language in African Literature* (Portsmouth: Heinemann, 1986), 3.
western and colonial mentalities. In truth, it is about revisiting the trauma in history
specifically to uncover these painful, lingering experiences and help heal our people and
our stories from the past into the present. In this process, we have the opportunity to self-
determine proper healing remedies for disease due to foreign determinants of our health,
such as severe stigma and human experimentation. And part of correctly addressing all of
what encompasses a person or a peoples’ health is taking full notice of what has
happened in our past that potentially hurts us today.

By really delving into our ancestors in this way, paying respect and giving tribute
to what they’ve experienced, we become that much closer to healing on many levels.
Deep healing like this is about access points – into the self, the community, and, of
course, the systems that still replicate dangerous and historically traumatic health
representations for Kānaka Maoli and our existences. In Chapter 3 we will explore some
access points for intervention, where healing is inclusive of both Kanaka Maoli and
colonizer/occupier forces. For example, while Hawaiians are in the process of
recognizing the current, colonized and occupied state of our lives, the U.S. must also
recognize past, present and continued forms of colonization and occupation that it has
and still commits against Hawaiians and our collective homeland.

All in all, there are many avenues of viewing and looking, and this work at hand
offers only a single lens with which to do so. Countless works of recovery and regrowth
are being pieced together, with many already in place because of the love and hard work
our kūpuna and mentors pour out of their hearts and into communities and ʻāina. I hope
that my work, among and alongside many, can help guide my people and our
communities through history and the shedding of historical weight and out of a
rediscovered darkness, rising deeper and closer to a re-acquaintance with our own identities and representations of Kanaka Maoli health. Like so many other Native and Indigenous peoples, as Hawaiians we wage war daily in ourselves and with a world that has pre-determined for us how a colonized and occupied Hawaiian lives, breathes, looks and survives. Our health identities are our own. We fight to remember life and breath, to take back our manifestations of body/mind/soul/land, and to thrive in the footsteps of our kūpuna as a fully-functioning Hawaiian nation…

And so, as we begin the journey through this paper, let us situate ourselves properly and be open to the knowledge, steadiness and protection needed to recognize, shift and heal self, family, ʻāina, lāhui and humanity, together.
CHAPTER 1:
Our Kūpuna and An Act to Prevent the Spread of Leprosy, 1865

This depopulation has robbed parents of their children, men and women of their friends. It has destroyed families and the concept of community life. It has emptied schools, where once they were full of school children and students. It has emptied churches, where once they swelled up with people, and also the fields [are emptied]. Depopulation has affected the royal families down to the commoners, and many have died. The birth rate has dropped. If this trend continues it may become impossible to find alternative health care, medicines or other ways of living to prevent further depopulation. If no alternative can be found, then what will become of us? Shall we just stand by and watch in despair and cry? Is it not worth the effort to investigate, experiment, and to test for whatever can help our people?

J. W. H. Kauwahi spoke these words in his address to the ‘Ahahui Lā‘au Lapa‘au on January 1, 1867, almost two years after the passage of An Act to Prevent the Spread of Leprosy." This short paragraph, as translated by Malcolm Nāea Chun, gives a glimmer of insight into how some of our kūpuna viewed the situation that had unfolded for Hawaiians and for the collective, public health in the 19th century.

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56 The ‘Ahahui Lā‘au Lapa‘au formed at a meeting among eight Hawaiians on December 20, 1866 in Wailuku, Maui. Those among them met to discuss what could be done to prevent further depopulation of Hawaiians. The group also discussed what ramifications they might incur in relation to the government’s Board of Health, as well as what traditional medicines could help with epidemics that might “be cheaper and abundant.” The group formalized to address four questions in particular: “1. Can only the Board of Health investigate and research medical treatments for the benefit of public health? Is it against the law for others to seek alternative treatments?; 2. Are there appropriate Hawaiian medicines to treat diseases present throughout the Kingdom?; 3. Is it possible using traditional medicinal treatments to diagnose and treat various diseases?; 4. Is it better to disregard traditional medicines and to rely on modern medicine [practiced] by those appointed by the Board of Health?” The ‘Ahahui’s intention with going forward would be to interview and document kāhuna (traditional practitioners) “to discover the true story of traditional medical practices, the identification of illnesses, their cures and to document them.” It is unknown if this document ever went to the Board of Health or its President. However, members who were of both the ‘Ahahui and Legislature perhaps went around the Board of Health as noted by the passage of An Act to Establish a Hawaiian Board of Health in 1868, where the ‘Ahahui’s objectives could be carried out. The main points of creating the Hawaiian Board of Health was to have Hawaiians examine Hawaiian medicinal practitioners for qualifications to be licensed to practice medicine in the Kingdom. Malcolm Nāea Chun, “Introduction,” in Must We Wait in Despair, iii-iv, viii.
The desire to curb depopulation, maintain health and give traditional options for health care and medicines sat within the hearts of our ancestors. The kupuna, J. W. H. Kauwahi, is clear in his words. He had the mind set on finding ways to help the lāhui survive by surveying traditional therapies and investigating and experimenting with foreign technologies as well. While simultaneously caring for the health of their people and the general public, members of the ‘Ahahui were also concerned with the Board of Health’s role in these situations.

The ‘Ahahui Lāʻau Lapaʻau believed that members of the Board of Health harbored “governmental or professional disdain” against their efforts.⁵⁷ They discussed “what could be done with or without the help of the government’s Board of Health,...[and] they needed to consider what if any legal or ethical consequences their actions would have in relation to the government’s Board of Health.”⁵⁸ If our kūpuna were gathering to discuss how to care for our people in the midst of an immense population decline, what does it mean that they did so separated from the Board of Health and at risk of consequences from this governmental body?

One response is that some of our kūpuna believed that the Board of Health did not have their best interest in mind,⁵⁹ and they took organizational efforts into their own hands for health issues.⁶⁰ This tension is a considerable factor to weigh in how An Act to Prevent the Spread of Leprosy was created, enacted and enforced. Hawaiians like Kauwahi believed it necessary to “investigate, experiment, and to test for whatever can

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⁵⁷ Ibid., ix.

⁵⁸ Ibid., iii.

⁵⁹ Ibid. Samuel Mānaikalani Kamakau wrote that “On Maui there was not a member of the Board of Health who did anything to care for the sick,” in response to the smallpox epidemic in the 1850s.

⁶⁰ As Malcolm Nāea Chun suggests in his work, cited in footnote 56 on page 9.
help our people” in a time of population decline, and at the same time, the ‘Ahahui questioned whether the Board of Health should be the single and only entity tasked to conduct research and investigate for the benefit of public health.61

In contemplating the apparent opposition between members of the ‘Ahahui and those of the Board of Health, we can examine the wording of An Act to Prevent the Spread of Leprosy, as chosen by the Board of Health and passed by the Legislature and the King on January 3, 1865.62 It reads as follows,

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 the 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,


62 Kingdom of Hawai‘i, Laws of His Majesty, Kamehameha V., Passed by the Minister of the Interior Legislative Assembly, at its session, 1864-1865: An Act to Prevent the Spread of Leprosy (Honolulu, HI: 1865).
when properly applied to for that purpose by the Board of Health, or its authorized agents, to cause to be arrested and delivered to the Board of Health or its agents, any persons alleged to be a leper, within the jurisdiction of such Police or District Justice; and it shall be the duty of the Marshall 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 have the 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 such 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 sums of money expended by them, out of any appropriations which may be made by the Legislature, shall keep the account of sums expended 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 [Sic] day of January, A.D. 1865.

KAMEHAMEHA R. 63

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63 Kingdom of Hawai‘i, An Act to Prevent the Spread of Leprosy, 62-64.
“WELL GROUNDED ALARMS”

The act itself reads as a life-sentencing in how it addresses those with leprosy; the focus is sharp on how to prevent the spread of the sickness versus how to care for those with it. In a time when our ancestors were facing a significant, horrifying decline in the number of their people, quick action to quell the spread of leprosy would seem like a proper action. However, the act with its containing sections, fails to discuss the situation with leprosy in terms of how to care for and heal the people who were being affected by it. Instead, the law focusses upon the power of the Board of Health, its President, agents and government officials to obtain plots of land for the isolation of those with leprosy (Sections 1 and 2); to isolate, confine and arrest those suspected with leprosy (Section 3); to secure a hospital holding station to cure, treat and transfer those with leprosy (Section 4); to force labor upon those with leprosy (Section 5); to seize the property of those with leprosy and sue them if needed to pay back the Board of Health for the expenses of forced confinement (Section 6); and to keep a separate and accurate record of spending for leprosy and report this and other information to the legislature in regular sessions (Section 7).

The law’s worded focus on arresting, confining, isolating and paying for those with leprosy is obvious. And the issue of “well grounded alarms” mentioned in the first paragraph opens up discussion for the ways in which public alarm and fear played into the creation and enforcement of An Act to Prevent the Spread of Leprosy. We will go through very personal images and stories in the following section. As we visit these stories below, note the categories used in identifying ancestral experience. Stigmatization, criminalization, separation and experimentation were real parts of the
experiences had by our kūpuna because of this law, but by no means do these categories all encompass who they were, or what they mean to us today.

ENFORCING THE LAW
Stigmatization, Criminalization, Separation & Experimentation

First, let us visit with Pilipo Liilii, a young Kanaka Maoli boy in Figure 1.1. According to a colonial-prescribed mindset, Pilipo was a contaminant to society, and he was not to be viewed as a family member in need of care and comfort. Instead, the colonial mentality within An Act to Prevent the Spread of Leprosy stigmatized him and had him sent off to Kalaupapa in 1896 at the age of 11.\(^6^4\)

Figure 1.1 Pilipo Liilii, courtesy of Anwei Skinsnes Law, Kalaupapa.

\(^6^4\) Anwei Skinsnes Law, “Damien with the Sparkling Eyes,” in Kalaupapa A Collective Memory, (Honolulu: University of Hawai‘i Press, 2012), 122. Spelling of his name is as is found in this source, without diacritical markings.
Once suspected of leprosy, those with the disease were arrested, hauled off to Kalihi hospital and held for inspection.\textsuperscript{65} This was no regular doctor’s visit. An inspection determined your existence according to the stigma of “clean,” “suspect,” or “leper.”\textsuperscript{66} The latter labels sealed your fate as criminal, abhorrent and outcast. Whether or not you actually ended up on the tracts of land that were purchased as “natural prisons”\textsuperscript{67} was beside the point, the damage assigned had already been done. Sometimes “clean” would mean release back into a family, however you could not return to your life before arrest because sometimes your own family could not risk the suspicion of “loathsomeness”\textsuperscript{68} placed upon their home.

We will now visit with Bernard K. Punikai’a\textsuperscript{69} below.


\textsuperscript{66} Ron Amundson and Akira Oakaokalani Ruddle-Miyamoto, “A Wholesome Horror: The Stigmas of Leprosy in 19th Century Hawaii,” \textit{Disability Studies Quarterly} Vol. 30, No. 3/4 (2010), http://dsq-sds.org/article/view/1270/1300; Herman “Out of Sight, Out of Mind, Out of Power,” 286. As a note for the Amundson and Ruddle-Miyamoto article here, it was found online in html format so no page numbers were available through this site and are not included in citations here.

\textsuperscript{67} Ibid.

\textsuperscript{68} Ted Gugelyk and Milton Bloombaum, \textit{Mai Hookaawale: the Separating Sickness} (Honolulu: Social Science Research Institute, University of Hawaii, 1979), 30.

\textsuperscript{69} Bernard Ka‘owakaokalani Punikai’a grew to be a composer, musician, community leader, and international human rights advocate. In reflecting on his admission photo, he stated, “Upon the face of this child, I see the pain he is enduring – ‘The loneliness is overwhelming, Mama.’ In spirit I am able to reach out to him, to comfort him, to put my arms around him, and to reassure him that all is not lost. The pain will go away, I tell him. As I look at the photo of this six year old boy who was me, something happens. His pain coalesces with my spirit and that pain is no longer his alone. I want to tell him that the time will come when there will be laughter, joy, respect, and yes, dignity. But I am unable to tell him that it will take a lifetime before this time arrives.” Bernard K. Punikai’a, \textit{Foreward}, and \textit{A Quest for Dignity} (Honolulu: University of Hawai‘i Press, 2012), x and 485, quoted in Law, \textit{Kalaupapa A Collective Memory}, x and 485. Also, diacritical markings such as the ‘okina are present in Bernard Punikai’a’s name because they appeared in the work of Law and Inglis.
The photograph taken of young Bernard K. Punikaiʻa is clearly indicative of the nature of criminalization associated with disease contraction even in 1937 when this picture was taken. Again, images like these make it very clear what kind of colonial ideologies enforced a law that criminalized 6 ½ year old children, separated them from their homelands and families and forced them into isolation. ⁷⁰

After An Act to Prevent the Spread of Leprosy passed in 1865, the first group of people, consisting of eight men, three women, and one small boy, were forced into separation. Their names were Loe, Kahauliko, Liilii, Puha, Kini, Lono, Waipio, Kainana, Kaaumoana, Nahuina, Lakapu, and Kepihe. ⁷¹ This all Kanaka Maoli group set aboard the Warwick and landed in Kalaupapa on January 6, 1866. ⁷²

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⁷⁰ Law, “Suddenly the Whole World Changed,” in Kalaupapa A Collective Memory, 429.

⁷¹ Law, “Perhaps They Are Just Left There,” in Kalaupapa, 3. Again, a note on diacritical markings – they are absent for these names, as they appeared in the source footnoted, and are absent also because in the 1865-6 time period, names did not include these markings.
These people experienced a forced separation from their birth lands, families, homes and Nation. In this separation, we can imagine the heaviness and emotions that erupted after being taken from your home to a new land, sometimes without family or friends, and certainly without care or comfort. In Figure 1.3 below, we can see a collective gathering of those people torn from their homes.

![Image of Group Forcibly Separated](image)

Figure 1.3 Group forcibly separated, courtesy of Anwei Skinsnes Law, *Kalaupapa*.

After the basic provisions that had accompanied them on the journey over had run out, those sick from leprosy in Kalaupapa were expected by the Board of Health to “plant crops, make their own clothing, and care for themselves.”

An 1868 Board of Health Report informed “it was confidently expected that the…surrounding lands…would be cheerfully” cultivated by the strongest of the Lepers, and that, except for clothes and

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72 Ibid.

73 Ibid., 5.

74 Emphasis added.
perhaps some animal food, the resources at the disposal of the Board would not be subjected to a regular and constant drain.”

The Board of Health acted to decrease expense on the diseased, designating relocation to places on North Molokai including Kalaupapa, Waikolu Valley, Makanalua and especially Kalawao for its quality of effective isolation but also for its benefit as a “fine taro growing land.”

In addition to a lack of supplies to make basic survival possible, there was also a grave absence of medicine, facilities and medical personnel required to attend effectively and humanely to those with leprosy. Minor medical changes were discussed in 1868 only after a group of Kānaka had organized a small rebellion against an officer; whereafter the President of the Board of Health (Ferdinand W. Hutchison at the time) decided to make a visit to the “Asylum.” In this visit, the President “saw that two things were absolutely necessary: First, a hospital building 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 some knowledge of medicine, who would sympathize with the sufferers, and take charge of the establishment, when the building should be

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75 Kingdom of Hawaii, *Report of the President of the Board of Health to the Legislature of 1868* (Honolulu, HI: 1868), 2.


77 Details of similar stories of resistance will be discussed in more detail later in Chapter 2 concerning the life and decisions of one Uwelealea.

78 Kingdom of Hawaii, *Report of the President of the Board of Health to the Legislature of 1870* (Honolulu: HI, 1870), 6. The use of the term “asylum” by the Board of Health directly relates to the way in which this entity regarded the Kānaka Maoli who were being sent there. Defined as “an institution for the care of people, especially those with physical of mental impairments, who require organized supervision or assistance;” “a place such as a church, formerly constituting an inviolable refuge for criminals or debtors;” “a safe or inviolable place of refuge, especially as formerly offered by the Christian Church to criminals, outlaws, etc.,” it is clear that the government officials backing the enforcement of this Act regarded those with leprosy as criminal instead of in need of medical treatment and care. The Free Dictionary, *asylum*, accessed September 29, 2013, [http://www.thefreedictionary.com/asylum](http://www.thefreedictionary.com/asylum).
erected.’’ However, in Walter Murray Gibson’s report to the legislature in 1884 on the beginnings of the leprosy settlement, he writes that,

Up to A. D. 1878, the sick residents of the settlement were simply herded and fed at Kalawao, not provided with such necessaries [Sic] 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 [Sic].

From the first landing on January 6, 1866 until 1878, there was a 12 year period where those with leprosy were without medicine, medical support, proper facilities, treatment and basic necessities. As if this wasn’t more than anyone could bear, let us introduce into discussion yet another form of separation experienced by those who fell sick with leprosy.

Figure 1.4 Lizzie Aiamanu and her daughter, courtesy of Anwei Skinsnes Law, Kalaupapa.


In Figure 1.4 above we come to know Lizzie Aiamanu with one of her five daughters. She was sent to Kalaupapa on October 7, 1902 at 18 years old. While in Kalaupapa she married Charles Manua, and together they had children, four of which survived. In this picture we see Lizzie with a daughter; a picture likely taken right before her daughter was removed from her and sent back to Oʻahu to stay at the Kapiʻolani Home.81

This second type of separation adds another layer to the ways in which families, relationships and connections were further and repeatedly severed for Kānaka Maoli, even when they had begun to start over in a place they were forced to call home. Sadly, colonial ways of dealing with disease and law enforcement made Lizzie Aiamanu out to be an “unfit” mother because of leprosy, and her four surviving children were taken from her and their new family’s home.

And still yet, there is another group who experienced separation from their homelands, only these people were displaced from their homes to make room for those with leprosy who were being relocated to Molokai. The kamaʻāina82 of Kalaupapa, Makanalua, Kalawao and Waikolu Valley on Molokai were born, raised and lived their lives in these places. The Board of Health obtained their homelands for the purposes of isolating people with leprosy. Kalawao in particular was chosen for this purpose, and regarding this area the Board of Health noted that along with it came “15 to 20 good houses.”83

81 Law, “Generation to Generation,” in Kalaupapa, 360.
82 Pukui and Elbert, Hawaiian Dictionary, 124: Native-born, one born in a place, host.
83 Board of Health Minutes, September 20, 1865, HSA, quoted in Law, “Perhaps They Are Just Left There,” in Kalaupapa, 9.
The kamaʻāina occupied these “good houses.” A main reason why the first group sent to Kalawao had “no pilikia (difficulty) in regard to [their] food and [their] lodgings”\(^{84}\) was because the kamaʻāina, in following with Kanaka Maoli instinct and custom to care for visitors, especially those with disease, took in those who had been left to care for themselves in isolation.\(^{85}\) It must have been a sad sight to witness – the sick caring for the sick, and the kamaʻāina took in all those being shipped to Kalawao and the surrounding areas by the Board of Health. “Within three months, 174 lepers were sent” to Kalawao,\(^{86}\) and they were cared for by the kamaʻāina who were simultaneously being subjected to their own forms of displacement and separation as prescribed by the Board of Health and \textit{An Act to Prevent the Spread of Leprosy}.

Discussion now leads from separation into the category of experimentation, specifically regarding the kōkua or mea kōkua.\(^{87}\) The kōkua were not sent to Kalaupapa because they had a disease; they did not initially have leprosy. Instead, out of compassion, the mea kōkua went along with those who were ill to care for them. A secondary, “non-disgust” stigma hovered over mea kōkua because of their adherence to a

\(^{84}\) J.N. Loe to T.C. Heuck, January 12, 1866, HSA (Board of Health translation from Hawaiian), quoted in Law, “Perhaps They Are Just Left There,” in \textit{Kalaupapa}, 6.

\(^{85}\) Law, “Perhaps They Are Just Left There,” in \textit{Kalaupapa}, 6.


\(^{87}\) Pukui and Elbert, \textit{Hawaiian Dictionary}, 162: Help or helper. In this context the term refers to those Kanaka Maoli family members and friends who dedicated their lives to ensuring the safety and well being of their loved ones who contracted leprosy. Mea kōkua accompanied those with leprosy to Molokai and oftentimes made that place their home as well. This sort of dedication and relationship gives some insight into a Kanaka Maoli way of dealing with disease, care and moving on after life. Akira Oakaokalani Ruddle-Miyamoto and Ron Amundson, “Holier than Thou: Stigma and the Kokuas of the Kalaupapa Settlement,” \textit{Review of Disability Studies} Vol. 6, No. i1 (2009): 33. Please note that the ‘s’ on the end of the term kokuas (as found in the original text) is incorrect because it is a mis-pluralization of the Hawaiian word kōkua using the English method of pluralizing with an ‘s.’ The plural ‘s’ does not exist in ʻōlelo Hawaiʻi and so kokuas has been altered for this reason to be read kōkua or mea kōkua with the pluralization inherent when necessary and according to the context given.
Hawaiian way of caring for the sick, and this proved to be a stigma comparable to the one faced by those people who actually had leprosy. 88 Mea kōkua acted with heartfelt compassion, moving from love and in direct opposition to the specific disease-dealings prescribed by An Act to Prevent the Spread of Leprosy and the Board of Health. Because the kōkua stayed close to those with disease in order to care for them and keep them comfortable in their time of need, they were seen as flawed because of their actions. Kōkua were seen as guilty of having a disease in the way of a moral flaw.

Their compassionate actions were mangled into “social ineptitude” by colonial ideas of how people should regard leprosy, and this mentality delegitimized kōkua and their efforts. 89 Kōkua were also called free-loaders – Inglis notes there were “some haole”90 who viewed the kōkua as ‘lazy natives,’ only accompanying a patient to Makanalua to get their food for free, even accusing some of trying to imitate the signs of leprosy so they could stay at Kalawao or Kalaupapa and be taken care of by the government.”91

“Social ineptitude” and receiving food from the government led to colonial and western agents using kōkua as subjects of experimentation, the aim being to discover how

88 Ruddle-Miyamoto and Amundson coin this secondary stigma “non-disgust” stigma and note two strong western biases: “one, the patronizing tone of the Western authors, clearly indicates that they viewed the native Hawaiian response to disease as absurd, and two, the use of such language as, ‘heedless of the danger,’ or ‘without any suspicion of results,’ to describe the Native Hawaiian response clearly indicates that the Western authors did not believe that Native Hawaiians knew well enough to be disgusted with leprosy or disease in general.” Ruddle-Miyamoto and Amundson, “Holier than Thou,” 32.

89 Amundson and Ruddle-Miyamoto, “A Wholesome Horror.”

90 Pukui and Elbert, Hawaiian Dictionary, 58: White person, American, Englishman, Caucasian; American, English; formerly, any foreigner; foreign, introduced, of foreign origin.

leprosy formed in people.\textsuperscript{92} There were several western doctors who, after 1873 when leprosy was proven to be contagious, decided to pursue research on how leprosy spread from person to person. Included in this group were doctors Danielssen, Hansen, Arning and Mouritz.\textsuperscript{93} Dr. Arthur A. Mouritz in particular “exploited the situation by attempting to give the [kōkua]\textsuperscript{94} leprosy by inoculating them with ‘serum’ that he derived from the bodily lesions of people who genuinely did have leprosy.”\textsuperscript{95} While he stayed in Kalaupapa, Dr. Mouritz is recorded to have inoculated 15 kōkua in three years.\textsuperscript{96} Mouritz reported that these patients, all between the ages of twenty and thirty-five, had given “consent”\textsuperscript{97} to be inoculated with leprosy so that they could remain in Kalaupapa.\textsuperscript{98}

Giving “consent” in order to remain in Kalaupapa brings us to discussion about a “rations list” that determined who would receive food, clothing and other necessities. By 1873, cut backs on the rations list determined that those with disease were the only ones to receive food, which left the mea kōkua to starve.\textsuperscript{99} Upon his arrival in 1884 Dr. Mouritz had control of the rations list situation and informed the Board of Health that

\begin{itemize}
  \item \textsuperscript{92} Ruddle-Miyamoto and Amundson, “Holier than Thou,” 32.
  \item \textsuperscript{93} Law, “I Am Not Guilty,” in \textit{Kalaupapa}, 161.
  \item \textsuperscript{94} Previously read [kokuas].
  \item \textsuperscript{95} Ruddle-Miyamoto and Amundson, “Holier than Thou,” 32.
  \item \textsuperscript{96} Law, “I Am Not Guilty,” in \textit{Kalaupapa}, 163.
  \item \textsuperscript{97} My gut knots up when reading about the kind of “consent” that may or may not have been obtained by western doctors like Dr. Mouritz. The vagueness provided in the reports about obtaining consent leaves me questioning the ethics of this process. This gut knotting and inquiry on ethics continues for me throughout many sections of this research concerning rights, humanity, care and survival. This response is something to make note of as an indicator of when it is necessary to dig a little deeper and question a little more about our stories, history and health.
  \item \textsuperscript{98} Law, “I Am Not Guilty,” in \textit{Kalaupapa}, 163.
  \item \textsuperscript{99} Ruddle-Miyamoto and Amundson, “Holier than Thou,” 35.
\end{itemize}
starving kōkua had been put on the list of those with leprosy so that they would receive food rations as well.\textsuperscript{100} It can be surmized that Mouritz was willing to operate from a platform of poor medical and ethical practice that influenced his interpretation of the rations list. With his power and ability to grant people food and supplies, he manipulated consent not to starve (remain with and be fed like a person with leprosy) into “consent” to be tested for contagion factors of leprosy. In this way, he obtained “consent” from kōkua for experimentation because a person had signed onto the same list as people with leprosy, and the only way to be fed via the rations list entailed convincing Dr. Mouritz that one had contracted leprosy.\textsuperscript{101} His own records of these accounts are unclear, which likely served him in hiding his unethical medical practices, where Ruddle-Miyamoto and Amundson say “Mourtiz did not tell the patient that he was going to inoculate him with leprosy. He vaguely offered to ‘use certain measures to decide his case.’ Then he inoculated him with leprosy.”\textsuperscript{102}

A relevant tangent and question to ask at this point is why were mea kōkua subjected to medical experimentation because of their compassion, while Father Damien has been canonized for his? The perception and misrepresentation of the same action by both kōkua and Father Damien relate to what Foucault calls binary opposition, where Kānaka Maoli and colonists/westeners are each the “signifiers of an absolute difference between human ‘types’ or species” that results in a “powerful opposition between [‘savagery (black) and ‘civilization’ (white)].”\textsuperscript{103}

\textsuperscript{100} Ibid.

\textsuperscript{101} Ibid.

\textsuperscript{102} Ibid., 36.
This juxtaposition can also be approached as an issue of race and power. Ruddell-Miyamoto and Amundson speak to this regulatory process and its function by saying that,

[B]ecause the white men were already convinced of their own superiority and therefore the correctness of their views and their ways, those who did not shun people with leprosy were shunned themselves. Those who did not stigmatize those with leprosy, those who did not share the “whole horror” of the Westerners were stigmatized for their failure to stigmatize...By failing to be disgusted by leprosy [Kānaka Maoli] proved their inferiority. Their susceptibility to disease and their un-Western (i.e. unenlightened or uncivilized or immoral) ways of dealing with disease were often spun into paternalistic arguments by foreigners and used to delegitimize the [Kanaka Maoli] sovereignty.\(^{104}\)

According to this power structure, kōkua and their actions were represented by a colonial-body in a way to dehumanize them while Father Damien reached the heights of Sainthood. Also of important note is the issue of sovereignty mentioned in the quote above – it is a crucial topic that will be discussed in more detail in the following pages. But for now, we will return to the issue of experimentation and lead into a story of Keanu.

Keanu (seen in Figure 1.5) was a Kānaka Maoli man, 48 years of age, “sentenced to death for killing Charley, the Japanese husband of Kamaka.”\(^{105}\) The facts are hazy, the details are vague, and the witness of the murder changed her story from two white men robbing and murdering her husband to Keanu committing these acts.\(^{106}\) Even with the lack of clarity in his case, Keanu was sentenced to hanging by the neck until dead.\(^{107}\)


\(^{104}\) Ruddell-Miyamoto and Amundson, “Holier than Thou,” 33.

\(^{105}\) Law, “I Am Not Guilty,” in *Kalaupapa*, 163.

\(^{106}\) Ibid.

\(^{107}\) Ibid., 164-165.
To avoid the conviction, which according to Chief Justice Judd was inevitable despite Keanu’s counsel having made “every effort” on his behalf, Keanu, with the help of C. T. Gulick, petitioned for life imprisonment instead. Dr. Arning, mentioned previously, took full advantage of this situation and saw Keanu as the perfect specimen for contained experimentation.

Walter Murray Gibson, Minister of Foreign Affairs in 1884, communicated Arning’s desire to the Privy Council; after which, a special committee of five members deliberated on the subject. The committee returned saying that the petition would be granted because of the scientific gains regarding the action of leprosy that could be acquired by experimenting on Keanu. On September 30, 1884, Dr. Arning, who claimed to have obtained written consent from Keanu, inoculated him with leprosy. Dr.

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108 Ibid.
109 Ibid., 165.
110 Ibid.
Arning also “excised a leproma, about the size of a small hen’s egg, from the cheek of a young girl with leprosy and transplanted this into the muscle of Keanu’s right forearm.”

In the case of Keanu, it wasn’t the choice between forced starvation and forced experimentation that he had to endure like the kōkua. Instead he faced colonial court and government justice that took his life, granted his plea for life in prison, and sanctioned him with human experimentation. Keanu spent a few years being experimented on in prison before he was taken to Kalawao on February 6, 1889.

The dark shadows of Keanu’s story are linked to Dr. Arning’s unethical nature and the medical pursuits of others also motivated by colonial, imperial ideology. Law brings some of the shadow into light by mentioning a letter from Dr. Arning to Dr. Nathaniel Emerson, who was the Board of Health President in 1888. In this letter, Dr. Arning refuses an invitation extended to him by Emerson to return to the islands because he had since left Hawai‘i in mid-1886 because of difficulties with Walter Murray Gibson and Fred Hayselden. Arning, instead, suggests that someone with leprosy be sent to him in Germany, perhaps Keanu even. Dr. Arning wrote, “I appreciate the difficulties of sending a deaf and dumb convict, but on the other hand, I consider it my duty to do my best in helping arrest the disease I myself have inflicted.”

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111 Ibid.

112 More can be read about his life in Law, “I Am Not Guilty,” in Kalaupapa, 165-167.

113 Ibid.

114 Considering Dr. Arning’s medical philosophies and ties to Germany, one might wonder if he and/or his practices would later influence Hitler’s prescribed treatment for Jewish people.

Apparently, Dr. Arning believed he was doing some good by proposing to experiment further on Keanu to try and cure him of the disease he had given him. His words are similar to those we’ve read in *An Act to Prevent the Spread of Leprosy* that justify inhumane action for an apparent good. These methods for dealing with disease transformed humans who were ill and in need of care into threats on public health that had to be stigmatized, criminalized, separated and removed from society, and like the mea kōkua and Keanu, experimentally tortured for medical gains. True to its name, *An Act to Prevent the Spread of Leprosy* addressed the spread of disease and not the protection and care of the people affected by the sickness.

This brings into question two things; who was most affected by leprosy and who was in office when the law was created and passed?

**“WHO” AND “FOR WHAT” IN THE ACT**

Colonial Ideologies Within Hawaiian Law

At this juncture, smallpox and leprosy, two separate disease epidemics endured in Hawai‘i that occurred at similar time periods in the Kingdom and were managed, by law, a decade or so apart, will be examined to uncover links in regulation of disease and people. Smallpox in the 1850s killed thousands of people\(^\text{116}\) at a quick rate. Records say that those involved found it useless to save O‘ahu from the spread of smallpox and

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instead focused attention on the outer islands. In what was called a “pinchpenny battle” for vaccines, the government was simultaneously trying to vaccinate for and contain smallpox. Efforts were made to quarantine those who had traveled with smallpox to another island, and hospitals were given assignments to administer inoculations. F. W. Hutchison, of whom we will read about in following pages, was among the doctors administering the smallpox vaccinations.

The application of quarantine for smallpox in Section 302d of the Civil Code is of important note because this same code was used in An Act to Prevent the Spread of Leprosy. This Section of the Civil Code states that,

When any person shall be infected with small-pox, or other sickness dangerous to the public health, the Board of Health, or its Agent, may, for the safety of the inhabitants, remove such sick or infected person to a separate house, and provide him with nurses and other necessities which shall be at the charge of the person himself, his parents or master, if able; otherwise at the charge of the Government.

This code was meant to separate, treat and secure payment for treatment of those with smallpox. Its details are perhaps building blocks for an expanded, in depth leprosy law.

Concerning leprosy, in which the Board of Health applied stronger force against the sick, the majority of those affected by the disease and the law’s regulations were

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117 Greer, “In the Shadow of Death,” 311.

118 Ibid., 314.

119 Ibid., 311-312.

120 U.S. Department of the Interior, “Kalaupapa: National Park Service Hawai‘i,” An Act to Prevent the Spread of Leprosy, 1865, last modified October 28, 2015, http://www.nps.gov/kala/historyculture/1865.htm. It is disturbing to me that a place with such history can be called a “park” by the U.S. and its government offices, nevertheless, this is the source for the information provided regarding Civil Code 302.
Kānaka Maoli as well. We can take a look at a few figures (1.9, 1.10 and 1.11) to pictorially understand how Hawaiians were disproportionately affected by leprosy and the application of *An Act to Prevent the Spread of Leprosy*.

Figure 1.6 Percentage of Kānaka Maoli with leprosy removed from their homes and sent to Kalaupapa in 1888.

Figure 1.6 above gives us a visual representation of the disproportionate number of Hawaiians that were sent to Kalaupapa on Molokai in 1888; of the total 798 people sent to Molokai, 97% or 778 of them were Kānaka Maoli.

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121 As already noted in footnote 15 on page xii of the Preface of this thesis, Law and Inglis both report that of the 8-9,000 people sent to Kalaupapa 90% were Kānaka Maoli. Bushnell also comments on the sailors who came to Hawai‘i aboard Resolution and Discovery and brought with them “microbiological mayhem” to Hawai‘i. O.A. Bushnell, “1778: An End, and a Beginning,” in *The Gifts of Civilization: Germs and Genocide in Hawai‘i* (Honolulu: University of Hawai‘i Press, 1993), 147.

122 Source for Figure 1.6 data – Kingdom of Hawaii, “Appendix A. Report of C.B. Reynolds, Agent of the Board of Health,” in *Biennial Report of the President of the Board of Health to the Legislature of the Hawaiian Kingdom, Session of 1890* (Honolulu: Hawaiian Gazette, Co., 1890), 62-64, https://play.google.com/store/books/details?id=HcFLAAAAYAAJ. Note: This number (798 in 1888) differs from what is listed by Inglis (579 in 1888) in her book, Inglis, “Table 2,” in *Ma‘i Lepera*, 74. I chose to use the 798 figure for the use of first hand document research.
Figure 1.7 shows similar findings for people forced to live in Kalaupapa in 1890 and 1903. In 1890 96% or 1,114 out of 1,159 people with leprosy on Molokai were Hawaiian, and in 1903 90% or 797 out of 888 people who had the disease in Kalaupapa came from Hawaiian descent.  

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Figure 1.8 Number of Kānaka Maoli with leprosy forced to live in Kalaupapa compared to other ethnicities in 1890.

Figure 1.8 expands on this by providing an ethnic breakdown of the total number of people with leprosy isolated in Kalaupapa in 1890. Apparent is the severe overrepresentation of Kānaka Maoli compared to any other ethnicity. Record indicates that of the total 1,159 people with leprosy living in Kalaupapa, there were 1,114 Hawaiians, 28 Chinese, 4 English, 4 Americans, 1 Portuguese, 1 German, 1 Canadian, 1 Russian, 1 Samoan and 4 Gilbert Islanders. It is evident that Kānaka Maoli were the majority being affected by An Act to Prevent the Spread of Leprosy in comparison to the total number of people and the number of people from other ethnic backgrounds.

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124 Source for Figure 1.8 data – Kingdom of Hawaii, “From Appendix I. Report of R.W. Meyer, Agent of the Board of Health, Molokai,” in Biennial Report of the President of the Board of Health to the Legislature of the Hawaiian Kingdom, Session of 1890,” (Honolulu: Hawaiian Gazette, Co., 1890), 114-115, https://play.google.com/store/books/details?id=HcFLAAAAYAAJ. Note: Same as footnotes 122 and 123. Also, the data and information presented in order of ethnicity in this figure are in the same order as they appeared in the data source itself.
Kānaka Maoli were, by an estimated 90% majority, the population most affected by leprosy and the enforcement of *An Act to Prevent the Spread of Leprosy*. When unpacking this law and its targeted effect on Hawaiians, it is important to look at which populations and what mindsets were directly involved in creating this law and enforcing the chosen methods for dealing with the disease. Going back to the smallpox epidemics for example, in 1853 the Royal Commissioners of Public Health tasked sub-commissioners to control the situations. Their names are listed below in Table 1.1.

Table 1.1 Sub-commissioners Tasked by the Royal Commissioners of Public Health to Control 1853 Smallpox Epidemics (alphabetized)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Ethnicity, Nationality or Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldwin</td>
<td>D., M. D.</td>
<td>Durham, Connecticut</td>
</tr>
<tr>
<td>Bond</td>
<td>E. P.</td>
<td>Hallowell, Maine</td>
</tr>
<tr>
<td>Coney</td>
<td>J. H.</td>
<td>New York City, New York</td>
</tr>
</tbody>
</table>

125 Refer to sources previously cited in footnote 15 on page xii of the Preface of this thesis.

126 Greer, “In the Shadow of Death,” 311.

127 Ibid. Greer’s work is responsible for the compilation of first and last names of the individuals found in Table 1.1. The added research on Ethnicity, Nationality or Birthplace are my own additions located in the far right column of Table 1.1.


129 Ibid., 54.

130 Riánnna M Williams, “Hawaiian Ali‘i Women in NY Society: the Ena-Coney-Vos-Gould Connection,” *The Hawaiian Journal of History* Vol. 38 (2004): 147-149. John Harvey Coney, the American from New York City, married High Chiefess Laura (Lala) Amoy/Ami/Amoe/Amoi Kekukapuokekuaokalani Ena Coney in 1860 and had children with her, one of whom was John Haalelea “Dad” Coney, born in Hilo, HI in 1864. Therefore, the J. H. Coney in Table 1.4 was non-Hawaiian, unlike his son who was part-Hawaiian. Of interesting note, however, John Haalelea Coney would later return to Honolulu in 1890 and become deputy sheriff of Kaua‘i from 1894-1906. As high sheriff on Kaua‘i and deputy sheriff of the district Waimea, Kaua‘i, he would question Piilani, wife of Kaluaikoolau (who we will read of later), and absolve and release her from the government’s pursuit of her family. Frances N. Frazier, “The True Story of Kaluaikoolau, or Ko’olau the Leper,” *The Hawaiian Journal of History* Vol. 21 (1987): 39-40.
The end result of the archival research for Birthplace, Ethnicity or Nationality of Cummins, P. was a collection of demonstrative evidence. Names similar in spelling are included here for summation on this individual’s Birthplace, Ethnicity or Nationality. Cummins, Preston (Native of U.S.), Naturalized 1847 June, Vol. F, page 71 found in Hawai‘i State Archives, “Cummings, Preston,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives); Cummins, P. A. (Native of U.S.), Naturalized 1851 July 12, Vol. K, page 30 found in Hawai‘i State Archives, “Cummings, P. A.” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).

The end result of the archival research for Birthplace, Ethnicity or Nationality of Dow, J. R., M. D. was a collection of demonstrative evidence. A name similar in spelling is included here for summation on this individual’s Birthplace, Ethnicity or Nationality. Dow, J. age 43, born in Holten, Maine, in Hawaiian Islands for 14 years by September 4, 1894. However, because this individual was only documented living in Hawai‘i beginning sometime in 1880, this couldn’t have been the same J. R. Dow, M. D. listed on 1853 sub-commissioner’s task force in Table 1.1. Despite this, the information found here can give some insight into J. R. Dow, M. D.’s Birthplace, Ethnicity or Nationality as non-Hawaiian. Found in Hawai‘i State Archives, “Certificate of Special Rights of Citizenship, J. Dow,” Interior Department, Box 137, No. 286 (1894).

Both John and Josiah Fuller’s Naturalization records are included here: Fuller, John (Native of the U.S.), Naturalized 1857 Nov. 25, Vol. N, page 355 found in Hawai‘i State Archives, “Fuller, John,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives); Fuller, Josiah (Native of the U.S.), Naturalized 1851 Oct. 7, Vol. K., page 60 found in Hawai‘i State Archives, “Fuller, Josiah,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).

The end result of the archival research for Birthplace, Ethnicity or Nationality of Mr. Humphries was a collection of demonstrative evidence. Names similar in spelling are included here for summation on this individual’s Birthplace, Ethnicity or Nationality. Humphries, B. H. (Native of U.S.), Naturalized 1852 Nov. 17, Vol. K, page 161 found in Hawai‘i State Archives, “Humphries, B. H.” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives); Humphreys, Moses (Native of U.S.), Naturalized 1850 Sept. 20, Vol. I, page 98 found in Hawai‘i State Archives, “Humphreys, Moses,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives); Humphreys/Humphries, W. (Native of Great Britain), Naturalized 1851 Nov. 19, Vol. K, page 73 found in Hawai‘i State Archives, “Humphreys/Humphries, W.” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives); Humphreys/Humphries, William (Native of Great Britain), Naturalized 1867 Dec. 28, Vol. P, page 54 found in Hawai‘i State Archives, “Humphreys/Humphries, William,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).

Marshall  | J. F. B.  | U.S.\(^{137}\)  
--- | --- | ---  
Nicholl (Dr.)  | Cape de Verd Islands or U.S. or England or Scotland\(^{138}\)  
Paris  | Rev. J. D.  | Staunton, Virginia\(^{139}\)  
Pitman  | B.  | Salem, Massachusetts\(^{140}\)  
Smith (J. W., M.D.)  | Stamford, Connecticut\(^{41}\)  
Treadway  | P. H.  | U.S.\(^{142}\)  
Wetmore (C. H., M.D.)  | Lebanon, Connecticut\(^{143}\)  

\(^{136}\) The end result of the archival research for Birthplace, Ethnicity or Nationality of Mr. Macey was a collection of demonstrative evidence. Names similar in spelling are included here for summation on this individual’s Birthplace, Ethnicity or Nationality: Macey, H. C. (Native of U. S), Naturalized 1859 July 8, Vol. O, page 67 found in Hawai‘i State Archives, “Macey, H. C.,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).


\(^{138}\) The end result of the archival research for Birthplace, Ethnicity or Nationality of Nicholl, Dr. was a collection of demonstrative evidence. Names similar in spelling are included here for summation on this individual’s Birthplace, Ethnicity or Nationality. Also, all variations included here on Nicholl are not realistic verifications of this same Dr. Nicholl due to length of residence in the Hawaiian Islands in conjunction with the 1853 smallpox sub-commissioners. However, the name similarity can be used as summation to the Nationality of Dr. Nicholl at least as a foreigner, non-Hawaiian: Nichol, Nicholas (Native of Cape de Verd Islands), Naturalized 1859 Oct. 3, Vol. O, page 71 found in Hawai‘i State Archives, “Nichol, Nicholas,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives); T. E. Nichol, Nationality: USA, Local birth place: NY, 33 years old on 26 July 1894 found in Hawai‘i State Archives, “Oath of Loyalty to the Republic of Hawaii, T. E. Nichol(s),” Series 427, Vol. 47. Book No. 6, Oath No. 73 (1894); Roland, Nicolls, Born: England, age 30, living in Hilo, Hawaii for 1 year as of July 30, 1894 found in Hawai‘i State Archives, “Certificate of Special Rights of Citizenship, Roland Nicolls,” Interior Department, Box 135, No. 59 (1894); W. S. Nicoll, Born: Perth, Scotland, age 30, living in Hamakua, Maui for 4 years as of July 26, 1894 found in Hawai‘i State Archives, “Certificate of Special Rights of Citizenship, W. S. Nicoll,” Interior Department, Box 137, No. 3 (1894); F. E. Nichols, Born: NY, USA, age 33, living in Honolulu, Oahu for 7 years as of July 26, 1894 found in Hawai‘i State Archives, “Certificate of Special Rights of Citizenship, F. E. Nichols,” Interior Department, Box 138, 139, No. 221 (1894); A. E. Nichols, Born: USA, age 30, living in Honolulu, Oahu for 4 years as of July 31, 1894 found in Hawai‘i State Archives, “Certificate of Special Rights of Citizenship, A. E. Nichols,” Interior Department, Box 138, 139, No. 401 (1894).


\(^{142}\) Hawai‘i State Archives, “Treadway, Peter H.” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).

In seeing the names listed in Table 1.1, it is clear that not a single one of these 16 sub-commissioners who handled the smallpox epidemics were Kānaka Maoli. This is an unnerving note to make and perhaps an important line of questioning when we are unpacking disease and historical trauma. Table 1.1 shows a seemingly large discrepancy, where a minority population is prescribing ways in which to deal with a disease that is affecting another population, Kānaka Maoli, by a vast majority. In this light, it seems questionable if Kānaka Maoli were entirely able to self-determine the ways in which they were dealing with smallpox and leprosy.

Tables 1.2 through 1.5 can be found below. They list out varying combinations of names, dates, locations and Ethnicity, Nationality or Birthplaces of individuals who sat on decision-making and enforcement bodies, including the Board of Health, its Agents, the Privy Council, and the Legislative Assembly as they relate to the time period around *An Act to Prevent the Spread of Leprosy*.144

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144 Ka Huli Ao Center for Excellence in Native Hawaiian law at the William S. Richardson School of Law provides background information about the tasks and time periods for some of these decision making bodies on their website. For example, concerning *An Act to Prevent the Spread of Leprosy* that passed in 1865, the Legislative Council (made up of the House of Nobles, appointed by the King, and the House of Representatives, elected by the people) had been replaced by the Legislative Assembly. The Legislative Assembly, established by the 1864 Constitution under Kamehameha V, was also comprised of Nobles appointed by the King and representatives elected by the people. If the Privy Council advised it, the King would convene the Legislative Assembly. Ka Huli Ao Digital Archives, *Journals of Legislatures of the Kingdom of Hawai‘i*, http://punawaiola.org/KDA/browse/Kingdom/LinksKingdomLeg.html.
Table 1.2 Members of the Board of Health in 1859, 1864 and 1865\(^{145}\) (alphabetized)

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Year in Office</th>
<th>Dates Entered into Office</th>
<th>Ethnicity, Nationality or Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamehameha, Lot (Kamehameha IV)</td>
<td>1859</td>
<td>August 3, 1859</td>
<td>n/a</td>
</tr>
<tr>
<td>McKibbin, Robert</td>
<td>1859</td>
<td>August 3, 1859</td>
<td>Irish, Ireland(^{146})</td>
</tr>
<tr>
<td>Parke, William C.</td>
<td>1859</td>
<td>August 3, 1859</td>
<td>U.S.(^{147})</td>
</tr>
<tr>
<td>Hutchison, Ferdinand William</td>
<td>1864</td>
<td>August 20, 1864</td>
<td>English, England(^{148})</td>
</tr>
<tr>
<td>Hillebrand, William</td>
<td>1865</td>
<td>January 21, 1865</td>
<td>German, Germany(^{149})</td>
</tr>
<tr>
<td>Heuck, T.C.</td>
<td>1865</td>
<td>January 21, 1865</td>
<td>German, Germany(^{150})</td>
</tr>
<tr>
<td>Hutchison, Ferdinand William</td>
<td>1865</td>
<td>January 21, 1865</td>
<td>dup.</td>
</tr>
<tr>
<td>Kamakau, W.P.</td>
<td>1865</td>
<td>January 21, 1865</td>
<td>n/a</td>
</tr>
</tbody>
</table>

As seen in Table 1.2, from 1859 to 1865, there were two Hawaiian names (Kamehameha and Kamakau) found on the Board of Health out of a total of seven names. This again brings into question whether or not Hawaiians and Hawaiian ways of dealing with disease were the minority influencing Board of Health decisions for matters that affected Hawaiians by a majority where leprosy was concerned.

\(^{145}\) Hawaii State Archives, Digital Collections, Government Office Holders, 1843-1959, Office Name Index A-Z, Health, Board of, http://archives1.dags.hawaii.gov/gsd/collect/government/index/assoc/HASH1b02.dir/doc.pdf. The Hawai‘i State Archives’ work is responsible for the compilation of first and last names and dates of office of the individuals found in Table 1.2. The added research on Ethnicity, Nationality or Birthplace are my own additions located in the far right column of Table 1.2. Also, “n/a” indicates a Hawaiian name, indicative of the individual being Kanaka Maoli, while “dup.” indicates a name duplicated, whose information can be found in a previous table or a previous line in the same table.


\(^{147}\) Hawai‘i State Archives, “Parke, William C.,” Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894 (Honolulu: Reproduced by the Hawai‘i State Archives).


Table 1.3 Members of the Privy Council Whose Terms Were During and Close to 1865, *An Act to Prevent the Spread of Leprosy* (alphabetized)

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Dates of Terms in Office</th>
<th>Ethnicity, Nationality or Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis, R. G.</td>
<td>Dec. 7, 1863 – 1865</td>
<td>part-Hawaiian</td>
</tr>
<tr>
<td>Fornander, A.</td>
<td>Dec. 7, 1863; Reaptd: Aug 20, 1864</td>
<td>Swedish, Sweden</td>
</tr>
<tr>
<td>Harris, C. C.</td>
<td>Dec. 7, 1863 – Feb. 23, 1874</td>
<td>American, U.S.</td>
</tr>
<tr>
<td>Heuck, T. C.</td>
<td>Dec. 22, 1863; Reaptd: Sept 22, 1864</td>
<td>dup.</td>
</tr>
<tr>
<td>Hillebrand, Dr. William</td>
<td>Feb. 17, 1865</td>
<td>dup.</td>
</tr>
<tr>
<td>Hopkins, C.G.</td>
<td>Jan. 17, 1855 – Aug. 20, 1864</td>
<td>British</td>
</tr>
<tr>
<td>Kaeo, Peter Young</td>
<td>Dec. 24, 1863 – Reaptd: Aug 20, 1864</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahalewai, A. M.</td>
<td>Dec. 7, 1863; Reaptd: Aug 20, 1864</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahanu, H. A.</td>
<td>Dec. 7, 1863 – Jan. 22, 1873</td>
<td>n/a</td>
</tr>
<tr>
<td>Kalakaua, David</td>
<td>Nov. 20, 1855 – 1873</td>
<td>n/a</td>
</tr>
<tr>
<td>Kalama, S. P.</td>
<td>Feb. 1, 1864 – 1874</td>
<td>n/a</td>
</tr>
<tr>
<td>Kamakau, William P.</td>
<td>Dec. 24, 1863 – Reaptd: Aug 20, 1864</td>
<td>n/a</td>
</tr>
<tr>
<td>Kanoa, Paul P.</td>
<td>Oct. 21, 1846 – Feb. 23, 1874</td>
<td>n/a</td>
</tr>
<tr>
<td>Kapaakea, Ceaser</td>
<td>Dec. 1, 1846 – March 1867</td>
<td>n/a</td>
</tr>
</tbody>
</table>

---

151 Hawaii State Archives, Digital Collections, Government Office Holders, 1843-1959, Office Name Index A-Z, Privy Council of State, http://archives1.dags.hawaii.gov/gsdl/collect/governme/index/assoc/HASH368a/fc1b2182.dir/doc.pdf. The Hawai‘i State Archives’ work is responsible for the compilation of first and last names and dates in office of the individuals found in Table 1.3. The added research on Ethnicity, Nationality or Birthplace are my own additions located in the far right column of Table 1.3.

152 Hawaiian Mission, Missionary Album, 24-25.


154 Hawaiian Mission, Missionary Album, 59; Nellist, The Story, 89.


Kapena, John M. | Dec. 7, 1863 – 1874 | n/a
Kauaina, Charles | Dec. 7, 1863; Reaptd: Aug 20, 1864 | n/a
Kekuanaoa, M. | July 29, 1845 – Nov. 24 1868 | n/a
Lunalilo, William C. | Dec. 24, 1863 – 1865 | n/a
Makalena, J. W. | Dec. 24, 1863 – Reaptd: Aug 20, 1864 | n/a
Robertson, George M. | May 23, 1857 – 1864 | haole, foreign-born, Great Britain
deVarigny, C. | Dec. 7, 1863; Reaptd: Aug 20, 1864 | French
Wyllie, R.C. | March 26, 1845 – Oct. 19, 1865 | Scotchman, Scotland

According to Table 1.3, the Hawaiian names Kaeo, Kahalewai, Kahanu, Kalakaua, Kalama, Kamakau, Kanoa, Kapaakea, Kapena, Kauaina, Kekuanaoa, Lunalilo and Makalena can be found among the Privy Council names whose term was during or near 1865, along with the name R. G. Davis, a part-Hawaiian. It could be said that 14 out of the 28 individuals in this table were Hawaiian, and again, we can wonder whether or not these Kānaka Maoli were the majority in the Privy Council entity making decisions on how to handle leprosy and those with leprosy.

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160 Osorio, *Dismembering Lāhui*, 70-77, 75; Hawai‘i State Archives, “Robertson, George M.,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).

161 Merry, “Judges and Caseloads in Hilo,” in *Colonizing Hawai‘i*, 176-177; Hawai‘i State Archives, “Severance, H. W.,” *Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894* (Honolulu: Reproduced by the Hawai‘i State Archives).


Table 1.4 The Board of Health Agents Appointed by Ferdinand W. Hutchison, President of Board of Health, Home Office, June 14, 1865 (alphabetized)

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Year Appointed</th>
<th>Location</th>
<th>Ethnicity, Nationality or Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, John H., Esq.</td>
<td>1865</td>
<td>City of Honolulu</td>
<td>U.S. or Great Britain</td>
</tr>
<tr>
<td>Coney, J. H., Esq.</td>
<td>1865</td>
<td>Hawaii</td>
<td>dup.</td>
</tr>
<tr>
<td>Marshall, T. H., Esq.</td>
<td>1865</td>
<td>Kauai</td>
<td>U.S.</td>
</tr>
<tr>
<td>Treadway, P. H., Esq.</td>
<td>1865</td>
<td>Maui, Molokai, Lanai</td>
<td>dup.</td>
</tr>
</tbody>
</table>

Table 1.4 shows only non-Hawaiian names among the four Board of Health Agents appointed by Ferdinand W. Hutchison, Board of Health President, in 1865. We can question, yet again, whether the Hawaiian population affected by leprosy was self-determining how the situations were to be controlled for the disease leprosy.

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165 Ke Au Okoa, “Ma Ke Kauoha,” June 26, 1865, Buke 1_Helu 10_ʻAoʻao 2, http://ulukau.org/collect/nupepa/index/assoc/HASH0178/cdb77d23.dir/023_0_001_010_002_01_ful_18650626.pdf. The information in this newspaper article is responsible for the compilation of first and last names and location of the individuals found in Table 1.4. The added research on Ethnicity, Nationality or Birthplace are my own additions located in the far right column of Table 1.4.


167 Hawai‘i State Archives, “Marshall, T. H.,” Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894 (Honolulu: Reproduced by the Hawai‘i State Archives).
Table 1.5 The Legislative Assembly Members Voting in January of 1865 (alphabetized)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name Initials</th>
<th>Ethnicity, Nationality or Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bishop</td>
<td>Hon. C. R.</td>
<td>dup.</td>
</tr>
<tr>
<td>Boyd</td>
<td>Hon. E. H.</td>
<td>American, U.S.169</td>
</tr>
<tr>
<td>Castle</td>
<td>Hon. S. N.</td>
<td>dup.</td>
</tr>
<tr>
<td>Harris</td>
<td>Hon. C. C.</td>
<td>dup.</td>
</tr>
<tr>
<td>Heleluhi (spelling?)</td>
<td>Hon. J. H.</td>
<td>n/a</td>
</tr>
<tr>
<td>Heuck</td>
<td>Hon. T. C.</td>
<td>dup.</td>
</tr>
<tr>
<td>Hopkins</td>
<td>Hon. C. G.</td>
<td>dup.</td>
</tr>
<tr>
<td>Ii</td>
<td>Hon. John</td>
<td>n/a</td>
</tr>
<tr>
<td>Kaapa</td>
<td>Hon. L.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kaeo</td>
<td>Hon. P. Y.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahai</td>
<td>Hon. J.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahaleahu</td>
<td>Hon. J. P. E.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahalewai (spelling?)</td>
<td>Hon. A. M.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahananui</td>
<td>Hon. M.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahanu</td>
<td>Hon. H. A.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kahoolahalaha</td>
<td>Hon. S.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kalanipoo</td>
<td>Hon. J. M.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kamakau</td>
<td>Hon. W. P.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kamalo</td>
<td>Hon. J. H.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kanoa</td>
<td>Hon. P.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kauaina</td>
<td>Hon. C.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kaunamano</td>
<td>Hon. J. K.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kauwahi</td>
<td>Hon. J. W. H.</td>
<td>n/a</td>
</tr>
<tr>
<td>Keawehunahala</td>
<td>Hon. J. W. E.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kenui</td>
<td>Hon. C. W.</td>
<td>n/a</td>
</tr>
<tr>
<td>Kuiehelani</td>
<td>(Hon.)</td>
<td>n/a</td>
</tr>
<tr>
<td>Macey</td>
<td>(Mr.)</td>
<td>dup.</td>
</tr>
<tr>
<td>Martin</td>
<td>Hon. W. T.</td>
<td>Native (Hawaiian)170</td>
</tr>
<tr>
<td>Nahaku (spelling?)</td>
<td>Hon. J. A.</td>
<td>n/a</td>
</tr>
<tr>
<td>Nahaolelua</td>
<td>Hon. P.</td>
<td>n/a</td>
</tr>
<tr>
<td>Nahinu</td>
<td>Hon. D. H.</td>
<td>n/a</td>
</tr>
<tr>
<td>Nuuhiwa</td>
<td>Hon. D.</td>
<td>n/a</td>
</tr>
<tr>
<td>Papaua</td>
<td>Hon. P.</td>
<td>n/a</td>
</tr>
<tr>
<td>Paulo</td>
<td>Hon. P.</td>
<td>n/a</td>
</tr>
<tr>
<td>Pii</td>
<td>Hon. W. E.</td>
<td>n/a</td>
</tr>
<tr>
<td>Rhodes</td>
<td>Hon. G.</td>
<td>Great Britain171</td>
</tr>
</tbody>
</table>

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168 Ka Huli Ao Digital Archives, “Journals of Legislatures of the Kingdom of Hawai‘i,” Legislative Assembly, Journal, 1864, http://punawaiola.org/fedora/get/Punawaiola:720001864002/CompositePDF720001864002. The Ka Huli Ao Digital Archives’ work is responsible for the compilation of first and last names of the individuals found in Table 1.5. The added research on Ethnicity, Nationality or Birthplace are my own additions located in the far right column of Table 1.5.


170 Osorio, Dismembering Lāhui, 156.
Table 1.5 alone presents data that shows Kānaka Maoli as a majority in the Legislative Assembly; 29 out of 38 members were Kānaka Maoli. This majority could be attributed to the representatives in the Legislative Assembly being voted in by the people themselves, meaning Kānaka Maoli wanted to see their own people present in such decision making bodies. Perhaps this was a factor that created a majority of Hawaiian representation in the Legislative Assembly. And although they were a majority in the legislative body that passed the law in 1865, we can recall from the Introduction of this document, J. W. H. Kauwahi’s (seen in Table 1.5) words at the ‘Aha Hui Lā‘au Lapa‘au in 1867, along with the creation of a Hawaiian Board of Health by the legislature in 1868, and realize that this was no easy decision to be made, and opposition within the government to the Board of Health was prevalent. More of this discussion will take place on page 48 of this chapter under the section entitled Ho‘i Hou I Ka Mole.

In viewing the various tables above, we have a clear idea about the “who” factor regarding the people who sat on decision making and enforcement bodies during the time of An Act to Prevent the Spread of Leprosy. Non-Hawaiian individuals were in many cases and by a large majority, the ones making decisions about how to handle a disease that affected them by a minority. And the fact that Hawaiians, by a huge majority, were the population most affected by leprosy, their being a minority in many of these decision making bodies (and a majority in one) is shocking.

171 Hawai‘i State Archives, “Rhodes, Godfrey,” Index to Naturalization Record Books For Individuals Naturalized By the Minister of the Interior of the Hawaiian Islands 1844-1894 (Honolulu: Reproduced by the Hawai‘i State Archives).
Knowing the “who,” let us examine the “what for” to gain access to some ideological motivations in creating this law. We can read the words of Ferdinand William Hutchison, already mentioned in tables above and seen in Figure 1.9 below. F. W. Hutchison\(^{172}\) was a member of a haole population that was gaining power in different sectors of society, along with Kānaka Maoli in those times.\(^{173}\) In 1865 when this law passed, Hutchison was both the Minister of the Interior and the President of the Board of Health.\(^{174}\) And later by 1872, he would be the attending physician to Kamehameha V as well as the overseeing physician at the time of the aliʻi’s\(^{175}\) death.\(^{176}\) Also, Hutchison was a member of the Privy Council and the House of Nobles within his lifetime,\(^{177}\) served on the Bureau of Public Instruction and as Judge in the 2\(^{nd}\) Circuit Court, as the Commissioner of (Royal Domain) Crown Lands and as Minister of Foreign Affairs.\(^{178}\)

\(^{172}\) F.W. Hutchison would later experience the same separation he imposed on Hawaiians families when his own son, Ambrose Kanewalii/Kanoealiʻi (according to the two sources listed in this footnote) Hutchison, a part Hawaiian, would contract leprosy and would be sent to Makanalua in 1879. Ambrose Hutchison was an active Kānaka Maoli Nationalist, signed the Anti-Annexation Petitions, and also helped record history in the Makanalua Peninsula and beyond into Waikolu Valley. He would later pass away in 1932 in a place where his own father would inflict the deprivation of ordinary rights of citizens. Law, “The Thoughts of the Hawaiian Family Have Been Aroused,” in Kalaupapa, 25; Law, “The Soul of This Land,” in Kalaupapa, 258; Inglis, “A Land and a Disease Set Apart,” in Maʻi Lepera, 33.


\(^{174}\) Law, “Perhaps They Are Just Left There,” in Kalaupapa, 11.

\(^{175}\) Pukui and Elbert, Hawaiian Dictionary, 20: Chief, chiefess, ruler, monarch.


\(^{177}\) Ibid.

Hutchison believed *An Act to Prevent the Spread of Leprosy* would “‘exterminate the disease’ even if it meant that people were ‘deprived by the law of the ordinary rights of citizens,’”\(^\text{179}\) and that “a restraint is placed upon their liberty for the *good* of the community at large.”\(^\text{180}\) Modern scholarship informs us that various colonial discourses for leprosy depicted the sick, the majority being Kānaka Maoli, as morally inferior, inherently dirty and “loathsome,”\(^\text{181}\) and as “‘contaminants’ who threatened the civilized world.”\(^\text{182}\) The Board of Health in 1868 even considered those with leprosy as being

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“civilly dead,” which made contracting leprosy grounds for marriage annulment. \(^\text{183}\) A dangerous melding of these discourses with law can result in pieces of legislation like *An Act to Prevent the Spread of Leprosy* that ironically take the liberty from others by enforcing legalized racial discrimination. Patricia J. Williams describes this as a process “in which partializing judgments, employing partializing standards of humanity, impose[d] generalized inadequacy on a race.” \(^\text{185}\) This is followed up by Robert A. Williams’ analysis where racism in law “indelibly inscribes a legal system of racial discrimination based on cultural differences, denying the rights of self-determination to the colonized race which has been displaced from the territory desired by the colonizer race.” \(^\text{186}\)

Concerning Hawai‘i’s history and *An Act to Prevent the Spread of Leprosy*, it is necessary to address the imperial legal workings involved in this process “in which partializing judgments, employing partializing standards of humanity, impose[d] generalized inadequacy on a race.” \(^\text{187}\) Inadequacy can be linked to the synonymy between leprosy and sin in the biblical sense. Inglis makes note of the immorality associated with leprosy, where the disease is seen as punishment and chastisement by the hand of God. \(^\text{188}\) Through the use of public fear and sinner punishment, *An Act to Prevent the Spread of Leprosy*

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\(^\text{183}\) F. W. Hutchison (President), *Report of the Board of Health to the Legislative Assembly of 1868*, (Honolulu: Kingdom of Hawai‘i, 1868), 6, quoted in Law, *Kalaupapa*, 24-25.


\(^\text{188}\) Inglis, “The Criminalization of Leprosy in Hawai‘i,” in *Ma‘i Lepera*, 56.
Leprosy can be seen as created for “the greater certainty and for the more sure protection of the people,” as stated in the law’s opening paragraph. These ideologies left Kānaka Maoli as immoral sub-humans living out their due lots based on their sins – both in body and action. Through this lens, stringent, forced separation is then viewed as appropriate treatment for the salvation of both the general public and Hawaiians.

Supporting this conversation is the location of An Act to Prevent the Spread of Leprosy in a compilation with other Penal Enactments of the Penal Code of the Hawaiian Kingdom. A Penal Code is defined “as a code of laws concerning crimes and offenses and their punishment.” Placing this law within a book of Penal Enactments thereby forced those who were “suspect” and “guilty” of having leprosy to be punished by law for their criminal offense – disease contraction – along with other “sinners” who committed acts such as treason, rape, polygamy, incest, extortion, selling ‘āwa and making medicine without a license.

F. W. Hutchison also held personal views on the regulation of Hawaiian practices, particularly concerning those that were life giving. In a report from the Board of Health in 1870 regarding the regulation of la‘au lapalapa‘au, Hutchison is noted saying that,

One of the principal causes of the excessive mortality, is the practice of the native kahunas—under the Act of last Session, fourteen applicants for licenses have

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received them from the Minister of the Interior, on the recommendation of the Hawaiian Board of Health, it is hoped that the experiment will have a good effect, more especially in the possibility of obtaining evidence in a Court of Justice, sufficient to convict offending parties, by whose practices and poison given under the name of medicine, hundreds of their countrymen are annually hurried into eternity.\textsuperscript{192}

Hutchison’s words are telling of his view on the use of law to regulate Kānaka Maoli.

Similar to the application of \textit{An Act to Prevent the Spread of Leprosy} to apprehend versus care for the sick, Hutchison applies licensure as a means to make causal connections between our medicine and our deaths, instead of as a means to protect the public health from malpractice.

In a time when Kānaka Maoli and the general public had already experienced significant horror and death from foreign diseases like smallpox, he takes a stance on how our own medicines are reason for our high rates of death.\textsuperscript{193} According to Hutchison, Kānaka Maoli and our practices were why so many of our kūpuna were dying. His support and approval of the Hawaiian Board of Health’s Act to license practicing kāhuna\textsuperscript{194} lā‘au lapa‘au were geared more towards catching criminals and using licensure as evidence in court to prove that Hawaiian practitioners were killing their own people.

This quote among others gives evidence of the lens through which some people like Hutchison were justifying the use of law against Hawaiians with disease, against Hawaiian ways of dealing with disease and against Hawaiian forms of medicine.

\textsuperscript{192} Kingdom of Hawaii, \textit{Report of the President of the Board of Health to the Legislature of 1870, Reign of his Majesty Kamehameha V.—Seventh Year} (Honolulu, 1870), 16.

\textsuperscript{193} Whereas only 5\% of the world’s population is genetically susceptible to infection with leprosy, the high rates of Hawaiian contraction of the disease were due to our genetic predisposition not our traditional medicines. U.S. Department of Health and Human Services, \textit{National Hansen’s Disease (Leprosy) Program Caring and Curing Since 1984, from Health Resources and Services Administration}, accessed November 19, 2015, http://www.hrsa.gov/hansensdisease/.

\textsuperscript{194} Pukui and Elbert, \textit{Hawaiian Dictionary}, 114: priest, sorcerer, expert in any profession.
Hutchison’s words paint a clear, historical picture about the kind of colonial and imperial mindset that sat in positions of power, and how a person with power could push personal opinion into laws that could affect the health of Kānaka Maoli. One might hope that while in these positions of power, someone like F. W. Hutchison would be loyal to the Kingdom and the people of Hawai‘i, especially Kānaka Maoli. However, where our health and the means to achieve it were concerned, it seems doubtful that these individuals gaining power in Hawai‘i really intended to preserve the health of Hawaiian people and our future.

**HO‘I HOU I KA MOLE**¹⁹⁵  
Regard for Our Kūpuna and ‘Ōiwi Agency ¹⁹⁶

At this point, let’s take a moment to give voice to some of our kūpuna who were also on these decision-making bodies. What of their motivations and responsibilities? Take notice of the name J. W. H. Kauwahi in Table 1.5. This is the same kupuna whose words we read in the opening section of Chapter 1. Kauwahi, along with other members of the ‘Ahahui who also sat on the Legislative Assembly, questioned the Board of Health, its colonial motivations, and believed in seeking out answers to our health problems on our terms. W. H. Uwelealea, also in Table 1.5, is another one of our kūpuna who carefully balanced the weight of our survival and ability to thrive, while mediating between cultural and foreign ways of dealing with disease.

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Kamana Beamer has coined the phrase ‘ōiwi agency that allows us to gain an understanding of and compassion for the decisions our ancestors made while under huge pressures from both the political and health realms. We can give credit to them by believing they adopted forms of western thought and government for the betterment of the lāhui, and we can apply this when we think of J. W. H. Kauwahi and when we read of W. H. Uwelealea in Silva and Fernandez’s translations of his 1867 writings.197

As a legislator, Uwelealea wrote that he felt the law was a good thing – that the removal of the sick would save the well people. He noted the inequality in arrests he witnessed where two people with leprosy were perhaps repeatedly spared because they were haole.198 He later personally lived out the sentence of banishment after he contracted leprosy in 1866 and was sent to Kalawao on August 24, 1868.199 At that point, the Board of Health no longer recognized him as a legislative leader and began referring to him simply and cruelly as “the Leper” in response to his petition for help in getting his son schooling while he was detained.200

While at the “natural prison” settlement, Uwelealea maintained his role as a leader for his people and had to work against Board of Health appointed superintendents (Caroline Walsh and William Welsh, assistant) who abused their power, “borrowing” food from the board store to sell at their own stores while the people starved. He was

197 Silva and Fernandez, “Mai Ka ‘Āina O Ka ‘Eha’e ha Mai,” 85.
198 Ibid., 89.
200 Ibid., 54.
arrested on various occasions after the people displayed “great distress” and “Kalawao was in a state of anarchy because of a severe shortage of food.”

By September 1870, Uwelealea was chief constable in Kalawao and superintendent of the settlement in 1871 and 1872. He passed away in 1873 after Dr. Trousseau gave him medicine for dropsy. With his death, “the patients lost the most eloquent voice of their time,” however he retained his identity as “the Leader” of his people.

For Uwelealea, one might say that at a certain point in time, he had believed in the purported care, cures and quarantine. Maybe that changed as he experienced how An Act to Prevent the Spread of Leprosy affected his people and him and his family, and he wanted these voices to be heard. The starvation riots gave back to the people their freedom to speak out and display their grievances against the ways colonial methods of dealing with disease created inhumane and intolerable conditions for them. Uwelealea’s actions show he believed in upholding the law of his people, and we can envision that he would have fought for this later as his people battled colonial ideology and hostile attempts by westerners to take political control of the Kingdom.

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201 Ibid., 57.


203 Silva and Fernandez, “Mai Ka ‘Āina O Ka ‘Eha’eha Mai,” 89.

204 Law, “Misfortune and Great Sorrow Has Beset Me,” in Kalaupapa, 61.
LEPROSY, THE BAYONET CONSTITUTION & THE 1893 OVERTHROW
Kanaka Maoli Maneuvers, Colonial Hostility

Within the struggle to uplift Hawaiian ways of dealing with disease in the wake of foreign sickness and colonial law is the use of force and violence by colonial populations when they grew uneasy with continued Kanaka Maoli persistence. Law gave a talk at ‘Iolani Palace where she spoke about the close relationships the Royal Family had with the patients in Molokai. She mentioned that Queen Kapi‘olani was known to make visits to Kalaupapa, similar to the one she made on July 19, 1884. The Queen would stop by at each home to share in love and sobs and inquire about the problems of the place. In October of 1884 Queen Kapi‘olani had Ambrose Hutchison write down all of the patients’ names to send care packages to each of them, and it was also during this time that it seemed there was talk about on-island facilities to decrease the number of people with leprosy being sent to Kalaupapa.²⁰⁵

The Bayonet Constitution altered these movements drastically. It shifted who held political power and how they saw fit to care for the Kingdom and its people. Jonathan Kay Kamakawiwo‘ole Osorio thoroughly and historically contextualizes the political tides leading up to the Bayonet Constitution in his book, Dismembering Lāhui: A History of the Hawaiian Nation to 1887. He retells that on July 6, 1887, “a small committee of haole individuals brought a hastily scripted constitution to the king and forced his signature that destroyed his authority as Mō‘i²⁰⁶ and significantly altered the meaning of citizenship and nationhood in the kingdom.”²⁰⁷ More specifically, the

²⁰⁵ Anwei Skisnes Law, talk and tour at ‘Iolani Palace, October 2, 2012. We will read some of these requests in Hawaiian language newspaper articles in Chapter 3.

²⁰⁶ Pukui and Elbert, Hawaiian Dictionary, 251: sovereign, monarch.
Bayonet Constitution “was a demonstration of haole control,” “allowed the whites political control without requiring that they swear allegiance to the king,” and terminated nearly “any executive power or royal authority.”

In her book *Maʻi Lepera*, Inglis reports similar conclusions. She cites Pennie Moblo’s work that highlighted the connection between law and medicine concerning the Bayonet Constitution that “promoted stricter enforcement of leprosy laws.” The new form of government passed three acts that increased public anxiety around the disease, where from “mid-1887 to 1893, the government continued to criminalize leprosy by implementing laws of strict segregation as well as an ambitious program “to capture the ‘dangerous’ lepers.”

Law speaks to the change of control in government power and its affect on health policy, where the number of people forcibly sent to Kalaupapa after 1887 significantly increased after the Bayonet Constitution, as seen below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of People Sent to Kalaupapa</th>
</tr>
</thead>
<tbody>
<tr>
<td>1883</td>
<td>290 people with leprosy</td>
</tr>
<tr>
<td>1884</td>
<td>100 people</td>
</tr>
<tr>
<td>1885</td>
<td>74 people</td>
</tr>
<tr>
<td>1886</td>
<td>28 people</td>
</tr>
<tr>
<td>1888</td>
<td>558 people with leprosy, the largest group ever sent in one year</td>
</tr>
</tbody>
</table>

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208 Ibid., 195, 197, and 240.


210 Ibid., 72-73.

211 Law, talk and tour at ‘Iolani Palace, October 2, 2012.
The figure jumps to 558 people sent to Kalaupapa in 1888. This figure (558) could also be higher; if we recall in Figure 1.6 on page 30 that first hand data puts this number at 798 (778 Hawaiian) total, while Inglis’ total in Table 2 of her book sites this 1888 figure at 579.\(^{212}\) No matter the precise figure itself, the drastic increase in the figure and it being the largest figure ever in one year is the important take home message; it shows the violence and force of government intrusions, like the Bayonet Constitution, to impose law and policy that placed high priorities on the capture and removal of many Kānaka Maoli from their families, homes and birth sands.

Inglis also notes that after the Kingdom of Hawai‘i was taken over in 1893, the provisional government restricted the policy for mea kōkua and would no longer allow family members and friends to go along with their loved ones as kōkua to Kalaupapa.\(^{213}\) This denial of family as kōkua and breaking of marriage and family bonds drove many Kānaka Maoli and their families into self-isolation in Kalalau on Kaua‘i, and included in this story is that of Kaluaikoolau (Koolau), Piilani and their son Kaleimanu.\(^{214}\)

Koolau, Piilani and Kaleimanu took refuge in the mountains along with others who looked to escape the “wrongful law of the land.”\(^{215}\) Those with leprosy were hunted

\(^{212}\) Reiteration of footnote 122: Source for Figure 1.6 data – Kingdom of Hawaii, “From Appendix A. Report of C.B. Reynolds, Agent of the Board of Health,” in Biennial Report of the President of the Board of Health to the Legislature of the Hawaiian Kingdom, Session of 1890.” (Honolulu: Hawaiian Gazette, Co., 1890), 62-64, accessed September 27, 2013, https://play.google.com/store/books/details?id=HcFLAAAAYAAJ. Note: This number (798 in 1888) differs from what is listed by Kerri A. Inglis (579 in 1888) in her book, Inglis, “Table 2,” in Ma‘i Lepera, 74. I chose to use the 798 figure for the use of first hand document research.

\(^{213}\) Inglis, “The Criminalization of Leprosy in Hawai‘i,” in Ma‘i Lepera, 72-73.

\(^{214}\) Law, “Unforgotten in Our Hearts: Kaluaikoolau, Piilani, and Kaleimanu,” in Kalaupapa, 226-229. Note: the spelling of their names without diacritical markings is inline with Law’s choice of spelling and is different from the rest of the document’s use of Hawaiian language markings. Inglis, on the contrary, uses diacritical markings, as noted in the text below, cited by footnote 217 on page 54.

\(^{215}\) Ibid., 230.
down as outlaws, with Piilani recounting that they were told if her husband Koolau could not be taken alive that the order was to “shoot him dead.” For this family, their experience with leprosy did not involve care, compassion or comfort while they traveled on foot to escape provisional government henchmen. Piilani’s story recalls the intensity of love for family and the lengths they would walk never to be separated because of disease or occupying systems of oppression. However, for the provisional government, this occupying system was set on ripping apart a people, taking away their breath, their lives and their families. Inglis notes that for this entity, “the hunt for Kaluaiko’olau and his family was the embodiment of the new government’s intolerance for Hawaiian agency.”

As we take a deep breath for the overwhelming devastation of disease and government regulation, we can agree that an overwhelmingly clear theme in this first chapter was control of Hawai‘i. We traced this from colonial influence in law to control disease, ‘āina and Kānaka Maoli, to colonial takeover of government to control Hawai‘i, to our present-day situation with America occupying the Kingdom of Hawai‘i. In the next chapter, Chapter 2, we will incorporate a Public Health tool for our discussion to draw connections between An Act to Prevent the Spread of Leprosy’s application and how its methods of dealing with disease still negatively impact Hawaiians and our homelands today. In particular, the models will show how present-day forms of stigmatization,

216 Ibid.


218 Inglis, “Accomodation, Adaptation, And Resistance to Leprosy and the Law,” in Ma‘i Lepera, 95.
criminalization, separation and experimentation are remnants of a colonial ideology that continues to regulate Kānaka Maoli by occupying our health representations.
CHAPTER 2:
Historical Trauma, the Weight of Lived Experience

MAKING CONNECTIONS THROUGH SPACE & TIME
Conceptual Modeling Application

Thus far we have come to hard terms with An Act to Prevent the Spread of Leprosy. In that this law and its enforcement sprung from colonial ideologies regarding dealing with disease, the impacts were not in the best interest of Kānaka Maoli. This chapter will incorporate conceptual modeling219 as a tool to outline how the Act impacted our kūpuna and how it still manifests for Hawaiians and Hawai‘i in the present time.

Figure 2.1 below makes the connections through generations, time and space for the categories of effect: stigmatization, criminalization, separation and experimentation. We can see a progression of three sets of events in time with their corresponding descriptive boxes as indicated by the red arrows. On the left is Historical Event, marking the point in time where An Act to Prevent the Spread of Leprosy passed, with its accompanying ideologies and treatment. This Historical Event had a direct impact, seen as Resulting Trauma that occurred in the past for our kūpuna. This leads us into the third and final part of Figure 2.1, the Historical Trauma that we are currently experiencing as Kānaka Maoli today in the form of current trauma and health inequities.

Isolating the impact of the Act allows us to see how past occurrences are still affecting us today. These categories are not meant to be limiting, stagnant or exclusive. Instead, they are applied to show the expansive connections that have evolved for our health representations as directly linked to past traumatic events and colonial mentality.

**Figure 2.1 Path of Historical Trauma for Kānaka Maoli Through Time Regarding An Act to Prevent the Spread of Leprosy.**

Today, some 148 years after the creation of An Act to Prevent the Spread of Leprosy, we as Kānaka Maoli can question how past stigmatization, criminalization, separation and experimentation currently affect our health. Colonial-type histories like this can be volatile and can continue to shred our present-day health experiences through...
an occupational\textsuperscript{220} smothing. In present moments, and on many fronts such as art, education, politics, land and medicine, Kānaka Maoli fight to create self-determined health identities for ourselves, our ‘āina and our people, all while carrying the weight of trauma from ancestral memory.

Trauma, more specifically, historical trauma, is defined as the “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group Trauma.” Historical trauma is a common monster that many populations deal with everyday.\textsuperscript{221} When it is left unresolved and unhealed, historical trauma is damaging to community,\textsuperscript{222} scarring down through generations of people into the present. Some communities that are affected by historical trauma include children of Holocaust victims, the Lakota people, and the “Stolen Generations”\textsuperscript{223} of Torres Strait. Terms like “memorial candle” and “Memorial People” describe the situations for Holocaust descendants and the Lakota who have fixations on death and identity,\textsuperscript{224} and “carry the grief and…are testimony to the lost ancestors.”\textsuperscript{225}

\textsuperscript{220} This occupation refers back to a discussion in the Introduction about Hawai‘i’s various avenues toward de-United States-ing our ʻāina.

\textsuperscript{221} Maria Yellow Horse Brave Heart and Raymond Daw, “Welcome to Takini’s Historical Trauma,” accessed August 27, 2013, http://www.historicaltrauma.com/. As of September 30, 2015, this website was under renewal and more information around this topic by both Braveheart and Daw can be found online and in this online powerpoint: Maria Yellow Horse Brave Heart, “Historical Trauma and Unresolved Grief: Implications for Indigenous Healing and Research,” \textit{Historical Trauma – Montana INBRE}, inbre.montana.edu/file/BraveHeart.pptx; Maria Yellow Horse and Raymond Daw, “Historical Trauma and Healing the Hurts,” \textit{Historical Trauma and Multi-cultural Treatment – White Bison}, www.whitebison.org/.../Historical_Trauma_and_healing_the_hurts.ppt.

\textsuperscript{222} Ibid.


\textsuperscript{224} Dinah Wardi, \textit{Memorial Candles: Children of the Holocaust}, (Routeledge: Taylor and Francis, 1992).
In his book *Ka Lama Kukui: Hawaiian Psychology: An Introduction*, William C. Rezentes, III terms this as Kaumaha Syndrome, where

“Kaumaha” literally means “heavy” and figuratively means “sad, depressed, dismal, dreary, downcast, troubled, and wretched.” “Kaumaha” is closely akin to that mental/emotional state Westerners name depression, grieving, or melancholy. The “kaumaha syndrome” is rooted in a collective sadness and moral outrage felt by many Hawaiians stemming from events such as the 1848 Mahele (division of lands), the 1887 Bayonet Constitution, or the 1893 overthrow of the ruling monarch of the independent nation of Hawai‘i which led directly to the 1898 annexation of Hawai‘i by the United States and then to U.S. statehood in 1959. Hawaiians have suffered from overt and covert discrimination, oppression, and racism leading to disease, poverty, homelessness, imprisonment, and cultural and spiritual disintegration.

As Kānaka Maoli descendants of the ancestors who experienced such extreme measures of trauma, our current health carries remnants of colonial representation as prescribed for Hawaiians. We carry this heaviness with us as a continuation of the pain imposed on those who came before us. Through my experiences as a Kanaka Maoli health practitioner and in making larger systemic connections between people and manifestations of sickness, disease can be thought of as a bodily pain of an individual in the present, a spiritual pain of those harmed in the past, or a systematic pain in the form of an entity that continues to occupy and distort our current realities.

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226 A footnote is due here because of the use of the term homelessness. The terms “homelessness” or “homeless” will be replaced by the words houselessness and houseless where applicable. Niheu, Turbin and Yamada note that houseless is a word to describe Hawaiians who have been displaced and removed from their homes due to militarism and commercial interests in Hawai‘i. Kalamaoka‘aina Niheu, MD, Laurel Mei Turbin, MPH and Seiji Yamada, MPH, “The Impact of the Military Presence in Hawai‘i on the Health of Na Kanaka Maoli,” *Pacific Public Health* Vol. 3, No. 2 (2006): 172 and 175.

In her book *From a Native Daughter: Colonialism and Sovereignty in Hawai‘i*, Haunani-Kay Trask critiques the “Universal[ity]” of Human Rights by highlighting the violations made by the United States against Hawaiians and the Hawaiian government.²²⁸ Following in her analysis, outside of politics and with particular attention to violations of rights, we too can highlight human and cultural rights violations as they fall into the categories of stigmatization, criminalization, separation and experimentation in relation to *An Act to Prevent the Spread of Leprosy*. Discussion below includes both the Universal Declaration of Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples.

*An Act to Prevent the Spread of Leprosy* and the treatment enforced by the Board of Health violate many Articles of both documents concerning the rights of humans and Indigenous peoples in particular. Table 2.1 below lists the Articles of The Universal Declaration of Human Rights that were violated by *An Act to Prevent the Spread of Leprosy* and/or remnants of said colonial legislation.

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in the spirit of brotherhood.</td>
</tr>
<tr>
<td>2.</td>
<td>Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation or sovereignty.</td>
</tr>
<tr>
<td>3.</td>
<td>Everyone has the right to life, liberty and security of person.</td>
</tr>
<tr>
<td>4.</td>
<td>No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.</td>
</tr>
<tr>
<td>5.</td>
<td>No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.</td>
</tr>
<tr>
<td>6.</td>
<td>Everyone has the right to recognition everywhere as a person before the law.</td>
</tr>
<tr>
<td>7.</td>
<td>All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Article</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.</td>
</tr>
<tr>
<td>9.</td>
<td>No one shall be subjected to arbitrary arrest, detention or exile.</td>
</tr>
<tr>
<td>10.</td>
<td>Everyone is entitled to full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligation and of any criminal charge against him.</td>
</tr>
<tr>
<td>12.</td>
<td>No one shall be subjected to arbitrary interference with his privacy, family, home, or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.</td>
</tr>
<tr>
<td>13.</td>
<td>(1) Everyone has the right to freedom of movement and residence within the borders of each state., (2) Everyone has the right to leave any country, including his own, and to return to his country.</td>
</tr>
<tr>
<td>15.</td>
<td>(1) Everyone has the right to a nationality., (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.</td>
</tr>
<tr>
<td>16.</td>
<td>(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution., (2) Marriage shall be entered into only with the free and full consent of the intending spouses., (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.</td>
</tr>
<tr>
<td>17.</td>
<td>(1) Everyone has the right to own property alone as well as in association with others., (2) No one shall be arbitrarily deprived of his property.</td>
</tr>
<tr>
<td>21.</td>
<td>(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives., (2) Everyone has the right of equal access to public service in his country., (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.</td>
</tr>
<tr>
<td>22.</td>
<td>Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.</td>
</tr>
<tr>
<td>25.</td>
<td>(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control., (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.</td>
</tr>
<tr>
<td>26.</td>
<td>(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit., (2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace., (3) Parents have a prior right to choose the kind of education that shall be given to their children.</td>
</tr>
<tr>
<td>27.</td>
<td>(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits., (2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.</td>
</tr>
<tr>
<td>28.</td>
<td>Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.</td>
</tr>
<tr>
<td>29.</td>
<td>(1) Everyone has duties to the community in which alone the free and full development of his personality is possible., (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society., (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations</td>
</tr>
</tbody>
</table>

Of the 30 total Articles found in The Universal Declaration of Human Rights, it would seem from a brief read through that perhaps 22 or over two-thirds are violated by

*An Act to Prevent the Spread of Leprosy.* The Articles violated include Articles 1-10,

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Article 12., Article 13., Article 15., Article 16., Article 21., Article 22., and Articles 25-29. Their details include basic human rights to freedom and equality, safety and protection from cruelty and exile, and equal access to government, health care, food, housing, education and culture.

The United Nations Declaration on the Rights of Indigenous Peoples is also valuable in understanding how An Act to Prevent the Spread of Leprosy directly violated Kanaka Maoli rights. Table 2.2 below lists the Articles of The United Nations Declaration on the Rights of Indigenous Peoples that were violated by An Act to Prevent the Spread of Leprosy and/or remnants of this colonial legislation.

Table 2.2 An Act to Prevent the Spread of Leprosy Violates the Following Articles in The United Nations Declaration on the Rights of Indigenous Peoples

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Indigenous peoples have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms recognized in the Charter of the United Nations, the Universal Declaration of Human Rights and international human rights law.</td>
</tr>
<tr>
<td>2.</td>
<td>Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.</td>
</tr>
<tr>
<td>3.</td>
<td>Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.</td>
</tr>
<tr>
<td>4.</td>
<td>Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their international and local affairs, as well as ways and means for financing their autonomous functions.</td>
</tr>
<tr>
<td>5.</td>
<td>Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State.</td>
</tr>
<tr>
<td>6.</td>
<td>Every indigenous individual has the right to a nationality.</td>
</tr>
<tr>
<td>7.</td>
<td>1. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person. 2. Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.</td>
</tr>
</tbody>
</table>

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8. 1. Indigenous peoples and individuals have the right not to be subjected to forced assimilation or destruction of their culture., 2. States shall provide effective mechanisms of prevention of, and redress for: (a) Any action which has the aim or effect of depriving them of their integrity as distinct peoples, or of their cultural values or ethnic identities; (b) Any action which has the aim or effect of dispossessing them of their lands, territories or resources; (c) Any form of forced population transfer which has the aim or effect of violating or undermining any of their rights; (d) Any form of forced assimilation or integration; (e) Any form of propaganda designed to promote or incite racial or ethnic discrimination directed against them.

9. Indigenous peoples and individuals have the right to belong to an indigenous community or nation, in accordance with the traditions and customs of the community or nation concerned. No discrimination of any kind may arise from the exercise of such a right.

10. Indigenous peoples shall not be forcibly removed from their lands or territories. No relocation shall take place without the free, prior and informed consent of the indigenous peoples concerned and after agreement on just and fair compensation and, where possible, with the option of return.

11. 1. Indigenous peoples have the right to practise and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, artefacts, designs, ceremonies, technologies and visual and performing arts and literature., 2. States shall provide redress through effective mechanisms, which may include restitution, developed in conjunction with indigenous peoples, with respect to their cultural, intellectual, religious and spiritual property taken without their free, prior and informed consent or in violation of their laws, traditions and customs.

12. 1. Indigenous peoples have the right to manifest, practise, develop and teach their spiritual and religious traditions, customs and ceremonies; the right to maintain, protect, and have access in privacy to their religious and cultural sites; the right to the use and control of their ceremonial objects; and the right to the repatriation of their human remains., 2. States shall seek to enable the access and/or repatriation of ceremonial objects and human remains in their possession through fair, transparent and effective mechanisms developed in conjunction with indigenous peoples concerned.

13. 1. Indigenous peoples have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures, and to designate and retain their own names for communities, places and persons., 2. States shall take effective measures to ensure that this right is protected and also to ensure that indigenous peoples can understand and be understood in political, legal and administrative proceedings, where necessary through the provision of interpretation or by other appropriate means.

14. 1. Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning., 2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination., 3. States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language.

15. 1. Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information., 2. States shall take effective measures, in consultation and cooperation with the indigenous peoples concerned, to combat prejudice and eliminate discrimination and to promote tolerance, understanding and good relations among indigenous peoples and all other segments of society.

16. 1. Indigenous individuals and peoples have the right to enjoy fully all rights established under applicable international and domestic labour law., 2. States shall in consultation and cooperation with indigenous peoples take specific measures to protect indigenous children from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development, taking into account their special vulnerability and the importance of education for their empowerment., 3. Indigenous individuals have the right not to be subjected to any discriminatory conditions of labour and, inter alia, employment or salary.

17. Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

18. States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

19. 1. Indigenous peoples have the right to maintain and develop their political, economic and social systems or institutions, to be secure in the enjoyment of their own means of subsistence and development, and to engage freely in all their traditional and other economic activities., 2. Indigenous peoples deprived of their means of subsistence and development are entitled to just and fair redress.

20. 1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security., 2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.
| 22. | 1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration. 2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination. |
| 23. | Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions. |
| 24. | 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right. |
| 25. | Indigenous peoples have the right to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and to uphold their responsibilities to future generations in this regard. |
| 26. | 1. Indigenous peoples have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired. 2. Indigenous peoples have the right to own, use, develop and control the lands, territories and resources that they possess by reason of traditional ownership or other traditional occupation or use, as well as those which they have otherwise acquired. 3. States shall give legal recognition and protection to these lands, territories and resources. Such recognition shall be conducted with due respect to the customs, traditions and land tenure systems of the indigenous peoples concerned. |
| 27. | States shall establish and implement, in conjunction with indigenous peoples concerned, a fair, independent, impartial, open and transparent process, giving due recognition to indigenous peoples' laws, traditions, customs and land tenure systems, to recognize and adjudicate the rights of indigenous peoples pertaining to their lands, territories and resources, including those which were traditionally owned or otherwise occupied or used. Indigenous peoples shall have the right to participate in this process. |
| 28. | 1. Indigenous peoples have the right to redress, by means that can include restitution or, when this is not possible, just, fair and equitable compensation, for the lands, territories and resources which they have traditionally owned or otherwise occupied or used, and which have been confiscated, taken, occupied, used or damaged without their free, prior and informed consent. 2. Unless otherwise freely agreed upon by the peoples concerned, compensation shall take the form of lands, territories and resources equal in quality, size and legal status or of monetary compensation or other appropriate redress. |
| 29. | 1. Indigenous peoples have the right to the conservation and protection of the environment and the productive capacity of their lands or territories and resources. States shall establish and implement assistance programmes for indigenous peoples for such conservation and protection, without discrimination. 2. States shall take effective measures to ensure that no storage or disposal of hazardous materials shall take place in the lands or territories of indigenous peoples without their free, prior and informed consent. 3. States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented. |
| 30. | 1. Military activities shall not take place in the lands or territories of indigenous peoples, unless justified by a relevant public interest or otherwise freely agreed with or requested by the indigenous peoples concerned. 2. States shall undertake effective consultations with the indigenous peoples concerned, through appropriate procedures and in particular through their representative institutions, prior to using their lands or territories for military activities. |
| 31. | 1. Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions. 2. In conjunction with indigenous peoples, States shall take effective measures to recognize and protect the exercise of these rights. |
| 32. | 1. Indigenous peoples have the right to determine and develop priorities and strategies for the development or use of their lands or territories and other resources. 2. States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free and informed consent prior to the approval of any project affecting their lands or territories and other resources, particularly in connection with the development, utilization or exploitation of mineral, water or other resources. 3. States shall provide effective mechanisms for just and fair redress for any such activities, and appropriate measures shall be taken to mitigate adverse environmental, economic, social, cultural or spiritual impact. |
| 33. | 1. Indigenous peoples have the right to determine their own identity or membership in accordance with their customs and traditions. This does not impair the right of indigenous individuals to obtain citizenship of the States in which they live. 2. Indigenous peoples have the right to determine the structures and to select the membership of their institutions in
accordance with their own procedures.

34. Indigenous peoples have the right to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices and, in the cases where they exist, juridical systems or customs, in accordance with international human rights standards.

35. Indigenous peoples have the right to determine the responsibilities of individuals to their communities.

36. 1. Indigenous peoples, in particular those divided by international borders, have the right to maintain and develop contacts, relations and cooperation, including activities for spiritual, cultural, political, economic and social purposes, with their own members as well as other peoples across borders. 2. States, in consultation and cooperation with indigenous peoples, shall take effective measures to facilitate the exercise and ensure the implementation of this right.

37. 1. Indigenous peoples have the right to the recognition, observance and enforcement of treaties, agreements and other constructive arrangements concluded with States or their successors and to have States honour and respect such treaties, agreements and other constructive arrangements. 2. Nothing in this Declaration may be interpreted as diminishing or eliminating the rights of indigenous peoples contained in treaties, agreements and other constructive arrangements.

38. States, in consultation and cooperation with indigenous peoples, shall take the appropriate measures, including legislative measures, to achieve the ends of this Declaration.

39. Indigenous peoples have the right to have access to financial and technical assistance from States and through international cooperation, for the enjoyment of the rights contained in this Declaration.

40. Indigenous peoples have the right to access to and prompt decision through just and fair procedures for the resolution of conflicts and disputes with States or other parties, as well as to effective remedies for all infringements of their individual and collective rights. Such a decision shall give due consideration to the customs, traditions, rules and legal systems of the indigenous peoples concerned and international human rights.

41. The organs and specialized agencies of the United Nations system and other intergovernmental organizations shall contribute to the full realization of the provisions of this Declaration through the mobilization, inter alia, of financial cooperation and technical assistance. Ways and means of ensuring participation of indigenous peoples on issues affecting them shall be established.

42. The United Nations, its bodies, including the Permanent Forum on Indigenous Issues, and specialized agencies, including at the country level, and States shall promote respect for and full application of the provisions of this Declaration and follow up the effectiveness of this Declaration.

43. The rights recognized herein constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world.

It could safely be said that An Act to Prevent the Spread of Leprosy and its enforcement through time violated 42 of the 46 total Articles found in the UN Declaration on the Rights of Indigenous Peoples. These include Articles 1-15 and Articles 17-43.231

These Articles echo the rights violations in the previous paragraphs in relation to The Universal Declaration of Human Rights. Included in the forced harms were topics of ʻāina, traditional medicines, and cultural assimilation and destruction – facets more involved with Indigenous people who have been interrupted and severely harmed by colonial and occupying ideologies and enforcement. To elaborate in more worded detail

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concerning ‘āina and cultural rights, Kānaka Maoli were deprived of these by being “subjected to forced assimilation or destruction of their culture,”\textsuperscript{232} by being “forcibly removed from their lands,”\textsuperscript{233} therefore unable to “maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands,”\textsuperscript{234} or protect and conserve it\textsuperscript{235} or keep it from military misuse.\textsuperscript{236} All of these being direct quotes from the UNDRIP Articles themselves.

Both UN Declarations provide a familiar approach to establishing and assessing violations to rights. Various existing groups have also created platforms by which we can measure both achievement/fulfillment and violation/non-compliance of/with various rights.\textsuperscript{237}

\begin{table}[h]
\centering
\begin{tabular}{|l|p{13cm}|}
\hline
\textbf{Independence} & \textbf{E mau ke ea o ka ‘āina i ka pono.} Ea (sovereignty and independence), like breathing, is crucial to our survival. It must be achieved first, then practiced and lived daily. Independence includes the ability to negotiate our interdependencies with others. We seek political independence from the United States of America. \\
\hline
\textbf{Land} & \textbf{He aliʻi ka ‘āina, he kanā ke kanaka.} We practice and uphold mālama ‘āina, a key element of Kanaka Maoli culture and politics. We have a reciprocal relationship with the land: it gives us life, and we must protect it. We will work to protect and nourish our ‘āina and natural resources. \\
\hline
\textbf{Demilitarization} & \textbf{‘O Hawaiʻi i ko kākou kulāwi.} We are of Hawaiʻi, we are not Americans. We work to end the American occupation of our homeland. We oppose the use of Hawaiʻi as a launching pad and recruiting pool for US wars. And we oppose the destruction of our ‘āina and sacred sites, and the political and economic enlistment of our people for US wars. We will work for the demilitarization of our land and society, and the clean-up and return of militarized lands. \\
\hline
\end{tabular}
\end{table}

\textsuperscript{233} Ibid., Article 10.
\textsuperscript{234} Ibid., Article 25.
\textsuperscript{235} Ibid., Article 26, 29.
\textsuperscript{236} Ibid., Article 30.
\textsuperscript{237} Movement for Aloha No Ka Aina (MANA), \textit{Platform of Unity}, accessed May 18, 2013, \url{http://www.manainfo.com/platform-of-unity.html}. Note: Spelling is as found in the name and in the wording of the platform online.
Health

I maika’i ke kalo i ka ‘ohā. The health and well-being of our keiki, ʻōpio, mākuʻa, and kūpuna are the hallmark of a vibrant Hawaiian society. We will educate and engage our society to care for our individual health, the life of the community, and the vitality of the ‘āina.

Diversity & Inclusion

Hawai‘i loa kulike kakou. We support the development of an inclusive movement bridging all ethnic groups and social sectors, toward a multicultural independent Hawai‘i. We will build unity and solidarity with all who share our values and principles.

Culture

Mai ka lā hiki a ka lā kau. We reclaim, protect, and practice our cultural traditions and protocols for honoring and supporting all phases of the life cycle, from birth to death and beyond, from hānau to kanu. This includes our birthing, coming of age, and burial practices. Through these practices, we maintain our genealogical connection with the ‘āina and with each other. We believe firmly that culture and politics should be intertwined. We will live our culture, and will reject its’ sale or appropriation.

Popular Education

ʻAole i ‘ena'ena ka imu i ka māmane me ka ‘ulei, i ‘ena'ena i ka la'ola'o. The imu is not heated by the māmane and ‘ulei alone, but also by the kindling. A broad-based movement requires ongoing consciousness-raising and mental decolonization. We will engage in ongoing political education to enable us to know who we are, and to build the courage, fortitude and capacity of our people to engage in principled struggle.

Movement

ʻO ka welau, ʻo ʻo ka pololū laulima. The power of the spear is in the piercing tip and the deep shaft. We believe that lasting change relies on both a broad-based, active group of people and leaders of substance. We will build the frontlines and a strong movement to carry the struggle forward.

Economic Independence

Ua lawa mākou i ka pōhaku, ka ‘ai kamaha‘o o ka ‘āina. We support a self-sustaining, modern, independent economy for Hawai‘i nei which prioritizes our local needs over foreign corporate or military interests. We will build this preferred future through kū‘ē and kūkulu.

Food Sovereignty

E kanu mea ‘ai o nānā keiki i kā ha‘i. Plant edible food plants, lest your children look with longing at someone else’s. We advocate for all people to have the right to safe, nutritious, culturally-appropriate food and that they have direct kuleana in the ways their food is produced.

Gender and Sexualities

Ka leʻaleʻa o nā kūpuna. We strive for an independent and free Hawai‘i inclusive of all genders and sexualities. ‘Ike kūpuna guides us toward diverse expressions of sexuality and gender. Through ‘ōlelo Hawai‘i, mele, hula, oli, and mo‘olelo, we know that our kūpuna and ali‘i valued māhū and aikāne relationships. All members of our community are precious to our nation, and we actively work against state oppression and the internalized hatred in our own communities that stifles our sexual self-determination.

Ho’omana

Mai ka lā hiki a ka lā kau; Mai ka hoʻokuʻi a ka hālāwai. We acknowledge mana, or spiritual power, greater than and beyond us. We hold kūpuna, ʻaumākua, and akua Hawai‘i as sources of knowledge and mana; mai ka pō mai ka ʻoiaʻiʻo. We protect the existence of the akua and ‘aumākua in and on this ‘āina, recognizing our kuleana to contribute to their health. We support and actively create spaces where Kānaka can commune with and mālama the akua and ʻaumākua they chose, or by whom they are chosen. We strive to offer our best in word, deed and hoʻokupu, in hopes to increase the reciprocal flow of mana within relationships spiritual and physical. We will honor and defend the chosen resting places of nā iwi kūpuna and other sacred places.

Table 2.3 displays Movement for Aloha No Ka Aina (MANA)’s Platform of Unity. An Act to Prevent the Spread of Leprosy and the categories of enforcement through stigmatization, criminalization, separation and experimentation violate the components of this platform. These are components necessary for the expression, survivance and safety of Kanaka Maoli health and the health of the Hawaiian nation today. Without them and because they are violated and negated by history and systematic oppression, the possibilities for recovery and healing are farther from reach.
Ngũgĩ Wa Thiong’o describes this as destruction resulting from a “cultural bomb.” Detonation of this weapon of war wears away at a peoples’ sense of self-worth, and their belief in their names, in their languages, in their environment, in their heritage struggle, in their unity, in their capacities and ultimately in themselves...It even plants serious doubts about the moral rightness of struggle. Possibilities of triumph or victory are seen as remote, ridiculous dreams. The intended results are despair, despondency and a collective death-wish.

The kind of explosion and despondency felt in the quote above forms a worded heaviness, one similar to the colonial weight that influences the poor health inequities faced by Hawaiians today.

CURRENT TRENDS IN STIGMATIZATION & CRIMINALIZATION

Many of our kūpuna with leprosy were taken from their homes and families at terribly young ages. Colonial ideology and the enforcement of An Act to Prevent the Spread of Leprosy deeply affected their human experiences. This ideology stigmatized them as contaminants to society and labeled them as full-fledged criminals. This kind of stigma, again, was unnatural to a Kanaka Maoli way of dealing with leprosy, where community and family members had no fear of or disgust for their ailing kin. Because of this, Hawaiians with leprosy and Hawaiian ways of dealing with sickness, such as the compassion and care shown by kōkua, were subject to the same stigma. These stigmas were meant to negate peoples’ right to exist and destroy their images of self and community, as well as their views, respect for and understanding of their culture’s response to sickness. We can examine how these stigmas continue to affect Kanaka...

Maoli health today, according to a colonial representation of being “diseased,” “loathsome” and “criminal.”

- **Stigmatization**

  - According to data from the Centers for Disease Control and Prevention concerning Native Hawaiian & Other Pacific Islanders,\(^{239}\) the 10 leading causes of death for Asian Americans or Pacific Islanders in 2010 are:\(^{240}\)
    
    1. Cancer
    2. Heart Disease
    3. Stroke
    4. Unintentional Injuries
    5. Diabetes
    6. Influenza and Pneumonia
    7. Chronic Lower Respiratory Diseases
    8. Kidney Disease
    9. Alzheimer’s Disease
    10. Suicide

  - Also, “Native Hawaiians & Other Pacific Islanders may have disproportionately high prevalence of the following conditions and risk behaviors:**\(^{241}\)
    
    - Alcohol use & abuse, Hepatitis B, HIV/AIDS, Overweight & Obesity, Smoking & Tobacco Use, Tuberculosis (TB)

  - Other critical Health Inequities being experienced by Kānaka Maoli are:**\(^{242}\)
    
    - Native Hawaiians & Other Pacific Islanders (NHOPI) have higher cancer death rates than non-Hispanic Whites.\(^{243}\)
    - The 5-year relative survival rate for all cancers for Native Hawaiians is lower than it is for other racial and ethnic populations. Native Hawaiians’ survival rate is 47%, compared with 57% for whites and 55% for all races combined.\(^{244}\)
    - In 2002, the infant mortality rate for Native Hawaiians was 9.6 per 1,000 live births, a rate greater than the rate for all Asian and

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\(^{239}\) A footnote is due here because of the lumping that occurs in statistical data such as this where many groups of people are lumped into one category, such as Other Pacific Islanders. This kind of surface data overlooks the intricacies of particular groups of people, resulting in incomplete data and skewed representation. However, for now and until other options for data representation are available, application of said sources for Native Hawaiians will have to suffice.


\(^{241}\) Ibid.

\(^{242}\) Ibid.


Pacific Islanders combined (4.8), and for all populations combined (7.0).

- Age-adjusted prevalence of diabetes in 2010 was 3 times greater among Native Hawaiians and other Pacific Islanders compared with prevalence among the non-Hispanic white population.²⁴⁵

- In 2008, Native Hawaiians and other Pacific Islanders had the third largest incidence of HIV infection; incidence was third to the incidence among African American and Hispanic populations.²⁴⁶

- Native Hawaiians and other Pacific Islanders are more likely to live in poverty (21.5%), less likely to be college graduates or hold graduate degrees (14.5%), and less likely to be employed in management, business, science, and arts occupations (24.0%) compared with the total U.S. population (15.9%, 28.5%, 36.0%, respectively).²⁴⁷

Revisiting the HIV/AIDS response bulleted above – similar chastisement experienced by our kūpuna who had leprosy can be compared to the stigma associated with people who contract HIV/AIDS today. Although this disease can be managed with medical care, Hawaiians, among others, continue to experience being “perceived as invasive agents in a ‘healthy’ society.”²⁴⁸ This type of modern-day treatment “fosters social exclusion of those perceived as risk agents, because they are interpreted as a threat to others, as deviating from what is ‘normal,’ and as a burden to society.”²⁴⁹ Some negative psychological effects that occur because of said exclusion include “anxiety, depression, guilt, isolation, disruption of family dynamics, physical and emotional


²⁴⁹ Ibid.
violence, intensification of grief, loss of social support, and the deterioration of productive relations with health professionals.”

Kānaka Maoli make up 22% of the population in Hawai‘i and 11% of the cumulative HIV infection cases as of December 31, 2013. For Hawaiian women with HIV/AIDS, Mueller, Orimoto and Kaopua note that some women spoke of the disgrace and shame they had brought upon themselves and their ohana. This triadic structure of self-guilt, self-shame and family-shame illustrates how affective bonds can impact the experience of living with HIV/AIDS. For the prototype Native Hawaiian woman, whose core identity is influenced and defined by affective connections to her family, contracting a stigmatizing illness not only brought personal shame and guilt, but shame to her ohana as well.

Maile Tauali‘i has noted in her work with our people that “Native Hawaiians with HIV are more likely to be at a later stage of disease and therefore less likely to benefit from early and highly effective treatment.” For Kānaka Maoli with HIV/AIDS, the present stigma experienced can be seen as compounded with and stemming from the historical trauma passed down from stigma associated with leprosy.

- Criminalization & Arrest:
  - The Native Hawaiian Justice Task Force Report from 2012 cited “separation from culture and policies, procedures and laws” as critical.

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250 Ibid.


reasons for disproportionate representations of Native Hawaiians in the criminal justice system.\textsuperscript{255}

- According to a study by the Office of Hawaiian Affairs (OHA) published in 2010, Native Hawaiians “receive longer prison sentences than most other racial or ethnic groups”, “are sentenced to longer probation terms than most other racial or ethnic groups,” and “make up the highest percentage of people incarcerated in out-of-state facilities.”\textsuperscript{256}
  - As of June 30, 2001 39\% of the total inmate population in Hawai‘i Correctional Facilities were Native Hawaiian, with the male population represented by 38\% Native Hawaiian and the female population being 44\% Native Hawaiian.\textsuperscript{257}
  - Native Hawaiians also make up 39\% of the inmate population of inmates in out of state facilities.\textsuperscript{258}
- In 2009, Native Hawaiians were 32\% of youth arrests in Hawai‘i as compared to Other (29\%), Caucasian (22\%) and Filipino (17\%).\textsuperscript{259}
- Keahiolalo-Karasuda makes valuable connections in her research between the assumption that Kānaka Maoli are criminal to a history of being prosecuted, criminalized politically and hanged publically.\textsuperscript{260}

\textbf{SEPARATION & DISPLACEMENT TODAY}

Moving beyond stigmatization and criminalization, we arrive at the separation that occured for a single person from oneself and from family, ‘āina, Nation and

\begin{itemize}
\item \textsuperscript{256}Office of Hawaiian Affairs, “Fact Sheet, The Impact of the Criminal Justice System on Native Hawaiians,” \textit{The Disparate Treatment of Native Hawaiians in the Criminal Justice System}, (Honolulu: Office of Hawaiian Affairs, 2010), 11.
\item \textsuperscript{258}Ibid. Of note is the criminalization of Kānaka Maoli as well as the forced separation of the criminal from their homeland to be imprisoned in a foreign place.
\end{itemize}
humanity. Displacement will also be discussed concerning the kamaʻāina who were pushed from their homes in Makanalua for governmental use of their lands to isolate the sick.

Separation created a division for Kānaka Maoli that tried to keep them from communing with their ʻāina, from growing relationships with their families, from being regarded as within a Hawaiian nation or part of humanity in general.

- Forced Separations & Displacement:
  - See separations and displacement due to incarceration (above)
  - Self – Suicide
    - Native Hawaiians and Pacific Islander elders have lower suicide rates than the state total (32 per 100,000, about half of the total 64 per 100,000).\(^\text{261}\)
    - According to The Office of Minority Health, Native Hawaiian adolescents have a higher risk of suicide compared to other adolescents in Hawaiʻi.\(^\text{262}\)
    - A survey of high school students in Hawaiʻi showed that Native Hawaiians had a significantly higher rate for suicide attempts (12.9%) than non-Hawaiian students (9.6%).\(^\text{263}\)
  - Family – Separated families perhaps resulting in delinquent youth
    - Data from 2009 show that of the youth detained at Hale Hoʻomaluh Detention Home, Honolulu’s Youth Detention Center, 46% were Native Hawaiian compared to Other (39%), Caucasian (8%) and Filipino (7%).\(^\text{264}\)

\(^{261}\) Marjorie K. Mau, MD, MS, “Health and Health Care of Native Hawaiian & Other Pacific Islander Older Adults,” eCampus Geriatrics In the Division of General Internal Medicine, Stanford School of Medicine (2010), http://geriatrics.stanford.edu/ethnomed/hawaiian_pacific_islander/downloads/hawaiian_american.pdf: 16.


Land Connections – Houselessness

- The State Department of Hawaiian Home Lands oversees ~203,000 acres of trust land to provide low-cost housing for Kānaka Maoli.
  - To date, relatively few 50% Hawaiian beneficiaries have received land, and much of the land set aside is in remote locations and is difficult to develop.\(^\text{265}\)
  - As of 2006, approximately 30,000 Hawaiians have died while waiting for plots of land, and nearly 22,000 Kānaka are still on the waiting list.\(^\text{266}\)
  - In 1990, 20,500 Native Hawaiian households experienced one or more housing problems, and the incidence of these problems was significantly higher (49%) for Hawaiian households than non-Hawaiian households (38%).\(^\text{267}\)
  - Statistics from July 2000 and June 2001 show that statewide, Native Hawaiians make up 29.8% of the “homeless” population, second only to the Caucasian population (40.9%).\(^\text{268}\)
  - On Oʻahu, this same data indicates that Native Hawaiians make up 42.2% of the “homeless” population, far outnumbering any other ethnic group – Caucasian (26.0%), Black (4.8%), Hispanic (6.0%), Samoan (2.1%), Japanese (1.9%), Chinese (0.1%), Korean (0.5%), Pacific Islanders (0.6%), Filipino (4.0%), Southeast Asian (1.4%), Native American/Alaskan (3.4%), Mixed/Cosmopolitan (4.9%), Other (2.1%).\(^\text{269}\)

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\(^\text{269}\) Ibid.
EXPERIMENTATION CONTINUES – BODIES & ‘ĀINA

Separation from Nation and humanity are linked to experimentation. In an individual sense, we can reflect on the story of Keanu where western doctors and government officials discussed his fate and purpose as to their function and benefit. His existence to them was one of opportunistic gain, he was a human deemed disposable for advancements in medical science. Experimentation carried out on the kōkua/mea kōkua who reportedly “consented” to experimentation for finding contagion factors of leprosy are within this conversation. These forms of human experimentation removed and separated an individual from a larger humanity.

Taking the individual concept to a larger, Hawaiian perspective is that as Hawaiians, our health and the health of the ‘āina are directly connected and reflected in one another. As we have read, colonial and foreign ways of dealing with Hawaiian issues such as disease can prove detrimental to Hawaiians. The mentality that created stigmatization, criminalization, separation/displacement and experimentation on Hawaiians regarding leprosy survives today as larger forms of colonial, now occupying forces in our homeland. Historically pinpointing the Bayonet Constitution of 1887, the U.S. aided invasion of the Hawaiian Kingdom in 1893, the annexation of Hawai‘i to the United States in 1898, fraudulent 1959 “Statehood” and the current U.S. occupation of Hawai‘i, we can see these political events as forceful colonial interference that moved to occupy and take control of Hawai‘i and take power away from Kānaka Maoli.  

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Once sovereign power has been seized from a people, it becomes difficult for us to self-determine our own destinies. Kanaka Maoli health identities for example are held hostage by U.S. occupation and colonization. With the option to self-determine, we could reserve the right to call for changes in policy, mindset and action concerning our health and public health. This could mean acknowledging that a colonial mentality was applied in a time of duress so that we could seek interventions to heal damage and remove remnants of colonial and occupational harm that exist today.

Concerning choice, consent and experimentation, a lack of Hawaiian self-determination means a continuation of forced experimentation. As mentioned in the introduction of this paper, Kānaka Maoli and ʻāina are inherently inseparable. Therefore any experimentation performed on our persons/bodies/spirits/minds in any form is also felt by the ʻāina, and vice versa. We can apply this understanding to expand our conversation regarding experimentation on people to the experimentation on people through ʻāina, as it pertains to American, experimental use of Hawaiʻi by the U.S. military and the Genetic Modification (GM) industry.

- Experimental, Military Use of Lands in Hawaiʻi:
  - History of militarization in Hawaiʻi from first contact of Cook to the use of U.S. Navy troops by U.S. Minister Stevens to overthrow Queen Liliʻuokalani as she attempted to promulgate, according to the desires of her people, a new constitution that would reinstate powers to the monarch that had been stripped by the forced “Bayonet Constitution” of 1887. This act is now recognized as an illegal Act of War.
  - Prevalence of U.S. military forces in 2004 included 161 military installations in Hawaiʻi, where the military controls 236,303 acres (5.7%).

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272 Ibid.
of total land area in Hawai‘i. On O‘ahu that statistic looks like 85,718 acres (22.4%) of land controlled by the military.\textsuperscript{273}

- Damage to the health of the environment and to people:
  - Toxins: including “unexploded ordinances, various types of fuels and petroleum products; organic solvents such as perchloroethylene and trichloroethylene; dioxins and polychlorinated biphenyls (PCB); explosives and propellants such as cyclotrimethylenetrinitrime (RDX), trinitrotoluene (TNT), octogen (HMX) and perchlorate; heavy metals such as lead and mercury; napalm, chemical weapons, and radioactive waste from nuclear powered ships. Cobalt 60, a radioactive waste product from nuclear-powered ships, has been found in sediment at Pearl Harbor. Between 1964 and 1978, 4,843,000 gallons of low-level radioactive waste was discharged into Pearl Harbor.”\textsuperscript{274}
  - Mākua Valley has been a dumping ground for unexploded ordinances (UXO), OB/OD disposal, and hazardous waste contaminants.\textsuperscript{275}
  - Military outposts globally in Marshall Islands, Guam, Okinawa, Japan and Korea\textsuperscript{276} allow for Hawai‘i, as the command center, to be an unconsenting accomplice in U.S. attacks and military strategy worldwide.
  - “…the military presence in Hawai‘i has played a significant role in the loss of political autonomy, access to land, and therefore healthy food sources for na Kanaka Maoli [Sic].”\textsuperscript{277}
  - “Larger policy changes in land reform create and reinforce structures that can serve to facilitate the process of dispossession. By limiting the placement of families engaged in subsistence activities (i.e. hunting & farming) at particular locations (i.e. Mākua), and concurrently reserving this space for ever changing economic axes (i.e. ranching or military training), government planning preferences exacerbate and accelerate the socioeconomic and cultural transitions that reinforce the deterioration of relationship between the health of people and the ‘āina. The dispossession of native people from physical spaces has a

\textsuperscript{273} Ibid., 173; DMZ Hawai‘i/Aloha ‘Āina Factsheet provided by Aunty Terri Kekoʻolani, Movement For Aloha No Ka Aina (MANA) Wāhine Genuine Security Retreat in Punaluʻu, Oʻahu, April 12 – April 14, 2013.


\textsuperscript{275} Ruelas, “Mākua Valley,” 11.


\textsuperscript{277} Ibid.
connection to colonialist expansionist practices, and the advancement of imperialistic economic structures.”

- Some history of militarism regarding O‘ahu:
  - Makua Valley, O‘ahu
    - Displacement and separation of Kānaka Maoli from their homelands
      - “The United States Army first began using the valley in 1929, and later seized 6,120 acres under martial law during WWII. After the war, the agreement to return the land to the state was not honored, and the Army retained their role as steward of the land – under the protest of the state, the territorial governor, and the families that had been removed.”
    - Long-time resident families have experienced more than six forced displacements from their homes for U.S. Army military training.
    - Court cases and community efforts by organizations such as Mālama Mākua and Earthjustice ended in the eventual maintenance of a long-term cessation of live training in Mākua, however this victory was bitter because of the extended use of Pōhakuloa on Hawaiʻi Island – another seized sight for military training whose protections had been based on the strategies used during the Mākua valley case.
  - Mōkapu, O‘ahu
    - This area has been taken over by Kāne‘ohe Marine Corps Air Station (KMCAS) since 1952.
    - KMCAS houses military personnel and their families, serves as a landing and launching pad for military war

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279 Ibid., 11.
planes and obstructs access and use of Mōkapu for Kanaka Maoli families and practitioners.  

- In the late 1990s, human remains of Kanaka Maoli families had been unearthed during building operations on KMCAS. Despite requests for a moratorium on construction by these families, KMCAS and the private housing developer on the base continued building houses and facilities.

- Experimental, Genetically Modified Organisms (GMOs) in Hawai‘i:
  - Monsanto touts itself as the leading agribusiness in Hawai‘i, with its seed industry valued at $222 million with approximately 9,000 acres on Molokai, Maui and O‘ahu and 13,000 acres on Kaua‘i.
  - “The American Association for the Advancement of Science and the American Medical Association both say foods containing ingredients from genetically modified crops pose no greater risk than the same foods made from crops modified by more traditional plant-breeding techniques,” and that “forcing GMO foods to be labeled would create fear among consumers that is not justified by any evidence.”
  - Hawai‘i residents and Kānaka Maoli are concerned about the role and safety of GMOs in the islands, and as Pomai Emsley says in MANA Magazine, she and her family are worried about “not wanting to be the experiment” for these pending questions.
  - Jeri Di Pietro, President of Hawai‘i SEED sums up Hawai‘i’s role in GMO production, concluding that a significant portion of agricultural acreage is being used to grow GM seeds, an inedible product that is shipped to places outside of Hawai‘i.

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284 Handout on the Hawai‘i Report to the 7th International Women’s Network Against Militarism (IWNAM) September 15, 2009 in Mangilao, Guahan (Guam), provided by Aunty Terri Keko‘olani, April 12 – April 14, 2013.


288 Ibid.


A non-profit named Institute for Responsible Technology reported on GMOs, saying that the American Academy of Environmental Medicine (AAEM) claims “Several animals studies indicate serious health risks associated with GM food,” including infertility, immune problems, accelerated aging, faulty insulin regulation, and changes in major organs and the gastrointestinal system. The AAEM asked physicians to advise patients to avoid GM foods.”

- One study referenced by Truthout, a non-profit focused on providing the public with independent news and commentary, discussed both liver and kidney problems due to GMO consumption.

In the U.S., the FDA has allowed GM foods into mainstream industry without labeling, allowing the public to be an experiment for seeds and food grown without knowledge on the benefits or harms of GMOs on humans, living creatures and the world in general.

- The FDA acknowledges that GMOs have been in our food supply for about 20 years,
- That as of 2012 Genetically Engineered (GE) cotton accounted for 94% of all cotton planted, GE soybeans accounted for 93% of soybeans planted, and GE corn accounted for 88% of all corn planted,
- GE crops are used as sources for food ingredients and animal feed, and can be found in corn starch (in soups and sauces), corn syrup (as a sweetener), cottonseed and soybean oil (in mayonnaise, salad dressings, cereals, breads and snack foods), as well as plant foods including squash and papaya,
- The FDA only “encourages developers of GE plants to consult with the agency before marketing their products”
- The food developer produces their own safety assessment which is evaluated by FDA scientists,
- “Food manufacturers may indicate through voluntary labeling whether foods have or have not been developed through genetic engineering, provided that such labeling is truthful and not misleading.”

On Kaua’i island, with the largest acreage of GM agriculture, “people living close to the fields are suffering chronic exposure and poor health;

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many children on the West Side have asthma and many adults are experiencing adult onset asthma. We are also seeing a very high and unexplained rate of cancer in the areas near fields used for seed testing." \[294\]

- Farming fate in India linked to GM seeds being grown in Hawai‘i:
  - In January of 2013, Vandana Shiva\[295\] of India visited Hawai‘i and presented “Seed Freedom is Food Freedom,”\[296\] which spoke to the GM genocide that occurred in her home in India around 2008. In this catastrophe, an estimated 125,000 Indian farmers committed suicide after failed crops and insurmountable debt due to being convinced by GM salesmen and government officials that sowing magic GM seed over traditional seed (which were banned from many government seed banks) would produce “unheard of harvests and income.”\[297\]
  - Monsanto, choosing to test GM effects in India, the second most populated country in the world, made a marketing strategy and population experiment, where the impacts of GM seed, its promises and untold risks resulted in failed crops, ‘terminator technology’ seeds with nothing to replant in following seasons, crushing debt and mass suicides by insecticide ingestion.\[298\]

By providing a factual, bulleted-style information set as seen above, we have been able to take up a plethora of dense information in a short span of time. Viewing these itemized connections through a Kanaka Maoli health practitioner lens and from a historical trauma perspective, it is apparent Kānaka Maoli and Hawai‘i still experience the repercussions of

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\[295\] According to Hawai‘i SEED, a grass roots anti-GMO non-profit in Hawai‘i, Vandana Shiva is an “Indian philosopher, environmental activist, author and eco-feminist…Intellectual property rights, biodiversity, biotechnology, bioethics, genetic engineering are among the fields where Shiva has contributed intellectually and through activist campaigns.” Dr. Shiva was awarded the Right Livelihood Award in 1993, the Global 500 Award of the United Nations Environment Programme (UNEP) in 1993 and the Earth Day International Award of the United Nations (UN). Hawai‘i SEED, Vandana Shiva Visits Hawai‘i: January 2013, http://hawaiiseed.org/vandana-shiva-visits-hawaii-january-2013/.

\[296\] Ibid.


\[298\] Ibid.
a turbulent, colonized past and a similar, occupied present. This is evidenced by: the continued criminal and disease stigma that occupy Hawaiian health in the form of severe health inequities, the health inequities that show up on the mental and land-based fronts due to forced separation and displacement, the visible, violent GMO and militaristic, experimental use of resources and land-bases in Hawai‘i, and the occupation of the Hawaiian Kingdom.

The reality and lived-through experiences related to these statistics, pieces of history, stories of truth, livelihood and trauma are real. They happened. And they affect, to some extent, how we are currently living. Present-day stigmatization, criminalization, separation/displacement and experimentation stem from colonial and occupying mentalities that helped create and enforce *An Act to Prevent the Spread of Leprosy*. In closely examining these prescribed modes of existence for Hawaiians, we also hone in on how to heal and remedy these situations.

Chapter 3 moves away from the control of colonial/occupying realities and sits with the revival of Hawai‘i – the health of its people, the ‘āina and the future. We will further explore conceptual modeling as a means through which Kānaka Maoli and colonizer/occupier healing paths conduct themselves and overlap with each other. We will pinpoint access points on a healing pathway of interventions for Kānaka Maoli and colonizer/occupier entities and address current and additional forms of these interventions.
CHAPTER 3
Hulia299 – A Time for Regenerating Realities

Lia O’Neill Keawe writes that “the politics of storytelling is about power. It is also about identity, and looking critically at how those in power have crafted a lens…to view the world.”300 Where Kanaka Maoli health representations and identities of disease have been artificially and externally created by outsiders, it is imperative that these various colonial, now occupying, entities be corrected. Chapters 1 and 2 have been a long and intertwining journey through traumatic experiences and into present day health manifestations. We have seen the health impacts of historical trauma on individual, family, land-based, community and national levels.

Considering how historically traumatic manifestations of Kanaka Maoli health can be understood as stories of a colonial legacy that have seeped through generations, taking back the power to rewrite and reright the stories and identities of our people and sacred land spaces is a pivotal turning point for healing. Presently many warriors in our communities are working diligently to address various health inequities that have resulted from generations of colonial and occupying legacies. Ranging from education in charter schools to increased practices of ancestral medicine, from focus on building expressions through poetry events to building community through ‘āina workdays,301 from land-based

299 Pukui and Elbert, Hawaiian Dictionary, 89: overturned; a complete change, overthrow.


301 Pukui and Elbert, Hawaiian Dictionary, 11: land, earth. As recognized in this word’s use in Ua mau ke ea o ka ‘āina i ka pono (the sovereignty of the land is perpetuated in justice), the politics of space are evident in the use of land. Community workdays gather people around reclaiming and caring for spaces, also recognizing land as that which feeds and as a familial relationship that needs healing and nurturing for the life, sustenance and sovereignty of our people and nation.
community workshops to political organizing and much more, our lāhui is steadily addressing the far-reaching effects we have come to know in previous chapters. This chapter, Chapter 3, pulls in from a wide lens that we have used in previous chapters to view the existence of historical trauma and its harmful consequences. By using a more focused lens, we will assess how to bring healing and health through self-determined stories of disease, separation and land use, specific to the effects of An Act to Prevent the Spread of Leprosy.

In owning a story of disease and death, and healing it and creating health and life, we need to build further on a flexible, yet firm and holistic model. This model is linked to human and cultural rights and grounded in self-determined healing from the root upwards. David Liu views health as “a social construction, either on a gradient from healthy to unhealthy or death, or as a dualism: one is either healthy or unhealthy.”\(^{302}\) A western construction of health and identity, as an extension of foreign ways of dealing with disease, is then problematic for Kānaka Maoli because it “focuses on the individual and a predominantly internal causation of state of unhealthy. Instead, health is historically and culturally contextual.”\(^{303}\) Western constructs that perpetuate harm and avoid the impacts of trauma continue to colonize and occupy spaces of growth for bodily, land-based and national identities for health, and these must be overturned. By simultaneously rewriting and rerighting our stories to include the roots of trauma that affect our present manifestations as a people, we can better self-determine the proper methods of present-

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\(^{303}\) Ibid.
day interventions from this space. And we can rebuild from a new foundation of healing that spans time and generational divides, effectively healing our people truly and deeply.

As we build discussion around growth and regeneration, the word intervention is important. An intervention “aims to cover a wide range of measures taken for curative and preventive purposes by medical, surgical and other health-related care services.”

Due to the multi-faceted impacts of *An Act to Prevent the Spread of Leprosy*, rebuilding Kanaka Maoli health representations requires multi-faceted interventions. Simply put, we cannot solely address Hawaiian health inequities like diabetes and cancer with topical, western, present-day interventions such as pharmaceutical medication.

When considering interventions for our own people, we must define this term using a Kanaka Maoli health practitioner approach. Intervention in this case could be defined as a traditional and/or culturally appropriate measure taken to address one or multiple health inequities faced by our people, due to colonial and occupier traumas, and in order to support the improvement of Kanaka Maoli health outcomes through self-determined pathways to achieve health and healing. Noreen Mokuau suggests culturally based solutions and cultural competency as important components to successful interventions to improve Native Hawaiian health. She writes that,

Culturally based solutions originate in values and practices of Native Hawaiian culture and are intended to address problems that confront Native Hawaiians in contemporary society. Utilizing values and practices of the culture implies that the wisdom of kūpuna (elders) and the historical past are incorporated into these culturally based solutions. These culturally based solutions acknowledge and draw from the strengths of Native Hawaiian culture in order to promote ola pono. Core elements of culturally based solutions include spirituality, cultural values

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and practices, and the inclusion of Native Hawaiians in the design, implementation, and evaluation of these interventions.\textsuperscript{306}

Culturally based solutions combined with cultural competence inclusive of “information on cultural history, values, and behaviors,” and self-determined involvement with health care, all premise a more effective ability to reduce health inequities and actualize positive health.\textsuperscript{307}

Mueller, Orimoto and Kaopua add the patient/provider relationship component by postulating that, “successful health care delivery is contingent on relatively deep emotional connections between the health care provider and the patient” that “is consistent with traditional Hawaiian beliefs which hold that healing is a gift of the spirit, and that pono [just, in perfect order] spiritual and interpersonal relationships are fundamental to the healing process.”\textsuperscript{308}

In addition to culture and relationship, seizures of power, land and sovereignty remain pivotal to the discussion on rebuilding health for Känaka Maoli and all people in Hawai‘i. Liu notes that “Any program which seeks to modify behaviors then must be contextualized within history, and negotiate and validate the experience of the national traumas while providing a process to go beyond them.”\textsuperscript{309} In Figure 3.1 below, the green arrows introduce access points for Interventions at three locations in time: A) the historical event itself, for this case study, the creation and enforcement of An Act to

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\textsuperscript{306} Mokuau, “Culturally Based Solutions,” 101.  \\
\textsuperscript{307} Ibid., 100 and 104.  \\
\textsuperscript{309} Liu, “E ‘ao lu’au a kualima,” 88.  
\end{flushright}
Prevent the Spread of Leprosy; B) the trauma created (in the past) for our kūpuna; and C) the historical trauma and health inequities that manifest today for Hawaiian health.

Figure 3.1 Path of Historical Trauma & Course of Intervention for Kanaka Maoli & colonizer/occupier Through Time Regarding An Act to Prevent the Spread of Leprosy.

Independence and self-determination for Kānaka Maoli are key to the actual improvement of our health status, especially in instances where political power was influenced or taken over by colonial forces to affect Kānaka Maoli as a majority. As Liu notes, “Ultimately, the movement from unhealthy Hawaiian to Maoli ola [true health, healing] parallels the process of reclamation and reconstruction of the nation: it is a
process, which begins in ka wa mua [before, in past times], and sails backwards into ka wa hope [future].”

Marie Yellow Horse Brave Heart concurs, in that understanding the history and experiences of community helps begin healing, especially where “genocide, imprisonment, forced assimilation, and misguided governance” have resulted in the “loss of culture and identity, alcoholism, poverty, and despair.” There are four components in her community historical trauma intervention model:

- First is confronting the historical trauma.
- Second is understanding the trauma.
- Third is releasing the pain of historical trauma.
- Fourth is transcending the trauma.

Yellow Horse Brave Heart’s intervention model bases itself on three hypotheses, which include:

1. Education increases awareness of trauma,
2. Sharing effects of trauma provides relief,
3. Grief resolution through collective mourning/healing creates positive group identity and commitment to community.

These guidelines influenced the evolution of the 3 Rs for Intervention as seen in Figures 3.1, 3.2, and 3.3. Confronting, understanding, releasing and transcending historical trauma can only be achieved through a shared awareness that is manifested through

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311 Maria Yellow Horse Braveheart and Raymond Daw. Welcome to Takini’s Historical Trauma, http://historicaltrauma.com/. As of September 30, 2015, this website is under renewal and more information around this topic by both Braveheart and Daw can be found online and in this online powerpoint: Maria Yellow Horse Brave Heart, “Historical Trauma and Unresolved Grief: Implications for Indigenous Healing and Research,” Historical Trauma – Montana INBRE, inbre.montana.edu/file/BraveHeart.pptx; Maria Yellow Horse and Raymond Daw, “Historical Trauma and Healing the Hurts,” Historical Trauma and Multi-cultural Treatment – White Bison, www.whitebison.org/.../Historical_Trauma_and_healing_the_hurts.ppt.

312 Ibid.

313 Ibid.
education, sharing and collective resolution and healing. Included in that collective are both Kānaka Maoli and colonizer/occupier.

The 3 Rs for each group are briefly outlined below in Table 3.1 and will be discussed further and in more detail textually and in expanded figures and tables as this chapter progresses. Each set of 3 Rs for both Kānaka Maoli and colonizer/occupier are suggestive. They can occur singularly within and between populations, however, both sets of 3 Rs could indicate more complete processes of healing. Presently, recovery, reconnection and reclamation are processes simultaneously occurring on various fronts (e.g. resurgence of Hawaiian language speakers) within the Hawaiian community. Our processes as a people are occurring in conjunction with processes and discussions for colonizer/occupier individuals and entities around recognition, return of Hawaiian Kingdom Crown and Government lands and reinstatement of the Hawaiian nation. This may be applied to the historical trauma around leprosy and An Act to Prevent the Spread of Leprosy.

It may seem counterintuitive to have a group/entity/system that harmed a population be involved in that population’s healing. This is only temporary as the end goal is self-determined healing and independently formed health representations. However, we will look at how both sides are responsive in this process of back and forth. It is a process that would go on until Kānaka Maoli and our constituents are satisfied with the levels and efforts of healing achieved by our communities, due in part to taking back and recovering what is ours from a perpetrator (colonizer/occupier entities). Where after, having supported our healing processes, and indirectly their own, these entities will have
relinquished their holds of power in our stories, our lands, our people and our nation, and their presence and influence would no longer be necessary.

Table 3.1 Comparative Detailing of the 3 Rs for Kānaka Maoli and colonizer/occupier

<table>
<thead>
<tr>
<th>3 Rs for Kānaka Maoli</th>
<th>3 Rs for colonizer/occupier</th>
</tr>
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<tbody>
<tr>
<td><strong>Recovery</strong></td>
<td>The system currently in place by the U.S. government needs to provide recognition of the illegality of the current occupation and the severe historical trauma created by colonial influence and ideologies for Kānaka Maoli, specifically regarding <em>An Act to Prevent the Spread of Leprosy</em>. Recognition is needed for the continuation of the healing process for Hawaiians because if the perpetrator (e.g. the U.S.) denies the truth and facts, the process for recovery on the part of the people harmed (e.g. Kānaka Maoli) is negated.</td>
</tr>
<tr>
<td>In recovering our stories around historically traumatic events, we gain an understanding of how this situation came about. Understanding leads to an unpacking of forced history, making the search for and attainment of our own stories and identities imperative.</td>
<td></td>
</tr>
<tr>
<td><strong>Reconnection</strong></td>
<td>Having recognized the harm done, the system of oppression must take responsibility in quickly and effectively facilitating the return of rights to Kānaka Maoli, including returning our national lands that would provide us with resources for programs specific to education, identity formation and impacts of historical trauma, providing in perpetuity, resources for Hawaiian knowledge based schools and health care systems that foster effective family relationships and incorporate Hawaiian ways of knowing and dealing with disease and sickness.</td>
</tr>
<tr>
<td>Reconnecting with our lands, family members and ourselves means healing relationships that were forcibly severed by historically traumatic separations. Reconnections provide strong foundations for continued mourning that leads to transcendence.</td>
<td></td>
</tr>
<tr>
<td><strong>Reclamation</strong></td>
<td>By reclaiming our rights as a people to self-determine our health representations (of land, body and nation), we challenge systems based on western applications of disease dealing and profit making. Culturally appropriate interventions are helpful, but ultimately the infringement on and deprivation of basic human and cultural rights needs to be addressed as a key component to Hawaiian health. Reinstatement of the Hawaiian Kingdom addresses this and is paramount to the recovery of this land and its people.</td>
</tr>
<tr>
<td>By reclaiming our rights as a people to self-determine our health representations (of land, body and nation), we challenge systems based on western applications of disease dealing and profit making. Culturally appropriate interventions are helpful, but ultimately the infringement on and deprivation of basic human and cultural rights needs to be addressed as a key component to Hawaiian health. Reinstatement of the Hawaiian Kingdom addresses this and is paramount to the recovery of this land and its people.</td>
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Continuing the conversation of temporary back and forth, necessary to the process of addressing and healing historical trauma for Kānaka Maoli is the process that must
occur for colonizer/occupier systems. The involvement of this sector of the historical equation undeniably spurs out of the responsibility of being held accountable for past harms and their detrimental present-day manifestations for Kānaka Maoli. Occupying structures that uphold unjust, western-dominated health representations based on flawed colonial, prescriptive methods, continue to deny the rights of people looking to heal and flourish. London speaks to accountability by stating that

policy-makers need to spend as much time considering and developing health policies in terms of obligation to fulfill the right to health, as they do in developing elaborate and potentially impressive commitments to eradicating discrimination or violation of dignity, for example. This is no different from arguing that one cannot choose which rights to observe, and ignore what is convenient, as is the case for US foreign [and I would argue “local/domestic”] policy.

Figure 3.2 opens up discussion around the meaning of the 3 Rs and provides a more developed visualization of the impact of interventions on populations and for various time periods. The 3Rs for Kānaka Maoli and colonizer/occupier are time specific and can be strategically designed for application to time periods A, B, and C, as seen below in Figure 3.2. We will go into depth around the 3 Rs specifically for Kānaka Maoli as a way to center our healing and recovery first, and then generally frame a path for colonizer/occupier.

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314 Also inherent to the process of healing for Kānaka Maoli and colonizer is the continued support and works in solidarity performed by those who own their instrumental roles as settlers in Hawai‘i. For a further and exceptional reading on the subject of Asian Settler Colonialism, see Candace Fujikane and Jonathan Y. Okamura, eds., *Asian Settler Colonialism: From Local Governance to the Habits of Everyday Life in Hawaii* (Honolulu: University of Hawaii Press, 2008).

It takes a tremendous amount of individual and collective cultural work, both psychic and material, to sustain a lāhui amidst continued occupation and onslaught by U.S. imperial forces, including its military and corporate mass media culture. These multiple forms of occupation aim to structure our relationships to our ʻāina and to each other in ways that are violent and unhealthy, both in the short and long term. The manifestations suggested here include (a) the occupation of our collective cognitive, emotional, and spiritual health; (b) the occupation of the realm of economic possibility; and (c) the occupation of intellectual production and mass media representation of the islands and our cultures.  

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There is much to recover from when dealing with the creation and enforcement of An Act to Prevent the Spread of Leprosy. Further, education with our own stories to rewrite and reright emerges at the forefront of this process.

Nicole Alia Salis Reyes writes, “In transforming the knowledge of our histories through critical reexamination, we can also be better prepared to transform our contemporary identities...Through engaging in such a mindful, spiritual process of reinvention and self-definition, Indigenous peoples exercise their rights as revolutionary agents.”

We have already begun to understand the health situations our kūpuna interpreted and cared for in their time. And by knowing their experiences more deeply, we better understand the suffering and growth we endure in confronting colonial/occupying representations of ourselves as we steadily self-determine paths toward healing.

When we recall the stories of kūpuna like J. W. H. Kauwahi and W. H. Uwelealea, and the Royal Family’s relationships with those afflicted by the disease, we see glimpses into their trials and hopes, their activism and attempts at caring for our people. When thinking about An Act to Prevent the Spread of Leprosy and how the King and Hawaiian members of the Legislative Assembly, for example, might have supported this law, we can do so again through a lens of ‘ōiwi agency. This lens opens us up to acceptance and understanding of past decisions made by our ancestors.

Kauwahi and Uwelealea, for example, tested the use of western methods of dealing with disease to protect the rest of the population. They critiqued these methods and were hard-pressed to continue support for them when these tools were used to

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stigmatize, criminalize, separate, experiment on and starve their own people. Knowing these stories frees our people from colonial/occupying tales of Hawaiians being the source of our own demise. In rewriting, rerighting and remembering our ancestors on our own terms, we are given some peace and are better able to focus on and closely examine the heavy layers of disease and historical trauma. More importantly, the process of rewriting and rerighting allows us to own our stories, pinpoint imposed harms, and activate our methods and locations of continued healing as a lāhui.

Nūpepa318

In this process of recovering story, the newspapers written by our kūpuna call to be unearthed and examined.319 For discussion here, we will visit some of the opinions and writings of people of the Hawaiian nation regarding events around An Act to Prevent the Spread of Leprosy. Scholars like Law and Inglis, mentioned previously, have already uncovered a vast collection of thoughts the kūpuna held in regards to An Act to Prevent the Spread of Leprosy. And although what I might be able to provide here is far less extensive than their works, Noʻeau Warner makes a solid case in confirming the need for Hawaiians to be represented in how this knowledge is applied.320 With a Kanaka Maoli health practitioner lens, the interpretation of story I offer may differ from those of non-Hawaiians, and its inclusion is important in a self-determined model of health.

A small data set is shared here; it is a miniscule sample of the vast and deep reservoir of knowledge preserved in the nūpepa by our ancestors. The aim of my search was to survey\textsuperscript{321} public thought on An Act to Prevent the Spread of Leprosy and the enforcement of this law. The relevant search terms were: mai ali,\textsuperscript{322} mai pake,\textsuperscript{323} mai lepera,\textsuperscript{324} mai lepela,\textsuperscript{325} mai hookaawale,\textsuperscript{326} Papa Ola,\textsuperscript{327} and Papa.\textsuperscript{328} A preliminary online search through Ulukau.org led me to find articles containing some of these terms under the newspaper entitled Ko Hawaii Pae Aina.\textsuperscript{329} Subsequent manual searching in the microfilms was performed only for the year 1890 and only for the newspaper Ko Hawaii Pae Aina.

The year 1890 was chosen for its location in between both the 1887 Bayonet Constitution and the 1893 illegal overthrow of the Hawaiian Kingdom. Both events, as we have already discussed, have had continual, significant and harmful impacts for

\textsuperscript{321} The definition of survey here is “to examine as to condition, situation, or value; and to query (someone) in order to collect data for the analysis of some aspect of a group or area.” The (someone) would be the ancestors in the nūpepa. “Definition of Survey,” Merriam-Webster: An Encyclopedia Britannic Company, accessed July 2, 2015, http://www.merriamwebster.com/dictionary/survey.

\textsuperscript{322} Pukui and Elbert, Hawaiian Dictionary, 221 and 20: Chiefly sickness. These terms (and below) regarding sickness, as well as the newspaper’s name and names of individuals found in the nūpepa, appear here without diacritical markings as originally published in the nūpepa.

\textsuperscript{323} Ibid., 221 and 305: Chinese sickness.

\textsuperscript{324} Ibid., 221 and 203: leprosy sickness.

\textsuperscript{325} A variation on the Hawaiian spelling of the english word leprosy, Ibid.

\textsuperscript{326} Ibid., 221 and 108: separating sickness.

\textsuperscript{327} Ibid., 316 and 282: board of health.

\textsuperscript{328} Ibid., 316: board.

Hawai‘i, Kānaka Maoli and the public. Public thought on the links between government power and health and healing was therefore also an aim of this nūpepa survey. After surveying *Ko Hawaii Pae Aina*, an estimated 45 articles were found to contain one or more of the terms mai ali‘i, mai pake, mai lepera, mai lepela, mai hookaawale, Papa Ola, and Papa. Of these 45 articles, 16 are included in discussion here and have been grouped together under content themes below.

The first theme includes articles whose content touched upon enforcement of the leprosy law, repercussions of that enforcement, and treatment by the Board of Health and lawful treatment of those with leprosy. In the excerpt from an article seen below in Figure 3.3, we travel back in time and refamiliarize ourselves with the swiftness and lack of hesitation in enforcing a law that would separate the sick from their homes and lives. We also learn about “aoao hoomaemae” or Reform Party, which is noted for being very firm in its desire to heal and end this disease (leprosy).³³⁰

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Political turmoil erupted after Kalākaua was elected over Queen Emma as monarch in February 1874 and continued through until a violent tipping point in 1887. In the Reform Party (“Aoao Hoomaema” or Independent Party), we see that some Hawaiians like Joseph Nāwahī, who were staunch supporters of Queen Emma, joined with this haole-dominated political group for a limited time to stand in opposition to Kalākaua.\(^{331}\)

The make up of this political party morphed over time, but by 1885 it moved to become secret and under the control of an executive committee. From this idea, formed between S. G. Tucker and Lorrin A. Thurston, the Hawaiian League was born on December 26, 1886. The Hawaiian League formed out of a desire for an organization strong enough to demand and secure government reform to limit the power of the King.

Other men initially involved in the Hawaiian League’s inception as members were: W. A. Kinney, S. B. Dole, P. C. Jones, W. R. Castle, W. E. Rowell, C. W. Ashford, Major H. M. Genson, A. T. Atkinson, Dr. G. H. Martin, and Dr. N. B. Emerson.\(^{332}\) As the all or mostly haole\(^{333}\) Hawaiian League grew in size to 405 members by June of 1887, hostilities towards Kalākaua and the Gibson Cabinet grew\(^{334}\) and included grievances

\(^{331}\) Osorio, *Dismembering Lāhui*, 159-162. This opposition tapered off after Queen Emma passed away on April 25, 1885 and as pro-annexation/anti-independence sentiments surfaced against. Osorio, *Dismembering Lāhui*, 227; Silva, *Aloha Betrayed*, 90.


\(^{333}\) Records from Osorio and Kuykendall differ on this detail, where Osorio notes the Hawaiian League as all haole and Kuykendall notes it as containing a few part-Hawaiian members. Osorio, *Dismembering Lāhui*, 237.

\(^{334}\) Both Hawaiians and haole criticized Kalākaua’s reign. His Kanaka Maoli opposition were the supporters of Queen Emma who cited his illegitimacy to continue the Kamehameha line. Kalākaua’s haole opposition ridiculed him for acts such as his irresponsibility with debt, dealings with Spreckels in private land sales, follow through with slogans like “Hawai‘i for Hawaiians” and “Ho‘oulu Lāhui.” Osorio, *Dismembering Lāhui*, 150, 152-162, 180; Silva, *Aloha Betrayed*, 89-90.
such as: incompetence, extravagance, maladministration, burdens by taxation, expansion of public debt, election and legislature interference by the King, attempts to arouse jealousy and hostility in Natives towards foreigners, “a perfectly criminal relaxation” on the laws regarding leprosy that endangered public life and health.\(^{335}\) The Hawaiian League’s political desires ranged from abolishing the monarchy and seeking annexation to the U.S. to retaining the monarchy with a revised cabinet, constitution and limited King, or upon refusal of this, a Republic.\(^{336}\)

Members of the Hawaiian League anticipated King Kalākaua’s refusal of their demands so they planned for the use of armed force to convince him to adopt the changes – guns and ammunition were bought and stored in Honolulu in June of 1887. Some of the companies bringing in large quantities of these items were E. O. Hall & Son, Mrs. Thomas Lack and Castle & Cooke. An alliance between the Hawaiian League and the Honolulu Rifles was also struck.\(^{337}\) The Honolulu Rifles were presumed to be under the King’s control, however Judge Sanford B. Dole is marked saying, during this extremely tense moment in 1887,

At this juncture, it became desirable, if arrangements could be made, that the volunteer companies [i.e. the Honolulu Rifles] be under arms and in control of the town. Of course such action, without authority, would be a revolutionary step. Fortunately, while it was under consideration, the authorities, recognizing the day to be one of possible unrest, ordered the companies out, which relieved the situation for the time being: while the troops were patrolling the streets under the nominal orders of the government, they were actually under orders of the league, until the crisis was over.\(^{338}\)


\(^{336}\) Ibid., 348-9.

\(^{337}\) Ibid., 349-50.

Kalākaua had the Gibson Cabinet resign on June 28, 1887. A new Reform Cabinet, consisting of William L. Green (Minister of Finance), Godfrey Brown (Minister of Foreign Affairs), Lorrin A. Thurston (Minister of the Interior), and Clarence W. Ashford (Attorney General), took the stage on July 1, 1887.339 Despite these attempts to decrease foreign hostility, the Bayonet Constitution was still violently forced upon Kalākaua for his signature on July 6, 1887.340

Figure 3.4 below notes a difference between the Gibson and Reform Cabinet in both action and administrative ruling. The article discusses the number of people341 sent to Molokai by the Board of Health when the Gibson Cabinet ended and the Reform Cabinet (influenced by the Reform Party) was in power. In 15 months from April 1, 1886 to July 1, 1887, 28 people were sent to Molokai. In the first 8 months the Reform Cabinet was in power, from July 1, 1887 to March 31, 1888, 293 people were sent to Molokai. Then 760 people were sent from March 31, 1888 to July 1, 1889. In total, 1,053 people sent in two years during the Reform Cabinet, which was representative of the Reform Era.342


340 Ibid., respectively; Osorio, Dismembering Lāhui, 193. Also on this violent note, Kuykendall talks about Lieutenant Colonel Volney Ashford, brother to Attorney General Clarence W. Ashford, accompanied by a Honolulu Rifles squad, capturing Walter M. Gibson and his son-in-law Fred Hayselden. The Hawaiian League vetoed hanging Gibson and allowed his daughter, Talula, wife to Fred Hayselden, to visit them in jail. The charges of public fund embezzlement were dropped after examination, and Gibson left Hawai‘i headed to San Francisco and passed away on January 21, 1888 never to return to Hawai‘i after these traumatic experiences.

341 The article uses the term “mai” or “poe mai,” however I am using the term “people” to refer to the individuals who were alleged to have had leprosy and were sent to Molokai.

This comparison is important because it mirrors what we have already seen on page 52. And now with some analysis of the politics of the time, the Reform Cabinet that implemented the Bayonet Constitution by force, also put into motion a strict and strategic policy of regulating Kānaka Maoli by sending them in masses to Molokai. They did this while simultaneously negating the work done by Kalākaua and the Gibson Cabinet that strengthened Hawaiian and National identity and bolstered faith in Hawaiian based genealogy and knowledge systems.

During Kalākaua’s reign, there were a handful of projects carried out that proudly brandished the “Hoʻoulu Lāhui” and “Hawaiʻi for Hawaiians” slogans. These projects worked in opposition to heavy criticism from the haole and missionary communities. Osorio cites reinvigorating hula and stories, publishing the Kumulipo and supporting a
Genealogy Board and the Hale Nauā as works during Kalākaua’s reign that established a flourishing Hawaiian continuance and validated Kanaka Maoli legitimacy against the circulating rumors. Silva describes the necessity and purpose of these slogan strategies saying that,

Both Kalākaua and Queen Emma used the slogan “Hawai‘i for Hawaiians” as an emblem of nationalism that also resisted haole rule. This resistance to colonial second-class status for their people has been interpreted as racism, but while racism works at subjugating another class or race of people, the slogan was part of a larger effort by the Kanaka Maoli to forestall their own subjugation.

The Papa Kū‘auhau o Nā Ali‘i Hawai‘i (Board of genealogy of Hawaiian chiefs), for example, was established in 1880 by a legislative act initiated by Kalākaua, and in part, clarified chiefly lineages and legitimized Hawaiian dominion in Kingdom affairs. Research on ancient Hawaiian songs, stories and customary practices interrupted the onslaught of western discourse on progress by reaffirming myth as truth and valuing sacred, chiefly lineages that connect us to Hawai‘i through our earliest creation stories.

If we recall from page xiii in the Preface of this document, the Kumulipo is just one of the creation stories for Kānaka Maoli. By having the Kumulipo published by the Genealogy Board, Kalākaua both solidified his right to rule and seeded momentum behind Kanaka Maoli nationalism and resistance to colonization and assimilation.

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343 Osorio, Dismembering Lāhui, 180 and 224-225.
344 Silva, Aloha Betrayed, 90.
345 Ibid., 94.
346 Ibid., 94-97
347 Ibid., 97-99. Also of note from this source is that the Kumulipo was published by Kalākaua in 1889, then translated by Liliʻuokalani while imprisoned by the colonial oligarchy in 1896, and thereafter published in 1897 in protest to the annexation of Hawaiʻi to the U.S.
Another significant, Hawaiian knowledge-based effort by Kalākaua was the Hale Nauā, born in 1886 and consisting of a balance of Kanaka Maoli men and women members. This society looked to the ancestors for inspiration, practice and knowledge, which was seen as a retrograde step on the western path towards progress and the enlightened missionary way as well. Public ridicule called the society an “unholy terror” that conducted “sorcery…connected to the worship of heathen deities” and was linked to Kalākaua’s political tyranny.348

In truth, and in their own words, the main concern of the Hale Nauā was elevating “the mind to high philosophical truths so that we may follow [our ancestors’] wise teaching and precepts, and learn more of nature and this world.”349 Osorio aligns the Hale Nauā with Kalākaua’s pursuit for Hawaiian sources for medicine and medical knowledge,350 where the society’s areas of study included astronomy, meteorology, agricultural and mechanical sciences, priestly traditions and ancient practices.351 And as Silva succinctly describes the efforts of those with royal blood as both cultural and political, the Hale Nauā functioned to “preserve traditional knowledge, validate that knowledge with contemporary science, and counter the discourses of race, civilization, and savagery deployed by the haole elite in efforts to subjugate them.”352

Changes in government, such as to a Reform Cabinet, led to changes in what was valued, which then led to changes in how the masses were valued and treated by the

349 Ibid.
352 Ibid., 107.
government. We have seen how this applies to people sent away in increasing numbers to Kalaupapa. Below in Figure 3.5, we become familiar with what happens to those who have been cast out once they speak and act out against their oppressors.

Figure 3.5 “Ka Hopena O Ka Haunaele Ma Kalawao,” *Ko Hawaii Pae Aina*, August 16, 1890.

Earlier parts of this article explain that rioting by those with leprosy against the bosses in charge at Kalawao and Kalaupapa had erupted because of clothing rations and houses being torn down. At the story’s end and in the figure above, we read that the people sick with leprosy, already stricken by foreign disease and strapped by colonial methods of dealing with disease, were the ones arrested and punished for displaying their outrage and intolerance for the injustices committed against them.\(^{353}\) This story is

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evidence of a long line of warriors protecting ‘āina, and is hauntingly relevant today as we see similar situations occurring as poʻe aloha ‘āina are arrested for peaceful assemblies created to protect our sacred lands and spiritual centers at Mauna Kea and Haleakalā.

354 Not all of our ancestors protests have been peaceful, and rightly so. In addition to the 1889 rebellion by Wilcox, this article and others from 1890 protesting the 1887 Bayonet Constitution and Reform Era, many modern-day scholars have researched various forms of protest our ancestors and present-day elders have engaged in, in different time periods and at numerous land bases. Noenoe Silva’s book, *Aloha Betrayed, Native Hawaiian Resistance to American Colonialism* (Durham & London: Duke University Press, 2004), notes her research on the anti-annexation struggle and petitions people engaged in to stop Hawaiʻi from joining the U.S., while Noelani Goodyear-Kaʻōpua, in her book *The Seeds We Planted, Portraits of a Native Hawaiian Charter School* (Minneapolis: University of Minnesota Press, 2013), mentions land struggles in the 1970s where organizations like the Protect Kahoʻolawe ‘Ohana (PKO) protested the U.S. Navy’s use of Kahoʻolawe for target practice, and Ileana Haunani Ruelas, whose MA thesis (University of Hawaiʻi, Mānoa, 2013) research has been quoted previously in this paper, discusses the ongoing protests at Mākua Valley as early as 1971 against live fire military training.

Kalama’s actions against being hunted down (Figure 3.6) return us to a previous discussion about Kaluaikoolau. Kalama was hunted down by authorities at his home and punished after fighting for his life and killing police Captain T. N. Simeona. Kalama did not agree with being forcibly sent away because of leprosy, and he was jailed and his family fined for their actions against authorities. Kalama’s story is real and representative of our kūpuna, their resistance to colonial methods of dealing with disease and their...
struggles for freedom – of body, choice and of how they wanted to be governed and cared for.\textsuperscript{356}

Figure 3.7 Excerpts, “Ka Bila Hookamakama,” \textit{Ko Hawaii Pae Aina}, November 22, 1890.

Heavy disdain by certain haole and missionary parties for things Hawaiian and Hawaiians with disease has already been noted. In Figure 3.7, the article’s general stream of thought is that religion is the basis from which the disease leprosy and sinful behavior are interchangeable and are deserving of the same treatment of forced separation. In the article’s excerpts seen in Figure 3.7, however, this way of thinking comes from a

Hawaiian, indicative of the pressure to assimilate with western progress and colonial cleanliness. J. H. Waipuilani of Kona associates those with leprosy as dirty and those without it as clean, and then compares the separation of the sick from the clean to that of needing to separate unclean, wrong, dirty, licensed prostitutes from the rest of the population in order to save the land and those who would be affected by their disease/sins.\(^{357}\)

\(^{357}\) J. H. Waipuilani, “Ka Bila Hookamakama,” *Ko Hawai‘i Pae Aina*, November 22, 1890, B13/H47/A4.
Figure 3.8 is the last article to be discussed for the first theme pertaining to enforcement of the leprosy law, repercussions of enforcement, and lawful treatment by the Board of Health. Two points are noted here for discussion. The first revolves around
the Board of Health’s doing absolutely nothing to “lighten the rampage of this sickness, not one thing,”\[^{358}\] from the period of time when they fired Dr. Lutz until that present moment. The name Dr. Lutz will surface in future articles as a doctor who was helping to find relief for those with leprosy but who was fired. More details will follow, for now though, we shall go into the second point of discussion for the article above, regarding labor by mea kōkua in Kalaupapa.

A. P. Paehaole of Molokai, the author of the article excerpt seen in Figure 3.8, used the newspaper as a tool to share with the people about the government’s actions on the use of kōkua as labor. Kōkua could no longer be dismissed because of personal disputes with the bosses, and they would be paid $0.50 per day for work that the Board of Health assigned to them, but this work would not include securing paʻi ʻai, beef, making food and other comforts.\[^{359}\]

Interestingly enough, and as we have already read in previous pages, the Board of Health expected the sick to feed and fend for themselves, including children. And we know from this that the kōkua, who had willfully accompanied their family and friends to care for them and be their companions in Kalaupapa, were being used by the Board of Health as free labor and perhaps previously were being kicked out of Kalaupapa for disputes over work that would keep them from taking care of the sick. Now however, they supposedly had minor protections from punishment and were given pay for their contracted labor, work that took them away from their duties to care for their loved ones.

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\[^{359}\] Ibid.
Next we will enter into conversations around a second category of articles that contained supportive content for the Au Hoomaemae or Reform Era, where the achievements of this time were summarized.

Figure 3.9 Excerpts, “Na Kia Hoomanao O Ke Au Hoomaemae,” Ko Hawaii Pae Aina, Augate 30, 1890.
Above in Figure 3.9 is a voice of support for the Au Hoomaemae or Reform Era, where the strictness of the Reform Cabinet acting as government in that time is characterized as doing good for the land with regards to enforcing the leprosy laws, and securing mental institutions.\footnote{Joseph U. Kawainui, “Na Kia Hoomanao O Ke Au Hoomaemae,” \textit{Ko Hawaii Pae Aina}, August 30, 1890, B13/H35/A4.}

Figure 3.10 Excerpts, “Na Kia Hoomanao O Ke Au Hoomaemae,” \textit{Ko Hawaii Pae Aina}, August 30, 1890.

Figure 3.10 continues with excerpts from the same article with support for the Reform Era in securing voting and locations, restricting Chinese entry into Hawai‘i and quelling armed resistances against the Board of Health for enforcing the leprosy laws that separated families for the public good.\footnote{Ibid.}
And in Figure 3.11, the final reminiscent points of support from this article are around the opening of roads, curing of illnesses, extinguishing of the 1889 riot\(^{362}\) and the linking of trust for the government of Hawai‘i and gratitude of outsiders as reasoning for the time of the Aupuni Hoomaemae or Reform Government, and its alignment with the Nation’s desires.\(^{363}\) The notable slant in favor of the Reform Era purposefully delineates the resistance and rioting of the people as representative of their opposition to the accomplishments of the Reform Cabinet that worked against the true desires of the lāhui.

\(^{362}\) The 1889 rebellion mentioned is likely referring to the organized rebellion by Robert Kalanihiapo Wilcox who in that time was determined to reinstate Kalākaua to power by taking up arms to undo the 1887 Bayonet Constitution as it had been forced by threat of violence on the King and on Hawai‘i. Osorio, Dismembering Lāhui, 242; Silva, Aloha Betrayed, 127-128.

Figure 3.12 “Kuahau Alii,” Ko Hawaii Pae Aina, November 8, 1890.
Religious justification of disease acquirement and proper treatment fills the columns in the article found in Figure 3.12. Both Kalākaua’s name and that of C. N. Spencer, the Minister of the Interior of the time, are typed at the bottom of this article. It delves into the pain and suffering of leprosy and the sadness of separation created by the disease. All the heaviness is blamed on the people as punishment by the Hand of God due to the defiling nature of the disease and as the people’s fate. The prescribed Reform Government action for the public is to gather in places of worship to ask God to give the sick, suffering people patience in their pains, that they may have peace in their days and not be criticized for what they had done, and to give them a pleasant end to the problems that they had.

This was the Reform Era’s answer to the issue of leprosy – do not resist forced separation, do not hope to find a cure from Dr. Lutz, but instead, do accept your doomed fate, and do pray for your soul’s salvation. Prayer cited as the only option for a suffering people (especially in light of the rampant nature of this disease and the confusion around its contagion and cure) seems like a torturous reminder of a Reform Government – an entity seeking to take Hawai‘i from Hawaiians and for their own self-interests through deliberate neglect, denial of rights and turning a deaf ear to public petitions for other health options.

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364 A personal note is due here because of Kalākaua’s name being included in this document to legitimize the demise of the Hawaiian population as fate. This sounds more similar to other western-dominated discussions on fatalism for Indigenous peoples, and I wonder if Kalākaua, similar to being forced to sign the 1887 Bayonet Constitution, was also forced to let his name appear on this document, or perhaps was not even asked for his consent at all by the Reform Cabit or C. N. Spencer, whose name is also authored here as Minister of the Interior.

365 Kalakaua, Rex and C. N. Spencer, “Kuahaua Alii,” Ko Hawai‘i Pae Aina, November 8, 1890, B13/H45/A2.
The third category, which contained the most articles, falls under a theme pertaining to public petitions to the Board of Health and to the Reform Cabinet regarding laws pertaining to leprosy, the 1887 Bayonet Constitution and objections to unfair, questionable government use of power.

Figure 3.13 Excerpts, “Na Mea I Hanaia E Ka Aoao Hoomaemae,” Ko Hawaii Pae Aina, February 1, 1890.

Figure 3.13 makes mention of favoritism and misuses of power to spare certain people from being sent to Molokai. Specifically, documents that were of a double standard created exemptions from the usual, prescribed treatment for some people with leprosy, which kept them from being sent to Molokai. And it was an Agent of the Board of Health, the President of the Board and the King that made these documents.

Figure 3.14 “Halawai Makaainana Nui Ma Kaunakakai, Molokai,” Ko Hawaii Pae Aina, April 26, 1890.
In various instances like the request seen in Figure 3.14, the public voices their desire to end the law that made people with leprosy suspect.

The La Hana referred to in Figure 3.15 (and others following) are from the Ahaolelo o 1890 minutes – proceedings of the Legislative Assembly meetings. Of significant note in these nūpepa excerpts is the persistence with which members of the legislature brought the voices and demands of their constituencies to these meetings. In the aforementioned figure above, Kamai reads off a petition from Makawao asking for two laws – one to end the Board of Health and another to end the (forced) residence of those sick with leprosy on Kalawao, Molokai. The latter request comes with an alternative of having the sick people stay at hospitals in various districts. These district-based hospitals would allow people with leprosy to reside closer in proximity to the places where they grew up and therefore closer to their families who could help support them.


Figure 3.16 Excerpts, “La Hana 23, Iulai 2, 1890,” *Ko Hawaii Pae Aina*, Iulai 5, 1890.

Again and again, as in Figure 3.16 above, we hear the voices of the kūpuna through petitions presented in the legislature asking for (the return of) a person’s child stuck in Molokai because of leprosy; for the end of the Board of Health because of the lack of healing and health of those sick with leprosy; for those with leprosy to be freed from living in Kalawao and not taken to Molokai; and for hospitals to be built on the islands to take care of those with leprosy on their own land.³⁶⁸

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Petitions like the ones mentioned above in Figure 3.17 are strong displays of the organized political attempts people in Hawai‘i made to secure the safety of their communities. Paehaole came to this legislative assembly meeting with the names of 52 petitioners, Kamai with 110 names from Hana, and with requests also from Kaupo. From these petitions we hear the peoples’ persistent opposition to the lack of health and healing afforded to them from the Bayonet Constitution and the 1890 Reform Era. Their voices as unified messages represent the strength they gathered in numbers to communicate their needs and methods of health and healing that were the responsibility of the government to provide. Also, of interesting note is the mention of another law relating to leprosy in 1888 that petitioners wanted to end, in addition to the 1865 law, *An Act to Prevent the Spread of Leprosy*.

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Figure 3.18 Excerpts, “La Hana 87 and 88, Sepatemaba 26 and 27, 1890,” Ko Hawaii Pae Aina, October 4, 1890.
A lengthier discussion is needed for Figure 3.18 as Dr. Lutz comes up again in legislative assembly discussion. From what can be gathered from nūpepa articles, it seems as though Lutz’s work was helping to heal some people with leprosy, and in spite of this and because of disagreements with a Board of Health Agent and the hospital boss, Dr. Lutz left his position.

As we read in the excerpts from Figure 3.18, Hawaiians like Pua in the legislature described their pain in hearing about Lutz and questioned why the Reform Government would bring in a doctor that the President of the Board of Health and the Cabinet ministers would promptly dismiss, in spite of what was heard about him being the only doctor able to produce these results. Others like Nāwahī agreed and brought up the inconsistencies of what was being said by Dr. Lutz and the Board of Health about his departure. He also clearly questioned the Board’s truthfulness and verbalized his trust in the doctor. And Rosa, who is also mentioned in the excerpt, echoed this trust saying there is no doctor that the Hawaiian people trust like Dr. Lutz and that when he was dismissed there were loud shrieking cries,\(^{370}\) which could be indicative of patients’ anguish upon hearing that the hope associated with his work was gone.

As an outside reader, we can attempt to connect the dots of questioning, concern and public outrage regarding Dr. Lutz’s dismissal. As a doctor, the only doctor providing positive relief for people with leprosy, it would seem that both entities, the Reform Cabinet that acquired him and the Board of Health and its agents, would be glad at his advancements and support his work. The fact that the doctor was made to leave because of disputes with both of these agencies lends more towards a situation in which Lutz’s

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healing of Hawaiians with leprosy was the cause of his dismissal. Additionally, the Reform Government and the Board of Health were upset at Lutz because, as we have read previously and in comparison to other Reform efforts during the Reform Era, it went against the grain of a larger plan of disenfranchising a sick population’s rights to self-determine health, healing and recovery.

Figure 3.19 “La Hana 72, Sepatemaba 5, 1890,” *Ko Hawaii Pae Aina*, Sepatemaba 13, 1890.

Under discussion are the abuses of power by the Reform Cabinet in Figure 3.19, where the Minister of the Interior and legislative members question the reasons for Dr.
Lutz leaving and the misuse of power pertaining to the appointment for the recently vacated position of President of the Board of Health.\textsuperscript{371}

In the short clip above in Figure 3.20, we read of public discussion on the arbitrary use of power by the Minister of the Interior in firing the President of the Board of Health without sufficient reasoning.\textsuperscript{372}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure320.png}
\caption{“Nu Hou Hawaii,” \textit{Ko Hawaii Pae Aina}, Sepatemaba 13, 1890.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure321.png}
\caption{Joseph U. Kawainui, “La Hana 72, Sepatemaba 5, 1890,” \textit{Ko Hawaii Pae Aina}, September 13, 1890, B13/H37/A4.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure322.png}
\caption{Joseph U. Kawainui, “Nu Hou Hawaii,” \textit{Ko Hawaii Pae Aina}, September 13, 1890, B13/H37/A2.}
\end{figure}


\textsuperscript{372} Joseph U. Kawainui, “Nu Hou Hawaii,” \textit{Ko Hawaii Pae Aina}, September 13, 1890, B13/H37/A2.
Figure 3.21 “Na Make Lapaau Ole Ia,” *Ko Hawaii Pae Aina*, December 27, 1890.

A brief extraction of the article seen in Figure 3.21 discusses more details about the public’s growing suspicion regarding the intent and actions of the Board of Health especially during the Reform Era. Strongly noted is the shock at the number of deaths occurring in Honolulu for Hawaiians due to lack of treatment because of the Board’s neglect and the government’s refusal to pay the pharmacy or doctors. Also of interesting note is a group mentioned that circulates from house to house without licenses for
medicine praying for people and teaching them not to get the medicine from the haole doctors.\textsuperscript{373}

Figure 3.22 “La Hana 16, June 12, 1890,” \textit{Ko Hawaii Pae Aina}, June 14, 1890.

In Figure 3.22 there are definite and distinct politically based petition requests from the public concerning government activity, the health of the Nation, the people and the people with leprosy. Pua read off the requests of the petitions, including the termination of the Cabinet of ministers, abolishing the 1887 Constitution, freeing those with leprosy from Kalawao and ending the experimental, widespread injections concerning leprosy.\textsuperscript{374}

\begin{quote}
Haluhaha mai kei ‘Ili Pua i kei wao palapaia hopiip: 1—E hoopua i ke Aha Kahina. 2—No ko ke Aha Kahina hoomakaana i ka labui. 3—Ka noho lokahi ola o ka Aha Kahina. 4—No ko kipu. 5—No ka wawehi ana i ka pa ali. 6—No ke koe ole i atu o ke kome ana mai o ka opuina. 7—E hoopua i ke kumakamawa no ka wea, he kumakamawa hoomakaana kea. 8—No ko hoomakaana kine i o ke Alii ka Moi e ka kanina iloko o 24 hula wale no. 9—Mai Kalawao mai e noi ana e hoookana ia na ma‘i lepera. 10—Ahe ola o na ma‘i o Kalawao. 11—Ahe lapuaa ia na ma‘i. 12—He mai kei ma‘o kei ma‘o Kalawao i kei seu. 13—E hoopua i ke kumakamawa o ko o ana o ka labui mai o ka ma‘i lepera. 14—He hoomakaana ke ko malohe o o ia nei, he malohe ma‘i lepera paha, he bi o paha. Waihina kei ma‘o hopiipu maalo o na rala.
\end{quote}

\textsuperscript{373} Joseph U. Kawainui, “Na Make Lapaau Ole Ia,” \textit{Ko Hawaii Pae Aina}, December 27, 1890, B13/H52/A4.

Stirring up opposition in the Nation, ruling without harmony, treason and tearing down the Monarch’s foundation were listed as reasons for ending the Cabinet, while enslavement and violently forcing the King to sign the 1887 Constitution in only 24 hours were cited for this document’s dismissal. Because there was no cure or life in Kalawao, no medicine for the sick, and a lot of death from the cold, the public demanded the release of those with leprosy. And banning the experimental contagion injections is a basic human rights request, regardless of the legitimate shock and disgust the public had with having to question the type of pus (human with leprosy or cow?) being injected into people.\textsuperscript{375}

Clearly the public was aware of the links between government power and the ability to terrorize a people. Both the Cabinet entity in 1890 and the 1887 Bayonet Constitution were recognized as political transgressions committed against the Hawaiian nation and to the detriment of the political health and sovereignty of the Kingdom and the health of the public and those sick with leprosy.

The fourth and final category of content contains excerpts from a single article with pro-Reform Party content, acknowledging the connections between leprosy, health and government power during political campaigning for the 1890 election. During this election, the Reform Party and the National Reform Party competed for control of the Cabinet. The National Reform Party’s methods (in addition to Wilcox’s military revolt) aimed to take back control of the government, oust the Reform Cabinet (which was

controlled by the Reform Party and operated from the 1887 Bayonet Constitution), and end the Reform Era.376

Figure 3.23 Excerpts, “Na Mea I Hanaia E Ka Aoao Hoomaemae,” Ko Hawaii Pae Aina, February 1, 1890.

Inline with Reform Party talk, Figure 3.23 speaks against the Hawaiian people who, because of their ignorance, objected to the law that separated people. And because of their ignorance, the very bad quality of their sickness, or because of their opposing the power of the government ruling at that time, they were sent to Kalawao, as noted below in Figure 3.24.377

376 Kuykendal, The Kalakaua Dynasty, The Hawaiian Kingdom, 402 and 433.

Figure 3.24 Excerpts, “Na Mea I Hanaia E Ka Aoao Hoomaemae,” Ko Hawaii Pae Aina, February 1, 1890.

Finally in this last excerpt (Figure 3.25), the article slants toward Reform Party re-election, a choice that would apparently continue the Nation’s strength, while the National Reform Party, the group with Wilcox, Bush and others, if voted for, would seize the government for their own personal benefits.  

It is interesting to see the fervor and audacity involved in political party campaigning, especially when control of government meant the power to determine the

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health of a people. In the end, the National Reform Party won the February 1890 election. However, due to continued political party opposition with the legislative body, this group did not succeed in securing the votes for a new constitution that would reverse the 1887 Bayonet Constitution. Kalākaua passed away in 1891 and our last reigning Monarch, his sister, Queen Lili‘uokalani, continued to receive petitions from her people through 1892 requesting a new constitution, which she attempted to promulgate in January, 1893.379

As our people maneuvered militaristically, politically and from the ground upwards to our representatives and ali‘i, the haole sector could not fathom conceding the just redistribution of power. This same “handful of U.S.-identified politicians and businessmen, mainly the same men who perpetrated the Bayonet Constitution”380 engineered the overthrow of the Hawaiian Kingdom on January 17, 1893. This huge disruption in Hawaiian political power and health was aided by co-conspirator and U.S. Minister, John L. Stevens, who ordered troops from the USS Boston to land on Hawaiian shores.381 This act of war by the U.S. represents a break in our nation’s sovereignty. And it affects the power that we have to self-determine the ways our people and lands are cared for in regards to historical trauma, sickness and healing.

Recovering and reading the voices and concerns of our ancestors, we can hear them asking for these matters to be made right. And by unearthing parts of a painful past we can help bring about healing. Our kūpuna were harmed by colonial ways of dealing with disease, but they were not victims to this situation. They fought against and called for the removal and reversal of haole government and colonial methods for dealing with

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379 Silva, Aloha Betrayed, 128-129.
380 Ibid., 129.
381 Osorio, Dismembering Lāhui, 238; Silva, Aloha Betrayed 129-130.
disease. As Kānaka Maoli, we continue that fight today to uphold the calls and duties set out by our ancestors, and we recognize the power played by government in our health situations and those worldwide specific to An Act to Prevent the Spread of Leprosy. As stories are recovered to restore the health and wellbeing of a people and a land base, reconnection to self, community and ‘āina, along with the reinstatement of the Hawaiian nation are critical steps in re-establishing the relationships and political power needed to heal and regenerate our people, Kalaupapa and Hawai‘i on our own terms.

RECONNECTION

The assertion of a colonial discourse, replacement of indigenous values by Western ones, and subsequent changes in the human-environment relationship, led to changes in environmental and land-use practices, blatant environmental exploitation, and accelerated degradation. A spiritual relationship to the land, as exemplified by the Hawaiian concept and practice of aloha ‘āina, is deeply implicated in the ecological as well as cultural restoration of Kaho‘olawe and may provide a model for an environmental ethic in Hawai‘i and possibly elsewhere in Western cultures.382

How do we care for and interact with ‘āina today, especially after being severed and disconnected due to law? Might we also wonder how Kalaupapa is currently being maintained and sustained today? Chun’s words above concern the healing and restoration of Kaho‘olawe and this analysis can aid in the revival of Kalaupapa too. Land itself holds the memories of the people who dwelled there (by choice or force); their thoughts, feelings and traumas live there as well. In that respect, the ‘āina needs its own forms of healing and recovery, and Kānaka Maoli, as the caretakers of this place, must see to it that Kalaupapa is given this opportunity. Table 3.2 below outlines in the reconnection

section some of the methods by which we as people can regrow our land-based identities as individuals, families and communities, and set the tone for Kalaupapa’s healing and recovery of its identity in a larger, Hawaiian national context (reclamation section).

Table 3.2 3 Rs Intervention for Kānaka Maoli, *An Act to Prevent the Spread of Leprosy*

<table>
<thead>
<tr>
<th>Kānaka Maoli</th>
<th>RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stories</td>
<td>RECOVERY</td>
</tr>
<tr>
<td></td>
<td>Stories</td>
</tr>
<tr>
<td>a.</td>
<td>Linked to recognition that colonial/occupying history is harmful &amp; needs to be corrected</td>
</tr>
<tr>
<td></td>
<td>Speak out against the current, mainstream myths created by western education systems that echo colonial and imperial histories</td>
</tr>
<tr>
<td></td>
<td>Publish and publicize research and Indigenous perspectives pertaining to stories around historically traumatic events – e.g. in regards to <em>An Act to Prevent the Spread of Leprosy</em> and the voices of the kūpuna in the nūpepa</td>
</tr>
<tr>
<td></td>
<td>Circulation of our own stories provides healing by bringing up, acknowledging and addressing historical trauma</td>
</tr>
<tr>
<td></td>
<td>RECONNECTION</td>
</tr>
<tr>
<td></td>
<td>RECONNECTION</td>
</tr>
<tr>
<td></td>
<td>RECONNECTION</td>
</tr>
<tr>
<td>a.</td>
<td>Linked to return of Hawaiian Kingdom Crown and Government lands by colonizer/occupier so that the Hawaiian Kingdom and Kānaka Maoli can access their own resources to foster reconnections in various relationships</td>
</tr>
<tr>
<td></td>
<td>‘Āina:</td>
</tr>
<tr>
<td>a.</td>
<td>Programs that foster the reconnection of people to the land to address the forced separations caused by the law</td>
</tr>
<tr>
<td>b.</td>
<td>Access rights to Kalaupapa, Kalawao, Waikolu and Makanalua only for the purposes of healing and recovery of the land and people (tourist visits, helicopter &amp; donkey rides etc. are damaging and strictly prohibited)</td>
</tr>
<tr>
<td></td>
<td>c. Access rights granted to and the return of land to those people whose ancestors were kamaʻāina to Kalaupapa, Kalawao, Waikolu and Makanalua</td>
</tr>
<tr>
<td></td>
<td>Family Relationships:</td>
</tr>
<tr>
<td>a.</td>
<td>Programs that give access to knowledge, tools and practice for Kānaka Maoli families that have a history of forced separations because of institutional interference</td>
</tr>
<tr>
<td>b.</td>
<td>Access rights specifically granted to Kānaka Maoli whose ancestors were kamaʻāina to the areas of Kalaupapa, Kalawao, Waikolu and Makanalua and were forcibly removed from their homes so that the areas could be used as natural prisons for people with leprosy</td>
</tr>
<tr>
<td></td>
<td>Self:</td>
</tr>
<tr>
<td>a.</td>
<td>Programs that help individuals suffering from colonial and occupational oppression to build self-determined representations of identity and worth</td>
</tr>
<tr>
<td></td>
<td>RECLAMATION</td>
</tr>
<tr>
<td></td>
<td>RECLAMATION</td>
</tr>
<tr>
<td></td>
<td>RECLAMATION</td>
</tr>
<tr>
<td></td>
<td>Linked to a lawful reinstatement of the Hawaiian nation</td>
</tr>
<tr>
<td></td>
<td>When the Kingdom of Hawaiʻi is made free from the United States’ tyranny, we all will be free to build systems that reflect truth, justice and balance</td>
</tr>
<tr>
<td></td>
<td>Kānaka Maoli will be free to begin a self-determined process of rebuilding our health representations on the individual, familial, community, National and ‘āina-based levels</td>
</tr>
</tbody>
</table>

Chun writes, “Healing, restoring the land is itself a piecemeal patchwork solution to a man-made problem. Healing the ‘āina, on the other hand, recognizes that ultimate physical healing of the land to bring about long term health and integrity is intimately connected to spiritual healing of people and communities, specifically the Native
Hawaiian people and communities associated with Kaho'olawe. The resuscitation of Kalaupapa will also bring new breath into Kānaka Maoli as a people and new life into our health representations.

In 2009 Ka ‘Ohana O Kalaupapa created their Position Paper of Recommendations for Kalaupapa National Historical Park’s General Management Plan. This document is a keystone in following a plan on how to care for Kalaupapa by heeding the wishes of some of those who called this place home. A goal of their position paper is “To See This Place Stay Sacred.” One of the founding members of this group, Sol P. Kaho'olahala stands firm saying, “When it comes to the people of Kalaupapa, maybe there is no ‘zero.’ When we talk about the future here, we often say ‘when there are no more patients.’ We emphasize the word ‘zero.’ But maybe there is no zero – there is only ‘ohana. We need to make sure that the voices of Kalaupapa are heard, even if the people are not physically with us anymore.”

The story and voices of Kalaupapa need to be protected. The recommendations in Ka ‘Ohana O Kalaupapa’s position paper regarding education programs and making these stories part of a working knowledge are imperative to healing silenced parts of ourselves. The paper also lists out parameters around tours and tourist visits, helicopter and donkey rides etc., with these activities evaluated as damaging and intrusive and for those reasons, should be strictly prohibited.

Ka ‘Ohana O Kalaupapa and other groups’ positions on caring for Kalaupapa supposedly were considered when Kalaupapa National Historic Park (NHP) published its culminating Draft General Management Plan (DGMP) and Environmental Impact

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Statement (EIS) in April of 2015. The U.S. Department of the Interior oversees the National Historic Park at Kalaupapa, and interestingly, this government agency is the same one responsible for conducting public meetings over the summer in 2014 that solicited responses from the public and the Hawaiian community about establishing a nation-to-nation relationship between the U.S. and a Hawaiian governing entity. This is evidence that the same colonial, now occupying entities are simultaneously involved in deciding the health of our lands and people as well as the possibilities and choices we have for our national identities. Some 122 years later, Kānaka Maoli are still fighting against the same hegemonic systems that desire control and power over Hawai‘i; and specifically for discussion here, the power to manage Kalaupapa, our stories, our people, our health and the Nation in ways most beneficial and profitable for them.

And this applies to the current, proposed mismanagement of Kalaupapa by the National Historic Park Service’s plans. Public comment for the Kalaupapa National Historic Park DGMP and EIS were due on June 8, 2015. The DGMP and EIS document was approximately 444 pages long, and I submitted a response in a four-page document

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that can be found, individually posted, in Figures 3.26 – 3.29.\textsuperscript{387} Much of my responses were nested in four categories including Historical Trauma and Healing, the problematic designation of Kalaupapa as an American National Historic Park, Hawaiian self-determination and Food Security, and Aloha ‘Āina Survival. The arguments made in these sections were in opposition to the DGMP and EIS poorly managing ‘āina and stories, inappropriately investing in tourist and visitor-based experiences, and wrongly assessing impacts of activities being proposed for the next 15-20 years on Kalaupapa. Further details are below in Figures 3.26 – 3.29.

June 8, 2015

Aloha kākou,

Thank you for the opportunity to comment on the current Kalaupapa National Historic Park Draft General Management Plan and Environmental Impact Statement.

The major shortcomings I’d like to discuss for future inclusion in a revised Draft GMP and EIS are:

1. Historical Trauma & Healing: a history of leprosy and the 1865 law, An Act to Prevent the Spread of Leprosy, and its enforcement, have had historically traumatic and adverse impacts on Kānaka Maoli (native Hawaiians, Hawaiians) as a people, inclusive of individual, familial and ‘āina-based relationships, and in addition to those of the patients.

2. Park: Kalaupapa’s park designation offers protection and safety for only some aspects of this place, those affected and their stories.

3. Hawaiian Self-Determination: Kānaka Maoli have the right to self-determine this story from varying perspectives, on our own terms, in our own time and for what audience we deem appropriate.

4. Food Security & Aloha ‘Āina Survival: Kānaka Maoli have the right to a food secure future, and recommendations against homesteading to subsist off of our own homelands occupied by the National Park Service (currently 8,725 acres of land and 2,000 acres of water) and by attempting to hold an additional vast amount of fertile land (5,259 acres from Pelekunu Preserve and 7,341 acres from Pu‘u O Hoku Ranch) harm this right, our survival and the survival of all people in Hawai‘i.

Throughout the document, there are small instances where a sentence or two make mention of these topics, but their lack of detail subsequently ignore Kānaka Maoli rights to health. And although my concerns are more inline with the comments mentioned by various groups in the public scoping, preliminary alternative public review and agency consultation and coordination sections at the end of the documents, the DGMP and EIS fail to address them properly and in detail.

Also, an identifiable root from which the above four issues stem is the lack of necessary presentation from perspectives in the current process, including but not limited to perspectives of communities involved with Molokai subsistence, Indigenous and Native Hawaiian public health, Hawaiian Studies and Hawaiian Language. The Office of Hawaiians Affairs and the Department of Hawaiian Home Lands were agencies consulted in this process, however, both groups have proved ineffective in their abilities to be the true voice and caretaker of the Hawaiian people and to provide locations for Hawaiian homes in an efficient and time sensitive manner. They do not represent true consultation with Kānaka Maoli communities, and their involvement, especially in “State” run happenings, creates unease and disease for many Hawaiians moving on a path toward reinvigorating a sovereign nation and rights for Kānaka Maoli.

Elaboration on the FOUR aforementioned shortcomings can be found below:

Figure 3.26 Response to Kalaupapa DGMP and EIS, page 1.
June 8, 2015

1. Historical Trauma and Healing
   - The current EIS for Kalaupapa lacks impact measures for how the stories of Kalaupapa continue to impact the Hawaiian people, who were by a 90% majority, the population most adversely impacted by leprosy and the law that separated our people from their families and homes.
   - Current research has documented the historical trauma caused by this treatment, showing that it also extends and impacts beyond a living population of patients.
   - This research needs to be analyzed and shared within our communities and taken into the larger context of story-ing that occurs for Kalaupapa.
   - The current DGMP lacks planning for how to address the historical trauma and dignity of Kānaka Maoli as a whole community and people beyond the patients alone, how to provide methods, services, locations and tools for healing stigma, land separation, loss of connection to family members once taken from Kalaupapa and relocated to other islands, and more.

2. Park:
   - Currently in Kalaupapa, the only health-related entity is the Department of Health. The planned removal of DOH (after the patients have gone) and transition strictly to management by National Park Services is too fast of a jump from a mode of “Health” to a “Park” mode focused on visitor experiences.
   - The 1980 designation of Kalaupapa National Historic Park may have aided in the protection and safety of living patients. Thirty-five years later, and as discussion rises regarding the passing of patients and the departure of the DOH, a next phase of protection, safety and healing is necessary.
   - The current DGMP and EIS ignore the healing needed in this transition, making Kalaupapa’s designation as a National Historic Park the prime reason for the dangerous misinterpretations of Kalaupapa’s appropriate use.
   - Because of this narrow lens based on the park’s limitations, the current DGMP and EIS talk mainly about only certain types of resources and planning. The focus of preferred Alternative C is geared towards “high-quality visitor experiences.” This is extremely inappropriate and the concerns voiced by the communities in Chapter 6 of the DGMP and EIS need to be emphasized and supported to limit, disallow and avoid TOURISM in Kalaupapa.
   - Visitors and their welfare are a small concern when talking about the health of a place and a people. However, with annual operating costs, ranging from an estimated $4,230,000 to $6,445,000 depending on the Alternative, it is questionable if either health or financial stability is taking precedence when concession stands, mule corridors, picnics, visitor facilities, “hands-on steward activities” and “meaningful learning experiences” take up majority of the planning and measuring of impact.

3. Hawaiian Self-Determination:
   - The main concern is the health and welfare of those directly and intergenerationally affected by leprosy – they hold the sanctity of what happened and are key to the preservation of Kalaupapa, and they need to be the ones in partnership with others to decide how to take care of this place, our people, and to determine what stories they want to share, when and with whom.

Figure 3.27 Response to Kalaupapa DGMP and EIS, page 2.
On page 57 a statement is worded, “Preservation and interpretation of the settlement will be managed and performed by patients and native Hawaiians to the extent practical.” It is not about practicality but what is just, and what is just is that the patients and (native Hawaiians) Kānaka Maoli are the only ones who have rights to the issues of preservation, interpretation, management and performance.

The constant reiterations about the various partnerships and cooperatives consulted in the process included many religious and Hawai‘i “State” run agencies. When their concerns and preferences are placed above that of Kalaupapa and Kānaka Maoli, this process and those involved are violating our rights as a people to self-determine processes and therefore outcomes concerning our homelands and our health.

Having volunteers and service groups partner with National Park Services potentially eliminates Kānaka Maoli from the negotiation and active process of either being the host of Kalaupapa or the beneficiary of the connection with land, place, and the sacred nature and work. WE ARE BOTH OF THESE, and the current DGMP and EIS need to address these facts and identify and measure the adverse impact felt by Hawaiians by removing us from the equation.

4. Food Security & Aloha ʻĀina Survival

Similarly to work service and connection to ʻāina, if homesteading is recommended against, this process, NPS, DHHL, DLNR, DOT, private land owners and the “State” contribute to the planned starvation of Kānaka Maoli and the general public on Molokai in particular, and the implicate Kalaupapa in the process as well.

Using past tense quotes like “The peninsula of Kalaupapa was once home to a thriving Hawaiian community,” and appreciating “the ways in which native Hawaiian communities flourished in the Kalaupapa region and its valleys for hundreds of years,” shows attempts by various “State” agencies and the National Park Services to erase from probability the opportunity that Hawaiians can and do exist in this manner today.

In Chapter 6, comments suggested more inclusion of the people who inhabited places like Kalawao and Waikolu Valley before they were bought out unfairly or forcibly made to exchange land. The descendants (who reportedly were consulted) of the original inhabitants in these areas have the right to carry on what their families were forced away from, and the park should be working to meet to their needs of survival instead of limiting their ability to live like their ancestors and provide for their families. People of Molokai are exceptional and do not require assistance from DHHL to make roads or facilities for their homesteading.

Saying that “Though still a living community, Kalaupapa is also appropriate ground for archeological research,” means that the DGMP and EIS value the survival and continuance of Western research over Kānaka Maoli subsistence. This needs to be examined and corrected to honor the descendants of Molokai and all of Hawai‘i who have already and continue to be adversely impacted by Western forms of value and misinformation.

Already with the 8,725 acres of land and 2,000 acres of water held in management mainly by NPS, it is an irresponsible use of fertile land to recommend against homesteading on an island where the future of all people on Molokai and in Hawai‘i depends in large part on the cultivation of our own food. The proposed talk of acquiring through purchase or donation an additional 5,259 acres from Peleluna Preserve and
7,341 acres from Pu‘u O Hoku Ranch for total of **21,325 acres of land** being managed for **high quality visitor experiences** is dangerous and severely lacking in social justice, food security planning and forethought.

In addition to these comments, it is strongly suggested that:

- The main concerns in the next DGMP and EIS and subsequent planning are identified from a *Kanaka Maoli health practitioner lens* – where health and healing are top priorities for the protection and safety of Kalaupapa and those affected by its stories.
- A new designation (i.e. in trust to an appropriate Hawaiian community) for what is currently Kalaupapa National Historic Park be discussed so that current, appropriate protections are maintained and that subsequent measurements and planning include the health related concerns already mentioned (also see below).
- New partnerships be made to include community groups as integral voices in the planning process similar in level and stakeholder value to entities like NPS, DOT, DOH, DHHL, DLNR (i.e. similar to Hui Ho'opakele ‘Aina’s recommendation to establish task forces and community commissions).
- Additional entities be contacted for their expertise concerning historical trauma, community health, Indigenous health, self-determination, sustainability and food security for additional sections that need to be added into future DGMP(s), EIS(s) and planning (i.e. Indigenous and Native Hawaiian Public Health, Hawaiian Studies, Hawaiian Language, Sust ‘ĀINA ble Molokai, Movement for Aloha No Ka Aina)
- Measured **IMPACTS** include:
  1. **Sovereignty**
     i. Dignity
     ii. Self-determination
     iii. Hawaiian rights
     iv. Social Justice
  2. **Public Health**
     i. Hawaiian Health
     ii. Stigmatization, Criminalization & Arrest, Separation & Displacement, Experimentation
     iii. Historical Trauma
     iv. Food Security

Thank you for the opportunity to talk about these concerns. In addition to the work, discussions and research already presented, these matters are just as valuable and vital to the health and recovery of Kalaupapa, the Hawaiian people, and all those who have a responsibility to this place we call home.

Aloha ‘āina,

Meghan Leialoha Au
Iomilomi & lā‘au lapa‘au practitioner
UH Mānoa, Hawaiian Studies MA candidate
Waikīkī, O‘ahu

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Figure 3.29 Response to Kalaupapa DGMP and EIS, page 4.
In revisiting Table 3.2, the 3 Rs Intervention for Kānaka Maoli, and Figures 3.26 through 3.29, we learn and feel the undeniable connections between the recovery of stories, the reconnection of ‘āina, family, and self, and the reclamation of government and health identities. On our journey of caring for severed ties and relationships, our efforts must strive to heal trauma through historical and political awareness. As Reyes puts it and in regards to

RECLAMATION,

In the process of striving toward the achievement and maintenance of self-determination and sovereignty, we may begin to heal from the traumas of colonization.388

And while Kānaka Maoli and our allies, Hawaiian nationals and supporters in solidarity, work towards recovery, reconnection and reclamation, we are reminded in Table 3.3 of the 3Rs Intervention that the colonizer/occupier systems and collaborators must address in step with us.

*An Act to Prevent the Spread of Leprosy* has been established as a point of origin for traumatic stigmatization, criminalization, separation and experimentation. And the Bayonet Constitution and the overthrow of the Kingdom of Hawai‘i have been noted indeed for their harmful colonial ideologies that are continued today by an unlawful, United States’ occupation of Hawai‘i. And while we can determine the proven, harmful, and lasting effects from colonial ideologies and occupying violence in our homelands, we still need to hope that these entities locate within their deepest selves the desire to relenquish what was never theirs to begin with and support Hawai‘i and Kānaka Maoli on this healing path. For these reasons I have listed out parameters around recognition,

388 Reyes, “‘Ike Kā’oko’a,” 213.
return of Hawaiian Kingdom Crown and Government lands, reinstatement of the Hawaiian nation below, where Kānaka Maoli limit and control the role that the colonizer/occupier groups play in the process. As Kānaka Maoli continue down a path toward achieving self-determined health representations, Kalaupapa and Hawai‘i as a whole nation (inclusive of a public, non-Hawaiian population) will also heal. And this healing process includes the colonizer/occupier entities that will experience healing secondarily, almost automatically, and because of our self-determined health and healing processes.
RECOGNITION, RETURN OF HAWAIIAN KINGDOM CROWN AND GOVERNMENT LANDS, REINSTATEMENT OF THE HAWAIIAN NATION

Table 3.3 3 Rs Intervention for colonizer/occupier, *An Act to Prevent the Spread of Leprosy*

<table>
<thead>
<tr>
<th>colonizer/occupier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RECOGNITION</strong></td>
</tr>
<tr>
<td>• Linked to recovery by Kānaka Maoli of alternate and self-determined stories of the past</td>
</tr>
<tr>
<td>• Recognition of the harms and violations of basic human and cultural rights (as noted in Ch. 2) caused in the creation and enforcement of <em>An Act to Prevent the Spread of Leprosy</em> as pertaining to the stigmatization, criminalization, forced separations and experimentation for Kānaka Maoli in particular</td>
</tr>
<tr>
<td>• Recognition of the historical deletions implemented by a previously colonial and now occupying ideology and influence in Hawai‘i for <em>An Act to Prevent the Spread of Leprosy</em></td>
</tr>
<tr>
<td>• Recognition of the need for this system to be overthrown and taken back over by Kānaka Maoli for the recovery of truthful stories, the reconnection of people to themselves, their families, their cultural health related practices, and their homelands, and the reclamation of a self-determined government that would give Kānaka Maoli and all Hawaiian nationalists in Hawai‘i the opportunity to heal story, body, mind, spirit and ‘āina on our own terms</td>
</tr>
<tr>
<td><strong>RETURN OF HAWAIIAN KINGDOM CROWN AND GOVERNMENT LANDS</strong></td>
</tr>
<tr>
<td>• Linked to reconnection efforts by Kānaka Maoli for relationships with ‘āina, family and self, where all of the 1.8 million acres “illegally seized by the U.S. government”³⁸⁹ are returned to the Hawaiian Kingdom so that Kānaka Maoli may receive the resources and appropriate programs deemed necessary by Kānaka Maoli to the process of healing as correlated with the reconnection interventions in Table 3.2</td>
</tr>
<tr>
<td><strong>REINSTATEMENT OF THE HAWAIIAN NATION</strong></td>
</tr>
<tr>
<td>• Linked to reclamation by Kānaka Maoli of a lawfully reinstated Hawaiian Kingdom, in what form and function is determined by Kānaka Maoli and is inclusive of all individuals who give their allegiance to the Hawaiian nation as loyal subjects</td>
</tr>
<tr>
<td>• With the return of the Hawaiian Kingdom, the colonizer/occupier must relinquish power and support all reclamation and rebuilding efforts of the nation towards truth, justice and balance</td>
</tr>
<tr>
<td>• This support must also and in particular extend to all Kānaka Maoli collective, community and individual efforts to begin free and self-determined processes of rebuilding our health representations on the individual, familial, community, national and ‘āina-based levels, as noted in Table 3.2</td>
</tr>
</tbody>
</table>

The 3 Rs found in Table 3.3 for the colonizer/occupier Intervention are suggestive steps in support of a path of self-determined healing for Kānaka Maoli relating to historical trauma and *An Act to Prevent the Spread of Leprosy*. As each R plays a vital role in a well-rounded process of healing, each one can occur by itself, and the presence of all 3 Rs would contribute to a more whole picture of support through the relinquishment of power by the colonizer/occupier in this process. This would include

recognizing and admitting to the roles played in harming people with leprosy, Hawaiians by majority and in our homelands; returning Hawaiian Kingdom Crown and Government lands to make resources available that would support further recovery and reconnection to our stories, our bodies, ʻāina and Kingdom; and reinstating the Hawaiian nation by de-occupying Hawaiʻi and supporting a community-informed and majority-supported process of recovering and rebuilding the Hawaiian nation.

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390 Legal and political status of Hawaiʻi and various methods to achieve de-colonization and de-occupation have been discussed in the Preface of this document. Currently, attempts are being made for chaotic nation building that has elicited varying opinions and levels of involvement from the Hawaiian community. The Office of Hawaiian Affairs (OHA) has been pushing a fast-track process that attempted to gather a potential voter base that culminated in a minority of 122,785 registered Hawaiians. This attempt is possibly linked to and within the U.S. through federal recognition and other Hawaiʻi “State” processes, despite claims that the process of determining the nation’s future is open to all possible outcomes (e.g. independence). More can be read about their process at this website: http://www.oha.org/nationbuilding. This fast-paced, possibly colonial/occupier linked/controlled process could be potentially dangerous for building a nation if the thought is to recover the one illegally occupied. OHA’s process of collecting a voter base was done under the name, Kana‘iolowalu (Native Hawaiian Roll Commission), which cites the above figure of 122,785 registered, potential voters. This is rumored to include non-consenting and non-living Hawaiians and does not represent even half of the Kānaka Maoli (“Native Hawaiian”) population, which according to a 2010 Hawaiʻi “State” census would be 289,970 Hawaiians (http://files.hawaii.gov/dbedt/census/Census_2010/SF1/HSDC20104_Native_Hawaiian.pdf). This number (122,785) is not even a fourth of approximately 560,000 “Native Hawaiians” (http://www.pewresearch.org/fact-tank/2015/04/06/native-hawaiian-population/) – a population count that is inclusive of all Hawaiians in the islands and abroad in what is misnomered the U.S. Today, Naʻi Aupuni, a non-profit, claimed to not be linked to but grant funded by OHA formed in December 2014. Currently, Naʻi Aupuni candidates are conducting campaigns to be voted in (by the 122,785 voters in the voter base constructed by Kana‘iolowalu) by November 30, 2015. After which, elected candidates, elected by a severe minority of Hawaiians worldwide, will allegedly attempt to create a constitution for a Hawaiian nation in 40 days that would help begin, what appears to be, a nation-to-nation relationship between a Hawaiian government and the U.S. From an Independence political view, as well as from views of transparent and majority-informed/inclusive political processes, this process is severely flawed. Movement for Aloha No Ka Aina (MANA, found at manainfo.com) is a group previously mentioned that has been working to inform the public through community discussions about the nature of OHA’s processes that could potentially lead to a majority of Hawaiians not recognized by a new government or the U.S. Again, more can be read about OHA’s process at this website: http://www.oha.org/nationbuilding and more can be read about Protest Naʻi Aupuni, a group currently organizing community informative and activating meetings at: protestnaiaupuni.com. Also, these op-ed pieces can provide more information as well: Jonathan K. Osorio, “Coercive Nature Of Naʻi Aupuni Process Ultimately Dooms It To Failure,” Honolulu Civil Beat, November 11, 2015, http://www.civilbeat.com/2015/11/coercive-nature-of-na-i-aupuni-process-ultimately-dooms-it-to-failure/; Peter Apo, “Peter Apo: Who Are We Building a Nation For?” Honolulu Civil Beat, September 3, 2015, http://www.civilbeat.com/2015/09/peter-apo-who-are-we-building-a-nation-for/; Daviana Pomaiaka’i McGregor, “Two Movements, Both With Inherent Rights to Sovereignty,” Honolulu Civil Beat, November 9, 2015, http://www.civilbeat.com/2015/11/two-movements-both-with-inherent-rights-to-sovereignty/; Trisha Kehaulani Watson, “Roll of Thunder: Lifting The Veil On Naʻi Aupuni,” Honolulu Civil Beat, October 27, 2015, http://www.civilbeat.com/2015/10/roll-of-thunder-lifting-the-veil-on-na-i-aupuni/; Zuri Aki, “Naʻi Aupuni Offers Possible Path Toward Common
CONCLUSION

We have come a ways through sorrowful depths, political warp, critical critique, healing circuits, and finally to the conclusion of this journey. Chapter 1, Our Kūpuna and An Act to Prevent the Spread of Leprosy, 1865, familiarized its readers with the complications of law, politics and culture when regulating the health and existence of a sick population that was, by a 90% majority, Hawaiian. We came to terms with the harm caused by colonial ideology within a Hawaiian law that dealt with disease through the enforcement of policies relating to stigmatization, criminalization, separation & experimentation. We also touched upon political acts, such as the Bayonet Constitution of 1887 and the 1893 overthrow of the Hawaiian Kingdom, that impacted the health representations of Kānaka Maoli and Hawaiʻi as a nation.

Chapter 2, Historical Trauma, the Weight of Lived Experience, pushed forward through time to expand upon the manifestations of health for Kānaka Maoli and Hawaiʻi as they are influenced by lingering colonial mentalities enforced by occupation today. This chapter introduced conceptual modeling which linked our historically traumatic stories and our current manifestations of health, or lack thereof, on individual, family, community, land and national levels. Evidence of present-day forms of stigmatization, criminalization, separation & experimentation for Kānaka Maoli and ‘āina were taken into account as repercussions of An Act to Prevent the Spread of Leprosy’s enforcement. Detailed readings allowed us to understand these enforcements as violations of basic human and cultural rights, and the vast depth of devastation and the extensiveness of this law’s impact deeply imprinted upon us. This chapter clearly displayed the direct

influence that prior kupuna experience, government struggles and law enforcement have on our health representations as Kānaka Maoli and for our ʻāina and the Hawaiian nation today.

Chapter 3 carried healing into the conversation in a timely manner and with its title, Hulihia, A Time for Regenerating Realities. This chapter brought us to people and place-based health interventions for Hawaiians, Kalaupapa and Hawai‘i. Interventions were posed at time-specific access points to introduce healing for Kānaka Maoli in the forms of Recovery, Reconnection and Reclamation, while Recognition, Return of Hawaiian Kingdom Government and Crown lands and Reinstatement of the Hawaiian nation were suggested forms of intervention for colonizer/occupier entities. These interventions contribute to Chapter 3’s overarching message of the necessity of overturning colonial/occupier/western-created health representations in order to self-determine the health and pono of Kalaupapa, Kānaka Maoli, Hawai‘i and the public in Hawai‘i. This chapter also noted critically engaging current attempts to manage Kalaupapa and our stories around leprosy as part of a self-determined process for creating and regulating health. One such critique was offered as recent as June 8, 2015 in public comment and in response to the problematic Kalaupapa National Historic Park General Management Plan and Environmental Impact Statement created by the Kalaupapa National Historic Park agency.

Just in revisiting these short, chapter summaries, we know there is neither an easy conclusion to this process nor a predictable endpoint to our collective work involved in healing. And in this research journey of moving forward while simultaneously engaging the past, there are definite limitations to the work presented here. As a Kanaka Maoli
health practitioner lens has been the sole lens for viewing these varying topics and time periods, this approach has definitely influenced the research at hand. Other lenses could be introduced to add to this discussion. An expanded literature review and a broadened time frame for additional nūpepa research could enrich my findings. Additionally, future recommendations include further engagements with those involved with Kalaupapa’s management plans and additional community engagements to share and connect with people who are affected by these stories. Future research may even expand on this project by engaging communities with healing interventions to address specific historical traumas that have occurred for Kānaka Maoli and ʻāina. Of course, prior to this, more research needs to be done to determine the necessary research methods.

My hope for this work, presently, is that it has added another perspective to what already exists. Perhaps even, what has been shared here may positively contribute to more careful, caring, pono and self-determined processes and outcomes when situations arise for Indigenous communities and disease. As many have inspired this study of story, imagery, facts and emotion, I hope it may also influence us collectively to see more deeply into historical trauma and heal accordingly at these depths as well. Going back in time to familiarize ourselves with a genealogy of trauma, we are forced to acknowledge the links between past atrocities and present-day diseases of body, ʻāina and government. Understanding this fortifies our continued movements away from foreign determinants of health and towards self-determined healing paths for ourselves, our families, our communities, our ʻāina and our nation. Haunani-Kay Trask places responsibility and grounds us with this reminder:
Today, in an age of rapacious transnational capitalism, Hawaiians are beginning to think beyond the habitual boundaries of the state of Hawai‘i, even of the United States. We increasingly assert genealogical claims as children of our mother – Hawai‘i – and therefore, as caretakers of our land. This relationship as indigenous people, as the first nation of Hawai‘i, [makes it]…our duty, as Native people, to ensure this status for generations to come.391

And while the world (earth, living mother) waits (im)patiently for all people to find balance and return to center, we the people of Hawai‘i, Kānaka Maoli and all those in solidarity with us for a reinstated Hawaiian nation, are building momentum inline with this pono. While we strive to recover stories, reclaim and reconnect to spaces and sanity in our families and communities, we also see to the work of colonial/occupier entities for recognition of truth, return of Hawaiian Kingdom Crown and Government lands, and reinstatement of the Hawaiian nation. Only in this way, and in full balance between light and dark, will we be able to manifest fully, through self-determined means, who we are, how we grow and heal, and how we care for ʻāina. This affects us all – the rewriting and rerighting of stories and the placing of justice on sacred lands around the world. Healing, delving deep and transforming trauma requires so much coming to terms, loving and letting go on the part of those harmed, and so much relinquishing of power by those who have and continue to cause harm.

391 Haunani-Kay Trask, From a Native Daughter, 39. The [] have been added to acknowledge the distinct relationship of Kānaka Maoli to Hawai‘i and the inclusivity of settlers and those in solidarity with nation recover and nation building work.
To the “united states,” the current occupying entity of our dear Hawai‘i,
the descendant of colonial ideology,
the ever-gaping mouth hungry for power, control, lives and land
(never yours),
acknowledge history, give up, lay down low.
Lay down with an ear to the ground,

you will hear her call/creator sigh/ancestors pulse.

you will hear us.

We are here,

still (forever/our own),

making preparations, holding fast to ea,\textsuperscript{392}

remembering stories, knowing ʻāina, loving lāhui.

We are mobilizing people,

worldwide.

Together, we are rising.

\textsuperscript{392}Pukui and Elbert, \textit{Hawaiian Dictionary}, 36: sovereignty, independence, life, air, breath.
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