

III. Leprosy in Hawaii

A. First Appearance

The specific date at which leprosy arrived in the islands is not known, nor is it certain by whom it was brought. As early as 1823 missionaries were noting "remediless and disgusting cases" that might have involved some aspects of leprosy as well as syphilis. Dr. Arthur St. M. Mouritz, physician at the leprosy settlement at Kalawao for a period of four years, from 1884 to 1887, stated in 1916 that he felt there was sufficient proof that leprosy was present to a moderate extent in Hawaii at least as early as 1830.¹

The common Hawai'ian name for the disease was Ma'i-Pākē, or Chinese sickness. The association of the disease with the Chinese people probably had to do either with the fact that an individual or individuals of that race were noted to have the disease or simply that the Chinese were familiar with it because they had often seen it in their own country. There is some belief that imported Chinese plantation laborers introduced it to the islands. Certainly, the possibility exists that it came from any one of numerous seafaring individuals who visited Honolulu harbor after being recruited at the Azores, in Africa, Malaysia, and other seats of endemic leprosy. Some sources have suggested that it was introduced by a Hawai'ian chief who contracted it abroad and then spread it to others in the 1840s, giving rise to another name for it, Ma'i Ali'i, royal malady (the chief's sickness).²

1. A.A. St. M. Mouritz, "The Path of the Destroyer": A History of Leprosy in the Hawaiian Islands and Thirty Years Research into the Means by Which it has Been Spread (Honolulu: Honolulu Star-Bulletin, Ltd., 1916), p. 30.

2. Ethel M. Damon, Siloama: The Church of the Healing Spring (Honolulu: The Hawaiian Board of Missions, 1948), p. 6.

B. Official Recognition of Leprosy as an Epidemic

1. Passage of "Act to Prevent the Spread of Leprosy," 1865

King Kamehameha III organized the first Board of Health on December 13, 1850, at the advice of his Privy Council. The board was charged with protecting the people's health and with taking measures to cure them of epidemic diseases such as cholera. Although leprosy had been present in the kingdom from the early part of his reign, no discussion of it took place prior to the king's death in 1854. During Kamehameha IV's reign, leprosy was not officially mentioned until April 1863, when William Hillebrand, the medical director of Queen's Hospital in Honolulu, wrote that

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.³

Upon Kamehameha V's ascendancy, at a meeting of the board on December 28, 1863, the subject of Ma'i-Pākē was raised among other matters of importance to the general health--its first official discussion in that forum. At another meeting on February 10, 1864, it was noted that leprosy was spreading on the other islands and a census of victims around Honolulu was ordered so that the afflicted could be examined by the medical members of the board to study the disease's

3. Dr. W. Hillebrand, Surgeon to the Queen's Hospital, quoted in Ralph S. Kuykendall, The Hawaiian Kingdom, 1854-1874 (Honolulu: University of Hawaii Press, 1953), p. 73.

origin and questions of its transmission and heritability.⁴ The subject was discussed several times after that, and on August 10, 1864,

The subject of leprosy . . . was brought up before the Board, and its spread among the people reported. Dr. Hillebrand expressed his opinion that the disease is spreading. . . . The doctor was of opinion that isolation was the only course by which the spread of the disease could be arrested, and recommended some valley as the most likely place to meet the necessity.⁵

Feeling at this time that there was sufficient cause for alarm and that steps had to be taken to prevent the further spread of the disease, the Legislative Assembly of the Hawai'ian Islands passed "An Act to Prevent the Spread of Leprosy" in 1865, which King Kamehameha V approved. This law provided for setting apart land for an establishment for the isolation and seclusion of leprous persons who were thought capable of spreading the disease. Every physician or other person with knowledge of a case of leprosy had to report it to the proper sanitary authorities. The law also required all police and district justices, when requested, to arrest and deliver to the Board of Health any person alleged to have leprosy so that he could be medically inspected and thereafter removed to a place of treatment, or isolation if required. A hospital for the treatment of patients in the incipient stages of the disease would be established in an attempt to find a cure, but the Board of Health also had the power to send all patients considered incurable or capable of spreading the disease to a place of isolation. The Board of Health was requested to keep the amounts of sums expended for the leprosy program distinct from its general account of legislative appropriations and to report to the legislature at each of its regular

4. Hawaiian Kingdom Board of Health, Leprosy in Hawaii. Extracts from Reports of Presidents of the Board of Health, Government Physicians and Others, And from Official Records, in Regard to Leprosy Before and After the Passage of the "Act to Prevent the Spread of Leprosy," Approved January 3rd, 1865. The laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom. (Honolulu, H.I., 1886), pp. 5-6.

5. Ibid., pp. 7-8.

sessions the expenditures, in detail, and other information regarding the disease that would be of interest to the public.⁶

2. Establishment of Kalihi Hospital, Honolulu, and the Isolation Settlement on Moloka'i

On March 17, 1865, the Board of Health purchased for \$1,000 some land in Palolo Valley, Oahu, on which it intended to establish temporary hospitals and dwellings for a leprosy colony that would ultimately house about 300 persons. Under this plan, a special section for severe cases would be set apart from the general settlement. Due to protests by adjoining residents that the water of the stream in that valley would become contaminated and thus unfit for their use, the land was never used. Further discussions on the matter of what to do with leprosy cases on June 10, 1865, resulted in two propositions. One was to establish a settlement for both light and severe cases near Honolulu, which would be simpler and less expensive and where the whole operation could be more concentrated. According to this plan, a site a few miles from town on the seashore, comprising about fifty acres, would accommodate a settlement in which the severe cases and the general settlement would be separated, each with its own hospital and dwellings. The other proposition suggested establishing hospitals and cottages for lighter cases in a place near the sea near Honolulu, about five to ten acres in extent, and selecting a large tract on another island on which to put the incurables.⁷

The peninsula on the northern shore of Moloka'i seemed the most suitable spot for a leprosy settlement. Its southern side was bounded by a pali--a vertical mountain wall of cliffs 1,800 to 2,000 feet high, and its north, west, and east sides by the sea and precipitous shores. Landings were possible in only two places, at Kalaupapa on the

6. See Appendix A for full text of "An Act to Prevent the Spread of Leprosy," 1865.

7. Hawaiian Kingdom Board of Health, Leprosy in Hawaii, pp. 18-21.

west side and at Kalawao on the east side of the peninsula, weather permitting. Fruits, taro, potatoes, and other vegetables could be easily grown on the flat land and in tributary canyons. Land was conducive to livestock raising and the sea was full of fish. Water was available in a stream running down Waikolu Valley to the east, a mile or more from Kalawao. Other springs were available, such as in Waihanau Valley, but at a considerable distance from the settlement.⁸

The latter proposition was viewed favorably by the Board of Health. A lot at Kalihikai, about two miles from Honolulu, on the west side of the harbor and adjacent to the seashore was decided upon as a hospital for light cases and as a temporary detention station for severe cases of leprosy. A twelve-acre lot was purchased and hospital buildings erected. It was known as the Kalihi Hospital and Detention Station and opened for admission of patients on November 13, 1865. There all persons alleged to be afflicted with leprosy would be inspected and medically treated with a view toward effecting a cure. Proper attendance and nursing would be provided. Those individuals found to suffer from diseases other than leprosy would be given medicine and allowed to return home or continue to receive medical treatment. All patients in an advanced state of the disease, who were considered a possible health menace by spreading the contagion, would be required to move to the settlement at Kalaupapa on the island of Moloka'i where care would be given them.⁹

8. R.W. Meyer, Agent, Board of Health. To His Excellency Walter M. Gibson, President of the Board of Health. [Report of leper settlement for past two years.] No date (ca. April 1, 1886). Hawaii State Archives, Honolulu, pp. 2-3.

9. "Notice by the Board of Health," October 25, 1865, in Hawaiian Kingdom Board of Health, Leprosy in Hawaii, pp. 29-30. Kalihi Hospital operated for about ten years; it was finally closed by the Board of Health in 1875 due to expensive upkeep, the difficulty of isolation, and its failure to find a cure for leprosy. All persons suspected of having leprosy were thereafter detained only until medical examiners could confirm the presence of the disease. If they could, the afflicted were sent immediately to Moloka'i. The detention station adjacent to the police station on King Street in Honolulu remained open until 1881. A new

3. The Effect of Enforced Isolation and Other Social Restrictions on the Hawai'ians

Because leprosy was seen as highly contagious, and because of the inability to effect a cure, complete isolation of the afflicted was the policy determined upon by the Hawaiian Kingdom to prevent the spread of the disease. For the benefit of the healthy, persons suspected of leprosy were condemned to a life of virtual imprisonment on the windward side of the island of Moloka'i. The concept of segregation was completely alien to the fundamentals of Hawai'ian society and therefore greatly resented. The duty assumed by the Board of Health was delicate and difficult but deemed as essential for the public welfare. The forcible separation of individuals from family and friends seemed harsh not only to the victims and their relatives but to many not even affected by the policy who did not believe the disease was contagious and who therefore thought that such stringent measures as isolation were unnecessary. Walter M. Gibson, president of the Board of Health and managing editor of the Pacific Commercial Advertiser and the Hawai'ian vernacular newspaper Nuhou, wrote in the latter in 1873:

It [Ma'i-Pākē] is spreading rapidly. There are 438 confirmed lepers in Kalaupapa, and nearly as many more throughout the Islands with manifest symptoms of the disease. The chief cause of its increase lies in the native apathy. The healthy associate

9. (cont'd) hospital at Kaka'ako was dedicated on December 12, 1881, on the east side of Honolulu harbor, on the seashore, about one mile toward Diamond Head. This site became unsuitable when the high tides inundated the area. About 1889 the buildings were moved back to the old Kalihi Hospital site. The new complex was a detention station and hospital where mild leprosy cases were treated and advanced ones sent to Kalaupapa. Ultimately the Kalihi area was rezoned into an industrial district, and the introduction of noxious elements proved detrimental to the health and comfort of the patients. A more suitable physical plant was needed also, because most of the buildings were in a state of disrepair. In September 1946 an agreement was reached between the Territory and the U.S. Government by which the former could use eleven acres at Pearl City known as Naval Waimano Civilian Housing, together with all buildings, improvements, and equipment thereon. Tubercular patients from Leahi Hospital temporarily occupied the facility while additions were being made to that structure. After those patients were moved back to Leahi, all Kalihi patients were transferred to Pearl City on October 12, 1949.

carelessly with the . . . victims. The most awful conditions of the disease neither scare nor disgust. . . . The horror of this living death has no terror for Hawaiians, and therefore they have need more than any other people of a coercive segregation of those having contagious diseases. Some people consider this enforced isolation as a violence to personal rights,¹⁰ It is so, no doubt, but a violence in behalf of human welfare.

Adding to the complexity of the situation was the fact that this immense health problem took the kingdom by surprise. Already overwhelmed within the past few years by an influx of foreigners, new industries, and a variety of drastic changes to their religion and lifeways, the Hawaiian population was declining rapidly. The drop in population was accompanied by "a mass psychological deterioration"¹¹ that was evidenced by a lack of social identity resulting in scepticism of the past and difficulty in adjusting to the present. By the latter part of the nineteenth century, what had once been a happy, carefree, and generous people were facing not only the problems of culture clash but were torn asunder by the effects of a disease "that, more than any other, embodied and symbolized the disastrous consequences-- biological and cultural--of contact between the Hawaiian Islands and the rest of the world."¹²

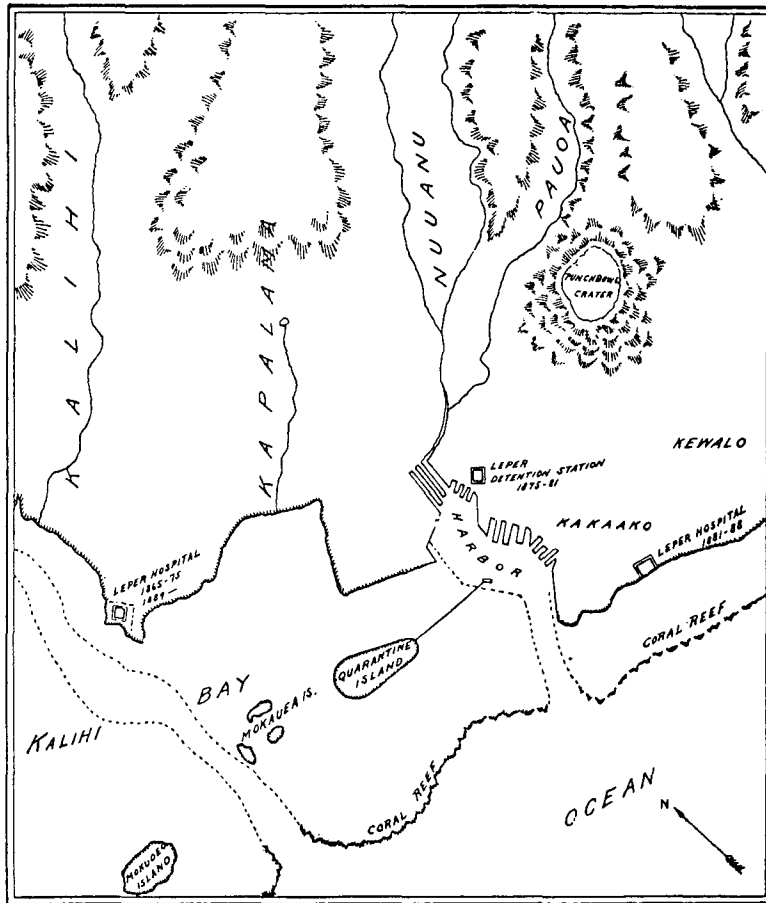
Measures taken by the board to combat the spread of leprosy were highly unpopular, for they were seen as penalties upon individuals afflicted by something beyond their control. Leprosy victims were ordered to turn themselves in for inspection. The energetic pursuit of sick individuals was a great blow to their friends and relatives. The

10. Walter M. Gibson, "The Lepers and Their Home on Molokai," Nuhou (Honolulu, H.I.), March 14, 1873, in ibid., pp. 188-89.

11. Gerrit P. Judd IV, Hawaii: An Informal History (New York: Collier Books, 1961), p. 38.

12. State Historic Preservation Office, Hawaii Register of Historic Places form, Kalaupapa Leprosy Settlement, survey carried out by Gavan Daws and Larry Miller, September 1974, p. 5.

Illustration 1. Map of Honolulu showing locations of Kalihi and Kaka'ako hospitals and the detention station. From Mouritz, "Path of the Destroyer," p. 31.



MAP OF HONOLULU.

Kalihi Leper Hospital, left foreground. Kakaako Leper Hospital, right foreground. Leper Detention Station, middle foreground.

high degree of sociability among Hawaiians more or less preordained that those banished to Moloka'i would be doomed to lives of despair. Rather than be transported to die far from home, the afflicted preferred to suffer and die surrounded by friends and family. Parents refused to let their children go, husbands and wives resisted separation, and old people implored to live out their days where they had spent their lives. Many took refuge in the countryside in ravines and caves or homes of friends, where they were sought after by the police who had been empowered by the Board of Health to seek out the unfortunates. Victims and their family and friends resorted to violence against the authorities in an attempt to stop the manhunts. Eventually official force was successful, however, and before the end of 1866, more than one hundred victims were driven on board ship at Honolulu for the voyage to Moloka'i. Descriptions of the departure of the victims are heart-rending to read, such as Lawrence M. Judd's first exposure to the isolation procedures as a young boy:

The sun was high, but the trade wind's edge tempered the heat as I sped on my bicycle down Nuuanu Avenue toward the harbor. The spokes hummed a tune, and my spirits rose. . . .

Eager for a look at the [military] transports, I turned off . . . into the Esplanade. On the waterfront a crowd of people milled about an interisland cattleboat moored a few piers on the Ewa side of the transport Henderson. Sections of white picket fence stood as a barrier before the interisland pier. A large closed van . . . stood inside the barrier. Outside were perhaps a score of people, men and women--all Hawaiians it seemed from a distance. Several policemen and a group of pier police stood by the gangplank of the cattleboat.

As the trade wind faltered I heard a wail from the group, indicating trouble of some kind.

One who has not heard Hawaiians express their grief can hardly gain from any description any idea of its poignancy. . . .

But more than a ritualistic dirge was coming from the group of Hawaiians at the whitewashed barrier. They clung to the pickets, their bodies rocking, as they gave way to spasms of grief. Their cries seemed almost unbearably agonizing; I went closer. . . .

Some of the faces were familiar. . . . Many clung to the barrier, at intervals raising faces wet with tears, then bowed their heads. A woman in a white shirtwaist and a flowing black skirt bent over the barrier, her face invisible, her shoulders shaking. A small girl turned a wet terrified face up to me.

I saw a uniformed figure I knew and backed off in his direction. . . . "Bosun," I said, "who are they?" He nodded at the van. "Kalaupapa," he said.

The rear doors of the van were thrown open and a health department officer lowered the steps. Down them, in the bright sunlight, descended an elderly Hawaiian woman. . . .

Her eyes swept the crowd behind the barrier and fixed upon the woman with the little girl. She raised her hand in a gesture of farewell. "It's her daughter," I thought, "and her grandchild."

The daughter, if so she was, stood erect, and returned the gesture. . . . The mother did not try to approach the barrier, but turned . . . and walked steadily to the gangplank of the cattleboat.

Behind her others now were emerging from the van. . . .

Next came a young woman leading a little girl. As these two appeared, the crowd, which had been momentarily silent, burst again into a long wail. In one hand the woman held her skirt from the steps of the van. The other led the child, who put both feet firmly on one step before taking another. On the pier, they looked at the crowd. Suddenly the little girl began to cry, dabbing her eyes with her free hand.

The mother took a handkerchief, wiped the child's eyes, and tucked it into the neck of the girl's dress. As they turned toward the gangplank the kerchief fluttered and dropped to the pier.

A new wail arose from the friends and relatives who had come to say farewell.

I wanted to cry myself, without knowing why. . . . "Bosun," I asked, "who are they?" "Dey go to Molokai," he said, "to Kalaupapa, below de cliffs. Dere dey stay. Dare dey die." "But why?" "They have leprosy."

Attendants were now carrying baskets and boxes of personal goods from the van to the vessel.

The last guard appeared from the van carrying a straw carryall. He stopped where the white handkerchief, dropped by the little girl, fluttered on the planking. He took a sheet of newspaper in one hand, dropped it over the handkerchief,

crumpled it into a ball with his gloved hand, and stowed it in the carryall he carried.

I turned away.

The transports with their cargoes of blue-clad men, moored by the coaling wharf held no more lure for me that day.¹³

Not surprisingly, the Hawai'ian language soon came up with another name for leprosy--"Ma'i-ho'oka'awale," Disease of Exile or Separation. It has also been referred to as ma'i-ho'oka'awale 'ohana, the Disease-that-tears-families-apart.

In addition to legally enforcing the separation of families, the Hawai'ian government ultimately made special reference to leprosy in laws pertaining to marriage, divorce, estate and income taxes, claims against estates, absentee balloting, employment rights, pensions, separation of infants from mothers, penalties for concealing victims of leprosy, and in numerous other aspects of life. Fully aware of the trauma it was causing in society at large, the government nonetheless fully expected that isolating sources of the contamination on a distant island would cause the disease to die out among the general population. Such was not to be the case, primarily because it was impossible through the years to isolate all those who had the disease. Because of the long incubation period between infection and the development of outward symptoms, early diagnosis was difficult. By the 1870s leprosy attained epidemic proportions in Hawai'i, reaching a peak around 1890 when more than one thousand people resided at Kalaupapa, around two percent of the Hawai'ian population. Not until 1940 was it determined that the disease was not renewing itself among the general population. In 1946 sulfone drugs began to be used on leprosy patients in Hawai'i, initiating a treatment that did not demand the physical isolation of the sick.

13. Lawrence M. Judd, Lawrence M. Judd & Hawaii [An Autobiography] (Rutland, Vt.: Charles E. Tuttle Company, 1971), pp. 23-26.

In addition to establishing Kalihi Hospital and Kalaupapa leprosy settlement, the government took other steps in an attempt to drive this scourge from their shores. The speed with which the disease spread and the consequent frantic efforts to stave its course greatly taxed the limited financial resources of this small island kingdom. Men of experience were called in to assist with research on the disease. Information from abroad was sought and inquiries of specialists made in an effort to enable the government to deal as humanely as possible with the problem. Remedies of all kinds were pursued, but nothing was successful.

Leprosy would play a major role in the social, political, legal, and moral life of Hawai'i from 1865 on:

It is only natural that a policy which involves the expenditure of a large part of the public revenues and the employment of a considerable number of persons, and that deals directly with a very large proportion of the families of the Islands, should have played a considerable part in politics, and that this has happened in relation to leprosy is beyond a doubt.¹⁴

During the years in which the kingdom and territory strove to find a successful method of treatment, a montage of pictures depicting the harsh realities of the situation were indelibly stamped on the consciousness of the islands and of the world. Never to be forgotten were the forcible removal of Hawaiians of all ages from their homes, the heart-wrenching partings of parents and children and husbands and wives at the waterfront, the excited grasping at each new imported "cure," and the difficult process of coming to grips with the stigma of being a "leper." One of the most agonizing periods of the entire story was about to commence with the arrival of a boatload of leprosy victims at Moloka'i in the year 1866. For they were arriving at a real hell on earth, known as Kalawao.

14. "Leprosy in Hawaii--An Official Report," The Pacific Commercial Advertiser, June 28, 1913, Letterbook of news clippings, 1907-29, Hawai'i State Archives, Honolulu.