

Nā kōkua o Makanalua by Kerri A. Inglis

Aloha mai kākou. (Greetings to you all.) Let me begin by explaining the title of my presentation. “Nā kōkua” refers to those who came to the leprosy settlement to offer assistance to their loved ones who were ill. “Makanalua” refers to this peninsula on the northern coast of Molokai. The peninsula is actually divided into three *ahupua‘a* (land divisions, districts): Kalawao on the eastern side, Makanalua (where Kauhako crater lies) in the center, and Kalaupapa to the west. Kalaupapa is the name we commonly give to the peninsula today, but traditionally, the name of the entire peninsula was Makanalua.

Thus, what I want to talk to you about today, are the many “helpers” who came to this peninsula from 1866 on, during the times when the leprosy epidemic was of great concern to the people of Hawai‘i.

Nā kōkua o Makanalua

The tradition of *kōkua* (to help, helper) is a long-standing one in Hawaiian culture and history. Certainly, to help and care for our loved ones is a part of almost every culture, but it is a quality that seems to have been exemplified by *Kānaka Maoli* (Native Hawaiians) during some of their most trying times in the 1800s. Since the time of Captain Cook’s encounters with Native Hawaiians, beginning in 1778, foreign infectious diseases have taken a horrendous toll on the indigenous population. Epidemics such as cholera, measles, influenza, tuberculosis, venereal diseases, smallpox, and leprosy each took their turn at assaulting the Native Hawaiians.

In his writings titled Ruling Chiefs, Samuel Manaiakalani Kamakau was speaking about the 1853 smallpox epidemic when he explained that “the wife nursed the husband or the husband the wife, and when the children fell ill the parents nursed them”.²⁸ Since all of the epidemics of the 1800s were of a foreign nature (not previously experienced by *Kānaka Maoli*) it is reasonable to expect that their reaction to each disease experience would be essentially the same – that is, to help their loved ones through the pain and suffering; to *kōkua*.

Indeed, when the Queen’s hospital began – a temporary facility first opened its doors on August 1, 1859 – there was no nursing staff. Instead, patients admitted to the clinic were accompanied by their *makamaka* (friend, watcher) or *kōkua* (helper) right from the start. Thus it is not surprising that when those diagnosed with leprosy were sent to the settlement on Makanalua peninsula, many *kōkua* went as well.

The “Act to Prevent the Spread of Leprosy” was put forth by a haole-led Board of Health, and signed by King Kamehameha V in 1865. The Act allowed for the selection of a place to send those with the disease, for those suspected of the disease to be arrested and examined, and the Board was charged with seeing to the medical and physical needs of those who were quarantined/isolated/banished.

By 1903, on the official register, there were 5641 persons with leprosy listed as having been sent to Makanalua.

²⁸ S. M. Kamakau, *Ruling Chiefs* (Rev. ed.) Honolulu, HI: Kamehameha Schools Press (1992), 418.

Throughout the early decades of the settlement there were constant struggles for proper shelter, food, medicine, a good water supply, and basic care. From the very beginning, the Board of Health was not prepared to deal with the circumstances of their own isolation policy. And from the very beginning, *kōkua* accompanied their loved ones to the leprosy settlement.

Who were these *kōkua*?

They were the spouses, mothers, fathers, sons, daughters, of those sent to Makanalua. According to Board of Health records found in the Hawai‘i State Archives, 203 persons were officially listed as *kōkua* by 1889. Yet records also show that many more “unofficial” *kōkua* could also be found at the settlement and throughout the peninsula. Indeed, it is believed that a total of some 400 – 500 *kōkua* went to Makanalua by 1900. Almost all the *kōkua* were of Native Hawaiian ancestry. Less than 5% of those who went as *kōkua* ever contracted the disease. And only two *kōkua* are recorded in the official Board of Health records as contracting the disease after being discharged as a *kōkua*.

The first *kōkua*, officially recognized by the Board of Health (i.e. listed in the official book/register) was Hoolimakani. She was 31 years old and came from Lahaina, Maui. Hoolimakani was admitted on August 22, 1868, as a *kōkua* to her husband, Kalanao. After his death she remarried twice, once to another *kōkua*, and the second time to a patient. Having remained in the settlement since her arrival in 1868, Hoolimakani was pronounced a “suspect” in December 1891. The records do not indicate what happened to her after that point.

In many respects the Board of Health records are sparse when it comes to telling us about the lives of the patients and their *kōkua*. But there are moments when the records offer us some recognition of the essential nature of *nā kōkua*. For instance, in 1878 a group known as the Sanitary Committee was organized and sent to Kalawao to inspect and report on the conditions of the leprosy settlement. When it came to a discussion of *nā kōkua*, the committee told of a man named Keoni, who “had accompanied his wife on account of his great love for her; he had been with her in the settlement about five years, and would remain with her as long as she had breath.”²⁹ Another *kōkua*, Hao, told the committee that “many . . . in the settlement would have perished ere this, were it not for the faithful help between parent and child, husband and wife, brother and sister, and between friend and friend”.³⁰

There are also some many well-known examples of *nā kōkua* in this *mo‘olelo* (history) of leprosy in 19th century Hawai‘i. Some of you may be familiar with the story of Kamiano? Perhaps you know of him as Joseph de Veuster, or Father Damien. “Kamiano” was the name by which the Hawaiians knew the Belgian priest. His legacy on this peninsula is certainly significant, but I like to think that his contribution might best be remembered in the context of the many *kōkua* who came to give of themselves in this place.

²⁹ MMHC Hawaiiana Archives (1886), *Leprosy in Hawai‘i* [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 3, 1865, “The Laws and Regulations in Regard to Leprosy in the Hawaiian Kingdom”; Box 27, Leprosy, File 289(1)]. Honolulu, HI: Daily Bulletin Steam Printing Office.

³⁰ MMHC Hawaiiana Archives (1886), *Leprosy in Hawai‘i*.

You may also know of Jonatana Napela as a *kōkua*. Kitty Napela was admitted as a patient, here in Kalawao, on May 2, 1873. Jonathan accompanied Kitty as her *kōkua*. For a short time he would also serve as a resident superintendent of the settlement. But later, on April 22, 1878, he was also admitted as a patient. One of my most prized finds in the Hawai‘i State Archives is a letter written by Jonathan Napela to the Board of Health. The letter is dated October 23, 1873. It was only five months since he had brought his wife to Kalawao, but it was a time when the Board of Health was trying to be stricter in its enforcement of the quarantine law, and was trying to limit the number of *kōkua* who could come to or remain at the settlement. Thus in his letter, Napela is pleading with the Board to allow him to stay. He speaks of the needs of the settlement and the needs of his wife, to have *nā kōkua* there to be of assistance, but then he also offers the most profound expressions of his love for his wife and for the many patients of Kalawao.³¹

There is also another well-known story within the history of leprosy in the Hawaiian Islands that often gets a lot of attention because many story-tellers have sensationalized the violence and “criminalization” of the main character.³² But I would like to submit to you that the *mo‘olelo* of Ko‘olau and Pi‘ilani is at its heart a story about *kōkua*. Indeed, the crux of the story is Ko‘olau’s refusal to go to Kalawao and his resistance was based on his being denied the right to have his *kōkua* go with him.

The year was 1893; a small group of businessmen had illegally overthrown the government of the Kingdom of Hawai‘i, and a Provisional Government had been set up in its place. Ko‘olau’s resistance to the (Provisional Government/Board of Health) order to go to Kalawao centered on the government officials telling him that his wife, Pi‘ilani could not go with him as his *kōkua*.

Being denied in this way was incongruent to Ko‘olau on two levels. First, it went against the Christian teachings that he and his *‘ohana* (family) had embraced. Told that his wife could not accompany him to Kalawao, Ko‘olau stated:

I am denied the helping hand of my wife, and the cord of my love for her is to be cut, and I am commanded to break my sacred promise before God and live alone in a strange land; The consecrated law of marriage has come to us and we swore on the holy book to live together in the time of food and of famine, in sickness and in health, to live together until death should part us, and now the power of the government wants to break the law of man and of God, making the oath before Almighty God as nothing. We swore to become one, never to leave one another and now it is commanded that we be parted. The love that is implanted in my heart for my wife shall never be extinguished and the oath I swore before God shall continue until I die.³³

Secondly, the government’s denial of his wife as his *kōkua* went against his Hawaiian sensibilities (namely the caring for/burial/hiding of his bones). As Pi‘ilani explained:

My husband . . . would refuse until the end, since he had heard of how in the strange land the bones would be laid to rest without the knowledge of

³¹ Hawai‘i State Archives. Series 334-5, Board of Health, Incoming Letters, 1873.

³² For example, the works of Jack London. . .

³³ Francis N. Frazier, *The true story of Kaluaikoolau, as told by his wife, Piilani* (Lihue, HI: Kauai Historical Society, 2001), 16.

the one who should attend to hiding his bones; whereas, here in the land of his birth, I his wife, would, he knew, lay him to rest forever.³⁴ It was important for family to care for family – not only in times of illness but also in death. As Kawena Pukui explained in *Nānā I Ke Kumu*: “for any Hawaiian, the body was exposed only to close family members. And so, just as they did in sickness, family cared for family in death”.³⁵

Finally, for those who were able to come and be a *kōkua* to their loved ones – their contribution in this *mo‘olelo* of leprosy in 19th century Hawai‘i was immeasurable. In 1882, in his report to the Board of Health, physician to the settlement, Dr. N. B. Emerson stated that

The *kōkuas* are an indispensable arm of service at the settlement. Without them it would be a very difficult task to carry on the establishment. They climb the pali and drive down the cattle, they fetch the wood from the mountains and carry water from the valleys, they go into the water and cultivate and pull the *kalo*, they handle the freight landed at Kalaupapa, all of which are services the [patients] cannot perform for themselves This important and necessary class of people supply hands and feet for the [patient] when his own give out.³⁶

The *kōkua* were indispensable to this settlement in its early days. Those who were banished to this peninsula because of a disease needed the *kōkua* to shelter, feed, and care for them. While the history of leprosy in these islands is in many ways a tragic history, there is also a legacy of *kōkua* that infuses this *mo‘olelo*, that we can learn from. And this legacy continues in the works and lives of so many associated with the settlement today. The state workers, the national parks personnel, the family and friends who remain connected to this place, continue to offer their *kōkua*. Indeed, many of the former patients have become *kōkua* themselves – for example, Bernard Punikai‘a (first sent to the Kalihi Receiving Station at age six) has spent most of his adult life standing up for patients’ rights and educating others about Hansen’s disease. And many other residents of Kalaupapa (former patients) watch out and care for one another, as family would care for family. They all provide meaningful examples for us to follow today. Mahalo.

Questions & Answer Session:

Did Napela have the disease prior to coming to Kalawao with Kitty in 1873?

The incubation period of the bacillus is thought to be an average of between 3 and 7 years; there have also been extreme cases of as little as 3 months incubation to 40 years incubation, before there were visible signs of the disease on a person. So, yes, it is possible that the *mycobacterium leprae* (the bacillus that causes Hansen’s disease) could

³⁴ Frazier, 16-17.

³⁵ M. K. Pukui, E. W. Haertig, & C. A. Lee, *Nānā i ke kumu: Look to the source*, Vol. I (Honolulu, HI: Hui Hanai, 1972), 134.

³⁶ MMHC Hawaiiana Archives (1886), *Leprosy in Hawai‘i*.

already have been in his system, and he may or may not have been aware of it himself, before he was declared a patient.

Why are no children under the age of 16 allowed in the settlement?

The policies concerning children in the settlement have changed over the many decades of this history. In the early days, children could come as *kōkua* and children born to patients who were here could stay. Then policies began to be introduced to remove children, who did not have the disease, first from their parents and then from the settlement. Before the 1900s, children could be removed from their parents at birth, but then cared for by *kōkua* in the settlement, as infants, before being sent to family on the “outside” or to orphanages. By the early 1900s, children were removed from the settlement immediately and sent to family or orphanages. Within a few decades after that, women would be taken to Honolulu to give birth to their children, and the children were given to family or an orphanage.

So today’s policy originates in earlier Department of Health policy. And, for many of the patients who remain in the settlement today, they have gone through that painful experience of having their children removed from them at birth. So to have young children in the settlement can be a difficult experience for some. The other thing is that since they have not had young children around them, they are reluctant now to have young ones around, fearing the dangers of the surrounding ocean, cars and trucks on the streets, etc.

What is going to happen to Kalaupapa once the last patient leaves?

That is a difficult question to answer. Today the settlement (and its history) is protected as a part of the National Parks system, and it is hoped that it will remain as such. There are many interested parties involved with this peninsula (the federal government, the state government, Hawaiian homelands) and there are others, such as the ‘Ohana o Kalaupapa, who are dedicated to maintaining this very special place and protecting its natural, archaeological, and Hansen’s disease histories for the long-term.

What kinds of efforts were made by the kahuna la‘au lapa‘au (Hawaiian medical practitioners) to deal with leprosy?

My research has shown that many *kahuna la‘au lapa‘au* were involved with trying to treat or cure leprosy. Many Native Hawaiians continued to go to their *kahuna la‘au lapa‘au* for treatment of all diseases, though they were also many times hopeful for what the western physicians had to offer (aside from isolation). *Kahuna la‘au lapa‘au* wrote to the Board of Health asking for the opportunity to treat patients, both in Honolulu and here at Kalawao. And it appears that some were given that opportunity. The biggest problem I’ve seen is that, because of western perspectives on the role of medical treatment, if a treatment did not “cure” it was viewed as useless, even if it was helping the patients to “feel better”. Most of the *kahuna la‘au lapa‘au* treatments offered comfort, but because they did not “cure”, were not allowed to carry on.

If conditions here were so harsh/unfavorable, why did the Board of Health choose this peninsula as the place to send those with leprosy?

When the Board of Health chose Makanalua/Kalawao as the place to quarantine those with leprosy in 1865, much of the decision was based on a report that was done in the previous decade. The report was glowing, as to the bountiful nature of the land and its potential for agriculture. [Kalaupapa had been a major exporter of sweet potato to California during the gold rush years.] And the Board had intended that the patients would establish a “colony”, in which they would produce their own food, build their own houses, and care for themselves. Of course the worst cases were sent first, that is those who were extremely ill. As the disease progressed in their bodies, they would lose feeling in their feet and hands, blindness could occur, and because Hansen’s disease compromises the immune system, they were highly susceptible to other infections such as tuberculosis and influenzas.

I think it is also fair to say that the Board of Health’s main concern was with removing those with leprosy from the general population (their actions were carried out under the authority of the “Act to Prevent the Spread of Leprosy”), and not with the conditions the patients would find themselves living and dying in.