

XIII. KALAUPAPA NATIONAL HISTORICAL PARK

Kalaupapa peninsula on the island of Moloka'i remains today a place of outstanding scenic beauty, the appreciation of which is always blended with thoughts of the years of untold suffering and courageous existence that have been briefly outlined in this study. The three beautiful valleys cutting into the impressively steep cliffs, the rocky coastline, and the white sand beaches were seldom appreciated by the first leprosy victims brought there, whose initial concerns centered around acquiring adequate food and shelter.

Hawai'i's fight against leprosy was long and bitter and left on the people of the islands emotional as well as physical scars that will never be healed. From 1870 to 1880 there were estimated to be 1,000 leprosy cases per 100,000 of the population. Kalaupapa settlement reached its peak population of around 1,200 patients about 1890. A buildup in natural resistance to the disease led to a decline to 425 by 1936 and this downward trend continued. King Kamehameha IV's compulsory isolation policy, leading to the establishment of Kalaupapa settlement in 1866, remained the law of Hawaii until 1969, although prior to that time patients were given increased amounts of travel freedom subject to Department of Health controls.

In 1969 Hawai'i passed a law allowing residents to move out of the settlement if they wished. The small community now living there, with an average age of sixty-five, stay on because they are more comfortable and at ease there, or because they have nowhere else to go. Most are partly deformed and scarred. They are given medical care and are supplied just like any other small town. Children under sixteen are not allowed to live there, not due to fear of their catching the disease, but to preserve a quiet, peaceful atmosphere for the remaining population.

The significance of Kalaupapa settlement cannot be overstated. The residents are among the last remaining survivors worldwide of an international public health policy that decreed the social and physical isolation of leprosy victims. Although the afflicted were being isolated

long before the nineteenth century, it was not until then that official policies decreeing that practice were formulated. Other leprosaria that confined patients in accordance with compulsory segregation legislation were located in Norway in 1885; in New South Wales in 1890; in Cape Colony, South Africa, in 1892; in Japan in 1900; in Ceylon in 1901; and in Canada in 1906. Two of the most famous leprosy institutions are Culsion, in the Phillipines, established in 1901, and Carville, established as the Louisiana Leper Home in 1894 and taken over by the U.S. Public Health Service in 1921, when it became the National Leprosarium.¹

About 5,000 residents of the United States still have leprosy. Very few new cases now are reported among people born in Hawai'i. Almost all of those reported are immigrants from Third World countries where the disease has not yet been controlled. It is estimated that twelve to fifteen million people worldwide suffer from leprosy, which is still spread in part by feelings of shame and fear of ostracization that prevent those in the early stage of the disease from seeking treatment. Those that do are treated with new drugs that kill the bacillus that attacks the skin and nerves.

Because of Kalaupapa's isolation from the mainstream of Hawai'ian life for so many years, it remains somewhat alienated from the larger Hawai'ian culture. This alienation has been the result not only of the stigma often found in the "outside" world that perpetuates the association of the word "leper" with an unclean outcast, but also because of an effort on the part of the present residents to preserve an identity, a way of life, and a community feeling that is theirs alone. It is a camaraderie of spirit, based on common experience, and cannot be shared by anyone in Hawai'i who was not a leprosy patient on Moloka'i. This independence of

1. Gugelyk and Bloombaum, Separating Sickness, p. 8. Carville is the only hospital in the continental United States devoted exclusively to treating and researching leprosy. The sulfone drugs that had such a dramatic effect on leprosy cases were first used there in 1941. Ibid.

mind, this close tie with fellow sufferers and the land, is also a tribute to the thousands who died on Moloka'i, a way of keeping their memory alive in the public conscience--a way of ensuring that we do not forget.

This steadfast determination to hold on to the past, to places that are an important part of their lives, was most recently evident in the emotional but ultimately unsuccessful effort to save from destruction the old treatment facility in Honolulu referred to as Hale Mohalu. The facility functioned as a sort of "half-way house," a place in Honolulu where the patients felt they could go when they became too sick to care for themselves. It was closed down by the Hawaii State Department of Health in 1978. A lengthy court battle culminated in 1983 in a federal court upholding the state's decision to transfer services to a state hospital. The last two patients who had continued to live in the facility and sixteen supporters were removed only moments before the bulldozing of the famous old residential treatment center.

The Hawaii State Department of Health operates Kalaupapa settlement with federal funds. Lifetime tenancy has been guaranteed by the government to the residents, most of whom wish to remain there the rest of their lives. The current population is a precious resource. In terms of the Hawaiian leprosy experience, they are the last of their kind. They retain some bitterness, about many things--forced isolation, separation from families and friends, the fact that the sulfone drugs came too late to be useful to some of them, lack of adequate care and administration, especially in the early days, and the strong influence still exerted in their lives by the State Department of Health. They are pleased, though, that the area has become a national park, for this ensures Kalaupapa will remain a memorial to what happened there.

The very physical and social isolation that kept Kalaupapa peninsula from developing a modern suburban sprawl has helped preserve rare examples of older Hawaiian architecture as well as excellent examples of Hawaiian institutional architecture of the 1930s. In addition there are ruins of some of the early Kalawao structures that will play an important

part in the park's interpretation program. Critical, emergency stabilization of utilities and historical structures is now being undertaken by the National Park Service. Research on this Historic Resource Study has attempted to determine which structures and sites are significant in the park's history. The final chapter presents a summary of the physical development of Kalaupapa peninsula and recommendations for treatment and interpretation.