

XVI. Conclusions and Recommendations for Further Study

Over the years the story of the exile of Hawai'i's leprosy victims to the island of Moloka'i has been of interest to historians, sociologists, medical reserachers, politicians, and the public at large. Much has been written about the experiences of the leprosy patients and about the religious and secular personnel who helped them during various periods of the settlement's development. In the course of scrutinizing the data available on Kalaupapa's history, this writer came to the conclusion that certain episodes have been highlighted by other writers that perhaps do not present a totally accurate picture of the times.

One of the aspects of the very early history of the settlement that struck this writer as interesting were the sizeable budgets appropriated by the kingdom and territory of Hawai'i for the care of patients at Kalaupapa over the years, including construction of houses and medical and recreational facilities, as well as considerable expenditures for research and treatment. From the very earliest years of the colony, the Hawai'ian government made a committment to the afflicted that was unusual for its time and place.

Although there was certainly much that was inhumane in the forced separation of the sick from their families and the general public, there was also much that was humane, especially as the Hawai'ian government began to realize the true extent and effects of the disease. Hawai'i was trying to cope with a scourge of epidemic proportions at a critical time in its history--as particularly powerful foreign influences were wreaking havoc on a cultural tradition that had been in place for centuries. No disease as pervasive or as frustratingly incurable as leprosy had been encountered before, and coping with it became a daily trial and error process that consumed much of the time of the monarchy and the legislature.

The stories of the sick being transported to Kalawao and then thrown off the ships to swim ashore as best they could are dubious at best. Although this might have happened when storms prevented the steamers from landing, it does not appear to have been a usual practice.

The widespread neglect of residents so frequently reported upon in the early days was certainly true for a while, but it should be remembered that the government took great pains in the selection of a site for its leprosy settlement and initially felt that it had chosen an ideal place, with plentiful water and land for farming. It was confident that the sick would work for themselves, producing the necessary food and building shelters. It generally expected much more effort and involvement on the part of the first exiles, not realizing how emotionally demoralizing and physically debilitating their condition was.

Even harder to analyze than the government's early management or mismanagement of the colony, is the role of Father Damien in the history of leprosy in Hawai'i. Damien has been extolled as the savior of the sick and the person responsible for most of the early social and physical improvements at the settlement. Certainly one cannot research the life of Father Damien without becoming emotionally charged by the man's life and accomplishments. He was unique--a dynamic and resourceful person who, by the mere strength of his personality and religious convictions and the fact that he later fell victim to the disease himself, became a visual symbol of the plight of leprosy sufferers everywhere. Because of this, it is often hard to dispassionately and objectively assess his role in the development of Kalaupapa.

The commitment of the Board of Health to the settlement had been made before Damien's arrival. At the same time, both Catholic and non-Catholic missionaries had already contributed a great deal of time and effort to the patients' well-being. Damien's story has loomed larger primarily because he was the first European clergyman to reside permanently at the settlement--amidst much publicity not of his making--a fact that immediately gained him worldwide prominence. His primary role at the settlement was as a facilitator, a liaison between the people and the government, who was able, because of his firsthand knowledge of the needs of the patients, to ensure that the vast sums of money appropriated by the government were more wisely spent.

The Board of Health's concern over Damien's arrival and his future role at the settlement--which Damien and some of his supporters felt was unjustified--are easy to understand from this vantage point in time, considering the delicacy of the situation and the already seemingly insurmountable problems involved in trying to feed and house the sick. Damien may well have appeared at first as simply another obstruction to the smooth administration of the colony. There are always two sides to every issue, and both need to be explained when assessing the relationship between Damien and the Hawaiian Board of Health.

One well-known story relates that after Damien contracted leprosy, he announced his affliction to the people by beginning one of his sermons with the words "We lepers." Although this is a dramatic scenario, as stated earlier in this report, Damien used that form of address from the beginning of his stay to bind himself more closely to his parishioners. A multitude of other similar anecdotes about Damien may likewise not bear up under close scrutiny; as it is, however, his achievements need little embellishment. It is interesting to speculate upon what Damien's continuing role at the settlement might have been had he lived for another twenty or thirty years.

In summary, the story of leprosy in Hawai'i and the development of Kalaupapa settlement is an intriguing one, filled with tragedy, compassion, drama, and unusual and often colorful personalities. It is significant in terms of general community values, past and future health research, and the conflict generated between cultural traditions and public health policies. Much of this history is well documented, some is conjectural, and some aspects will never be known or fully understood. Further study should involve oral history from remaining patients, ex-patients, government employees, medical staff, and others who have been involved with the people or the physical development of the settlement. An ethnographic study of contemporary residents might also be useful in documenting this unique segment of Hawaiian society.