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Sugarcane and Lepers: Health Policy and the Colonization of Hawaii (1860-1900)

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INTRODUCTION

American involvement in the Hawaiian Islands evolved gradually over the course of the 19th century in response to the changing political and economic climates of both the islands themselves and of the nascent and expanding continental United States. For many, the US imperial domination in the Pacific was justified as a humanitarian mission, a benevolent ‘civilizing’ effort that combined the vocabulary of democratization with the values of American market capitalism. Although the islands of Hawaii were fundamentally distinct from other major areas of American colonization in the Pacific, most notably the Philippines, the basic ideological and practical motivations which fueled later stages of imperial acquisition evolved to a certain extent over the decades preceding the Spanish-American War as a direct result of American involvement in Hawaii. American advisors in various capacities were a central fixture of the various Hawaiian governments throughout the latter half of the nineteenth century and were thus able to wield enormous influence over the economic and political development of the islands. This impact can be particularly seen in the example of the progressive criminalization of leprosy in the islands: although the disease appears to have been endemic from the earliest dates of association with the Western world, it was not until the 1860s and the serious involvement of American advisors in the process of government that the infection with leprosy became essentially a criminal act which could result in the permanent exile or incarceration of the afflicted individual for the rest of his or her natural life. As the American influence in Hawaii grew, the restrictions on lepers and the stringency of policies applied against afflicted individuals grew correspondingly. Because many

imperial nations were first introduced to diseases like leprosy in their colonial possessions, tropical diseases were therefore associated strongly with the 'savage and barbaric races' who inhabited those lands; hence, the control of diseases, particularly diseases which are endemic to the colony but not present in the home country, becomes a manner by which to establish and strengthen imperial domination.

American colonial policy towards leprosy therefore can be seen through the prism of both racial and civic imperialism. In the former conceptualization, the pursuit of empire in general and the control of leprosy in Hawaii in particular emerges as a moral mandate combining Biblical adjurations to care for lepers while segregating them as an example of the impact of the sinful life with racialist theories arguing for the fundamental barbarity and inferiority of 'savage races' permanently afflicted by diseases which were indicative of their lesser moral status. American colonial policy on the control of leprosy in Hawaii evolved in part in response to the perceived deleterious effect of involving oneself in what was functionally "European-style" imperialism which presented a threat to the purported moral superiority encapsulated in the ideology of "American Exceptionalism." This impetus to control the disease was further fueled by the rising profile of progressive politics in the continental United States in the immediate aftermath of Hawaii's designation as a protectorate. At the same time, however, the twin causes of modernization and protection and promulgation of public health which were central to the civic reformers of the American mainstream could be also rallied in justification of the segregation and imprisonment of Hawaiian lepers; the presence of endemic tropical disease threatened the development of democracy and also market capitalism and therefore the entire stability of the American colonial system.

LEPROSY IN HAWAII

Leprosy is a chronic condition caused by the bacillus *Mycobacterium leprae*. Leprosy is, however, among the least contagious of all communicable diseases: in order for an individual to become in-

fected, he or she would need to possess two distinct genetic markers and also be in intimate contact with an actively infected individual, preferably over a lengthy period of time.¹ Only in the most extreme cases of lepromatous leprosy, where the immune system functionally shuts down and the body is overrun with bacteria, does the massive disfigurement most associated with the disease in popular culture appear.² According to the WHO:

“Leprosy has afflicted humanity since time immemorial. It once affected every continent and it has left behind a terrifying image in history and human memory—of mutilation, rejection and exclusion from society...a cumulative total of the number of individuals who, over the millennia, have suffered its chronic course of incurable disfigurement and physical disabilities can never be calculated.”³

Leprosy is at present treatable, and has been since the development of the first antibiotics in the 1940s: a multidrug cocktail currently exists and effectively renders the leprosy noncommunicable, although the drugs are merely bacteriostatic, and a true “cure” remains distant.⁴ The biological vagaries of leprosy are such that certain familial and ethnic bloodlines are more susceptible: Hawaiians, Norwegians, and certain French bloodlines in particular. The predominantly Anglo-Saxon *haole* were very rarely infected with leprosy, not because of their morals or their technology, but purely by dint of their genes.

The precise origin of leprosy in the Hawaiian Islands is unknown. Captain James Cook is officially recognized as the first European to visit Hawaii in 1778; the surgeon of a French expedition recorded the first suspected observed cases of leprosy on the island of Maui in 1786.⁵ Increased contact with the external world increased the variety of diseases in the islands: although estimated figures vary, the Hawaiian population decreased from about 130,000 to 53,900 over the period 1778-1876.⁶ Due to Hawaii’s uniquely isolated position, at almost the exact center of the Pacific Ocean, smallpox did

not appear in the islands until the 1850s with the development of faster sailing ships which could make the journey from a mainland port to Hawaii before suspected cases would have burned themselves out. A massive smallpox epidemic struck in early 1853, killing half the population of Oahu by the summer.⁷ Even earlier, an epidemic of what was most likely cholera struck in 1804-1805, resulting in approximately 5000-15000 deaths.⁸ As a point of comparison, at its peak in 1890, the leper colony established on the Kalaupapa peninsula on the island of Molokai held 1,174 people diagnosed with leprosy, and given the diagnostic inexactitude of the era, it seems likely that this number was somewhat inflated.⁹ Leprosy, therefore, was only one of many imported diseases carried in the holds of whaling and trading ships to Hawaii after initial contact was established in the late eighteenth century. The disease emerged at the forefront of public consciousness in the 1850s, concurrently with an influx of imported workers from various Asian nations, including China, where leprosy was endemic. Although leprosy is easily confused with a variety of other skin diseases, including the outward manifestations of syphilis, the recorded observations of various explorers prior to 1850, e.g. the medical officer of the French ship *Uranie* who made particular note of the ravages of “the terrible leprosy”, suggest that the disease was not imported with contract workers destined for the developing sugar plantations.¹⁰ Nonetheless, leprosy became firmly associated with Chinese laborers in the popular consciousness, and was referred to in Hawaiian as “*ma’i Pake*”, “the Chinese sickness.”¹¹ A French visitor to the islands in 1890 recorded that “...the disease had apparently been introduced by the Chinese into the islands around 1850, and its spread since that time has not ceased...today there are very few native families who are not affected.”¹²

King Kamehameha IV addressed the Legislative Assembly in 1855, saying: “Our first duty is that of self-preservation. Our acts are in vain unless we can stay the wasting hand that is destroying our people...”¹³ The indigenous Hawaiian population of the islands continued to be decimated by epidemic disease, shrinking from 70,000 to 57,000 in the years 1853-1866 alone.¹⁴ A Board of Health



Father Damien de Veuster with a group of Hawaiian patients at the Molokai leper colony.

was established for the Hawaiian Kingdom by legislative fiat in 1850, for the express reason of ameliorating an ongoing outbreak of cholera.¹⁵ Other sources cite 1859 as the year of the founding of “an association for the establishment in Honolulu of a hospital for sick and destitute Hawaiians,” and given that the Board of Health records contained in the archives of the State of Hawaii begin in 1859, it seems likely that the former organization was subsumed into the latter to emerge as the official Board of Health, which rapidly established the containment and defeat of leprosy as its primary focus.¹⁶ German expatriate physician William Hillebrand was placed in charge of the newly established Queen’s Hospital in Honolulu, which included on its lush, well-tended grounds a separate cottage where victims of leprosy were sequestered in isolation.¹⁷

Hillebrand believed leprosy to be highly infectious and based his isolation policy on a report of a medical journal detailing an outbreak of highly virulent leprosy in a community in southern Canada: the infected individuals were taken to an isolated area and provided with adequate food and basic amenities until they died of the disease, whereby the spread was successfully checked.¹⁸ Around the same time, however, British medical authorities, similarly concerned with outbreaks of the disease in their own colonial holdings, conducted a study that ultimately suggested that leprosy was in fact hereditary, and that there was no point whatsoever in isolated affected individuals from society.¹⁹ The study was completed in 1863 and published in 1867, by which point the Hawaiian Board of Health had already gone ahead with their recommendations for decreasing the incidence rate of leprosy in the Hawaiian Kingdom. In 1865 King Kamehameha V signed into law “An Act to Prevent the Spread of Leprosy”, which had been passed by the Legislative Assembly the year before. Extant sections of Hawaiian law provided for the quarantine and treatment of suspected smallpox cases were modified to meet the demands of leprosy.²⁰ The law was unique however, in that it functionally criminalized the disease:

Section 3: The Board of Health or its agents are authorized and empowered to cause to be confined.... all lep-

rous patients who shall be deemed capable of spreading the disease of leprosy...in order that such person may be subjected to medical inspection, and thereafter to assist in removing such person to place of treatment or isolation, if so required..."²¹

Kalihi Hospital was established on the outskirts of Honolulu as an inspection station and temporary holding facility where patients were either treated for other skin conditions that had been confused with leprosy, or else were diagnosed with the disease.²² Although some palliative care was dispensed to leprosy sufferers at Kalihi, the disease was incurable, and hence Kalihi Hospital was really only a way station on the path to permanent exile for the infected. The Board of Health purchased land on the rocky northern coast of Molokai, the Kalaupapa Peninsula, where broad plains of an appropriate size for a small village were sandwiched between the ocean and sheer cliffs; there was no natural harbor, and only a small goat track to connect the central plateau to the proposed settlement. On 5 January 1866, three women, nine men, and the child of one of the patients, who had stowed away on the ship, were delivered to the new settlement on Molokai.²³

Looking at the scientific knowledge of the time, leper segregation was the only real solution to a perceived major threat to public health. However, the way in which the policy was implemented and the way in which it came to be viewed by both the medical and non-medical white economic and political elite in Hawaii made leprosy policy into a functional tool of imperial dominion. Leprosy policy was made to serve the imperialist agenda, and ultimately helped facilitate annexation.

Several different ideological frameworks have been proposed for viewing leprosy policy in the larger context of the push towards US annexation of the Hawaiian Islands. In 1948, Ralph Kuykendall placed leprosy policy as one of part of a greater program of 'benevolent assimilation' intended to bring Hawaiian society up to the level of contemporaneous modern Western society. Exiling leprosy patients was medically necessary in light of the rapidly declining

Hawaiian population; medical services for the Hawaiian people were established throughout the islands in response to a low birth rate and a high death rate from imported disease.²⁴ Kuykendall makes particular note of the role played by King Kamehameha V in addressing the issue of depopulation and the consequent need for more effective medical services to address epidemic disease at large, but leprosy in particular since it was a disease “that required drastic handling.”²⁵ Although he addresses earlier epidemics of smallpox and measles, Kuykendall follows the lead of the original *haole* medical and civilian leadership in focusing almost exclusively upon leprosy in his subsequent analysis. Certainly the disease itself was a problem, as remarked by Kamehameha V in 1864 and quoted by Kuykendall: “The increased incidence of leprosy has caused me much anxiety, and is such as to make decisive steps imperative upon us.”²⁶ This privileging, such as it was, of leprosy is to a certain extent understandable: diseases like measles and cholera were prevalent in Western Europe and North America—and in said nations colonial possessions—throughout the nineteenth century and were familiar to the white physicians dominating the Board of Health in the mid-1800s. Although the last major Western cholera epidemic took place in Hamburg around 1890, measles was still a familiar childhood disease in the US in the late 1940s, and so both Kuykendall and his *haole* predecessors can be forgiven for having focused on the disease that was apparently unique to Hawaii insofar as their experiences were concerned. This explanation, however, only holds to a certain extent. Leprosy continued to be a menace in the islands after the passage of the 1865 Act because “the natives did not understand the seriousness of the disease or the need for preventing infection.”²⁷ Kuykendall’s argument seems to suggest that the implementation of leprosy policy moved the Hawaiian Kingdom irreducibly towards annexation, which was portrayed as inevitably good. Within this framework, leprosy policy is the key feature of a larger public health movement introduced for the greater good of the Hawaiian people, both to save them from annihilation by disease in the short run and to bring them fully up to speed with modern civilization in the long run. Kuykendall’s use of the term “natives” in the previous quote

suggests that this was a state that the Hawaiians were not necessarily going to be able to achieve independently, thus necessitating ever-increasing degrees of American involvement. In its most positive sense, Kuykendall's interpretation places the motivations of the pro-annexation forces in Hawaii in a similar ideological camp to that of the social reformers who created the settlement house movement that was in the ascendant from about 1890 through at least the 1920s; the basic idea being that people are often ignorant but can, and should, be taught how to make their lives "better." In summation, Kuykendall functionally adopts the paternalistic 'benevolent assimilation' explanation of the annexation era, albeit without the overtly racialized Social Darwinist ideology of the 1890s.

It is important to note that Kuykendall was writing at the University of Hawaii in 1948. The military exertions of the United States in the Pacific theatre had brought Hawaii much closer to the American milieu than had previously been the case and after roughly fifty years in a territorial limbo, pressure for statehood was mounting, particularly in light of the role of the islands in the war effort. Kuykendall's framework overall was designed to suggest that the United States and Hawaii had been on a consistent path towards greater rapprochement since the middle of the nineteenth century, at least, and therefore it was in light of the "Fight for Statehood", as Kuykendall titled his final chapter, that the author approached most policy innovations in Hawaiian history. According to Kuykendall,

The various congressional investigations and public discussions carried on after 1930 not only demonstrated that statehood for Hawaii was a national issue but also brought out a factual picture of the territory which showed that the *progress made by its people had qualified them for full membership in the American union.*"²⁸

Kuykendall therefore took pains to present leprosy policy as one of the many civilizing initiatives introduced into Hawaii by the United States in proxy form by citizen expatriate representatives. This framework establishes an important role for the United States

as a positive force in Hawaii, although agency is given to the Native Hawaiian leadership, particularly Kamehameha V for recognizing the problem presented by leprosy in terms of public health and the economic, and subsequently political consequences of unchecked depopulation. The overall image presented is one of a Hawaiian population moving willingly and eagerly towards a brighter, modernized future under the benign leadership of the United States, an image that suggested that statehood was the obvious next step.

Kuykendall's narrative is recognized as having had enormous influence on the subsequent historical inquiry on Hawaii, even by scholars with differing interpretations.²⁹ Insofar as leprosy policy is explicitly concerned, an revised viewpoint appeared in the late 1980s, some thirty years after Hawaii was admitted to the union as a full state. In contrast to Kuykendall's theory of benevolent paternalism, Zachary Gussow argues that the leprosy policy supported and introduced by the white elites in Hawaii was founded upon racism. Stigmatizing and criminalizing leprosy amounted to a stigmatizing and criminalizing of the Hawaiians as a whole because the leprosy patients exiled to Molokai were overwhelmingly of Native Hawaiian origin and almost exclusively non-white.³⁰ The white elites viewed the Hawaiian population as, among other things, "lazy", "of a simple intelligence", and worse yet "fun-loving", and therefore justified their intervention as necessary since the Hawaiians were incapable of implementing such policies themselves.³¹ Gussow interprets this perspective as an implicit judgment about the Hawaiians on the part of the *haole*; Kuykendall accepted this as a statement of fact, although without taking the thought through to the conclusion that the Hawaiians were therefore necessarily racially inferior. Furthermore, the linkage of leprosy with the Chinese contract workers who were brought to Hawaii from the 1850s onwards, in part through the offices of Dr William Hillebrand, who in addition to his duties as the director of Queen's Hospital and a leading member of the Board of Health found time to work as a sort of labor commissioner responsible for bringing in foreign labor for the burgeoning sugar cane plantations in the mid-1860s.³² Hillebrand is credited by Gussow with having popularized the idea that leprosy was intro-

duced by the Chinese workers, although some disagreement emerges between sources with Gussow suggesting that Hillebrand observed leprosy amongst the Chinese in Honolulu as early as 1848; author John Tayman cites Hillebrand's date of arrival in Honolulu as December of 1850.³³ The primary implications of this connection between labor and leper is that even as individuals believed that Chinese laborers might be the source of leprosy in the Hawaiian Kingdom, they were still importing workers from Asia because the labor was so essential to the continued economic success of the *haole*-dominated sugar industry. Leprosy therefore continued to be represented in the Western community of the time as something explicitly non-white and also incredibly damaging to economic development. Moreover, Gussow quotes contemporaneous sources suggesting that the monarchy's power can be inversely correlated with the number of lepers segregated each year: the brief reign of the ill and fairly unpopular King William Lunalilo (1873-1874) coincided with a massive increase in the number of leprosy victims taken into exile, which included Peter Kaeo, the cousin of Queen Emma.³⁴ Some 487 individuals were sent to Molokai in 1873, as compared to a mere 105 in 1872.³⁵ Leprosy policy waxed and waned according to the political balance of power and the current economic situation in the islands and in the United States. Hence, the zealotry of leper-chasing in 1873 can also be explained in terms of King Lunalilo's desire for a treaty of reciprocity with the United States, a move whole-heartedly supported by the *haole* who would both benefit from the increased market access resulting from reciprocity and furthermore from the decrease in the leprosy stigma attached to potentially tainted goods coming out of Hawaii. It makes sense that the economic and political spheres should overlap given the small size of the *haole* contingent in Hawaii; the active annexationists who dominated the machinery of power in the latter days of the Kingdom are estimated as having represented less than 2% of the total population in the Hawaiian Islands at the time.³⁶ The overall impact of Gussow's analysis is a narrative of racial Anglo-Saxonism where policy was set out by figures who were not representatives of the Hawaiian people and whose best interest lay in reducing Native

Hawaiian power in the islands and in maintaining economic ‘progress’ while bringing about a closer relationship with the United States.

An article published in *The Cosmopolitan* in 1898 authored by “A Hawaiian Government School Teacher” and titled “Shall We Annex Leprosy?” was widely read and can to an extent be taken as representative of a mainstream viewpoint in the United States at the turn of the century:

The Hawaiians are not fitted, morally or intellectually, for social intercourse with the respectable foreigners here... My native assistant teacher is considered a model for a Hawaiian woman, and yet she is scarcely more than half-civilized. She has little opportunity of becoming familiar with the ways of well-ordered homes, consequently knows little of them.³⁷

It would be difficult to deny that racism was widespread in the United States at the time of annexation; this was the same nation, after all, which had passed the Chinese Exclusion Act in 1882 and which remained obsessed with the “Yellow Peril” of the Japanese into the twentieth century. Economics and racism were closely tied: periods of economic instability precipitated backlash against immigrant workers which emerged in the form of scurrilous racial justifications for the disenfranchisement of the immigrant on the grounds of the latter’s fundamental, in many cases biological, inferiority. These ideas were no less prevalent in the white community of Hawaii than they were in the United States, although given the socioeconomic breakdown of the white community labor riots on par with those of the Workingmen’s Party in California pre-1882 were unlikely to occur. At the end of the nineteenth century the pursuit of “progress” was a generally accepted societal good in western societies, and in the United States perhaps to a higher degree than any other country. In 1857 the British-born Hawaiian foreign minister commented, “It is doubtful... whether the native [Hawaiian] race will be able to withstand the shock which the overwhelming wave of



Women harvesting sugarcane on Maui, circa 1920

Anglo-Saxon energy, enterprise, and cupidity has given it.”³⁸ By 1890, a French diplomat’s casual notes on Hawaii included a chapter simply titled “Progress”, describing the current state of elite Hawaiian society, commenting on the “evidence of civilization and wealth, combined with an exuberant modernity, attained so very quickly by an isolated Oceanic people...” and placing the credit squaring on the doorstep of what he termed “Anglo-Saxon civilization”, a shared cultural designator that transcended nationality.³⁹ Ironically, it was this same racial Anglo-Saxonism that was such a prominent feature of *haole* culture that was the primary ideological point in common for the members of the anti-annexationist, anti-imperialist movement in the US Congress at the time.⁴⁰

Judging by the consistent thread of racialized commentary spanning the period 1857-1898, Gussow’s emphasis on racism is not out of place. His framework, however, seems to require an intentionalist interpretation that leprosy policy was developed with the aim of creating a race-based system of subjugation, and it seems like an over-generalization to ascribe this motivation to the entire *haole* population, or even to all the members of the Board of Health. Furthermore, Gussow’s narrative does not take into account the fact that the historical record demonstrates that at the time of the 1865 Act both Hawaiians and *haole* were expressing concern over the precipitous decline in population, as seems reasonable. Leprosy did prevent a very real health problem, and since scientific evidence now shows the genetic aspect of leprosy infection, there is valid scientific data to suggest why the population of the Molokai colony was more than 97% Native Hawaiian; Gussow, writing in 1993, some five years before the discovery of the two distinct leprosy genes, could not know that the population data might have reflected actual trends rather than a widespread conspiracy to only isolate Hawaiian leprosy patients. Certainly it seems likely that there were white leprosy sufferers who escaped, or were allowed to escape, but at the same time wealthy Hawaiians could also escape exile. Peter Kaeo, cousin of Queen Emma, was declared unexpectedly to be “‘actually better than when sent away’” according to the Board of Health, and was allowed to return to Honolulu albeit under strict hygienic regulations;

family correspondence between the Queen and her cousin suggests that unless Kaeo had a miraculous reversal in his disease in the six months preceding his discharge, he most likely had not actually improved.⁴¹ Gussow's argument, while compelling, is thoroughly monolithic in its approach and does not allow for a somewhat more nuanced understanding of the evolution of policy.

In light of the discovery of the genetic components of leprosy infection, evidence for racially motivated leprosy policy has had to be re-evaluated. Both John Tayman and Michelle Moran embrace a more nuanced narrative that takes into account the particular cultural and social backgrounds of the evolving *haole* elite while at the same time recognizing the role played by Hawaiian governmental elites in shaping policy. Tayman notes that the population of the Hawaiian Kingdom was decimated by imported disease by 1850, and that the most rational response to the social and economic problems posed by this situation was to attempt to limit the spread of endemic diseases like leprosy—as compared to epidemics like cholera and influenza—which were ever-present, apparently posed a threat to the islands at large, and which had substantial economic implications if it were impossible to maintain a healthy laboring population. As early as 1855 Kamehameha IV addressed the Legislative Assembly, which included both white Westerners and Native Hawaiians, about disease in the islands and the urgency of combating the threat as soon as possible.⁴² The system of leper segregation was logistically difficult, and the treatment of patients in the colony at Molokai was variable, depending on who was directly responsible for the leadership of the settlement, for good or for ill. Although a number of absurd characters populated the Board of Health and other organizations and bureaus tasked with similar issues, a variegated constellation of leadership ranging from great to the diagnosably psychopathic, in one notable case, this does not equal an intentional racially-motivated drive towards disenfranchising the Hawaiian people. Leprosy policy was ultimately adopted by the annexationists when it was politically expedient; sometimes the opposite was the case, as when the conspiratorial annexationists of the Hawaii League led by Thurston and Dole briefly pressed for looser leprosy restric-

tions in order to appeal to Hawaiian nationalists while simultaneously discrediting the monarchy.⁴³ Moran emphasizes to a much greater degree the conflicting religious and cultural backgrounds of the Hawaiians and the *haole*. There was a substantial missionary influence in Hawaii that later shifted focus after the Great Mahele made private landownership and hence foreign investment possible.⁴⁴ Religious colonizers equated physical and spiritual health, and so illness and deformity acquired additional meaning as indicators of sinful behavior, which could include refusing to accept a certain creed or god. Missionary descendants turned from proselytizing to commerce, further cementing the interplay between religious or cultural hegemony and economic goals.

Originally, the motivations for a state leprosy policy were predominantly humanitarian and economic. Depopulation presented a substantial risk to the Hawaiian Kingdom, and it was important to deal with the problems of epidemic disease that were at the time confounding Western industrial societies. The shift towards labor-intensive sugarcane cultivation did to a certain extent motivate anti-leprosy measures. It was necessary to protect the health of the workforce and to mitigate the leprosy stigma of Hawaiian business in order to have effective external trade relations. The sugar plantations may however have increased the risk of leprosy in the islands: many of the workers imported were from China, where leprosy is also endemic. However, looking at the percentage breakdown of leprosy sufferers exiled to Molokai by ethnicity, it seems unlikely that there were lots of infected Chinese workers importing the disease to Hawaii, contrary to popular perception.

Given the number of casualties resulting from different diseases in Hawaii at the time, Moran's secondary contention that the religious backgrounds of many of the members of the Board of Health turned their focus to leprosy seems valid. However, the epidemiology of cholera or smallpox was not well understood, while we can establish a clear link between an effective solution for halting leprosy and the Hawaiian health leadership. As Hawaii became more connected to external economies, effective control of leprosy became more important, both in terms of protecting the workforce and in

terms of successfully exporting products to the United States.

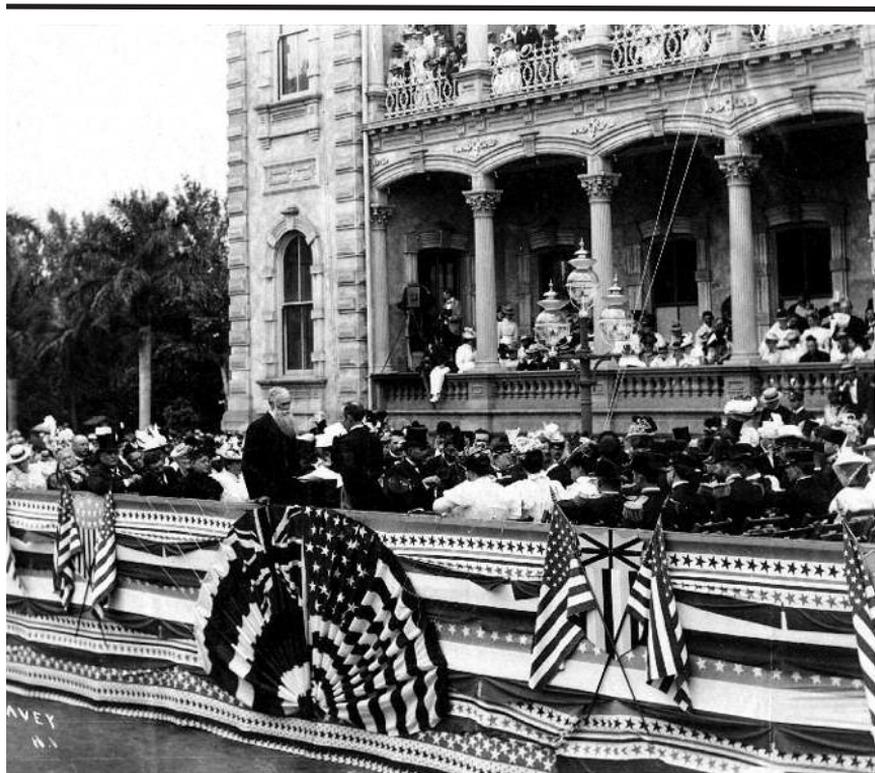
There was further ideological motivation: progress required defeating disease. Germ theory was becoming more generally accepted by the 1870s, which gave scientific reasoning to actions which also targeted Native Hawaiian communal culture. Hence, there arises a two-fold benefit to strict adherence to leprosy exile laws: it served the goal of completing the modernization of the islands at cost to last bastions of Hawaiian culture opposed to the new government. After the coup of 1893, Republican government had both further motivation to limit leprosy (annexation) and the greater governmental power that allowed them to really effectively enforce policy since the Board of Health and the police forces were now under the same fully unified leadership.

After 1893, there was a major decline in the number of leprosy cases. Although it's possible that the government decreased the reporting in an attempt to make the country more favorable for annexation, given the resources available in 1893, the vehemence with which the raids were carried out, and the vested interest of the white elite in creating a leprosy-free Hawaii, it seems likely that the recorded data actually reflects the real situation of leprosy in the islands. In light of scientific knowledge at the time, this development suggests that the number of cases in the islands had peaked, that enough people were being removed from the population that the rate of infection had been checked. In a susceptible population which centered on community interaction at close quarters, a disease like leprosy could and did spread rapidly, although less rapidly than other contemporaneous scourges. It is, however, difficult to ascertain how many cases were actually leprosy. Firstly, the skin lesions of several different diseases are difficult to distinguish. Skin conditions of all types were also endemic on the islands: an article published in 1898 noted, "Nearly every child in school is afflicted with cutaneous eruptions of some sort."⁴⁵

From the early years of missionary incursion in the islands, the treatment of lepers is conflated with a treatment of illnesses of the soul: the disease was indicative of a need for salvation as well as physical aid. The missionary mentality that salvation was impossi-

ble for Native Hawaiians without exposure to the Word of God, i.e. instruction from foreign missionaries, transmuted into a belief held in the next non-religious generation that the Native Hawaiians were in need of instruction in how to apply modern practices to disease management in order to prevent their wholesale annihilation. The idea of benevolent assimilation, however, is not explicitly racialized: at the time when Kamehameha's "Act to Prevent the Spread of Leprosy" was signed power was shared between white foreigners and traditional Hawaiian elites. As the *haole* gained power in Hawaii, it was usually at the expense of the Native Hawaiians, and necessitated an adoption of a racially oriented mindset to determine who was most 'fit' to be in power. The white and Hawaiian communities had fundamentally different economic goals, and as the relationship with the United States solidified, the older Hawaiian policy of playing one powerful foreign state off another was subsumed in favor of building an intimate economic (and subsequently political) relationship with the United States. This development clearly favored the white sugar plantation interests over the Native Hawaiian elite, particularly given the American domination of the white population and the close ties between members of the *haole* elite and members of the American government.

Pressure for annexation grew with the popularity of racial nationalism, particularly racial Anglo-Saxonism, which both served and was served by the peculiarities of leprosy. Although there are historical arguments to explain why the population of Kalaupapa was over 97% Hawaiian, by the 1890s the foreign population of Hawaii was by some estimates larger than the Native Hawaiian population, and hence the rate of Hawaiian exile is clearly disproportionate to the composition of the population as a whole. Leprosy was overwhelmingly a disease associated with the Native Hawaiians, but it was in the 1890s that the global intellectual climate brought the ideas of racial Anglo-Saxonism to fruition, and when the political situation in Hawaii reached the point where racial arguments served the best interests of the post-coup leadership determined to keep control of the country and defeat the monarchist Hawaiian forces. The ideas of racial superiority were extant in society at large at the time,



Annexation ceremony. Honolulu, Hawaii. 1898

and were correspondingly put to use by the leaders of the Republic of Hawaii and annexationist forces within the United States to strengthen the case for annexation on the grounds that the Native Hawaiians were unable to care for the victims of leprosy appropriately, were unable to appreciate the danger posed by their outdated and anti-modern social habits and furthermore by the disease itself, and that therefore they needed to be relieved of responsibility for running their own society. Leprosy in some ways came full circle to its Biblical roots: infection with leprosy was indicative of some constitutional ineptitude or moral failing, and hence people—or nationalities—developed leprosy because they were fundamentally inferior savages. Therefore the onus was on the United States and other imperial powers to take charge.

However, this mindset was not fully solidified until the 1890s. The first international leprosy conference was held in Berlin in 1897, composed of the leading lights of bacteriology and other medical fields, as well as representatives from various imperial governments.⁴⁶ While previously leprosy had been uniquely associated with “civilizational backwardness”, the changing global climate in the 1890s brought about by greater interactions and greater immigration from the “backward” nations to the industrial homelands of the great Western imperial powers meant that Westerners were to a much greater degree aware of the ‘danger’ presented by ‘the Other’. Furthermore, the newly emergent science of germ theory provided proof positive of a quantifiable threat that could be carried by individuals from the purportedly savage quarters of the world.

CONCLUSION

“Present-day Hawaii,” said French observer M.G. Bosseront d’Anglade in 1890, “represents the triumph of progress...Anglo-Saxon civilization alone is capable of generating such a result.”⁴⁷ The Kingdom of Hawaii experienced massive political, economic, and social change over the period spanning from the arrival of the first foreign missionaries in the 1820s until the overthrow of the Hawaiian monarchy in 1893. The achievement of this “triumph of

progress” came, however, at enormous cost to the native people of Hawaii. In the specific case of leprosy, progress entailed the defeat of a disease which was considered to be fundamentally an anachronism, whose continued prevalence could only be explained by the unenlightened and unhygienic communal living practices of the Hawaiians in particular, and by the overall ‘backwardness’, as understood by Western observers, of Hawaiian society and life in general. As bacteriology developed as a field and the mechanisms of disease transmission became better understood, this new knowledge contributed to the deliberate targeting of traditional Hawaiian practices on the grounds that the Native Hawaiians did not understand—and were, perhaps, incapable of understanding—the physical, moral, and economic dangers presented by contagion. Consequently, they were declared unfit to guide public health policy in the islands, and, subsequently, unfit to rule their own country. Advances in science allowed nascent imperialists to establish a quantitative basis from which to attack Native Hawaiian society: germ theory allowed the threat implied in association with the Other to be corporealized, and the addition of racially-predicated theories of Anglo-Saxon supremacy established a framework by which proponents of imperialism could mitigate the threat of contagion while further asserting their superior right to power in the islands. The unique epidemiology of leprosy, which requires both the presence of the leprosy bacillus as well as the possession of two distinct genes in order for an individual to develop an active infection, buttressed this racialized understanding of the Hawaiians as essentially biologically inferior. At the same time, the religious and moral connotations of leprosy in Western society were introduced in Hawaii by proselytizing missionaries whose descendents formed the essential cadre of white supremacist leadership which emerged in the islands in the 1880s and 1890s; leprosy was therefore indicative of an unsoundness of both body and immortal soul. Leprosy in the Hawaiian Kingdom and the subsequent Republic of Hawaii should therefore be viewed in terms of economic, political, and social power: leprosy needed to be contained in order to maintain economic development, which necessitated involvement of economic elites in the political process in order

to protect their investments, which thus motivated the would-be new leaders of the nation to attempt to break apart traditional cultural practices in order to affect the atomization of Hawaiian society in such a way as to remove all potential threats to their power.

¹ John Tayman, *The Colony The Harrowing True Story of the Exiles of Molokai*, New York: Scribner, 2006, 70.

² Ibid. 72.

³ World Health Organization, "Leprosy" www.who.int/lep/leprosy/en/

⁴ Tayman, 3.

⁵ Tayman, 20.

⁶ Zachary Gussow, *Leprosy, Racism, and Public Health: Social policy in chronic disease control*, Boulder: Westview, 1989, 87.

⁷ Tayman, 25.

⁸ Gussow, 87.

⁹ Tayman, 3.

¹⁰ Ibid. 21.

¹¹ Ibid. 50.

¹² M. G Bosseront d'Anglade, *Tree in Bud: the Hawaiian Kingdom, 1889-1893*, Honolulu: University of Hawaii, 1987, 164.

¹³ Ralph S Kuykendall, *Hawaii*, New York: Prentice Hall, Inc., 1949, 127.

¹⁴ Ibid. 126.

¹⁵ Michelle T Moran, *Colonizing Leprosy: Imperialism and the Politics of Public Health in the United States (Studies in Social Medicine)*, New York: The University of North Carolina, 2007, 50.

¹⁶ Kuykendall, 127.

¹⁷ Tayman, 23.

¹⁸ Ibid. 24.

¹⁹ Gussow, 93-94.

²⁰ Tayman, 27.

²¹ "An Act to Prevent the Spread of Leprosy" 1865, <www.nps.gov/archive>

²² Tayman, 30.

²³ Ibid. 31.

²⁴ Kuykendall, 127.

²⁵ Ibid. 128.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Kuykendall, 287. Italics added by EMK for emphasis.

²⁹ Tom Coffman, *Nation Within: The History of the American Occupation of Hawaii*, 2nd ed., Kihei, HI: Koa Books, 2009, 327.

³⁰ Gussow, 96.

³¹ Ibid. 102.

³² Gussow, 92.

³³ Ibid. 93, and Tayman, 22.

³⁴ Gussow, 99-100.

³⁵ Moran, 53.

³⁶ Coffman, 124.

³⁷ A Hawaiian Government School Teacher. "Shall We Annex Leprosy?" *The Cosmopolitan* Winter 1898, 558.

³⁸ Foster Rhea Dulles, *America in the Pacific: A Century of Expansion*, Cambridge, MA: Houghton Mifflin & Co., 1938, 165.

³⁹ Bosseront d'Anglade, 109.

⁴⁰ Thomas J. Osborne, *"Empire Can Wait": American opposition to Hawaiian annexation, 1893-1898*, Kent, Ohio: Kent State UP, 1981, 38.

⁴¹ Alfons L. Korn, ed., *News from Molokai, Letters between Peter Kaeo & Queen Emma, 1873-1876*, Honolulu: The UP of Hawaii, 1976, 277.

⁴² Tayman, 26.

⁴³ Ibid. 152.

⁴⁴ Moran, 50.

⁴⁵ *The Cosmopolitan*, 560.

⁴⁶ Shubhada S. Pandya, "The First International Leprosy Conference, Berlin 1897: the politics of segregation," *História, Ciências, Saúde—Maguinhos* 10.1 (2003), 170.

⁴⁷ Bosseront d'Anglade, M.G. *A Tree in Bud: The Hawaiian Kingdom 1889-1893*; 109-110.