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Pestilence in Paradise: Leprosy Accounts in the Annual Reports of the Governor of the Territory of Hawaii

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Abstract

An examination of the history of leprosy, or Hansen's disease, in the Territory of Hawaii is a clear window upon how the federal government addressed its fundamental responsibilities to an indigenous people of this nation. Over the years, and in particular prior to 1934, various federal agencies oversaw the array of this nation's territories, but the Department of the Interior was always accountable for those of Alaska and Hawaii. Each agency acquired annual reports from the assigned administrators of such areas. These federal documents offer a remarkable perspective of these diverse geographic locations, and contain data on aspects of local life that are difficult to find elsewhere. This article speaks specifically to the leprosy reports contained in the Annual Reports for the Territory of Hawaii, between 1900 and 1959.

On 2 August 2007, Representative Mazie Hirono (Dem.-HI) introduced H.R. 3332, entitled *To provide for the establishment of a memorial within Kalaupapa National Historical Park located on the island of Molokai, in the State of Hawaii, to honor and perpetuate the memory of those individuals who were forcibly relocated to the Kalaupapa Peninsula from 1866 to 1969, and for other purposes* (Introduction of the Kalaupapa memorial act, 2007). In that action, an attempt was made to remember permanently the 8,000 leprosy victims in Hawaii who were displaced between those years. The first twelve were Native Hawaiians, as were over 80% of all residents.¹ In her remarks before the House, Rep. Hirono described the long-term effect of *An act to prevent the spread of leprosy* (1865/1985) implemented in 1865 by King Kamehameha V: "The policy of exiling persons with the disease that was then known as leprosy began under the Kingdom of Hawaii and continued under the governments of the Republic of Hawaii, the Territory of Hawaii, and the State of Hawaii" (Introduction of the Kalaupapa memorial act, 2007, p. E1725). Six months later she stated that, "[t]he act essentially criminalized the disease" and that the 19th century law was only repealed a decade after Hawaii joined the Union in 1959 (Kalaupapa memorial act of 2008, p. H825).

The alleged criminalization of the disease is pivotal here. Moblo (1999, p. 88) spoke of the development of political power in Hawaii during the late 19th century, noting that this competition between Native Hawaiians and the arriving foreigners "was made manifest in a changed policy towards leprosy," and that "[w]hile leprosy was treated much like other diseases in most of the world, it carried special status in Hawaii, reflecting the disdainful attitude towards the indigenous population." Even the opinion of the Supreme Court of Hawaii in *Segregation of Lepers* (1884) — stating

that disease infection was not a crime after all — was tempered by a more fundamental concern for the economic well-being of the Islands. Isolation of lepers in Hawaii was therefore considered a smart solution to any impediment that might deter a bright future. State statutes sustained this position for another 85 years, past statehood in 1959, through a program that reached far beyond just a legislated "disdainful attitude" towards Native Hawaiians.

1. A brief history

Just days after the Second Continental Congress boldly declared independence in 1776, Captain James Cook (1728–1779) of His Majesty's sloop *Resolution* received secret orders to sail on his third and final voyage of exploration. The primary goal of this mission was to locate "a Northern passage by Sea from the Pacific to the Atlantic Ocean" (Beaglehole, 1967, p. ccxx). In recognition of Cook's "abilities and good conduct" (p. ccxx) throughout his career, the British Admiralty assigned this important task to him. Between that treasonous declaration and Cook's orders to sail, the history of both nations — indeed, that of the world — was changed forever. Cook never returned, killed in February 1779 on the other side of the world in a confrontation with the ancestors of today's Native Hawaiians. His was not the first, nor the last, invasion of paradise.

Kuykendall's three-volume history of Hawaii (1966–1968) begins with that arrival by Cook and ends with the annexation of the Islands by the United States on the threshold of the 20th century. Within this timeframe, he demonstrated endless pressure from outsiders such as whalers, missionaries, planters, and politicians. Additional tension, beginning around 1820, was created from the

¹ One of the earliest reports of the conditions in the Settlement is found in *The Hawaii Gazette's* remarks on a letter published in a local Hawaiian language newspaper, the *Ku Okoa*, written by one of the very first patients transported to Molokai (The leper asylum at Kalihi, 1867). The article was reissued two months later by the *New York Times* (The leper asylum at Kalihi, Sandwich Islands, 1867).

internal and rampant development of leprosy. Internationally, an array of treaties, agreements, and conventions between Hawaii and various nations was consummated, initiated by an 1826 transaction with the United States for friendship, commerce, and navigation (*Articles of Arrangement with the King of the Sandwich Islands (Hawaii)*, 77 CTS 34 [1826]). In concert, these diplomatic efforts helped form one of the core foreign policy goals of the nation – “to obtain a joint guarantee of Hawaii’s independence by the great maritime powers, Great Britain, France, the United States, and possibly Russia, by means of a tripartite or quadripartite treaty” (Kuykendall, 1966, p. 38).

Such negotiations ultimately offered little protection when an illegal internal toppling of the Kingdom occurred in January 1893 and formed a provisional government that drew considerable concern. A month later, and in response to a formal complaint from Queen Liliuokalani, the federal government began an investigation into the event. At the end of the year, there was a blunt, executive response contained in the *President’s message relating to the Hawaiian Islands* (1893, p. 456): “By an act of war, committed with the participation of a diplomatic representative of the United States and without authority of Congress, the Government of a feeble but friendly and confiding people has been overthrown.” The federal government took no remedial action, even after this direct presidential pronouncement, thereby sustaining the new Hawaiian Republic, but there was endless discussion of an expected forthcoming true annexation. This upheaval in turn led to profound national anxiety which included increased concerns about leprosy: “When it is considered that more than ten per cent of the Hawaiian race are affected with leprosy it becomes a serious question as to what will be the effect of the absorption of this tainted population upon the health interests in this country” (Morrow, 1897, p. 582). In the same journal less than a year later (but following such annexation), leprosy continued to be controversial (Foster, 1898).

As one byproduct of the onset of the Spanish-American War in April 1898, the political climate regarding Hawaii changed again, with renewed declarations the following month in the House of Representatives that “[i]t has been apparent for more than fifty years that so small and feeble a Government could not maintain its independence, and that it must ultimately be merged into a greater power,” and that “[r]ecent events in the existing war with Spain have called attention to what has long been discussed by military and naval authorities – the inestimable importance to the United States of possessing the Hawaiian Islands in case of war with any strong naval power” (*Annexation of the Hawaiian Islands*, 1898, pp. 1–2). The Senate had noted in its deliberations that a similar coordinated effort had been employed to annex Texas in 1844 (*Annexation of Hawaii*, 1898, p. 1), supporting the creation of the *Joint resolution to provide for annexing the Hawaiian Islands to the United States* (30 Stat. 750 [1898]) that promptly terminated the Republic in July 1898. Hawaii became a United States territory on 22 February 1900 (31 Stat. 141 [1900]), and a state on 21 August 1959 (73 Stat. 4 [1959]).

2. The Annual Reports for the Territory of Hawaii

Since its creation, the Department of the Interior had the responsibility of managing the nation’s public lands (9 Stat. 395 [1849]), but this focus was on continental assets only. In 1873, the very brief *An act to transfer the control of certain powers and duties in relation to the Territories to the Department of the Interior* (17 Stat. 484 [1873]) empowered the Department to exercise territorial duties that were previously administered by the Department of State, and to have the Secretary of the Interior accumulate various local data for territories lying outside the continent (Van Cleve, 1974). The activities in Hawaii, as one such federally administered locale, initiated production of annual reports by the Governor of Hawaii describing area events. These were concatenated, along with similar accounts from other exotic places, into the Annual Report pro-

vided to the President by the Department of the Interior, just as the Secretary of State had done prior to the transfer of responsibilities in 1873. The specific series of 60 Reports for the Territory of Hawaii terminated in 1959 when Hawaii became the last state to join the Union.

The publication appeared over the years under a number of similar official titles: *Report of the Governor of the Territory of Hawaii to the Secretary of the Interior* (1900–1906); *Report of the Governor of Hawaii to the Secretary of the Interior* (1907–1928); *Annual Report of the Governor of Hawaii to the Secretary of the Interior* (1929–1952); and *Annual Report, the Governor of Hawaii to the Secretary of the Interior* (1953–1959). The initial organic act for Hawaii stipulated that each Governor was to be appointed by the President with the advice and consent of the Senate, but with the added proviso that this person must also be a citizen of the Territory (§ 66; 31 Stat. 141, 153 [1900]). This selection criterion was bolstered by an amended act that required the Governor be a resident “for at least three years next preceding his appointment” (§ 303; 42 Stat. 108, 116 [1921]), an unprecedented requirement (Van Cleve, 1974, p. 42).

3. The disease of leprosy

In 1873, the Norwegian physician Gerhard Henrik Armauer Hansen (1841–1912) discovered the leprosy bacillus, *Mycobacterium leprae*. The disorder had been present in Norway since the Viking invasions of the British Isles and was a serious national problem by the year 1000. Browne, in his history of the disease, began with the statement that “[a]lthough leprosy is often referred to as ‘the oldest disease known to man,’ the origins of which are lost in the mists of antiquity, several lines of evidence throw doubt on such assertions” (Browne, 1985, p. 1).

Dr. Daniel Cornelius Danielssen had initiated research into the basis of this disease in 1839, and had leaned towards a hereditary foundation for this illness. In 1869, the two began joint work, although Hansen believed that the true origin was infectious. His hypothesis was confirmed through observations of the lymph nodes of patients, and Hansen’s report, published in 1874, provided the first evidence that a specific microbe caused a chronic disease, a breakthrough for both disease control and the young field of bacteriology. The translated title of this Norwegian report was “Investigations concerning the etiology of leprosy” (see Hansen, 1874, for the original text) and the illness became known as Hansen’s disease following this pioneering research. His efforts included advocating laws to control infected citizens. Two such laws were passed in 1877 and 1885 that led to a sharp decline in cases in Norway (Jay, 2000).

In 1897, Hansen presented the focal paper of the Berlin International Leprosy Conference. The main purpose of this meeting was to ascertain whether the bacillus identified by Hansen was indeed the cause of leprosy, and how paths to eradication could be implemented. One of the outcomes of the ensuing discussions was that a purely hereditary basis for leprosy was discarded (Edmond, 2006, pp. 103–107), but more recently, a very strong case for a significant genetic factor affecting leprosy susceptibility has been found (Mira *et al.*, 2004). Further, a new comparative genomics study by Monot *et al.* (2005, p. 1040) has suggested that, “[T]he disease seems to have originated in Eastern Africa or the Near East and spread with successive human migrations. Europeans or North Africans introduced leprosy into West Africa and the Americas within the past 500 years.” Of special interest in this article are their findings that, “[F]rom India, leprosy is thought to have spread to China and then to Japan, reaching Pacific Islands ... as recently as the 19th century,” and that “the greatest variety of ... the leprosy bacillus is found in islands such as the French West Indies and New Caledonia ... reflecting the passage of, and settlement by, different human populations” (p. 1042). The diversity implied in these statements is paralleled by the original Polynesian transoceanic past in the overall history of the people of Hawaii.

Leprosy research following the Berlin meeting became extensive, carried out in many nations to combat the disease's presence around the globe. Dr. Olaf Skinsnes (1917–1997), the son of a Norwegian-American surgeon, worked tirelessly in Hawaii during the 20th century to eradicate the disease (Hastings, 1998). He accumulated a bibliography of selected books on leprosy that holds an annotated timeline of observations, studies, and proposed cures that complements the findings of Monot *et al.* It identifies such events as Aristotle's description of the disease in 345 BC; the presence of endemic disease in England from 625 to 1798; the spread of the illness to Minnesota by Norwegian immigrants in the 18th century; and the first reference to leprosy in Hawaii in the early 1820s (Skinsnes, 1973). One critical part of Skinsnes' work culminated a century after Hansen's identification of the cause of the disease with the successful development of a model for a method to create *in vitro* cultures of the bacillus to expedite research, and for which a United States patent was issued (Skinsnes and Matsuo, 1976). Later, Veeraraghavan claimed an improvement to this method (1986).

4. Leprosy in Hawaii

The introduction of leprosy into the Kingdom of Hawaii is believed to have commenced with the arrival of Chinese indentured agricultural workers, especially those for the new sugar plantations formed in the second quarter of the nineteenth century. Sugar mills had begun at the turn of the century (Deerr, 1949, pp. 252–256; Takaki, 1983), but full-blown plantation production commenced only in the mid-1830s (Gussow, 1989, pp. 89–91). Melendy (1999, p. 5) spoke of “[T]he insatiable need for plantation and mill workers [that] dramatically changed the kingdom's demographics” during the development of the sugar industry, remarking further that, “[D]uring the 1850s, Cantonese and Hong Kong Chinese became the first major overseas source” of cheap labor.

Through this apparent ethnic linkage to the diffusion of the illness, the ailment became known as *mai Pake*, the Chinese disease (Edmond, 2006, p. 146). The term “Chinese leprosy” appeared in legal notices (*An act to amend Section 1,323 of the Civil Code*, 1868) and in court cases (*In the Matter of Kaipu*, 1904, p. 217). Unlike in Australia, where the same process of infection was thought to have occurred and where medical efforts were focused upon the Chinese immigrants, Native Hawaiians became the largest affected and targeted group, at the expense of the incoming laborers. Arthur St. M. Mouritz's publication, dedicated as “the first American book on Hawaiian leprosy” (1916, p. 7), estimated that the disease was entrenched by 1830.

In response to this and to other growing problems, King Kamehameha III formed a Board of Health in December 1850 to examine all health issues in the Kingdom, and the first official statement regarding leprosy was delivered in December 1863.² As described in the 1951 Governor's Annual Report upon the centenary celebration of the King's decision (p. 22), this Hawaiian medical organization was created 19 years before the Massachusetts Board of Health became the first state-operated one. Decisions evolved quickly. Forced isolation was the practice in Australia at that time (Edmond, 2006, p. 163) and this became the model for

Hawaii, especially after King Kamehameha V, in response to the escalating incidence, approved *An act to prevent the spread of leprosy* (1865/1985) brought by the Legislative Assembly in 1865. The Board of Health was thereby “authorized and empowered to cause to be confined, in some place or places for that purpose provided, all leprosy patients who shall be deemed capable of spreading the disease of leprosy, and it shall be the duty of every police or District Justice ... to cause to be arrested and delivered to the Board of Health or its agents, any person alleged to be a leper” (§ 3).³

The Kalihi Hospital and Detention Station was opened in November 1865, to find a cure as well as to identify those with leprosy. This coordination included the creation of a settlement at Kalawao, on the Kalaupapa Peninsula of the island of Molokai, where the first patients arrived in January 1866. By the end of the year, more than 140 men and women had been deposited there (Greene, 1985). Father Damien (Joseph de Veuster) arrived in 1873, the year of Hansen's discovery, to begin his long association with the settlement. He too acquired leprosy and died in 1889 after a long battle with the disease,⁴ and by 1896, 4,904 patients had been relegated to Molokai (Tayman, 2006). After the mid-1880s, a permanent settlement was established on the west side of the peninsula, at Kalaupapa, which became the main site for patient segregation by the turn of the century. A leprosy colony, as opposed to leprosy seclusion in a traditional hospital setting, was supported in part because of the abysmal conditions then allocated to the afflicted, and this operational approach endured. At the national level, it was eventually determined that for the illness within the United States “[i]deal locations for such leprosaria, in the opinion of your Commission, would be (1) the arid Southwest; (2) similar regions farther north; (3) an island in the Gulf of Mexico, or an island near the Pacific Coast of the United States” (*Letter from the Secretary of the Treasury, transmitting letter from the Surgeon-General of the Marine-Hospital Service presenting a report relating to the origin and prevalence of leprosy in the United States*, 1902, p. 10). In the end, the national leprosarium at Carville, Louisiana, was created in 1919 (39 Stat. 872 [1917]), but there was no federal policy reaching into the Pacific.

By 1894, and through the removal of all original inhabitants, the entire Kalaupapa Peninsula was allocated for the exclusive segregation of leprosy patients. Legal action emerged to challenge the removal of leprosy citizens to Molokai. *In the Matter of Kaipu* (1904), before the U.S. District Court, was a prototypic, habeas corpus attempt to question the Board of Health's procedures that pivoted on its assertion that lepers were “deemed capable of spreading the disease of leprosy” (p. 227), not that they actually did so. The final opinion, pronounced by Justice Sanford B. Dole, declared that “[t]he statute does not say that a person who is capable of spreading the disease shall be placed in custody, but one who ‘shall be deemed capable’ of it, which I believe refers to an expression of opinion by the medical examiners or medical experts in such cases” (pp. 227–228). These court proceedings were described in the Governor's 1905 Annual Report as “an attack on the authority of the [B]oard of [H]ealth as to the control of persons affected, or presumably affected, with leprosy,” and it was further remarked that “[n]ever in the history of the leper settlement and allied institutions has there been greater general and individual

² See the text of the law on pp. 3–4 of *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* (1886).

³ The Legislature Assembly had second thoughts about the legal underpinnings of this program and in 1884 asked the Supreme Court of Hawaii to provide an opinion on a) whether leprosy was a crime; b) if the forced confinements at Molokai were constitutional; and c) if the law, derived from the 1865 *Act to prevent the spread of leprosy*, was constitutional. In *Segregation of Lepers* (1884, pp. 166–167), the Court found that leprosy was not a crime, and that “the law authorizing the segregation and isolating of lepers is not only wholesome law and constitutional, but that without such law the result would eventually be that much of our useful population would leave these islands, ships would cease to touch here, our products would fail to find a market abroad, and these fair islands would become a pest-house to be avoided by the whole civilized world.” Finally, in 1969, the Legislature passed Act 152 in response to HB No. 1003, *A bill for an act relating to leprosy*, which amended some, and repealed other, parts of Chapter 326 – Hansen's Disease – of Title 19 (Health) of the *Hawaii Revised Statutes*. In the process, forced seclusion was terminated.

⁴ Father Damien was beatified in 1995. In July 2008, Pope Benedict XVI authorized the recognition of a miracle attributed to him, thereby clearing the way for his canonization (Canonization closer for Father Damien of Molokai, 2008, 21 July).

contentment, comfort, and satisfaction." These comments were immediately reinforced in the Report by lists of donations for a bandstand and pertinent musical instruments, an upright piano, a chapel organ, baseball equipment, "books and current literature," cash prizes for various sporting events, and the introduction of luau "at reasonable intervals," such that "[W]ith the attention of friends added, certainly those restrained at the settlement can not feel that they are forgotten" (p. 25). Perhaps the latter state of affairs was the Governor's perception at the time, but in his account two years later, he indicated that a new visitors' house had been constructed, and that residents "may see and converse with their friends, from whom they are separated by very large plate-glass windows or the double fence of the corral" (1907, p. 56).

Greene, in her analysis of the Kalaupapa Settlement for the National Park Service (1985), developed a detailed chronology for the years between 1865 and 1985. This multi-disciplinary perspective revealed a rich description, with abundant statements on the progress of the site, the delivery of cases to Molokai, and the interactions between the Hawaiian Board of Health and the federal government. Part of her presentation described the establishment of the United States Leprosy Investigation Station at Kalawao, instigated by *An act to provide for the investigation of leprosy, with special reference to the care and treatment of lepers in Hawaii* (33 Stat. 1009 [1905]). This legislation was in response to a pamphlet authored by the president of the Board of Health, Dr. Charles B. Cooper, who proposed that the study and treatment of leprosy should be federally funded (1904). Although the facility was maintained for just a few years, no expense was spared during that time to confront the disease. After the Kalawao Station was closed the program was transferred to the Kalihi Hospital in Honolulu, and eventually the original Station's land on Molokai was returned to the Territory (42 Stat. 995 [1922]). Bushnell (1968, p. 92) indicated that a 1932 report on the Leprosy Investigation Station, published after a visit by United States Public Health service officials, spoke only of the work achieved at Kalihi Hospital in Honolulu, and failed to remark whatsoever on the care and treatment at the original Molokai site.

Research at these federal installations was conveyed through 49 reports published in the federal *Public Health Bulletins* series between 1908 and 1929. The first 42 had a title page note that declared: "Investigations made in accordance with the Act of Congress approved March 3, 1905," i.e., through the act that launched the Leprosy Investigation Station. On occasion, the Governor's Report also mentioned these publications, for example saying: "During the year four bulletins were published — on a statistical study of leprosy in Hawaii, the use of natin[e] in the treatment of the disease, the use of acetone as a palliative remedy in nasal lesions, and on nasal secretions as a means of early diagnosis ..." (1910, pp. 64–65); "Several bulletins were issued during the year ..." (1911, p. 81); and "The following papers on leprosy have been published during the year ..." (1912, p. 94). This was especially the case after a section specifically for the United States Leprosy Investigation program was added to the text of each Report. Later research was found in the *National Institute of Health Bulletin*. As recently as the spring of 2008, *Public Health Reports* offered an issue with a "Leprosy Special Section" that held six articles on the disease.

The National Park Service also assessed the structures at the settlement including the churches created by Protestant, Catholic, and Mormon missionaries, and the cemeteries (Greene, 1985, pp. 571–599). In the 1901 Annual Report by the Governor it was noted that there were 40 buildings at the Bishop Home and 54 at the Baldwin site, with populations of 126 and 146, respectively (pp. 79–80).⁵

⁵ See the 1925 Report (p. 97): "The Baldwin Home for single men and boys is under the management of Mr. Joseph Dutton, assisted by the Catholic Brothers, and has 42 patients. The Bishop Home for women and girls has 34 patients under the management of Sister M. Benedicta, assisted by three Franciscan Sisters." Dutton took over upon the death of Father Damien (Tayman, 2006, p. 169).

⁶ See this journey in Nalaielua's own book, *No Footprints in the Sand: A Memoir of Kalaupapa* (Nalaielua and Bowman, 2006).

⁷ This analysis was — at eight pages — one of the longest leprosy reports in the entire Annual account series. For comparison, the two entire Reports for 1943 and 1944 averaged only ten pages each; neither remarked on leprosy.

These few pages exposed the continuation of the powerful influence of religious organizations in the overall development of Hawaii.

In *The Colony*, Tayman (2006) examined in detail the history of each of these settlement locations on Molokai. One of the significant contributions of his study is the inclusion of statistics that assist tracking the ebb and flow of the various populations. The peak number of residents (1,174) was in 1890 (p. 3), a decade before the official Annual Reports truly began to inform Congress of the leprosy problem in the Islands. His data are particularly useful for the period following statehood and the final Report by the Governor in 1959. However, there is a far more human and personal approach displayed in *The Colony* through the vignettes of such people as Henry Nalaielua, who spent over 65 years as a patient within the leprosy program, including a visit to the Carville facility in Louisiana.⁶ Tayman included a photograph of Nalaielua in his presentation (p. 383).

Throughout these endeavors the territorial Board of Health alone was primarily responsible for funding all research and treatment expenses. Between 1917, when the federal facility at Carville was opened, and the late 1940s, the Territory spent \$16 million on leprosy matters (Melendy, 1999, p. 166). Federal disregard and these financial straits only changed in 1952, with a reimbursement act in Congress that approved a patient per diem operating rate on par with that at the Carville leprosarium (66 Stat. 157 [1952]). However, there were also changes within the Territory's own approach to leprosy. An advisory committee to the Governor concluded in 1930 that the Board of Health had little chance of success against the disease. This stimulated a reorganization in July of 1931, with the creation of the Board of Leper Hospitals and Settlement that took charge of the Kalihi Hospital and settlement activities. As Tayman (2006, pp. 221–222) noted, this fresh approach even led to the elimination of the term *leper* from the Board's name, and this transition was conveyed by the Governor's 1933 Report, with its section entitled "Board of Leper Hospitals and Settlement" (p. 42), and then by the later 1935 one that contained a heading for just the "Board of Hospitals and Settlement" (p. 48). The 1932 Report had contributed a full description, including program projections, and a list of acquisitions derived from a \$300,000 appropriation.⁷ This effective program was credited with an all-time low active patient count at Kalihi and at the settlement, according to the 1935 Report (p. 48), in a trend that continued into later years. One offshoot of this transition away from the Board of Health was the designation in 1937 of the United States Leprosy Investigation Station in Honolulu as a branch laboratory within the National Institute of Health, but in 1949 the Board of Health reacquired these responsibilities. The Annual Report for 1950 observed that no additional cases were sent to Molokai, that the Kalihi Hospital was closed, and that those patients were moved to Hale Mohalu (p. 24).

5. Excerpts from the Annual Reports

Remarks on leprosy in Hawaii were included by the Governor in all but 7 of the 60 Annual Reports published for the years 1900 through 1959. Only for 1900, 1942–1944, and 1946–1948 did the Report fail to mention this concern. As a summary, these compilations presented various perspectives on locally accumulated data virtually unavailable elsewhere. Examples of these observations from the Annual Reports are as follows:

- Statistics on Settlement placements — "On June 30, 1920, there were 546 lepers at Kalaupapa settlement, a decrease of 65 as compared with the number a year previous. This is the smallest number of patients since the year 1872" (1920, p. 77).

- Medical treatment — “During the past six months studies of the use of radium in leprosy have been started with especial reference to the treatment of leprosy lesions of the nose. Seven cases having nodules in the nose were treated by the insertion of a 50-milligram tube in either nostril alternatively at intervals of from two to three weeks. Exposure from one and one-half to two and one-half hours. In all cases the nodules disappeared” (1925, p. 101).
- Progress in building programs — “...there have been erected a new physician’s house, new stables, and 12 cottages” (1907, p. 56).
- Congressional machinations — “The past year saw the culmination of our efforts to get the Federal Government to reimburse Hawaii for the money it expends for the care of Hansen’s disease patients” (1952, p. 32; and see the resulting act at 66 *Stat.* 157 [1952]).
- Changes in vocabulary for the identification of leprosy patients — “A receiving hospital was opened at Kalihi... for the reception and care of suspects” (1901, p. 78); “Now the subject has no place in politics, the inmates are contented, and those at large are rapidly presenting themselves for examination and treatment” (1912, p. 93); and “Two hundred and five parolers received 3,019 injections of chaulmoogra ethyl esters at the out-patient department at Kalihi Hospital or by territorial physicians on other islands, from July 1, 1924 to June 30, 1925” (1925, p. 1010).
- Physical descriptions of the Settlement — “It is situated on a low-lying peninsula on the northern side of the island, and comprises about 8,300 acres” (1901, p. 78).
- Librarianship — “Recently a library building has been added by the Territory for the very complete library of this service, and an index of practically all articles written on the subject of leprosy in any language during the last quarter of a century has been nearly completed” (1911, p. 81).
- Research findings — “Studies have been made on the subject of the transmission of the disease, demonstrating that the mosquito plays no part in this matter, but that, under certain conditions, the house fly and certain other flies can and do convey the bacillus in large numbers” (1910, p. 65); “The most important work performed during the year was the artificial cultivation of the bacillus of leprosy” (1911, p. 81); and “The production of leprosy in animals by inoculations with leprosy tissue has not progressed” (1914, p. 65).
- Strategic decisions — “A position of health educator, concerned exclusively with Hansen’s disease, was established toward the end of the year. It is hoped that with the aid of this individual, the public may become informed accurately regarding the true nature of Hansen’s disease and be disembarassed of superstitious or unreasonable opinions regarding it” (1951, p. 23).
- Farm production — “The census of live stock owned by the board shows 19 horses, 671 head of cattle (65 oxen included), 30 donkeys, and 136 hogs” (1918, p. 70).
- Weekly rations for non-Settlement lepers — “Beef, 7 pounds per week; or salmon, 5 pounds per week; or fresh fish, 7 pounds a week (if it to be had); or hard poi, 21 pounds per week; or in lieu thereof a ration ticket good for \$0.75 at the Kalaupapa store” (1925, pp. 97–98).
- Patient volume tracking — “The average annual number of new cases from 1931 to 1936 was 56.6; from 1936 to 1941 it was 40.6; and from 1941 to 1946 it was 30.6” (1945, p. 8).
- Sanitation and hygiene — “Number of dead dogs buried... 131” (1919, p. 77).
- Outpatient activity — “The number of outpatient visits for examination and treatments in the outpatient service totaled 1,813 for the fiscal year, distributed as follows: Oahu 1,420, other islands 393” (1959, p. 32).
- Efforts to comfort and entertain the patients — “A dentist... has given a great amount of relief to the patients” (1923, p. 92), and “Recreation and entertainment have been greatly facili-

tated the past year by the acquisition of a station wagon for use of patients at Kalihi in sightseeing tours” (1932, p. 113).

- Copies of direct communications between leprosy program administrators and the Territorial government — the letter of Dr. Donald H. Currie to the Governor (1916, pp. 84–85) was the first of a series of such correspondence that conveyed treatment progress and research publications.
- Repair work to existing structures — “McVeigh Home — The buildings at this home have been painted, inside and out. A new French range was installed and as a further fire protection a 28-foot concrete smokestack was built” (1919, p. 73).
- Program evaluation — “The receiving hospital at Honolulu is in a sense more important than the settlement on Molokai. It is here that the lepers are first brought and treated until they are discharged or paroled as cured or sent to the settlement as incapable of cure” (1912, p. 93).
- Law enforcement — “In addition to the 50 arrests, the police department made a number of raids on ‘swipes’ makers, seizing and destroying several hundred gallons of the vile stuff” (1920, p. 79).
- Accounting aspects — “The direct institutional per capita cost per day for all inmates in the four institutions — Kalaupapa Settlement, Kalihi Hospital, Kapiolani Girls’ Home, and Kalihi Boys’ Home — was 50 cents for personal services, 1 cent above that of last year, and 96 cents for current expenses, as compared with 93 cents for the year before” (1935, p. 49).
- Disease incidence, by gender and by nationality or race — “Of these 382 were males and 256 females; 522 were Hawaiians or part Hawaiians, 46 Portuguese, 32 Chinese, 13 Japanese, 10 Koreans, 6 Germans, 3 Americans, and 6 scattered among other races” (1915, p. 70).

One particular way in which these Annual Reports contributed to the understanding of leprosy was through the inclusion of letters from the Leprosy Investigation Station that demonstrated the cooperation between the station and the territorial Board of Health. While the Governor’s Report was destined for Congress, the critical medical data and treatment procedure descriptions between local physicians and facility administrators were revealed in these messages. As just noted, the first letter used for this purpose — by Dr. Donald H. Currie — appeared in the 1916 Report, where the opening line in the United States Leprosy Investigation section read: “The following letter covers this work ...” (1916, p. 84). In a sense, reproducing these letters reduced the yearly summary task before the Governor and his staff, but, simultaneously, they conveyed to the Governor and to Congress a far clearer picture of the situation. Now, Annual Report remarks like “They found that these bactericidal substances were 100 times more effective than carbolic acid and that these facts supply a scientific basis for the use of chaulmoogra oil and its products in leprosy” (1920, p. 82) forced both Congress and other physicians investigating leprosy to learn more from, and to pay closer attention to, the activities in Hawaii.

6. Federal shortfalls

The Governors of the Territory were deployed to represent the federal government, but in an isolated, mid-oceanic world where leprosy was a local problem. The Governor’s Report for 1921 certainly had acknowledged “the closest harmony and cooperation between these [United States Public Health Service] officers and the [B]oard of [H]ealth [O]pportunity is taken here to express appreciation for the earnest and able manner in which medical treatment has been carried out” (p. 96). However, behind such statements, the Governors must have foreseen the fading future of any possible federal support, because Congress developed the position that leprosy in the Islands was primarily a territorial concern. Washington had made an effort, but then withdrew and returned to the Territory the federal Leprosy Investigation Station at

Kalawao because — as the Senate Committee on Territories and Insular Possessions concluded — “[t]he buildings are not only of no use to the Federal Government, but the lumber in them, having been contaminated by the occasional temporary presence of leprosy patients, is unsuited to any other purpose than for use in an institution where leprosy is treated. The material can be used to advantage by the territorial authorities” (*Federal leprosy investigation station, Hawaii, 1922*, p. 1). Concurrently, as eagerness waned for addressing leprosy in Hawaii, the focus turned more home-ward, where Congressional action on the national leprosarium in Louisiana intensified in unison with increasing efforts to close the Territory’s facilities (see, e.g., *Estimate of appropriation for national home for lepers, 1922*). In 1932, the House of Representatives explained that “[t]here are at present time 623 patients being cared for at the expense of the Territory of Hawaii in Territorial lepro-saria. The Federal leprosarium at Carville is unable to take care of any of the patients from Hawaii because it is being filled to capacity at this time” (*Care of lepers in Hawaii, 1932a*, p. 2). This Hawaiian reckoning no doubt came from the statistics compiled for the Governor’s 1931 Report, which indicated that 166 patients remained at the Kalihi Hospital in Honolulu, while 457 more were at Kalaupapa on Molokai (p. 100), but the real point conveyed by the federal government was that Hawaii’s leprosy — even though documented through the Governors’ Reports — was its own responsibility.

In 1932, the Senate was even more explicit:

Although Federal assistance in caring for leprosy patients has been requested of Congress in a joint resolution of the Territorial legislature, which sets forth that the Territory has heretofore borne the entire burden of segregating, treating, and caring for leprosy persons in its jurisdiction, except for the United States Leprosy Investigation Station at Honolulu, administered by the United States Public Health Service, and although it is felt that the Federal Government is in a measure responsible for the care and treatment of leprosy patients in Hawaii, it is believed to be undesirable at the present time, in view of the economic program of the Government, to press for an authorization for an appropriation for this purpose (*Care of lepers in Hawaii, 1932b*, p. 1).

The facility at Carville was duly financed through federal funds, but as noted earlier it was only in 1952 that Congress finally earmarked money to mitigate the substantial treatment expenses incurred by the Board of Health in Hawaii. Clearly, the Congressional viewpoint was that local problems were best financed with local money, regardless of any alleged federal responsibilities.

The prerequisite of territorial citizenship, and then later of three years residency, for any prospective Governor was a direct federal commitment to the Territory that strong self-government following Annexation was very much a desired and expected precursor to statehood. However, in this service, these few men must have been torn between the past, the present, and the future, in a setting where Native Hawaiians were very disproportionately afflicted with a disease that stubbornly resisted eradication efforts until the 1940s.⁸ But in combination with the disease, there was also the stigma, and 140 years after King Kamehameha V’s act to prevent the proliferation of leprosy, Tayman (2006, p. 320) confronted the fundamental problem regarding his own preparation of *The Colony*: “Anyone writing about leprosy confronts a basic dilemma: should the words *leper* and *colony*, which certain people find offensive, be employed?” If this nervousness is present today, one can only imagine how far more profound it must have been, at the beginning of the 20th century, for those embroiled in the dilemma.

Geographical and psychological isolation was sustained, reflected quite succinctly in 1937 when Dr. George W. McCoy, the Medical Director of the United States Public Health Service, delivered the Charles Franklin Craig Lecture at the American Society of Tropical Medicine annual meeting in New Orleans. For his presentation, McCoy decided to “confine [his] discussion of the history of leprosy to the disease as it prevails and has prevailed in the continental United States. The record of leprosy in our insular possessions would be an interesting field, and in some respects perhaps more satisfactory to deal with, than is the restricted subject chosen” (1938, p. 20). At that time and just 70 miles away, “a population of about 375” patients was at the Carville facility (p. 34), while 505 active — and 148 temporarily released — patients were identified in the 1937 Annual Report from Hawaii (p. 60). With approximately a third more current patients in Hawaii in 1937 alone, it seems rather cavalier for McCoy — the Medical Director of the United States Public Health Service — to have classified the Hawaiian details as just an “interesting field.” This apparent absence of concern is substantiated, however, when McCoy’s full text is re-examined. More than four pages were devoted solely to the disease in the states of Minnesota, Wisconsin, and Iowa (pp. 27–32).

Later, and almost simultaneous with the creation of the Indian Claims Commission (60 Stat. 1049 [1946]) that was empowered to address long standing claims against the federal government brought by American Indian tribes, a new awakening from the past treatment of leprosy patients in Hawaii began to emerge. At the Leprosy Conference sponsored by the New York Academy of Sciences, L. F. Badger (1951, pp. 8–9), in his own historical perspective, confessed that “The history of the manner in which persons afflicted with leprosy were treated in the United States is not one which we can be proud.” Eugene R. Kellersberger (1951), of American Leprosy Missions, Inc., spoke at the Conference on the social stigma associated with leprosy and confirmed Badger’s observations. In Hawaii, these difficulties continued unabated, where the use of seclusion maximized the disease-associated social penalties. Clearly, it was difficult for many to overcome the perception that Hawaii was still very far away.

Two decades later, Bloombaum and Gugelyk (1970, p. 19) observed that a number of Hawaiian leprosy patients had actually elected to remain segregated because “the stigma associated with Hansen’s disease and the effects of prolonged tenure in the settlement underlie reverse isolation.” More recently, Worth’s assessment (1996, p. 446) commented that “[w]hen social stigma operates against a young person, it selects against reproduction, which would lead to selection in favor of leprosy resistance, thus passing that resistance to out-marrying part-Hawaiians.” He reported, though, on his own research on the smallest of the Hawaiian Islands, Niihau. It was determined that leprosy had disappeared there, even with its severe remoteness, thereby undermining the long-held hypothesis of a genetic component for susceptibility. Citing a personal communication from a colleague involved in leprosy control in China, Worth reiterated that “leprosy lingers longest among the poorest.” Previously, Lâm (1989, p. 238) had argued strongly that part of the impoverishment, cultural disintegration, and disillusionment of Native Hawaiians had been induced by diseases and the loss of their lands. She stated that “[w]ithout lands, Hawaiians could not secure adequate material sustenance or maintain stable social relationships, which in turn drastically affected their ability to live and their desire to reproduce.”

Native Hawaiians, thus, were not alone in these kinds of predicaments, as the history of federal interactions with American Indians has shown. Parker (1989) furnished parallel histories of the confiscation of American Indian and Hawaiian lands. The articles in Sutton’s work on Indian land claims (1985) — and in particular,

⁸ The sulfone therapy work of Dr. Guy Faget, at the Carville leprosarium, was pivotal in this final accomplishment. His publication, from 1942, was one of the thirty-five critical public health articles in the 2006 “Historical Collection 1878-2005” supplement to *Public Health Reports* (Faget, Johansen, and Ross, 2006).

Getches' section entitled "Alternative approaches to land claims: Alaska and Hawaii" (pp. 301–335) — addressed these harms. The essays collected in *Changing Numbers, Changing Needs: American Indian Demography and Public Health* (Sandefur, Rindfuss, and Cohen, 1996) identified the simultaneous deterioration of health and the acceleration of poverty among American Indians in eerie similarity to the plight of leprosy Hawaiians. Herman (2001, p. 334) delivered a confirmation of this outcome in the Pacific when he concluded that:

Native Hawaiians never died out as predicted. Today they form a significant and growing percentage within the Islands' demographic collage. They do remain disproportionately afflicted by disease, low life expectancy, low income, and incarceration. Areas where they predominate in Honolulu are visibly poorer and reputedly more dangerous than elsewhere. Kalihi — where once the leprosy quarantine and inspection station stood — is, ironically, one such area. But they are also a powerful, politically active force affecting policy in the Islands today.

All these findings suggest that the Department of the Interior could have done more for these indigenous peoples.

Finally, Levy made one of the strongest comments on the ultimate fate of Native Hawaiians when he proposed that, "One catalyst for change would be a major award from the United States in compensation for lands taken in the past. But without a concomitant commitment by the legal system to preserve a land base for Native Hawaiians, their future on the very Islands that nurtured their culture is bleak" (1975, p. 885). In 2008, the Senate Committee on Indian Affairs recommended the passage of S. 310, the *Native Hawaiian Government Reorganization Act of 2007*, "to provide a process for the recognition by the United States of the Native Hawaiian governing entity" (*To express the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity*, 2008, p. 1). The bill stated and acknowledged that "the United States has continually recognized and reaffirmed that... Native Hawaiians have never relinquished their claims to sovereignty or their sovereign lands" (p. 9).

7. Conclusions

A recent discussion of leprosy has noted "that the marked decline in incidence and prevalence ... in many developed countries preceded the onset of antibiotic treatment. The factors associated with this decline remain unknown, although associations with improved living conditions have been postulated" (Bennett, Parker, and Robson, 2008, pp. 203–204). The Annual Reports of the Governor of the Territory should have been far more strongly employed to inform the federal government that substantially more medical assistance and funding were needed; the latter perhaps just to improve these very living, and therefore the resulting health, conditions of the citizenry. It is shocking to find that the first Governor's Annual Report in 1900 — covering, in almost three dozen pages, the period from Annexation in 1898 to 30 April 1900 — never spoke of leprosy. There were numerous sections on "Population," "Special land licenses," and a variety of agricultural products like sugar, rice, coffee, bananas, pineapples, taro, and tobacco, but there were no remarks on the health or the well-being of the public. This specific Annual Report was collated with those of other sections of the Department of the Interior and presented in the Secretary's Annual Report to the President (*Annual reports of the Department of the Interior for the fiscal year ended, June 30 1900. Miscellaneous reports. Part II. Governors of territories, etc.*, 1900, pp. 689–712). In a companion volume of the same Departmental Annual Report (*Annual reports of the Department of the Interior for the fiscal year ended June 30, 1900. Indian Affairs. Commission to the Five*

Civilized Tribes. Indian Inspector for Indian Territory. Indian contracts. Board of Indian Commissioners, 1900, p. 639), the Report of the Board of Indian Commissioners stated that:

[A]s a country we have now reached a period in our national life when, whether we look eastward toward Cuba and Porto Rico or westward toward Hawaii and the tens of millions of Filipinos, we stand face to face with the question: 'As a nation, what are we able to do for the less favored races with whom we are brought into close relation?' This fact gives new significance to our dealings with the Indians. Evidence of capacity to meet successfully the demands made upon a governing race in its contact with dependent races acquires fresh interest and new value.

The apparent simultaneous absence of Congressional attention to its dealings with Native Hawaiians — and particularly with regard to their health issues — must have been especially vexing to the Territory's Board of Health and to those who were ill, but this outcome was already foreshadowed in the same Board of Indian Commissioners report. The Board proposed (p. 639) that:

[F]or nearly a century the Government had proceeded upon the theory that each Indian tribe in the territory of the United States was to be regarded as a political entity — and *imperium in imperio* — which might demand of its equal before international law, the Government of the United States, something of the formal consideration accorded to a civilized and established State. To do away with this hollow pretense was a great gain. The laws and institutions of the United States should not be suspended by the interference of any other governmental power in any part of the territory of the United States.

Annexation had put an end to any thought of the Hawaiian Islands' sovereignty, and this exact political model, nurtured through previous interactions with American Indian tribes, must have aligned well with the federal government's lackluster approach to their territorial responsibilities, and with an initial rejection of the idea that Hawaii might ever be considered "a civilized and established State."

The following year (1901, p.79), the Governor introduced a brief discourse on the 1,014 patients at an array of facilities including Molokai with the statement: "Far be it from my desire to give unnecessary publicity to the existence of the disease of leprosy among our people, but I believe it to be my duty to give a brief account of the conditions as they exist at present." Yes — it was the Governor's duty to support those on the Islands suffering from this disease, and more — not less — productive publicity was required of his office, especially for the 876 of those 1,014 who were Native Hawaiians. Even on the verge of statehood, the 1959 report delivered an entire year's progress in just four sentences, yet one of those confirmed that there were still 74 patients at Kalaupapa, or six times the number that were initially sent to Molokai in 1866 (p. 32). The Governors themselves, the dozen men who were so personally involved in the Islands and who were specifically expected in the organic act legislation to be deeply committed to local issues, should have been far more vigorous in their demands and should have pressed the case for stronger federal policy and presence that included much better health care.

At the very beginning of this journey, President Grover Cleveland made a number of stout remarks when he criticized the illegal 1893 overthrow of Hawaii. Among these conclusions he stated that a "substantial wrong has thus been done which a due regard for our national character as well as the rights of the injured people requires that we should endeavor to repair" (*President's message relating to the Hawaiian Islands*, 1893, p. xiv). For more than a half century following Annexation and this presidential state-

ment, a similar blatant disregard for the welfare of the people most affected by leprosy continued in these Islands in a parade of distant, weak federal activities that merely reflected the bland yearly Reports composed by the Governors. In 1898, Congress had screamed for “the inestimable importance to the United States of possessing the Hawaiian Islands in case of war with any strong naval power” (*Annexation of the Hawaiian Islands*, 1898, p. 2), and then had unilaterally taken those Islands. In their demands, however, the federal government said little regarding the care of the citizens living there. The physical evidence of this indifference was – and remains today – available for all to see in these sixty Annual Reports that chronicled the period between Annexation and statehood. These documents were penned by a procession of Governors who were charged with the responsibility to care for all the peoples in the Islands, but who reliably failed to acquire from Congress the intervention and support that their needy charges required. This failure was, to use President Cleveland’s own words, “a substantial wrong.”

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