

Holier than Thou: Stigma and the Kokuas of the Kalaupapa Settlement

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Abstract: This paper examines the intimate connection between stigmatization and concepts of race surrounding leprosy in 19th century Hawaii. This connection is revealed by consideration of the contrasting treatment of Father Damien and Native Hawaiian kokuas at the Moloka'i settlement in the Western media. Demonstrating how prevailing prejudices affect stigmatization.

Key Words: Damien, leprosy, Hansen's Disease, Moloka'i, kokuas, Kalaupapa, stigmatization

“In 1866 the first group of Hansen's Disease Patients was forced into isolation at Kalaupapa to prevent the spread of leprosy. It was the humanity of Father Damien that brought hope to the Settlement, where he lived and worked with the people from 1873 until his death in 1889” (Text from a Kalaupapa National Historic Park Remembrance Pin).

Introduction

In 1865 King Kamehameha III signed the Act to Prevent the Spread of Leprosy at the urging of the Western dominated Board of Health of the nation of Hawaii. This Act criminalized leprosy. It allowed for the arrest and detainment of people suspected of having leprosy and the exile of people diagnosed with the disease to an isolated peninsula on Moloka'i called Makanalua. A settlement was established on the peninsula at the village of Kalaupapa and is today know as the Kalaupapa National Historic Park. The overwhelming majority of those who contracted leprosy in the 19th century in Hawaii were those who lacked immunity to the disease, those whose ancestors did not have the historical experience with leprosy to mount an immunological defense. In 19th century Hawaii, those who were especially vulnerable were Native Hawaiians. Therefore the overwhelming majority of those exiled to Kalaupapa were Native Hawaiians. Native Hawaiians resisted this law. They concealed and protected family members with the disease. Native police officers would often refuse to arrest “leprosy suspects,” so Western officers were assigned the task. When an arrested patient was declared incurable and exiled to Kalaupapa, a single family member or friend was allowed to accompany the exiled person. These individuals were known as kokua, a term which also means “to give help” in Hawaiian. Kokuas had always been a part of the Hawaiian culture. When help is needed, it is given. At Kalaupapa they served as nurses, housekeepers, farmers -- providing for their loved ones who could no longer provide for themselves.

The stigma of leprosy is as much a part of the disease as are the physiological symptoms. Leprosy would not be leprosy without the stigma of “loathsomeness” which surrounds it; as we will see, this stigma is literally more contagious than the disease itself. However the idea of leprosy's loathsomeness comes from the Western experience of the disease. Native Hawaiians did not find leprosy particularly loathsome. Western reports from the period abound with sensationalistic descriptions of the Native Hawaiians' apparent lack of disgust towards leprosy and those who had contracted it. Kokuas specifically, and Native Hawaiians in general were

additionally stigmatized by Westerners for their reaction towards leprosy. The kokuas who provided a valuable service which would not have otherwise been provided were stigmatized in the Western media, sometimes described as even more loathsome than the leprosy patients themselves (native Hawaiians who contracted leprosy were often thought to be sinful, but those who did not shun them were worse). As inhumane as the Western community's treatment of the kokuas may be, it is consistent with the prevailing Western attitudes towards leprosy and Native Hawaiians. If every person who traveled to Moloka'i to aid the exiled leprosy patients were stigmatized in the same way as the Native Hawaiian kokuas, there would be no topic for this paper. However there is a glaring inconsistency between the treatment of kokuas generally and the most famous of Kalaupapa's residents, Father Damien—an inconsistency made all the more apparent by his recent election to sainthood ("Father Damien," 2010). Existing Western prejudices allowed Father Damien to (or perhaps necessitated that Father Damien) escape the stigma of loathsomeness associated with leprosy and the stigma of that was attached to the Native Hawaiians who did not shun those who contracted the disease.

Ohana Tradition

In Native Hawaiian culture the family or 'ohana is of central importance. Handy and Pukui comment on the centrality of 'ohana in discussing the family system of Ka'u. "The fundamental unit of social organization of the Hawaiians of Ka'u was the dispersed community of 'ohana, of relatives by blood, marriage and adoption...tied by ancestry, birth and sentiment to a particular locality which was termed 'aina'" (1972, p. 2). According to Native Hawaiian mythology one was linked to the land through familial ties. This feature of Hawaiian culture explains why the 1865 leprosy law was so devastating to the culture. The enforced exile of the lay not only separated people from their families but also the land or 'aina, the "particular locality" to which they belonged.

The importance of the 'ohana tradition is not merely spiritual, it is also practical. The 'ohana provided for the needs of each member, if one could not care for themselves they could rely on their 'ohana to kokua, or help out. In the old days (and in many ways this tradition, or custom, or sentiment, regarding the importance of family still exists in contemporary island life) one's 'ohana was always there in times of need. Samuel Kamakau was a Hawaiian historian of the 19th century, and one of our best connections to indigenous customs. He movingly describes the kokua tradition, "The wife nursed the husband or the husband the wife, and when the children fell ill the parents nursed them" (quoted in Inglis 2005, p. 213).

To Native Hawaiians, leprosy in and of itself was not horrifying, as it was to most Westerners. What differentiated leprosy from other diseases for Native Hawaiians was the severe policy of exile. Native Hawaiians were not horrified of leprosy because of the special stigma associated with it, nor the physical symptoms of the disease, or even because of the functional loss which occurs as the disease runs its course. All of these would be mitigated by the support of one's 'ohana. But the Western system of exile meant separation from that 'ohana, and this truly was horrifying. As historian Kerri Inglis states, "Significantly Hawaiians did not name the disease for what it did to their bodies but for what it did to their 'ohana': they called it mai ho'oka'awale, meaning the separating sickness" (2004, p. 10).

When Queen's Hospital opened at a temporary facility at the corner of Fork and King Streets "...the staff had no nurses. Instead family members, relatives, or friends cared for the patients...In fact, the first trained nurse at Queen's, Mrs. Mary Adams, was not hired until 1886"—a full thirty-seven years after it opened (Kanahele 1999, p. 103)! For nearly four decades Queen's hospital was staffed by volunteer kokuas. It is important to note that there are no Western reports concerning the loathsomeness of the kokuas at Queen's. The loathsome status of Native Hawaiian kokuas is predicated on the especially loathsome disease of leprosy which affected those they cared for.

Again, although leprosy held special horror for Westerners, Native Hawaiians did not share the same views. To Native Hawaiians leprosy was simply the latest disease of many to afflict them. Several earlier epidemics had swept the community. Smallpox, measles, syphilis, influenza, and a disease thought to be cholera each had devastating effects prior to the discovery of leprosy. When Captain Cook made the first European contact with the islands he estimated the population at 400,000, although later estimates go to 800,000 or more (Stannard, 1989). The first official census in 1832 gave a population of about 130,000. By the 1850 census the native population had dropped to 84,000. In 1900 there were about 28,000 native Hawaiians and 8,000 part Hawaiians. It is still not fully known what caused the tragic drop in population, but the effects of Western diseases on people who had no hereditary immunity was one significant cause (as it was in other colonized populations including Native Americans).

Contrasting Views

The Native Hawaiian response to leprosy was no different from their response to any other disease. Family members cared for the sick. Family members who had not contracted leprosy would accompany loved ones who were exiled to Kalaupapa when permitted. Western reports from the period clearly indicate that Native Hawaiians did not discriminate against people with leprosy at all, "They [Native Hawaiians] surround smallpox sufferers and kiss, embrace and sleep with lepers without any suspicion of results" (Hagan, 1886, p. 88). George Woods writes that, "the developed leper, in all his ugliness, deformity and corruption, is in no wise treated differently from the native brother, clean and free from all imperfections, but is permitted to share house, food, clothing, bed and pipe; to intermarry with uninfected, and beget children—no relation of life being denied to him" (1887, pp. 5-6). From William Bliss we learn that, "...the natives are heedless of the danger which threatens them from association and contact with it [leprosy]. Rather than allow their leper relatives to be taken away, they secret them from searching officers by hiding them in the valleys and cane-fields" (Bliss, 1873, p. 92). We will term this secondary stigma the "non-disgust" stigma. In it, two significant Western biases shine through, one, the patronizing tone of the Western authors, clearly indicates that they viewed the native Hawaiian response to disease as absurd, and two, the use of such language as, "heedless of the danger," or "without any suspicion of results," to describe the Native Hawaiian response clearly indicates that the Western authors did not believe that Native Hawaiians knew well enough to be disgusted with leprosy or disease in general.

However, Native Hawaiians recognized various types of illnesses including infectious diseases, hereditary diseases and even hereditary predispositions towards particular diseases. An illness might also be sent by the 'amakua, ancestral gods, as punishment "... for doing evil,

breaking oaths, and wrong doing against consecrated things...and all sorts of other errors.” Remedies ranged from prayers and sacrifices to the ‘amakua, to medicine, depending on the type of disease. Medicine was not used to treat diseases that were sent as punishment by the ‘amakua “...lest the force (mana) of the medicine cause his [the patients] death” (Kamakau, 1993, p. 95). Sacrifices were made to the ‘amakua, this “...was the work of the family, it could not be done by outsiders or strangers because their voices and appeals would not be heeded by the ‘amakua” (Kamakau, 1993, p. 97). Hawaiian Kahuna, a specific class of priests, “...were skilled in examining newborn babies and their parents to discover signs of pa‘ao‘ao. Pa‘ao‘ao ailments (ma ‘i pa‘ao‘ao) cling to (pili pu) the parents. When their children are born, they pass on (pili aku) the pa‘ao‘ao, as well as physical disabilities (ma ‘i lolo) and inherited diseases (ma ‘i ku‘una)”, as well as looking for signs of ‘ea “widespread” illnesses (Kamakau, 1993, p. 101). Kamakau interprets pa‘ao‘ao and ‘ea as medical classifications that include predispositions to diseases as well as the diseases themselves. His examples indicate that pa‘ao‘ao was a classification for malfunctioning of the body and ‘ea a classification for diseases that are now recognized as infectious (1993, p. 114, endnote 5).

It is clear that the ancient Hawaiians possessed complex theories of disease causation. In addition it should be recognized that leprosy has a very complex mode of contagion. Most people (even among the Native Hawaiians) are naturally immune to it, and it can take up to thirty years to develop. So even the best Western authorities were unsure that it actually *was* a contagious disease – it might equally well be caused by heredity, sanitation, or food custom (raw fish was under suspicion by Western specialists). Hawaiians apparently did not believe in the contagiousness of leprosy, but most Western specialists didn’t either. So the Native Hawaiian non-disgust of leprosy was not due ignorance of disease causation or lack of a theory of contagion.

Hawaiians simply did not stigmatize diseases in the same way as the West. They did not stigmatize leprosy because of its physical effects. This was a striking difference between the two groups. Westerners, apparently universally, had a reaction of disgust to the symptoms of leprosy, and Hawaiians did not. Westerners shunned and segregated those with leprosy. Hawaiians did not. Healthy members of an ‘ohana would care for sick members, just as they always had, and showed no reluctance to touch or to share food with people with the disease. Many Western commentators remarked on this. Some claimed that Hawaiians were unique in world for failing to react with disgust to the symptoms of leprosy, and many asserted that Hawaiian lack of disgust was innate to their “race” (A Hawaiian Government School Teacher, 1897-1898; Bliss, 1873; Gibson, 1873; “The Hawaiian leper colony,” 1894; Mouritz, 1916; Musick, 1898; Woods, 1887). (This concept is discussed further in Amundson & Ruddle-Miyamoto, in press.)

It would be naïve to believe that the Westerner belief in contagion was the cause of the Western perceptual reaction of disgust. The Western stigmatization of leprosy occurred in an atmosphere of medical ignorance and controversy about the cause of the disease. A contagion theorist might have an easier time justifying segregation out of fear of an epidemic, than a heredity theorist, a nutrition theorist, or a sanitation theorist, but each kind of theorist can find a way to justify segregation, and they did (Pandya, 1998; Sato & Frantz, 2005). Hawaiians did not.

Unfortunately for Native Hawaiians, because leprosy did hold special horror to Westerners, and because foreign influence in the islands was growing, and because the white men were already convinced of their own superiority and therefore the correctness of their views and their ways, those who did not shun people with leprosy were shunned themselves. Those who did not stigmatize those with leprosy, those who did not share the “wholesome horror” of the Westerners were stigmatized for their *failure* to stigmatize. (“Wholesome horror” was Woods’s apt term for the disgust instinct, which he considered innate to Western minds [1887, p. 8]) By failing to be disgusted by leprosy Native Hawaiians proved their inferiority. Their susceptibility to disease and their un-Western (i.e. unenlightened or uncivilized or immoral) ways of dealing with disease were often spun into paternalistic arguments by foreigners and used to delegitimize the Native Hawaiian sovereignty. The Moloka‘i kokuas, and Native Hawaiians in general, were viciously stigmatized for their willingness to associate with and care for those with leprosy. Native Hawaiians, especially the kokua who accompanied patients to Kalaupapa, were portrayed by Westerners as lazy natives anxious to contract leprosy in order to live off the government. For example, Musick comments casually:

“...And some of the natives, I have been told, are anxious to be declared lepers and sent to Molokai, where they will be supported at the expense of the government”. Bliss informs his readers that, “This support [government rations] is so much better than any Hawaiian ever has at home, that natives living on other parts of the island have desired to make themselves lepers in order to be taken care of in this village of death” (1898, p. 93).

The Western reaction to the Hawaiian non-disgust with the symptoms of leprosy was a distinct stigma, separate from “loathsomeness” of leprosy itself. The superiority of Western disgust over native non-disgust was a factor in the belief in Western supremacy over native groups, as Shankar points out (2007). We will use an example to demonstrate the material significance of this stigma. It was not merely a matter of the social reputation of Hawaiians. It was a potential cause of death. Our example is the research of Dr. A. A. Mouritz.

Mouritz’s Story

Among the most extravagant applications of the stigma of non-disgust attributed to Hawaiians is the claim that many Hawaiians actually desired to have leprosy in order that they might take advantage of the free living provided by the government at the Moloka‘i settlement. These allegations combined the attributions of non-disgust with what looked (to Westerners) like Hawaiian fatalism regarding diseases. Most of these claims are apparent fabrications, made by travelers (such as Musick and Bliss) whose information seems to have come from local Westerners, not from Native Hawaiians themselves who actually did wish to have the disease. The motive for spreading these rumors is pretty clearly to defend the generosity of the government program of segregation. The allegation was that the government was so generous to the exiles, and Hawaiians are so indolent, that many of them would rather have leprosy and live off the government than work for a living. Coming third-hand from travelers who spoke only with local Westerners, and contradicting the voluminous records of Hawaiian resistance to the exile laws, these claims have little weight.

However, one set of assertions comes from first-hand knowledge. It is the following claim made by Dr. A. A. Mouritz, physician to the settlement on Moloka‘i from 1884 to 1887. Mouritz reports not the desires of non-exiles to become exiles, but the desires of the kokuas that already lived in the Moloka‘i settlement to actually acquire leprosy themselves:

“In order to lead a lazy, free from care existence, many kokuas, or helpers, are willing to become lepers at the Molokai Reservation; try to imitate the signs for leprosy by burning their skins, rubbing in irritating substances, and by other traumatic means, desire to be placed on the list as lepers in order to get their daily food free” (1916, p. 3).

Given the extravagance of this claim, we must ask whether Mouritz himself is a good source of information on the behavior of the kokuas. He was in direct contact with them during the three years he was the physician at the Moloka‘i settlement. But is he a disinterested observer? Decidedly not. Mouritz had an extremely strong reason to lie about these facts. He had performed highly unethical medical experiments on the Moloka‘i kokuas by attempting to inoculate them with leprosy. Only by alleging that the kokuas actually *wanted* to be infected with leprosy in order to get free handouts, could Mouritz defend himself against the charge of medical malpractice. Let us examine Mouritz’s behavior regarding the kokuas.

During the early years of the settlement, kokuas had been allowed to draw rations along with the exiles. It was recognized, after all, that the settlement simply could not run without the kokuas. But as the size and the expense of the settlement increased, the Board of Health wanted to reduce the costs. In 1873 the kokuas were forbidden from receiving rations (Tayman, 2006). When Mouritz arrived in 1884, he reported to the Board of Health that some kokuas had been falsely diagnosed with leprosy and allowed on the rations list. He promptly threw them off (Mouritz, 1916). Some of the kokuas (like some of the exiles themselves) could find ways of making a living at the settlement. But the basic source of food for many of them was the meager rations given to the exiles. (The Board of Health declared that the rations were only for the exiles. But the ridiculous notion that exiles should not share their food with their kokuas was of course ignored.) Some kokuas acquired leprosy (Mouritz estimated 9.2% per year) and were put on the rations list. The rations list remained the primary resource for food, clothing, and other supplies in the settlement, and there was a strong motivation (namely hunger) for other kokuas to find a way to get on it. The only way to get on it was to convince Dr. Mouritz that one had leprosy. This is the context in which we must view Mouritz’s behavior towards the kokuas.

Mouritz’s 1916 book *The Path of the Destroyer* argues that leprosy enters the body via the alimentary canal, and that it cannot be inoculated. The fact that leprosy cannot be inoculated tends to exonerate Mouritz from his earlier criminal acts--he had attempted on hundreds of occasions to inoculate with leprosy a person who did not have the disease. These were the kokuas that he referred to as wanting a “lazy, free from care existence.” Mouritz, like other Westerners, was surprised that the kokuas were not disgusted by the stigmas of leprosy, and had voluntarily accompanied their family members into exile (rather than shunning them, as was expected by Westerners). They seemed to have no fear of the disease, an attitude that Mouritz described as stoic and fatalistic. Now he found that many of the kokuas claimed that they themselves had leprosy. Mouritz seems to have interpreted this to mean that they genuinely desired themselves to have leprosy, not that they honestly believed themselves already to have

leprosy. In some cases he may have been right; we can never know. However, we do know that Mouritz exploited the situation by attempting to give the kokuas leprosy by inoculating them with “serum” that he derived from the bodily lesions of people who genuinely did have leprosy. Mouritz may well have believed that these results would advance his reputation as a medical researcher. One of his predecessors, Dr. Edward Arning, had advanced his international reputation based on research done at the Moloka‘i settlement by inoculating with leprosy a convicted murderer named Keanu in 1884 (Mouritz, 1916, p. 154). Keanu volunteered for the experiment under the inducement of avoiding his sentence of hanging, and Arning received considerable attention for his act. The outcome of this “experiment” was ambiguous (Keanu developed the disease but was discovered to have lived for years with relatives who had leprosy anyway) and Arning was heavily criticized for his behavior (as we shall see). However, Mouritz did not know of these outcomes at the time he inoculated the kokuas; he only knew that Arning had received international attention. Mouritz may well have expected the same kind of attention from his experiments.

Because we have only Mouritz’s reports on these potentially lethal experiments, we cannot be certain of the exact degree of deceit and intimidation involved in them. Mouritz had the authority to put these people on the ration lists or to remove them. As the settlement’s physician, it was he who “convicted” people of leprosy. How hungry were the kokuas? How hard was it to get food by other means than the ration list? How serious were the kokuas in their professed beliefs that they already had leprosy? We have only Mouritz’s word about this matter. However, Mouritz was deliberate in describing the 15 kokuas (10 men and 5 women) who were subjected to his repeated experimentation. Most of them are described in disparaging and racially charged terms. His general description of the group indicates that they were:

“Healthy kokuas, all ready and willing to be experimented on by inoculation, serums, or any other means likely to develop leprosy; the artificially made lepers hoping to obtain board and lodging, for the remainder of their lives; being listed as lepers -- a livelihood and existence without working being provided by the Board of Health. What other country of the world save in Hawaii, would people be found willing to take the chances of acquiring a loathsome and incurable disease? The sole object to be gained for the loss of health and shortened lives, *being maintained at public expense*” (Mouritz, 1916, p. 140, emphasis in original).

However, when we get down to details, the truth of these assertions is highly doubtful. Mouritz is quite confident that he knows when the patients are lying about believing themselves to have leprosy, and this is one point at which we might doubt his claims. The matter becomes even murkier when we see the grounds on which Mouritz offers to “treat” his experimental subjects. The very first patient (referred to as “A”) asserts that he has leprosy and wants to be put on the ration list. Mouritz reports that he “taxed” the patient with causing his own skin sores, and the patient denied it. Now, does Mouritz offer to inoculate the patient with leprosy? No. Here is his description of what he told the patient: “I informed ‘A’ I would use certain measures to decide his case. He specially stipulated his non-desire for hypodermic treatment, but agreed to submit to any other medicines I might see fit to use.” Mouritz went on to inoculate “A” with “leprous serum from burn vesicles [blisters caused by burns] ... rich in bacilli leprae” (Mouritz, 1916, pp. 141-142).

Note that Mouritz did not tell the patient that he was going to inoculate him with leprosy. He offered to “use certain measures to decide his case.” Then he inoculated him with leprosy. Was the patient aware that he did not already have leprosy, but that the physician was trying to give him leprosy? We do not know and Mouritz does not tell us. Mouritz believes that the patient wants to have leprosy, and this is his justification for treating the patient as he does--as something less than an autonomous decision maker.

This procedure is similar with many other patients. The inoculations are described to the kokua not as attempts to cause leprosy in them, but to determine whether or not they already have leprosy, with the possible award of being put on the rations list. In the case of patient “D” Mouritz says that “to refute his claim of being a leper, I inoculated four foci with leprosy serum in the month of December, 1885” (1916, p. 143). Several of the kokuas are described as “desirous of having leprosy,” but many others are merely described as claiming that they did have leprosy, and of claiming it in order to get on the ration list. The notion that inoculation with leprosy is a way to “refute” a claim of leprosy (case “D”) or a way to “decide the case” of leprosy (case “A”) is a blatant lie, told to an experimental subject, about the purpose of an experiment. The procedures were described to the subjects as tests to ascertain whether the subject had leprosy. But they were actually attempts to give the subject leprosy. Mouritz’s excuse for this behavior was that the kokuas all wished that they had leprosy anyhow. The non-disgust stigma, together perhaps with what Mouritz called stoicism or fatalism, earned these people an inoculation with leprosy.

Mouritz’s report of his experiments is told in a jolly manner, made possible because he knows in 1916 that all of the attempts to inoculate with leprosy failed, and indeed must have failed because leprosy is not inoculable. However, that is not the way we determine guilt. Consider William Tebb’s assessment of Dr. Arning’s inoculation of the criminal Keanu with leprosy as a way to avoid hanging. It was described as “a punishment ten times more severe than the death penalty, and, in my judgment, entirely unjustified” (Tebb, 1893, p. 125) (This description also illustrates the very high stigma attached by Westerners to leprosy itself – the possibility of future leprosy was worse than immediate hanging!) The more relevant question regarding Mouritz’s own guilt is not whether his inoculations were successful, but whether he had believed that they would be. With his hindsight in 1916, he knew that they couldn’t. But in 1886, as we know from his own report to the Board of Health, he believed that those experiments probably would produce leprosy in their subjects. He had told the Board “I believe that the ‘contagium’ of leprosy enters the system by: 1) inoculation a) at broken surfaces of the skin, b) at broken surfaces ... on external mucous surfaces, c) possibly by puncture by insects ...” (Mouritz, 1916, p. 378). So when he inoculated those kokuas between 1884 and 1887, he fully believed that he was causing their death. He was doing so, at least in many of the cases, without the kokuas’ knowledge. What justified this act in Mouritz’s mind was something about the nature of the kokuas’ beliefs and attitudes. They were indolent, undisgusted by leprosy, and cared little about their lives. The medical ethics of a Western doctor were easily bent to fit such a case. He reported that “... stretching all questions of professional ethics, I did not hesitate to avail myself of the opportunities afforded me for testing the inoculability of leprosy. My chief regret is that I have so little to offer in results obtained on this much debated question” (Mouritz, 1916, p. 141). Dr. Mouritz should regret much more—malpractice, if not attempted manslaughter.

R. D. K. Herman notes that the nature of “the Hawaiian” was described differently by Western authors at different times, the descriptions varying to suit the needs of the various stages of Western colonization (1999, p. 409 ff). Hawaiians were *diligent workers* when capital needed to be raised, they were *indolent* when the importation of foreign workers was needed to aid the sugar plantations, and they were *welcoming* when the tourism industry needed to attract visitors. Here we see a very specialized example of such description. Mouritz desires to have *voluntary* subjects for medical experimentation. The non-disgust stigma combined with Hawaiians’ alleged fatalism about disease implied, to Mouritz, that the kokuas were perfectly suited for such experimentation.

Enter Father Damien

Enter Father Damien. There are several ways in which Father Damien differs from the Native Hawaiian kokua. Father Damien was not a close friend or family member to anyone at the settlement. Father Damien was not Hawaiian and therefore was not influenced by the ‘ohana tradition but rather Christian ethics, perhaps even Western paternalism. Whatever his reasons, Father Damien was a volunteer who cared for people who lived with leprosy just like the Native Hawaiian kokuas at Kalaupapa and elsewhere. It is in this willingness in not letting the stigma associated with leprosy stop him from giving his help – his kokua – to other human beings that he is exactly like the kokuas of Kalaupapa. The question at hand is, given that Father Damien was praised for his actions and his willingness to associate and care for those with leprosy, why were the Native Hawaiians stigmatized for the very same behavior? To understand the difference in treatment, and to locate its cause, we must take a closer look at the ways in which Damien did differ from the Native Hawaiian kokuas.

Scientific racism, as it existed in the 19th century, was very different from beliefs about race as they exist today (even among today’s racists). The scientific authorities of the day did not distinguish between the biological and cultural attributes of different races – all differences were “racial.” The modern concept of *culture* (as variations in tradition and beliefs between groups of people) was absent (Stocking, 1994). If a belief, a behavior, or a mode of thought was widespread in a “race” of people, it was regarded as ‘racial,’ and fixed by biology. The ‘culture idea’ (which legitimated the scientific opposition to racism) slowly became a part of modern thought because of the growing influences during the early 20th century of cultural anthropologists like Franz Boas, some broadminded biologists, and eventually a recognition of the eugenic horrors of World War II (Barkan 1992; Provine 1986). Scientific racism in the 19th century presumed that Western civilization was based on *rationality*, the highest attribute of humanity. Reason is said to be the essence of human beings. Since reason establishes moral society, or civilization, civilization can be used as a measure of rationality, and since “civilization” is moral society, civilization can also be used to measure morality. The more advanced your civilization the more rational and the more moral you are. Therefore the more closely a society resembles Western civilization the more rational and moral they are thought to be. The more human one is, the more superior one is relative to the “lower” or less rational animals. The white man stands *contra mundo*, against the world, distinct from all non-Western groups since those groups lack Western civilization (Barkan, 1992). Some groups may come closer than others, they may even be admirable (Native Americans were often used as an

example of the “noble savage” in the racist literature of the 19th century), but ultimately all are inferior to Western civilization. Historian Sonia M. Lee describes the racist attitude held by Westerners of the colonial period: they held “the belief in the cultural and moral superiority of the white race, which bore the burden of civilizing and saving the world” (2000, p. 178).

The question comes to mind: What made Westerners so confident of their superiority? One fact marks Western civilization as superior, irrespective of the variation in beliefs about rationality and morality. It is Western military might, from the sixteenth through the nineteenth centuries, when the West was conquering and colonizing other cultures. This is the single objectively determinable fact that does not first require some moral presupposition to be labeled as superior. They conquered, thus they were de facto militarily superior. But remember that this is “superior” in a very limited sense—superior military strength. Superiority is manifest by conquest, by successfully exerting your will on the world. There is no doubt that the slogan *might makes right*, an idea which makes conquest good, is a Western idea (though perhaps not uniquely Western). During the colonial period, the very fact of success in conquest was used to justify expeditions of conquest. The evolutionary slogan “survival of the fittest” was superimposed on military conquest; success in war was seen as a law of nature, and the “fitness” to rule was demonstrated by the military ability to conquer. Or, in the case of Hawaii, the ability to convince the local authorities (the royalty) to comply with the desires of powerful Western visitors and immigrants. The superiority of Western ways of life (and Western individuals) was shown by their dominance.

This perspective, or one very much like it, was present and operating in the minds of most Westerners in the islands from the time of Cook’s arrival, throughout the 19th century, and perhaps even today. This conception of the superiority of Western moral or intellectual traits frames the way in which Westerners perceive non-Western peoples. Native Hawaiians, as members of a lower race, are inherently inferior in their beliefs and desires. In first half of the 19th century their behavior was described by early missionaries as impure, unclean, immoral, sinful, indolent (an especially popular description), and loathsome (especially in traits that were believed to bring on disease, like domestic arrangements and eating raw fish). These traits, for many Western observers, explained why Native Hawaiians more than any other group were struck by that most loathsome of diseases, leprosy. Herman writes that, “The introduction of diseases by foreigners was portrayed as only a contributing factor to an inherent spiritual and physical deficiency in the Hawaiian peoples – ‘Their very blood is corrupted and the springs of life tainted with disease’”. Herman goes on to report that “[Native Hawaiian] behaviour was said to compound the problem: they ‘hold life at a cheap rate’, ‘take little care of themselves’, live in houses ‘small, filthy, and open to the rain’, and are ‘exceedingly slovenly in their habitations and persons’. All of this was said to ‘show but too plainly the intimate connection between sin and suffering’” (Herman, 2001, p. 322, quoting letters published in the mission journal *Missionary Herald* published during the 1820s and 1830s). On this conception, Native Hawaiians brought diseases upon themselves. This too could be considered a ‘natural’ process. Aware of the drastic reductions in many colonized populations and the immense health problems of African Americans under slavery, many authorities believed that non-white races were gradually going extinct due to their inability to thrive under ‘civilization.’

As a Westerner, Father Damien is assumed to be morally superior. He understands

leprosy and recognizes its loathsomeness. As members of a backward race, Native Hawaiians did not know well enough to shun those with leprosy (the healthy Hawaiian being just as sinful and indolent), and so can be blamed for contracting the disease. In addition their actions -- caring for those who had contracted leprosy or any other disease for that matter -- are the result of ignorance, not compassion, devotion, charity, or love. They inherently lack rationality and rational morality. Therefore their willingness to care for those with leprosy is not an act of selflessness, but rather ignorance. Any rational person is disgusted with leprosy, and therefore the Hawaiians' actions are not praiseworthy, but condemnable as base. Father Damien, on the other hand, as a member of an enlightened (*the* enlightened) race, knows full well the "sinful" nature of leprosy, its loathsomeness, and the risks of contracting the disease himself. But he has managed to overcome his disgust (in the disease itself, and the immoral wretches who have contracted it) and so he can be revered as a paragon of the ideals of selflessness and compassion. Damien's actions are praised as supererogatory and when those very same actions are performed by Native Hawaiians they are said to be base -- the difference is not in the action but the actor. (The difference cannot be that Damien was Christian, because by this time many Hawaiians had converted to Christianity.) Since Damien is informed, educated, intelligent, and moral his decisions are rational and his actions can be praised as selfless, while Hawaiians can be condemned for selfishness or greed for doing the very same thing. And so we realize that of all the aforementioned differences the most significant is that Father Damien was not Hawaiian, he was a white man.

Conclusion

At first it appears that there is a double standard at work in the stigmatizing descriptions the Western press published of the Hawaiian *kokuas* and of Father Damien. But this inconsistent treatment is completely in line with the prevalent conceptions of racial difference and Western superiority. In fact, such conceptions necessitate this inconsistent treatment. To stigmatize Father Damien for his willingness to touch and care for the "loathsome" exiles would be tantamount to admitting that Westerners are, or at least can be, just as "indolent" as the Native Hawaiians. It would undermine the idea of Western moral superiority. Damien must be made into a saint and Native Hawaiian *kokuas* must be demonized, or at the very least to have their loyalty, selflessness, and bravery overlooked. Although Native Hawaiian *kokuas* performed the same actions as Damien, they were said to be motivated by ignorance, indolence, or a combination of the two. If Native Hawaiians were capable of the same compassion, the same selfless motives as the Belgian Priest, then they are just as moral, and if this is so, then the white man is just as base.

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