

1 Historical and Cultural Aspects of Native Hawaiian Health¹

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BEGINNINGS

Native Hawaiians are the descendants of the sea-faring voyagers who, about 2,000 years ago, first settled on a cluster of islands later to be called Hawai'i (Kirch, 1986). These pioneers were members of a "nation" with a common habitus, language and cultural heritage spread over thousands of islands, forming a 20-million-square-mile triangle later named Polynesia, in the middle of the earth's largest ocean, subsequently called the Pacific (Kirch, 1984).

Initially numbering perhaps 50, these colonizers had braved over 2,000 miles of open sea in double-hulled canoes from their earlier home islands to the south, currently believed to be the Marquesas (Kirch, 1984; 1986). Bringing major food plants, such as taro, coconut, sweet potato and banana, and their dog, chicken and pig, they flourished (Handy, *et al.*, 1972; Stannard, 1988). Yet, they continued their two-way, north-south, ocean journeys until about 1200 A.D. (Kirch; 1984; 1986; Handy, *et al.*, 1972; Stannard, 1988). Thereafter, they remained in complete isolation from the rest of the planet for about 500 years, refining a civilization that was to fascinate the Western world (Kirch, 1984).

By 1778, when Capt. James Cook and his crew as the first European visitors arrived by chance, these robust natives had adapted so well to their island ecosystems, that they had attained a population of about 1,000,000 (Stannard, 1988), the largest at that time of any of the dispersed 50 Polynesian societies (Kirch, 1984).

BELIEFS

Traditionally, kanaka maoli, as the Hawaiians called, and continue to call, themselves, trace their origins to Kumulipo (dark source), with the mating of Wakea, the sky father, with Papa, the earth mother, from which everything in their cosmos was derived, including the 'aina (land) and all of its natural resources (Johnson, 1982).

Simple forms, such as the coral bud, were followed in an orderly sequence of over 260 species, by more complex ones, such as the taro plant. Then was born Haloa, the first kanaka, from whom all kanaka maoli are descended.

Great men became chiefs and great chiefs became gods (Buck, 1939). But then, even honored ancestors of maka'ainana (commoners) became 'aumakua, that is, ever-present family guardian gods. Countless spiritual forces, known by several generic names, such as aka (shadow, likeness), akua (god), and 'uhane (spirit), appeared as kinolau (many forms), not only as departed or present kanaka, but as plants, animals, rocks, the ocean, rain and the wind. Indeed, the entire cosmos was living, conscious and communicating (Malo, 1951; Dudley, 1985; Pukui, Haertig and Lee, 1972; 1979; Handy and Pukui, 1972; Kamakau, 1964).

Because of common parentage from Wakea and Papa, the kanaka maoli considered himself lokahi (one) with all in the cosmos from the beginning and forever (Johnson, 1982; Malo, 1951; Dudley, 1985; Kame'eleihiwa, 1986; Pukui, Haertig and Lee; 1972; 1979; Handy and Pukui, 1972).

Gods by definition had greater inherent mana (special quantifiable energy) than kanaka. And ali'i (chiefs) had greater mana by birth than maka'ainana. However, even maka'ainana could acquire mana by developing skills, such as a master navigator, fierce warrior, productive fisherman, talented chanter or effective healer (Dudley, 1985; Kame'eleihiwa, 1986; Pukui, Haertig and Lee; 1972; 1979; Handy and Pukui, 1972).

In spite of the prevalent spirituality, all in the Hawaiian cosmos was natural. There was nothing "supernatural" in the Western sense. Events could and were influenced by all of the numerous forces in the material and spiritual cosmos, favorable and adverse, from the past as well as in the present. These included the individual kanaka's thoughts and attitudes, as well as his actions (Dudley, 1985; Pukui, Haertig and Lee, 1972; 1979; Handy and Pukui, 1972).

Palua (dualism) of complementary opposites was also recognized, such as, sky and earth, day and night, sun and moon, male and female, right and left, hot and cold, fire and water, material and spiritual, health

and illness, good and evil, and life and death (Johnson, 1982; Dudley, 1985).

Pono, or proper order or harmony of these interacting, cyclic and opposing forces required conscious effort, including each individual kanaka's participation (Dudley, 1985; Kame'eleihiwa, 1986; Pukui, Haertig and Lee, 1972; 1979; Handy and Pukui, 1972).

Kapu (sacred restricting taboo), established by the kahuna (priest specialists), sanctioned by the ruling ali'i (chiefs), and enforced by all, was society's way of preserving pono for the common good. For the kapu fostered self-discipline and responsibility in personal hygiene, health-promotion, illness-prevention, public sanitation and respect for the sacredness of nature (Bushnell, 1966).

Imbalance of mana or loss of pono accounted for misfortune, such as illness (Handy, Puku'i and Livermore, 1934; Pukui, Haertig and Lee, 1972; 1979; Handy and Pukui, 1972).

While there was collective lokahi and interdependence with self-na'au (gut, as the seat of thought and feelings), kino (body), 'uhane (personal spirit lodged within the skull), wailua (dream soul which occasionally wandered) -- and others, such as "ohana (family) including 'aumakua, kahuna, and ali'i, nevertheless, individual self-reliance was expected (Dudley, 1985; Pukui, Haertig and Lee, 1972; 1979; Handy and Pukui, 1972).

Each child was a precious pua (flower) assuring perpetuation of the race. Adults, of course, were the providers. And the elderly were esteemed. Death after a meaningful life was welcomed as a reuniting with one's kupuna (ancestors) in the eternal spiritual realm, with completion of a recurring cycle of rebirth and transfiguration into kinolau or reincarnation into other human forms (Handy and Pukui, 1972; Kamakau, 1964). Thus, the kanaka considered himself part of a continuum with his kupuna before him, all of his present 'ohana and nature about him during his physical existence or ola (life) on earth, and with his offspring and succeeding generations after him. An individual alone without these relationships was "unthinkable." (Handy and Pukui, 1972)

These relationships were promoted by frequent, informal, favorable thoughts an spiritual communication with himself, others and all of nature, punctuated by daily, formal rituals, to maintain pono or soundness of personal kino, beauty and grace, skills, and social, economic and psychic security (Pukui, Haertig and Lee, 1972; 1979; Handy and Pukui, 1972). Pono with others and with nature assured mau ke ea, maintenance of "the life of the land." (Dudley, 1985; Kame'elehiw, 1986)

The traditional law of the land was aloha 'aina or malama 'aina (love and care for the land) (Handy, Handy and Pukui, 1972; Dudley, 1985; Kem'elehiwa, 1986; Handy and Pukui, 1972). That is, since the resources of the 'aina nurtured kanaka maoli, it was the responsibility of kanakamaoli to care for the 'aina for his subsequent generations. Thus, kanaka were stewards, not private owners, of the 'aina. Their subsistence economy required mutual malama. For the fisherman provided his catch not only for himself, but for all in the ahupua'a (sea-to-mountain region). Similarly, the taro planter shared his harvest. And the mauka (upland) forester supplied wood for his fellow ahupua'a residents (Handy, Handy and Pukui, 1972; Handy and Pukui, 1972).

Conversely, to intentionally harm others or anything in nature, was to harm oneself.

PRE-WESTERN HEALTH STATUS

Cook's Journals of 1778 described the native men as "above middle size, strong, muscular, well made of dark copper colour...(who) walk gracefully, run nimbly and are capable of great fatigue" (Beaglehole, 1967).

The women "have handsome faces...are very well made...very clean, have good teeth and are perfectly void of any disagreeable smell."

Because of their long geographic isolation of more than 500 years, the kanaka of old were free of the epidemic, contagious pestilences which were the scourge of the continents (Stannard, 1988; Bushnell, 1966; Blaisdell, 1983). However, they did have some focal infections, including a low frequency of dental caries, as observed in skeletal remains (Snow, 1974; Chappell, 1927).

Metabolic disorders, such as gouty, degenerative and rheumatoid arthritis, are also evident in pre-contact human bones, so that other soft-tissue maladies, such as diabetes and atherosclerosis, so prevalent among modern kanaka, probably also occurred to some extent among those at risk, such as high-fat and high-salt consuming, sedentary and corpulent ali'i (Blaisdell, 1983).

One case of apparent metastatic cancer to bone has been identified among the skeletal fossils recovered of over 1,100 pre-contact natives (Snow, 1974).

Trauma was probably the most common class of ailments.

Poisoning was rare (Blaisdell, 1985). "Kava debauchery" among some ali'i was mild and the only form of "drug abuse" (Beaglehole, 1967; Blaisdell, 1983).

The few documented instances of mental illness contrast with Cook's account of the natives as "social, friendly, hospitable, humane... possessing much liveliness...blessed with frank and cheerful disposition."

Some congenital defects were known, the best documented being clubfoot, which persists in highest frequency among modern Hawaiians compared to the other ethnic groups in Hawai'i (Chung, *et al.*, 1969).

HEALTH PRACTICES

The traditional native diet of the maka'ainana was superior to the usual modern Western fare for it was high in fibre and starch, low in saturated fat and sugar, and ample in protein, minerals and vitamins (Miller, 1974; Dirige and Hughes, 1985).

Personal hygiene was fastidious, with bathing two to three-times daily, and with careful individual disposal of body wastes (Bushnell, 1966). The kapu maintained strict public sanitation and environmental protection. This accounted for unknowing control of potentially harmful microorganisms.

Vigorous physical fitness in recreation, such as surfing, and in work, such as tilling taro fields, and constructing stone-retaining walls for fishponds, contributed to lithe, muscular bodies (Beaglehole, 1967; Dirige and Hughes, 1985).

Wellness represented adequate personal mana. Illness resulted from loss of mana due to lack of pono with oneself, others, including spiritual forces, violation of a kapu, or external infliction from 'ana'i (curse) or 'ana'ana (ill will from another) (Malo, 1951; Handy, Pukui and Livermore, 1934; Pukui, Haertig and Lee, 1972; 1979; Kamakau, 1964).

Once illness had occurred, diagnosis was a matter of determining the mechanism of loss and mana and pono. Treatment was directed at restoring the lost mana and pono. As a start, the patient himself, especially if he were a maka'ainana, assessed and managed his illness, having been trained since childhood in self-reliance (Pukui, Haertig, and Lee, 1972; 1979; Handy and Pukui, 1972).

If he did not recover, he would likely seek the care of an experienced kupuna lapa'au (elder healer). Only if this failed, and he could "pay" the appropriate professional "fee," such as a hog, would he seek the care of a kahuna lapa'au (physician priest) at the heiau ho'ola (healing temple) (Malo, 1951; Kamakau, 1964).

Medical practices included:

-Integrated psycho-spiritual methods of prayer, drama, revelation, suggestion, extra-sensory perception, faith-healing, sorcery and group-therapy (Malo, 1951; Pukui, Haertig and Lee, 1972; 1979; Kamakau, 1964; Blaisdell, 1983).

-Physical methods, such as, careful observation, palpation, body-molding, massage, manipulation, clyster-enema; hydro-thermo-heliotherapy; and fracture-setting (Handy, 1934; Pukui, Haertig and Lee, 1972; 1979; Blaisdell, 1983; Snow, 1974).

-Pharmaceutics as part of rituals with symbolism; empirical effective use of numerous medicinal plants, such as the mild narcotic 'awa, cathartics kukui and koali, anti-diarrheal pia, poultices with popolo and noni, and the mineral alae (Handy, Pukui and Livermore, 1934; Blaisdell, 1983).

-Surgery with incision of abscess, prepuce subincision and minor resections with sharp bamboo, bone or shell, and amputation with basalt adze (Pukui, Haertig and Lee, 1972; 1979; Blaisdell, 1983; Snow, 1974).

Kanaka maoli (Buck, 1951) were the most advanced of all Polynesians in:

-Experimentation with systematic observation of biomedical phenomena, detailed nomenclature and classification; empirical clinical trials with medicinals; human autopsy and animal research (Johson, 1982; Pukui, Haertig and Lee, 1972; 1979; Kamakau, 1964; and Blaisdell, 1983).

-Health education with 'ohana training of each child in self-care; experienced kupuna lapa'au (elder healers), kahuna lapa'au (physician priest) training of carefully selected haumana (students) and rigorous 15-20-year curriculum (Pukui, Haertig and Lee, 1972; 1979; Kamakau, 1964; and Blaisdell, 1983).

-Establishment of specialized temples, heiau ho'ola, for training of healers, research, preparation of treatment materials, and communication with the spiritual realm (Malo, 1951; Pukui, Haertig and Lee, 1972; 1979; Kamakau, 1964; and Blaisdell, 1983).

This highly-refined, holistic and preventive health system, harmoniously integrated in their social fabric with nature about them, and their spiritual realm was to receive a devastating blow from contact with the West.

WESTERN CONTACT

The fatal impact of foreigners beginning in 1778 on these most isolated of islanders initiated five main, interrelated factors accounting for the grim status of kanaka maoli in their homeland today (Blaisdell, 1987).

First, was rapid depopulation from about 1,000,000 hardy natives at the time of Cook's landing, to a nadir of 40,000 in 1893 at the time of the haole overthrow of the Hawaiian monarchy (Table 1-1). This represents a 96 per cent decline--a holocaust by any definition (Stannard, 1988).

Initially this decimation was mainly from introduced gonorrhoea, syphilis, probably tuberculosis, and perhaps viral hepatitis, by Cook's crewmen (Stannard, 1988; Blaisdell, 1983). There followed infectious diarrheas, measles, influenza, pertussis, pneumonia, mumps and recurring epidemics, such as four major smallpox outbreaks, and later leprosy, plague, scarlet fever, diphtheria and rheumatic fever (U.S. Congress, 1988; Blaisdell, 1983). These were infections for which the natives lacked immunity from over 500 years of isolation from the rest of the Pacific and the world.

By 1893, the 40,000 Native Hawaiians were also outnumbered by 50,000 foreigners (Table 1-1). The trend was to worsen, so that only 20 per cent of current residents of Hawai'i are kanaka maoli.

With the beginning slow upturn in the Native Hawaiian population in the early 1900s, due to a rise in the birth rate, in spite of high infant mortality, there has been a progressive decline in their biological Hawaiianness. The current kanaka maoli outmarriage rate of 60% means the present figure of 8,000 pure Hawaiians will decline to less than 1,000, and that those with less than 50% Hawaiian will rise to greater than 70 per cent with entry into the 21st century (Miike, 1987).

Second, is foreign exploitation. This began at the time of Cook with the replacement of the traditional island subsistence-sharing economy by the for-profit barter and later money economy. Firearms,

Table 1-1 Hawai'i Population Estimates by Major Ethnicity in 1778, 1893 and 1985

| ETHNICITY | 1778 | | 1893 | | 1985 | |
|-----------------|-----------|------|--------|------|---------|------|
| Native Hawaiian | 1,000,000 | 100% | 40,000 | 45% | 184,800 | 19% |
| Pure | 1,000,000 | 100 | 34,000 | 38 | 8,100 | 1 |
| Part | -- | -- | 6,000 | 7 | 176,700 | 18 |
| White | -- | -- | 20,000 | 22 | 300,000 | 30 |
| Asian | -- | -- | 30,000 | 33 | 392,000 | 40 |
| Other | -- | -- | -- | -- | 108,700 | 11 |
| Total | 1,000,000 | 100% | 90,000 | 100% | 985,700 | 100% |

SOURCE: Stannard and Department of Health

sandalwood lumbering, whaling, cattle-ranching, foreign military threats, and later sugar-growing brought foreign economic and political control of the ruling ali'i, who were too easily swindled by greedy Western merchants (Agard, 1982; H.K. Trask, 1983).

Western (not Hawaiian) legalized theft of native lands started with the haole-designed Mahele of 1848 which created private ownership of land (Kame'eleihiwa, 1986; H.K. Trask, 1983). The Kuleana Act of 1850 that followed resulted in less than 1 per cent of the land being awarded to less than 20 per cent of eligible maka'ainana (Kame'eleihiwa, 1986). The 'aina was no longer a sacred trust for all and the future, but rather, a commodity to serve immediate individual material ends. Loss of land and access rights by natives led to disruption of 'ohana and their alienation from the planting, fishing and gathering ecosystems of the traditional ahupua'a (Handy, Handy and Pukui, 1972; Kame'eleihiwa, 1986; H.K. Trask, 1983).

These pressures were mixed with suppression of native religion, language, art, dance, music, the lunar calendar, education and health care, by Christian missionaries after their arrival in 1820, through their influence on the reigning monarchs, and later by their assuming key

positions in the government (Kelly, 1988; Kimura, 1983; Tagupa, 1981). Dismantling of the 'ohana and kahuna on-the-job-learning systems and their replacement by de-Hawaiianizing Western classroom methods did not train natives for leadership, but for subservience to haole rule (H.K. Trask, 1983; Kelly, 1988).

American imperialism culminated in 1893 with the U.S. armed invasion of the independent kingdom of Hawai'i and toppling of the native constitutional government by white businessmen with the aid of the U.S. minister (Blount, 1893). "An act of war," cried President Grover Cleveland, with U.S. violation of existing treaties, international law, and the rights of an indigenous people (H.K. Trask, 1983; McElroy, 1923). The haole Provisional Government and the succeeding anti-democratic, self-proclaimed Republic of Hawai'i denied voting rights to the natives and other non-whites based on their alleged racial inferiority (Castle, 1981). Annexation of Hawai'i to the U.S. in 1898 was by Congressional Resolution without the consent of, or compensation to, the native people, and with the taking of almost two million acres of their lands. Cleveland said at the time of annexation: "...a miserable business...I am ashamed of the whole affair." (McElroy, 1923)

Exploitation continued after establishment of the Territory of Hawai'i, and continues today under statehood by a non-Hawaiian establishment of the government, the military and multinational corporations (H.K. Trask, 1983; 1985).

Third, is cultural conflict. Its pain was immediately felt by the kanaka maoli who encountered the Cook expedition. For who could deny the greater mana of fire weapons, metal instruments, large sailing ships, the wheel, leather and clothing textiles, books-reading-and-writing, and freedom from the punishment of kapu violations?

In 1819, despairing because the kapu were no longer effective, the Hawaiian leaders themselves formally abolished these official sacred laws which also governed personal hygiene and public sanitation. Gross pollution of person, home, the land and water followed (Blaisdell, 1983).

Cultural conflict was also evident in the eagerness with which many ali'i pursued material luxury by exploitation of maka'ainana labor in sandalwood and other trade (H.K. Trask, 1983).

Collaboration with foreigners on their terms invariably results in conflicting values. Even today, every Native Hawaiian knows and feels the struggle within himself. Traditional values call for group affiliation, sharing with others, caring for nature, working together within the 'ohana system for common goals, and respect for the inherent value of everything in the Hawaiian cosmos. In contrast, the necessity for survival in the dominant Western world fosters individual competitive assertion for personal power, materialism, degradation and commercialization of native culture, language and religion, with waste and destruction of the 'aina and other natural resources (Blaisdell, 1987; H.K. Trask, 1985).

The constant pressure by the dominant Western society on Native Hawaiians to assimilate into the anti-Hawaiian Western mode always carries the guilt of betrayal to the ways of native ancestors.

Cultural pluralism, so popularly promoted in the communications media and schools, with its promise of "equal opportunity," has a hollow ring when it demands compliance to the Western, not Hawaiian, frame of reference for the Native Hawaiian in his own home land. Non-Hawaiians in Hawai'i have their ethnic roots in their homelands elsewhere. Hawaiians have no other home land than Hawai'i. Yet, in their native land they are compelled to behave as non-Hawaiian Westerners in order to survive (Blaisdell, 1987).

Accentuating the pain of every Native Hawaiian is the increasing use, and therefore misuse and abuse, of the term "Hawaiian" to refer to what is clearly not Hawaiian and sometimes even anti-Hawaiian. To kanaka maoli, the Royal Hawaiian Hotel, Hawaiian Airlines, Hawaiian Telephone Company, Hawaiian Electric Company, Hawaiian Historical Society, and non-Hawaiian residents of Hawai'i are not Hawaiian. When Professor Gavan Daws concludes his publication Shoal of Time (1968) with the statement, "Now we are all Hawaiian," Native Hawaiians are not pleased. For if non-Hawaiians are Hawaiian, then who or what are Hawaiians? Nobody? Is this the reason why Hawaiians must now be called Native Hawaiians?

This failure of non-Hawaiians to respect the distinctive identity of Hawaiians as the aboriginal people of Hawai'i in Hawai'i with special rights is humiliating.

A similar mind set extends to those non-Hawaiians who become self-asserted authorities on matters Hawaiian, such as language and culture. The affront is worsened, not lessened, when some Native Hawaiians themselves not only tolerate but support such presumptions.

The clash of cultural values described above has resulted in loss of Hawaiian identity, self-worthiness and self-confidence, and for many despair and loss of willingness to live in a no longer meaningful society, with resulting self-destructive behavior (Blaisdell, 1983; Blaisdell, 1987; Marsella, *et al.* 1985; Andrade, 1988).

Fourth, is adoption of harmful foreign ways. Besides the vexing non-Hawaiian attitudes described above, *kanaka maoli* have too eagerly embraced unwholesome Western lifestyles.

In modern times, a salient example is malnutrition by consumption of excessive saturated-fat, sugar and salt, as in ready-made commercially-processed food importations promoted by profit-oriented non-Hawaiian corporations. Such highly-advertised products contribute to the wide prevalence of heart disease, hypertension, diabetes, obesity and cancer in Native Hawaiians, as well as others of course (Dirige and Hughes, 1985; Aluli and O'Connor, 1988).

Displaced and dispossessed, few Native Hawaiians now have the opportunity and accessibility to live off the land and sea as in earlier times (H.K. Trask, 1985).

Western self-destructive habits also include consumption of tobacco, alcohol and harmful illicit substances (Blaisdell, 1983; Blaisdell, 1987; Marsella, 1985; Andrade, 1988).

Economic and social assimilation pressures contribute to urban crowding, fast-lane automobiling, reckless recreation, lack of physical fitness, increasing dependence on government welfare, and ill-coping with stress (Chappell, 1927; Blaisdell, 1987; Marsella, 1985; Andrade, 1988).

Fifth, is neglect, insensitivity and sometimes, malice. The dominant Western society has been generally indifferent to the plight of

Native Hawaiians and often hostile toward their culture and practices. Some notable examples are here cited.

Since the early 1800's, Christian missionaries have regularly denounced, rather than recognized, the now largely underground traditional healing methods (Pukui, Haertig, and Lee, 1972; 1979; Blaisdell, 1983; Kelly, 1988).

In 1859, because the natives were considered to be a dying race, the Queen's Hospital was chartered by the government of the Kingdom "for treatment of indigent sick and disabled Hawaiians," supported by a hospital tax and private subscriptions (Greer, 1969). In 1909, 11 years after U.S. annexation, a minority of the all-white hospital corporation secretly deleted the terms "indigent" and "Hawaiians" from the hospital charter, and ended government responsibility for the hospital. No longer was there free medical care for needy and sick natives (Hausten, 1950).

In 1911, the Leprosy Investigation Station at Kalaupapa, Moloka'i, established by the U.S. Congress, closed after two years because Native Hawaiian Hansen disease patients refused to submit to culturally inappropriate and dehumanizing care at the facility (Bushnell, 1968).

Growing resentment in Hawaiian communities in 1922 led the U.S. Congress to set aside 200,000 acres of government land for social and economic "rehabilitation" of homesteaders with at least 50 per cent Hawaiian ancestry. The program failed because mostly third-class raw lands were assigned without suitable infrastructure, and financing for housing was inadequate. Most of the usable lands were commercially leased to non-Hawaiian firms for income because no government funds were provided for administration of the program. In addition, many of the most suitable lands were transferred for other government purposes without payment of rent (M.B. Trask, 1982).

Vital statistics by the Americanized Hawai'i government since 1900 have persistently demonstrated Native Hawaiians to have the worst health profile in the islands, with the shortest life-expectancy, highest mortality rates and greatest rates for most chronic diseases (Blaisdell,

1983; Blaisdell, 1987). These deplorable health indices have been regularly ignored until the recent resurgence of Hawaiian activism.

Even as late as November 1985, when the Native Hawaiian Health Needs Study was unveiled at a public conference (Bell, 1985), top administrators in the Hawai'i State Department of Health faced with the obvious question, "What is your department doing about this?" replied: "Our department is color blind. If Hawaiians choose not to use our services, the fault is not ours."

Fortunately since 1987, the new director of the Department of Health has reversed the position of his department toward Native Hawaiians. He has established an all-Hawaiian member Native Hawaiian Health Task Force and created a new Office of Hawaiian Health to improve his department's services to Native Hawaiians in their homeland (Fukino, *et al.*, 1988).

A TURNING POINT

Post-World War II brought a shift of Hawai'i's economy from dependence on sugar, pineapple and military expenditures to tourism, land speculation and rising investments by multinational corporations (Trask, H.K., 1985).

After Hawai'i statehood in 1959, the burgeoning visitor industry, with a boom in construction of hotels, condominiums, subdivisions and resort complexes, demanded even more land. The relatively few large private landowners profited more as land prices shot upward.

In the 1960's, rural Native Hawaiian communities, already economically exploited, were besieged by rapid encroachment on remaining agricultural lands.

Retaining remnants of the traditional lifestyle of taro-farming, fishing, canoe-building, reverence for nature, Hawaiian language, music and hula, fostered by a supportive land base, Hawaiians in these communities began to resist. Kona, Sand Island, Mokauea Island, Waimanalo, Kahana, Wai'anae, Nanakuli, Hana and East Moloka'i became sites of protest over evictions of Native Hawaiians to make way for non-Hawaiian malihini (newcomers).

Formal land base claims by Native Hawaiians began to take several forms: reparations for the 1893 U.S. armed invasion and taking of Hawaiian nationhood; legal claim to ceded, Hawaiian Homes and other trust lands abused by the State and Federal governments and by large Hawaiian private trust estates; and U.N. recognition of aboriginal land rights.

In the 1970's, Naive Hawaiian political organizations began to proliferate, such as, The Hawaiians, Kokua Kalama, Congress of the Hawaiian People, ALOHA, Hui Malama 'Aina, Homerule, 'Ohana O Hawai'i, Hui Ala Loa and Protect Kaho'olawe 'Ohana. The latter not only opposed the military by bombing of Kaho'olawe, but asserted a Native Hawaiian cultural alternative--aloha 'aina (love of the land)--to the Western practice of exploitation of both the native people and their natural resources.

In 1978, The Hawai'i State Constitutional Convention called for reforms in the State Department of Hawaiian Homelands, protection of Native Hawaiian access rights to the land and sea for religious and cultural purposes and economic subsistence; promotion of the Hawaiian language, history and culture; abolition of adverse possession of Hawaiian lands; and the establishment of an Office of Hawaiian Affairs (OHA).

Native Hawaiians began to learn what had been suppressed in their school curricula--how white colonizers had taken their lands and how Americanization of Hawai'i had meant repression of the native people and decline of their culture, just as had occurred with the American Indians and Alaskan Natives.

Mounting restlessness in Hawaiian communities was expressed in the 1983 Native Hawaiians Study Commission Report to the U.S. Congress (Blaisdell, 1983; H.K. Trask, 1983; Kimura, 1983). The health section of that report, although buried in the Appendix, for the first time drew public attention to the dour health status of the Native Hawaiians and for the first time linked restoration of Hawaiian health to control over their lives by Hawaiians themselves by reclaiming their land base (Blaisdell, 1983; H.K. Trask, 1983).

Although the U.S. Congress took no formal action on the Commission Report in 1984, Hawai'i's Senator Daniel Inouye prodded the U.S. Department of Health and Human Services (DHHS) to undertake a more comprehensive health study of the Native Hawaiians.

The result was the December 1985 E Ola Mau Native Hawaiian Health Needs Study commissioned by Region IX of the DHHS and conducted by a health research consortium organized by Alu Like and the University of Hawai'i.

After the report was submitted, the few Native Hawaiians who had participated as members of the research consortium established a permanent Native Hawaiian health professional organization in March 1986, to continue the work of the study and its implementation.

The name E Ola Mau (Live On) was intentionally chosen for this new group to express the commitment of Native Hawaiians themselves to alleviating the health plight of their people (E Ola Mau, 1986-88)

In May 1986 and again in March 1987, E Ola Mau participated with Alu Like, OHA, Kamehameha Schools/Bishop Estate and others in U.S. Senate hearings on a Native Hawaiian health bill introduced by Sen. Inouye. However, the bill failed to pass the Congress in those two years.

Meanwhile, other Native Hawaiian health organizations were undertaking health programs in their own Hawaiian communities: Na Pu'uwai on Moloka'i completed a cardiovascular risk study and traditional Hawaiian diet study on Native Hawaiian homesteaders that attracted wide attention (Aluli and O'Connor, 1988). Hale Ola Ho'opakolea in Nanakuli on O'ahu was providing Native Hawaiian cultural health counseling services on the Wai'anae Coast. In West Kaua'i, Ho'ola Lahui Hawai'i completed a health needs assessment of the Hawaiian community there and launched a physical fitness program (Fukino, *et al.*, 1988). At Hanalei, the Waipa Hawaiian Farmers Association started their own taro farm, a healing center using traditional methods, and a preschool Hawaiian language immersion program (Kapaka-Arboleda, 1988).

In August 1988, Sen. Inouye conducted Senate hearings in these Hawaiian communities which resulted in extensive revisions in the Hawaiian health bill before it passed the Senate (E Ola Mau, 1986-88).

On October 11-12, E Ola Mau was invited to participate in final wording of amendments to the Hawaiian health bill just before it received the necessary two-thirds majority approval in the House of Representatives.

On October 31, 1988, The Native Hawaiian Health Care Act of 1988 was signed into law by the President.

The Act authorizes \$19.6 million over three years for nine community-based Native Hawaiian Health Centers to be established by Native Hawaiian organizations (U.S. Congress, 1988). The centers will incorporate traditional Hawaiian healers as well as Western-trained health personnel in health promotion and disease prevention and primary health care services.

A five-member Papa Ola Lokahi will be responsible for coordinating, planning, training and health care research. The members are E Ola Mau, Alu Like, OHA, University of Hawai'i and the new Office of Hawaiian Health in the State of Hawai'i Department of Health.

The president also signed legislation authorizing \$7.8 million over four years for Native Hawaiian health professional scholarships (U.S. Congress, 1988) and \$750,000 for a Native Hawaiian Mental Health Research Center at the University of Hawai'i (E Ola Mau, 1986-88).

EDITOR'S NOTE

1. Dr. Blaisdell provided correct Hawaiian spelling, including the use of the macron, in his manuscript. However, technical limitations in the available fonts necessitated omitting these in the final publication. The editor takes responsibility for these changes.

REFERENCES

- Agard, L.K. 1982. *Politics, Hawai'i Sandalwood Trees and Hope*. Honolulu.
- Aluli, N.E. and H.K. O'Connor. 1988. "The Moloka'i Heart Study and the Moloka'i Diet Study," *Na Pu'uwai*.
- Andrade, N.N. 1988. "A Statewide Native Hawaiian Community-Based Health Care System for the Delivery of Preventive Health Services." Honolulu: E Ola Mau, (October, 12).
- Beaglehole, J.C. (Ed.) 1967. *The Journals of Captain James Cook on His Voyages of Discovery, Vol. III The Voyage of the Resolution and the Discovery, 1776-80*. London: Cambridge University.
- Bell, B.Z. (ed.) 1985. "E Ola Mau (Hawaiian Health Needs Study) Conference Proceedings," Alu Like. (December).
- Blaisdell, K. 1983. "Health Section," *Native Hawaiians Study Commission Report*, Vol. I: 99, 556. Washington, D.C.: U.S. Government.
- _____. 1985. "Poisoning in Hawai'i Kahio, He Mau Nonau Ola," *Ka Wai Ola O OHA*. (March).
- _____. 1987. Panel on Native Hawaiian Health: Historical and Cultural Aspects, Hawaii State Department of Health, 18 December 1987.
- Blount, J. 1893. "Report to U.S. Congress: Hawaiian Islands," in *Executive Document No. 46, 53rd Congress*. Washington, D.C.
- Buck, P.H. 1939. *Anthropology and Religion*. New Haven: Yale University.
- _____. 1951. "Remarks on Hawaiian Medical Lore," in N.P. Larsen, "Rededication of the Healing Heiau Keaiwa," *Hawaiian Historical Society Annual Report*.
- Bushnell, O.A. 1966. "Hygiene and Sanitation among the Ancient Hawaiians," *Hawaiian Historical Review*, 2 (5): 13.

- _____. 1968. "The United States Leprosy Investigation Station at Kalawao," *Hawaiian Journal of History*, 2: 76.
- Castle, A.L. 1981. "The Dole-Burgess Letters," *Hawaiian Journal of History*, 15: 24.
- Chappell, H.G. 1927. *Jaws and Teeth of Ancient Hawaiians*. Honolulu: Bernice P. Bishop Museum, Mem. 9: 249.
- Chung, G.H.S.; C.S. Chung; R.W. Nemecheck. 1969. "Genetic and Epidemiological Studies of Clubfoot," *American Journal of Human Genetics*, 21: 566.
- Daws, G. 1968. *Shoal of Time: A History of the Hawaiian Islands*. New York: MacMillan.
- Dirige, O and C.K. Hughes. 1985. "Nutrition/Dental Task Force Report," in *E Ola Mau Native Hawaiian Health Needs Study*. Honolulu: Alu Like.
- Dudley, M.K. 1985. Philosophical Analysis of Pre-European-Contact Hawaiian Thought. Ph.D. Dissertation, University of Hawai'i.
- E Ola Mau. 1986-88. *Na Mea Hou*, Newsletter of E Ola Mau.
- Fukino, R.W., R. Prizzia, et al. 1988. "West Kaua'i Health Needs Assessment Survey," *Ho'ola Lahui Hawai'i* (January).
- Greer, R.A. 1969. "The Founding of Queen's Hospital," *Hawaiian Journal of History*, 3: 110.
- Handy, E.S.C., E.G. Handy, M.K. Pukui. 1972. *Native Planters in Old Hawai'i*. Honolulu: Bernice P. Bishop Museum Bulletin 233.
- Handy, E.S.C. and M.K. Pukui. 1972. *The Polynesian Family System in Ka'u, Hawai'i*. Rutland, Tokyo: Tuttle.
- Handy, E.S.C., M.K. Pukui, K. Livermore. 1934. *Outline of Hawaiian Physical Therapeutics*. Honolulu: Bernice P. Bishop Museum Bulletin 126.
- Hausten, V.S.K. 1950. "The Queen's Hospital," in *Honolulu Advertiser*, December 18-27.
- Johnson, R.K. 1982. *Kumulipo*. Honolulu: Topgallant.
- Kamakau, S.M. 1964. *Ka Po'e Kahiko*. Honolulu: Bernice P. Bishop Museum Special Publication 51.
- Kame'elehiwa, L.K. 1986. *Land and the Promise of Capitalism: A Dilemma for the Hawaiian Chiefs of the 1848 Mahele*. Ph.D. Dissertation, University of Hawaii.

- Kapaka-Arboleda, L. 1988. "Hale Ola O Waipa," *Hawaiian Farmers of Hanalei*, 13 (May).
- Kelly, M. 1988. *Early Mission Impact on Hawaiians and Their Culture*. Church of the Crossroads (November).
- Kenn, C.W. 1935. "Ancient Hawaiian Sports and Past-Times," *Mid-Pacific Magazine*, 48: 308.
- Kepelino, Z. 1932. *Kepelino's Traditions of Hawai'i*, edited by M. Beckwith. Honolulu: Bernice P. Bishop Museum Bulletin 95.
- Kimura, L.L. 1983. "The Hawaiian Language," *Native Hawaiian Study Commission Report*, Vol. 1: 173. Washington, D.C.: U.S. Government.
- Kirch, P.B. 1984. *The Evolution of the Polynesian Chiefdoms*. Cambridge, UK: Cambridge University.
- _____. 1986. "Rethinking East Polynesian Prehistory," *Journal of the Polynesian Society*, 95: 9.
- Malo, David. 1951. *Hawaiian Antiquities*, edited by N.B. Emerson. Honolulu: Bernice P. Bishop Museum Publication No. 2.
- Marsella, A.J., et al. 1985. "Mental Health Task Force Report," *E Ola Mau Native Hawaiian Health Needs Study*. Honolulu, Alu Like.
- McElroy, R. 1923. *Grover Cleveland the Man and the Statesman*. New York: Harper.
- Miike, L. 1987. "Current Health Status and Population Projections of Native Hawaiians Living in Hawaii," Washington, D.C.: Office of Technology Assessment, U.S. Congress (April).
- Miller, C.D. 1974. "The Influence of Foods and Food Habits Upon the Stature and Teeth of the Ancient Hawaiians," Appendix E in *Early Hawaiians: An Initial Study of Skeletal Remains from Mokapu, Oahu.*, edited by C.E. Snow. Lexington: University of Kentucky.
- Pukui, M.K., E.W. Haertig, C.A. Lee. 1972. *Nana I Ke Kumu*, Vol. 1. Honolulu: Hui Hanai.
- _____. 1979. *Nana I Ke Kumu*, Vol. 2. Honolulu: Hui Hanai.
- Snow, C.E. 1974. *Early Hawaiians: An Initial Study of Skeletal Remains from Mokapu, Oahu*. Lexington: University of Kentucky.
- Stannard, D.E. 1988. *Before the Horror: The Population of Hawai'i on the Eve of Western Contact*. Honolulu: University of Hawaii Press.

- Tagupa, W.E.H. 1981. "Education, Change and Assimilation in Nineteenth Century Hawai'i," *Pacific Studies*, 5: 57.
- Trask, H.K. 1983. "An Historical Over-View of Hawai'i: Pre-Contact to the Present," *Native Hawaiians Study Commission Report*, Vol. 1: 713. Washington, D.C.: U.S. Government.
- _____. 1985. In "Historical/Cultural Task Force Report," *E Ola Mau Native Hawaiian Health Needs Study*. Honolulu: Alu Like.
- Trask, M.B. 1982. In *Federal-State Task Force on the Hawaiian Homes Commission Act*. Report to the U.S. Secretary of the Interior and Governor of the State of Hawai'i. Honolulu.
- U.S. Congress. 1988. *Congressional Record -- House, 12 October*. Washington, D.C.: U.S. Congress.