

Book Commentaries

Emma: Hawai'i's Remarkable Queen

George S. Kanahale

The Queen Emma Foundation, 1999

COMMENTATOR: TERENCE A. ROGERS*

This work provides not only a life-long portrait of an admirable and fascinating woman, but is also an engaging social and political history of Hawai'i in the mid-nineteenth century. This synopsis will deal largely with the health and education aspects of the life of the Queen and her influence on acute health care and public health in the Kingdom of Hawai'i.

As with most of us, Emma's early years set some patterns that lasted throughout her lifetime. An important element is that much of her education had a strongly British slant. This influence did not, however, diminish her pride in being Hawaiian; she had an unfeigned love for the "common people" of Hawai'i and she became a noted collector of Hawaiian arts and crafts.

The British influence came from her *hānai* father, T.C.B. Rooke, an English physician and husband of Grace Kawaikui Rooke, the sister to whom Emma's biological mother, Fanny Kekela Naea, gave her. Emma was also influenced by her English governess, and much later the Scottish planter Robert Wyllie, and several clerics, including some nuns, from the Church of England. Accordingly she became a devout Anglican (i.e., Episcopalian, congruent with the Church of England). Her religious faith supported her in the series of tragedies that punctuated her life, but was also the impetus for her untiring efforts for health care and Christian education.

*Former Dean, John A. Burns School of Medicine, University of Hawai'i at Mānoa. Contact: Terence A. Rogers, JABSOM University of Hawai'i at Mānoa, 1960 East-West Road, T101, Honolulu, Hawai'i, 96822. Tel: (808) 956-5511. Fax: (808) 956-5506.

Her husband, Alexander Liholiho known as Kamehameha IV, came to share her devout faith and he even translated the *Book of Common Prayer* into Hawaiian. Together they sought funds to start a hospital for sick Hawaiian people. In addition to the Queen's Medical Center, they also founded St. Andrews Priory School for Girls, and began the long task of funding the construction of St. Andrew's Cathedral. All of these institutions are thriving today.

As a young man, Alexander Liholiho accompanied Dr. Rooke on his windward O'ahu trips, witnessing firsthand the impact of disease and westernization on his people. Kamehameha IV was a cultivated man and he subscribed to and read several British journals. It is likely that the royal couple was aware of the surging interest in public health in Britain from about 1850 onward. Florence Nightingale's "Notes on Nursing" was published in 1860, the same year that Queen Emma and King Kamehameha IV laid the cornerstone of the Queen's Hospital.

The Queen's benevolence was that of the "caring noble" in that she saw it as the duty of the fortunate to care for the poor, especially the sick poor. This was not repugnant to the common people at that time and the Queen's gentle simplicity won their hearts. A particularly important contribution was her foundation of the Cathedral District Visiting Society, a *hui* of well-born (and Anglican) ladies to visit and help the poor in Queen's Hospital and in their homes. They visited in pairs, one of whom had to be Hawaiian or at least be able to speak the language. This enterprise was much admired, but also evoked some mildly acrid comment that the missionary wives had been doing that same work for years.

The devout Anglicism of the royal couple was not popular with the other Protestant ministries but there were also some more political concerns. In Britain, Queen Victoria was constitutionally "Defender of the Faith" and the head of the Church of England. The Hawaiian Constitution firmly required separation of Church and State, and therefore, there was always a current of suspicion in this context.

Queen Emma was the joyful mother of her little son, Albert Edward Kauikeaouli. Through a proxy Queen Victoria was his Godmother. His governess was the noble Kapi'olani who later became the Queen Consort of King David Kalākaua. Little Prince Albert was an amiable boy but had been described as "not a well child" and he was subject to bouts of fever. In his fourth year he had an angry tantrum about a pair of boots and his father put his head under a faucet and doused him with cold water. The boy fell ill with what was assumed to be "brain fever" consequent to the cold dousing. The King was stricken with remorse, but 21st century physician Alfred D. Morris absolves the King. In recent

years, Dr. Morris analyzed the reported progress of the illness and, based on the Prince's own complaint of abdominal pain, concluded that he had an obstructed intestine due to the swelling and irritation of an infected appendix. This was also consistent with Albert's unexpected improvement on the fifth day when, characteristically, the swollen appendix burst and gave temporary relief. The release of the infectious matter into the abdomen, however, then set up a fatal peritoneal infection. Other historical medical assessments have identified spinal meningitis as the likely cause of death.

Accurate diagnosis and prompt surgery could have saved the child's life but these were the early years in medical and surgical advancements. These events had nothing to do with the cold water dousing, but the underlying idea of the dangers of cold water immersion of the head have persisted among lay persons well into current living memory.

The loss of Prince Albert devastated the Queen and she mourned him for the rest of her life. The health of Kamehameha IV also concerned her very much as he suffered repeated attacks of asthma and was also a heavy drinker. The latter problem led him into deep trouble; in an alcoholic fog he thought that the Queen had an "affair" with his assistant, Henry Neilson. With his judgement so clouded he shot Henry Neilson in the chest. Neilson survived but in precarious health and died two years later. This terrible event blighted the King's reign and he himself died at the age of 29, barely 2 years after the death of his son.

The King had no other "issue" since Prince Albert had died and so his brother, Prince Lot, became Kamehameha V. Unfortunately, he, too, was a heavy drinker and became immensely obese, leading to "dropsy of the chest," presumably the edema of congestive heart disease. He died childless on his 42nd birthday. It must be remembered that the two kings (and most of the *ali'i*) were immensely rich and could indulge gargantuan appetites for food and liquor. The physicians of that day were well aware of the dangers of obesity and alcoholism but none had the "rank" to set limits on a King.

All these events took place long before Pasteur and Koch. The prevailing "western" ideas about disease centered upon "*miasmas*" (Greek for pollution). The association of diseases with emanations from swamps and filthy latrines were, of course, entirely reasonable.

The Native Hawaiian concepts of disease were largely magical although quite perceptive in linking melancholy to physical ailments. Illness required the intercession of a *kāhuna* and some of the herbal remedies used were of value.

The *kāhuna 'anā'anā* would, for a fee, cure an illness or "pray" a victim to death. In her early years, Queen Emma held the *kāhuna* and associated beliefs in contempt; not until her later years did she acknowledge some positive values in the native pharmacopoeia.

The first physician at the Queen's Hospital was Dr. William Hillebrand. He emerges as a wise and industrious hero! His reports to the Queen are remarkable for the range of complex surgery he conducted and for his own weary patience. His gentlemanly complaints are all too familiar in the present day: a shortage of nurses and cleaners, the concurrent reliance of his patients on magic and, above all, a shortage of money!

In her middle years (1865-1866) Queen Emma made an almost triumphal visit to Europe where her exotic appearance, beautiful manners, and sweet simplicity won the admiration and curiosity of the people. Partly because of her devout Anglicism she was extremely well received by the English establishment and by the common people. Her audience with Queen Victoria was warm and most rewarding

and led to a life-long sisterly correspondence between the two Queens. She was also graciously received by the Emperor Napoleon and Empress Eugenie of France. On her way back to Hawai'i she visited New York and Washington, D.C.

President Andrew Johnson held a gala reception in her honor at the White House. The American generosity was all the more remarkable as it came so close to the end of the Civil War.

The Dowager Queen Emma was, herself, a member of the Kamehameha Dynasty. When Kamehameha V died childless and without naming a successor, it left a confused and tense situation. An unprecedented election was called to choose a new monarch. The two principal candidates were William Lunalilo and David Kalākaua. Lunalilo was elected King but died of tuberculosis a year later. Therefore, he, like his two predecessors, left no child.

After Lunalilo's death the tension was renewed; the two major candidates were the Dowager Queen Emma and David Kalākaua, who had just lost the previous election. Their rivalry was surprisingly vituperative. Emma entered the election with the tenacity that had held her in good stead previously, but she so much wanted to be the monarch that she "stood by" while her supporters staged a violent riot on her behalf—perhaps her very worst lapse of judgement. Kalākaua won the election and held firm in a period of rebellious uncertainty.

The Queen and her supporters were, among other matters, concerned that Kalākaua was swayed by foreign (Ameri-

**Queen Emma held the *kāhuna*
and associated beliefs in contempt;
not until her later years did she
acknowledge some positive values
in the native pharmacopoeia.**

can) wishes—for territorial concessions that threatened Hawaiian Sovereignty. An immediate ambition was the cession of Pearl Harbor to the U.S., in return for the duty-free export of Hawaiian sugar to the U.S. It would follow that this would meet the approval of influential foreign planters, such as Claus Spreckels.

At that time, the skirmishes among Emma, Kapi'olani and Lili'uokalani could have been straight from the pages of Jane Austen. At the beginning of the 21st century we can only stand in affectionate awe of these formidable women.

Queen Emma always lived a vigorous life. She enjoyed hiking and camping, she was a strong swimmer, she danced, she cleaned house and, above all, she loved to ride horses. In her 48th year she unaccustomedly complained of fatigue and one day she fell off a chair in a faint. Upon recovery she could not recognize her companions. She made a partial recovery from this small stroke and resumed her energetic ways, but in 1884 she suddenly dismounted from her horse and suffered another stroke.

She was devotedly nursed by Anglican Sister Eldress Phoebe, who urged her to make a will. Emma bequeathed gifts and annuities to friends and retainers, scholarships to St. Andrews Priory, her collection of books and pamphlets to the Honolulu Library and Reading Association, and her large collection of Hawaiian "curiosities" to Charles Bishop. Most of that latter collection is in what is now the Bishop Museum.

Her vast land-holdings were bequeathed to her cousin, Albert Kunuiakea, but as he died without issue they reverted to Queen's Hospital. This was a magnificent gift! In 1885, her holdings were valued at one million dollars—a fantastic sum in those days. It is not surprising that 18.5 acres of prime real estate in Waikiki now bring in seventy-five percent of the income derived from the whole legacy to the hospital.

In April 1885, the Queen had her last attack and died an hour or two later at the age of 49 years. Her body lay in state in Kawaiaha'o Church as the temporary Anglican Cathedral was too small. The funeral procession to the Royal Mausoleum was a mile and a half long. There Queen Emma was laid to rest beside her husband and son. ■

Plants in Hawaiian Medicine

Beatrice Krauss

Bess Press, Honolulu, Hawai'i, 2001

COMMENTATOR: FRANK L. TABRAH*

Rarely is one so honored as I am to comment on this priceless example of the author's lifetime of superb scientific and cultural insight. Miss Krauss artfully blends in this little volume her faultless botanic expertise with the fascinating but scientifically fragile therapeutic beliefs of her informants, wisely noting in her preliminary comments "that there is still no scientific evidence available for the curative effect of many of the plants being used for medicine in Hawaii." It is unfortunate that Miss Krauss will not be here to see whether the research application of new pharmacological screens will confirm some of the ancient or contemporary beliefs of her colleagues.

This landmark work limits its scope to the botanical description and medicinal preparation of 30 plants, most of them in pre-contact use. In-

formation about the plants and their role in Hawaiian medicine is delightfully varied—touching on botanic relationships, origins of plant names, geographic sources, varieties of species, and their significance to Hawaiian cultural beliefs.

A well made, attractive paperback volume, *Plants in Hawaiian Medicine* is greatly enhanced by pleasingly accurate drawings done in black and white tones by Martha Noyes, that bring a welcome artistic quality to the work.

This little book is a "must" in everyone's library as a quick and accurate botanic reference, a peek at cultural history, and a memento of a remarkable person whose dedication, life, and work in Hawai'i was unique. ■

Information about the plants and their role in Hawaiian medicine is delightfully varied—touching on botanic relationships, origins of plant names, geographic sources, varieties of species, and their significance to Hawaiian cultural beliefs.

*Professor of Physiology, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Straub Clinic & Hospital, Inc., 888 South King Street, Honolulu, Hawai'i, 96813. Tel: (808) 522-3789. Fax: (808) 522-4113. Email: hbo@aloha.net.

Ka Lama Kukui: Hawaiian Psychology: an Introduction

William Rezentes
'A'ali'i Books, 1996

COMMENTATOR: PATRICK DELEON*

Ka Lama Kukui—Hawaiian Psychology: An Introduction provides an intriguing glimpse into the future of professional psychology, and I would suggest, of all health care. Published in Hawai'i approximately five years ago, its underlying theme—that practitioners must come to clinically appreciate the daily world of their patients, especially its cultural context—has become one of the loudest rallying cries of the National Multicultural Conferences and Summits that have recently been sponsored by the American Psychological Association (APA) and the ethnic minority leadership of the various APA interest groups (e.g., Divisions). From a public policy perspective, it is not surprising that this important message has also been an integral component of numerous health policy proclamations issued by the U.S. Surgeon General over the eight years of the Clinton Administration, including *Healthy People 2010*¹. And I note with great personal pleasure, that during his APA Presidency, Hawai'i's Dick Suinn consistently made cultural awareness his highest programmatic priority—all of psychology benefits from our diversity.

The 21st Century will unquestionably be an era of monumental challenges. As healthcare professionals, we will be exposed to the impact of unprecedented advances within the telecommunications and technology arenas. Educated consumers will demand increasing control over their own lives and courses of treatment. In addition, the demographics (e.g., ethnicity, economics) of our nation will be dramatically different than ever before. This is the national and developmental context that the sensitive lessons proposed by William C. Rezentes III must be attended.

During the more than a quarter of a century that I have personally been involved in the health policy process, and particularly, in my various roles within the APA governance, I have observed that it has been a relatively rare occasion when those involved have focused specifically upon the smaller subsets of patients or programs which, in reality,

*Immediate Past President, American Psychological Association. Administrative Assistant, U.S. Senator Daniel Inouye, Hart Senate Office, Room 722, Washington DC. Tel: (202) 224-6747.

reflect the daily practice of psychology (or of any healthcare professional). For example, we often hear much about global "problems with reimbursement," but very little about the unique problems of health psychologists working within children's hospitals or those working with individuals with particular diagnoses or who come from particular family backgrounds. An appropriate analogy might be as follows: At the national level, there is much heated debate about patient "access," but very little discussion on *doing* anything about the specifics occurring at the State level which, in fact, do constitute significant barriers to access (e.g., organized medicine's historic efforts to curtail non-physician licensure expansion into the psychopharmacology arena). This has been true within the professional association and federal health policy arenas, and is frequently commented upon by various foundation-sponsored health policy panels and national "think tanks."

At the national level, there is much heated debate about patient "access," but very little discussion on *doing* anything about the specifics occurring at the State level which, in fact, do constitute significant barriers to access

...

Interestingly, however, during the closing years of the Clinton Administration, one could sense the beginnings of a marked change in focus. Perhaps the catalyst was the extensive policy discussions occurring in the educational arena; we were beginning to sense a serious *devolution* of policy responsibilities in health and other areas at the State and local level.

Within our nation's ethnic community, Native Hawaiians admittedly are a relatively small subset. However, every comprehensive study conducted, including that by the then-federal Office of Technology Assessment², has indicated that Native Hawaiians possess truly pressing and unique needs in a wide range of programmatic areas. Over the past two decades, due to the effectiveness of Hawai'i's Congressional delegation, special federal funds have been targeted annually to support innovative Native Hawaiian programmatic initiatives, including those in the health, education, employment, and housing arena. Yet, the underlying policy question remains: Why are Native Hawaiians, even among American ethnic minority populations, so disproportionately and adversely impacted on almost every psycho-social indicator?

Perhaps it is as Rezentes suggests:

"The *Kaumaha Syndrome*. '*Kaumaha*' literally means 'heavy' and figuratively means 'sad, depressed, dismal, dreary, downcast, troubled, and wretched.' '*Kaumaha*' is closely akin to that mental/emotional state Westerners name depression, grieving, or melancholy. The '*kaumaha syndrome*' is rooted in a collective sadness and moral outrage felt by many Hawaiians stemming from events such as the 1848 *Mahele* (division of lands), the 1887 Bayonet Consti-

tution, or the 1893 overthrow of the ruling monarch of the independent nation of Hawai'i which led directly to the 1898 annexation of Hawai'i by the United States and then to U.S. statehood in 1959. Hawaiians have suffered from overt and covert discrimination, oppression, and racism leading to disease, poverty, homelessness, imprisonment, and cultural and spiritual disintegration ... Hawaiians must first heal their deep sadness and pain sometimes expressed out of utter frustration as anger, outrage, or hostility. Individually and collectively, Hawaiians may either choose the path of continued self-destruction and victimization or choose to heal and grow by strengthening their bodies, minds, emotions, and spirits. *Ho'oponopono* is one valued traditional method of healing the deep wounds which have festered for well over a hundred years ... (I)t set the stage for healing and better prepares people for the struggles—and, when necessary, the battles—to restore healing ...³" (pp. 37-38).

In many ways, as the distinguished Yale University Professor Seymour Sarason periodically reminds us, clinical psychology's heritage, if not birthplace, was the individually oriented, experimental laboratory of rat psychology⁴. Professional status and prestige soon came from conducting verifiable studies. Today's policy debates often center upon: "Should not all clinical interventions (e.g., therapy) be objectively and empirically based, and follow predetermined evidence-based golden standards and protocols?" Such an approach, especially when followed to the extreme, is far from the world of the practicing clinician. Providing quality therapy (e.g., health care) is both an art and a science—neither exclusively superior. As the Institute of Medicine recently stated, "The commitment to standardizing to excellence—using the best available information—does not begin with a slavish adherence to simplistic practice guidelines" (p. 81)⁵.

This is the arena in which William C. Rezentes III excels—integrating the culture of Native Hawaiians and the dynamics of human change (e.g., psychotherapy). It is also a world that has only recently begun to receive attention from the professional literature and from professional educators. Within clinical pharmacy, for example, the genius of early Native Hawaiian healers in recognizing the medicinal potential of indigenous herbs is only now just slowly being appreciated. With vision and a deep appreciation for the lessons of the past, Hawai'i's leaders and visionaries continue to forge the future for the rest of our nation.

Mahalo.

References

1. U.S. Department of Health and Human Services. *Healthy People 2010*. U.S. Government Printing Office, Washington DC, 2000.

2. 100th Congress (2nd session). *Native Hawaiian Health Care Act*. Senate Report #100-580 (to accompany S.136); 1988.
3. Rezentes III WC. *Ka Lama Kukui—Hawaiian Psychology: an Introduction*. 'A'ali'i Books, Honolulu Hawai'i, USA, 1996.
4. Sarason SB. *American Psychology and Schools: a Critique*. Teachers College & American Psychological Association: Washington DC, USA, 2001.
5. Institute of Medicine. *Crossing the Quality Chasm: a New Health System for the 21st Century*. National Academy Press, Washington DC, USA, 2001. ■

Leper Priest of Moloka'i: The Father Damien Story

Richard Stewart

University of Hawai'i Press, 2000

COMMENTATOR: BERT K.B. LUM*

Leper Priest of Moloka'i is a new book about Father Damien de Veuster (The nineteenth century Belgian priest who ministered to Hansen's Disease patients on Moloka'i) by an author with unique qualifications. Dr. Richard Stewart, M.D., F.A.C.P., is a specialist in two fields of medicine—internal medicine and medical toxicology. He established and chaired the Department of Environmental Medicine at the Medical College of Wisconsin and is currently Professor Emeritus at that institution. Medical research and the investigation of medical mysteries are the loves of his life. Dr. Stewart is the author of more than 150 scientific research papers and holds several medical patents, including that of the hollow fiber artificial kidney, which is used annually by more than 100,000 patients in this country.

In addition to teaching and research, Dr. Stewart has an abiding interest in the influence of medicine and disease on the lives of famous people. For many years Dr. Stewart had made an annual visit to the John A. Burns School of Medicine to lecture to second-year medical students on the topic of Clinical Toxicology. On one of these visits he was introduced to the Damien saga, which captured his interest. *Leper Priest of Moloka'i* is a culmination of more than 15 years of research on the life of Father Damien. The work was submitted as a doctoral thesis three years ago, earning him a Ph.D. degree in English from the University of Wisconsin, Milwaukee.

The book traces the life of Father Damien from his

*Emeritus Professor of Pharmacology, John A. Burns School of Medicine, University of Hawai'i, 3675 Kilauea Avenue, Honolulu, Hawai'i, 96816. Tel: 956-8936. Fax: 956-3165. Email: bertl@hawaii.edu.

childhood in rural Belgium to his contraction of leprosy and eventual death on the island of Moloka'i. New insights into the life of Father Damien are provided by the book, reflecting the distinctive background and interests of the author. The thoroughness of Stewart's investigation of Damien's life befits a medical scientist intent on having a manuscript pass the critical muster of a scientific journal. Among other sources, Stewart delved into archives of the Sacred Hearts Congregation in Belgium, the Vatican Library in Rome, and the motherhouse of the Franciscan nuns who served in the Moloka'i settlement with Father Damien. Meticulous footnotes and generous excerpts from archival materials fill the book. This text is arguably the best-documented biography of Damien.

Dr. Stewart also wrote like the physician that he is, providing detailed descriptions and keen insights into the diseases that were scourges of humanity during Father Damien's lifetime—typhus, measles, small pox, bubonic plague, and syphilis as well as Hansen's disease. There are enough details to make this good reading for medical students. Dr. Stewart poignantly portrays the emotional and physical ravages of the disease, the difficulty in its medical management at the time, and the role that Father Damien played not only as a priest but also as a medical practitioner.

An enlightened explanation is given for the accusation by the Protestant minister, Reverend Charles Hyde, that Father Damien had contracted leprosy because of sexual misconduct. This accusation apparently stemmed from an adamant but mistaken belief, held by Dr. George Fitch, a physician friend of Hyde's, that leprosy was the fourth stage of syphilis, and that therefore, sexual intercourse was essential for contracting the disease.

The biography provides a well-balanced portrait of the priest—his sanctity, faith, devotion, courage, and triumphs, as well as his travails, weaknesses, flaws, and failures. Substantial characterizations of those who were integral parts of his life—his brother (Father Pamphile), church authorities in Belgium and Hawai'i, fellow priests, physicians, public health and government officials of the Hawaiian Kingdom, Brother Dutton, Mother Marianne Cope, Robert Louis Stevenson, and others—provide the background essential for understanding Father Damien and the circumstances under which he toiled. Although a non-Catholic, Dr. Stewart obviously has meticulously researched the Church's practices and beliefs such that even Catholics will find reading the book to be rewarding.

The publication ends with a much-appreciated epilogue covering the period from the time of Father Damien's death through advocacy for his sainthood by Mother Theresa to his beatification by Pope John Paul II.

This reviewer considers himself to be at least somewhat

akamai on Hawaiiana, Father Damien, Catholicism, and medicine. Nevertheless, reading the book proved to be a revelation and rectified some personal misconceptions that had accumulated over the years. ■

Leper Priest of Moloka'i: The Father Damien Story

Richard Stewart

University of Hawai'i Press, 2000

REVIEWER: DEAN ALEXANDER*

Editor's note: Frank Stewart's book has raised comment and controversy, particularly in the Native Hawaiian community of Kalaupapa, Moloka'i. The letter from Dean Alexander, former Superintendent of Kalaupapa National Historical Park to the book's publisher was submitted to Pacific Health Dialog to provide a perspective on the use of the word "leper" to describe those with Hansen's disease.

From: United States Department of the Interior
NATIONAL PARK SERVICE
Kalaupapa National Historical Park
Kalaupapa, Hawai'i 96742

September 7, 2000

To: Mr. William H. Hamilton, Director
University of Hawai'i Press
2840 Kolowalu Street, Honolulu, Hawai'i 96822-1888

Dear Mr. Hamilton:

I was recently asked to review the book by Richard Stewart, *Leper Priest of Moloka'i*, published by your office. After review of the book, I have decided that it should not be sold at the bookstore at Kalaupapa National Historical Park.

My concerns about the book are such that I feel that I need to explain them. Most of the Kalaupapa residents, as well as many of the people affected by Hansen's disease worldwide, are sensitive about the use of the word "leper." In the words of one of the residents, using the term reduces a person to a disease. In addition, the term is often used today to designate people who are ostracized, or otherwise deemed unfit for human interaction. My dictionary includes a definition that cites a "risk of moral contamination" as the reason for being ostracized. Many references use "unclean" or "immoral" when defining the word.

The word stigmatizes those to whom it is applied, carrying
**Former Superintendent Kalaupapa National Historical Park.*
Contact: Makia Malo, 581 Kamoku Street, Suite 1804,
Honolulu, Hawai'i 96826, Tel: (808) 949-4999

the baggage of "unclean" and "immoral" everytime it is used. This stigma is a major barrier to medical and social treatment of people afflicted by Hansen's disease. Today the disease is curable, yet the historic and inaccurate depictions of the disease create a stigma that is not applied to other infectious diseases. Modern practice avoids use of both "leper" and "leprosy." The preferred term for the disease in the United States is Hansen's disease. Every effort is made to treat the disease as one would any other bacterial infection.

Mr. Stewart's book uses "leper" not only in the title, but also at almost every other opportunity where the word could be used, even in non-historical contexts. For example, in the first paragraph, Mr. Stewart refers to the Missionaries of Charity who are "caring for the thousands of lepers in India, Yemen, Ethiopia, and Tanzania." This is not a quote from a historical source referring to past events and attitudes; this is a sentence about current events and people that are alive today. Mr. Stewart in the first paragraph unfairly stigmatizes thousands of people who were unfortunate enough to contract a contagious disease.

Even worse is a paragraph in the epilogue: "Because drugs have rendered the lepers noninfectious, there are no travel restrictions, and occasionally a visitor to Hawai'i may encounter one of the elderly lepers, who might be missing a finger or two, shopping in Honolulu." This unflattering sentence refers to my neighbors, and not only uses "leper" twice in the same sentence, but by including the clause about "missing a finger or two," focuses the reader on the disability and disfigurement, rather than emphasizing that their civil rights have been restored after decades of quarantine.

At another point in the book, the author refers to the late Ed Kato as "a resident leper of Kalaupapa." A small change in the sentence such as "Edward Kato, a community leader of Kalaupapa" or "Edward Kato, a highly esteemed resident of Kalaupapa" would have given the reader a sense of why Mr. Kato was on the dais with the Pope. But, there is a more central point. Mr. Kato had been cured of Hansen's disease decades ago. Yet the only identification of Mr. Kato in this book is as a "leper." This continuing stigmatization of people who have contracted Hansen's disease is a problem that Mr. Stewart perpetuates in this book. This attitude injures the innocent and complicates the medical and social issues of Hansen's disease.

Except for the chapters on Damien's boyhood in Belgium, the book takes every possible opportunity to use the word "leper." As an example, the Kalawao and Kalaupapa settlements are rarely referred to by name and are usually

identified as the "leper settlement." The reader recognizes that Father Damien lived and worked in a community of people segregated from society because they had Hansen's disease. The repeated use of "leper settlement", rather than the simpler "settlement," "village," or "Kalawao," overemphasizes a point that is made clear from the beginning of the book. I do not believe that Mr. Stewart has malicious intent, but the overuse of "leper" is staggering.

I find it extremely disappointing that Mr. Stewart went to such great efforts to prepare this book and then never considered the feelings of so many of the former Hansen's disease patients in his choice to use "leper" so frequently. It is especially disappointing since some of the works cited in his bibliography, such as Anwei Law's *Kalaupapa National Historical Park* and the *Legacy of Father Damien* and Gaven Daws' *Holy Man: Father Damien of Moloka'i* specifically explain the sensitivity about the use of the word.

I am more disappointed that the University of Hawai'i Press published this work. I would have expected the University of Hawai'i Press to have greater sensitivity to a topic that is so close to Hawai'i's people.

I could continue my criticism of this book for pages. The examples included in this letter should give you some sense of why I disapprove selling the book at the park bookstore.

While it is not my place to censor Mr. Stewart's work, it is my responsibility to ensure that the books sold through park sanctioned outlets do not communicate inaccurate and damaging messages. This book damages the legacy of Father

By the repeated and insensitive use of "leper", this book reinforces the stigma associated with disease and detracts from the real example set by Damien.

Damien. An import aspect of Father Damien's service at Kalawao was that he saw beyond the disease and its outward manifestations to acknowledge and care for the afflicted as people. By the repeated and insensitive use of "leper," this book reinforces the stigma associated with disease and detracts from the real example set by Damien.

If you have any questions about this matter, please contact me at 808-567-6802, extension 22.

Sincerely,
Dean K. Alexander
Superintendent

Note: *Alexander is no longer the Superintendent at Kalaupapa.* ■