

Introduction

Ku‘ua nā ‘ōlelo. (Release the words.)

In 1824 the chief minister of Hawai‘i wrote a letter to his cousins King Liholiho and Queen Kamāmalu. The royal couple had been away for six months on a diplomatic tour of Britain. “Here is my message to you,” Kalanimoku began:

We have been consumed here by death from sickness . . . Keeaumoku . . . died, and was returned to Kai[l]ua. Pihoo . . . is dead. [Kiliwehi] is dead. Eeka is dead. [Kaumuali‘i] is dead, just nine nights ago . . . [Kawelo] is dead . . . By and by, we may all be dead here from sickness; you should come back.¹

This letter never reached the king and queen, who had already died after contracting measles in London. Both monarchs were in their twenties. These losses were not unexpected. Islanders had begged the royal delegation not to leave Hawai‘i, and thousands grieved on the beach when they departed.² Some months later, a lunar eclipse on the islands caused a panic, with some interpreting it as an omen that their king and queen would perish abroad. “In tones of deep anxiety and distress,” the people observed that “*the moon is sick, very sick – an evil moon – evil indeed! – the gods are eating up the moon.*” American missionary Charles S. Stewart learned that an earlier eclipse had anticipated the deaths of several chiefs. While Rev. Stewart could not abide these signs and explanations, he acknowledged that

¹ Karaimoku [Kalanimoku] to Rihorihō [Liholiho], June 2, 1824, CWM/LMS box 4, folder 6, SOAS. The translation is mostly by Nogelmeier (Corley and Nogelmeier, “Kalanimoku’s Lost Letter,” 99), though I have opted for different word choices and order in places; e.g., “consumed” for *pau*, and “By and by” for *Ma muli* (*lit.*, “At later”). Kiliwehi was daughter of Kamehameha and half-sister of Liholiho (Kamehameha II); the third of three wives Kalanimoku lost between 1821 and 1824, she was predeceased by Likelike (d. 1821) and Keōpūolani (d. 1823). ‘Eka was a chief in the service of Ka‘ahumanu (Kahananui, *Ka Mooololo* [sic] *Hawaii*, 217; Kamakau, *Ruling Chiefs*, 224).

² W[illia]m Ellis to G[eorge] Burden, Nov. 20, 1823, CWM/LMS box 4, folder 3, SOAS; Ellis to W[illia]m Alers Hankey, Nov. 23, 1823, *ibid.*; Kamakau, *Ruling Chiefs*, 256.

Hawai‘i was in fact a “land of disease and death, and, in many respects, of inconceivable corruption and horror.”³

It was not the first time these sentiments had been aired on the islands. Chief Minister Kalanimoku’s letter of 1824 was, in some ways, old news. In 1819 a French expedition discovered that the death of King Kamehameha just weeks before its arrival had triggered the collapse of Hawaiian religious law. The kingdom had entered a period of cultural and political transformation that would last to midcentury.

In the pages that follow, I argue that health was the national crisis of Hawai‘i for more than a century. More chronic than labor strife and land-use disputes, more pressing than self-determination and the struggle for sovereignty, the introduction of new diseases resulted in reduced life spans, rising infertility and infant mortality, and persistent poor health for generations of Islanders.⁴ The *ma‘i malihini* (introduced diseases) also left a deep imprint on island culture and on the Hawaiian national consciousness. In general, these diseases paid no mind to boundaries of class, age, sex, or region.

Most historians have a grasp of the impact of disease on the people they study. Bubonic plague in Europe, smallpox in North America, and yellow fever in the equatorial zones all factor into narratives of world history. Epidemics not only struck down countless people in the past, they also had social and political consequences that justify their presence in general histories and textbooks. More difficult to access are the personal and cultural dimensions of disease: not only what it felt like to be unable to bring a pregnancy to term or to lose family members in their prime but also how these widely shared experiences were stitched into the cultural fabric. These questions are uniquely pertinent to Indigenous societies. Failing to uncover these experiences, scholars neglect a crucial aspect of the human past – indeed, one of the major connecting threads of Indigenous history.

Hawai‘i was home to half a million people in the eighteenth century. By 1850 the population had been reduced by as much as 90 percent.

³ Stewart, *Private Journal*, 253, 295. See also journal of Sybil Moseley Bingham, Feb. 5, 1822, HMCS; Elizabeth Edwards Bishop (Jan. 15, 1824), “A Journal of Early Hawaiian Days,” esp. 82. Kamakau narrated this event as a solar rather than a lunar eclipse (*Ruling Chiefs*, 266). For other astronomical portents, see Corney, *Voyages*, 86; Mathison, *Narrative of a Visit*, 473.

⁴ Only leprosy (Hansen’s disease) has garnered adequate attention by historians, yet morbidity and mortality to leprosy were dwarfed by earlier diseases, which also set the context for Islanders’ experience of this ancient scourge. Recent works include Herman, “Out of Sight, Out of Mind, Out of Power”; Moran, *Colonizing Leprosy*; Law, *Kalaupapa*; Inglis, *Ma‘i Lepera*.

The trend continued through the end of the century, buffered slightly by a slow-growing part-Hawaiian population. European and American merchants began to remark on the depopulation of Hawai‘i just twenty-five years after British navigator James Cook arrived there in 1778. By the time American missionaries showed up in 1820, population decline was noted by virtually every writer – including a few Hawaiian writers – discussing the islands and their people. The problem was not limited to a particular demographic or region, and no respite would occur by century’s end. The monarchs who ruled the Kingdom of Hawai‘i during its hundred-year existence provide a telling example. Founder Kamehameha had as many as fourteen children. The seven monarchs who followed him produced only one surviving child, who happened to be *hapa haole* (part-Hawaiian).⁵

By illuminating four generations of island life amid colonial incursions, this book endeavors to place the cultural impact of health in its proper place. If the romantic conception of the Hawaiian Islands as a benign tropical paradise is overdue for a corrective historical narrative, so too is the story of colonialism in Hawai‘i. Disease, poor health, and population loss were not bit players in a cast of colonial disruptions that tore at the heart of Hawaiian life. Instead they were colonial disruptions of the first order. Their impact endures. Native Hawaiian health disparities today constitute the surest evidence of the legacy of colonialism and Indigenous struggle for the islands. It is for this reason that advocates of Hawaiian sovereignty champion “health decolonization” as a critical step on the path to self-determination.⁶ A stable and resilient Native population is a necessary condition for self-rule.

HEALTH AND CULTURE

The Hawaiian people employed a metaphor for their high chiefs who wandered from district to district devouring the fruits of their subjects’

⁵ Albert Kūnuiākea was the son of Kauikeaouli (Kamehameha III) and Jane Lahilahi Young, who was herself *hapa haole*. There is little scholarship on Hawaiians of mixed descent before 1855.

⁶ Marshall, *Potent Mana*, esp. chap. 3; McMullin, *Healthy Ancestor*, chap. 1. See also Mihesuah, “Decolonizing Our Diets”; Else, “Breakdown of the *Kapu* System”; Gracey and King, “Indigenous Health Part 1”; Gracey et al., “Indigenous Health Part 2”; Mailer and Hale, “Decolonizing the Diet.” While nutrition plays a role in the following pages, the broader subject awaits its historian. For research into the relationship between Indigenous cultural revitalization and mental health, see Kirmayer et al., “Rethinking Resilience from Indigenous Perspectives”; Gone, “Redressing First Nations Historical Trauma.”

labors. They were “sharks who travel on the land.”⁷ Beginning in 1778 sharks of a far more ravenous variety roamed the islands in the form of new communicable diseases. Islanders met with a series of devastating epidemics that undermined their health, their subsistence, and eventually their sovereignty. Health travails also shaped Hawaiian culture. This book is not about how Hawai‘i lost its sovereignty while maintaining its culture – the typical story – but rather how culture was transformed in the midst of Hawaiian self-rule. In the period under study, the islands saw the rupture and collapse of Hawaiian religious law; a rapid transition from orality to widespread literacy; and a substantial refashioning of marriage, family life, and labor, all while maintaining a hereditary monarchy. Health history is one way to organize our understanding of these complex processes: changes in health imposed limits and forced compromises on Hawaiians that subsequent forms of colonialism were able to exploit.

Sharks upon the Land elaborates a new theme in global Indigenous history: the juncture between colonialism, health, and culture. Scholars have only sketched in broad outline the processes of Native health and culture change amid the disruptions of colonialism. For a variety of reasons, including simple geography, these transformations were nowhere more evident than the remote North Pacific. This book proceeds from an understanding of religion, sexuality, gender, and family structure as cultural forms. Indeed, as I will argue, religion and gender were inseparable in the Hawaiian past, as women and men had discrete religious practices, drawing various kinds of understanding from their rituals and cosmologies. Medicine and healing are also cultural forms. Beyond diagnosis and treatment of the body, medicine consists of the attitudes, understandings, behaviors, and beliefs that practitioners and patients bring to treatment. If the cultural dimension of medicine pertains today – consider placebo regimens, faith healing, mindfulness practices, and divergent results of cancer treatment – how much more so in colonial Hawai‘i where medicine was everywhere a spiritual matter.

As applied to the Hawaiian past, religion, medicine, and gender are all problematic categories: each blends into the other, and none can be effectively separated for scholarly observation. Translation itself is vexing. In the Hawaiian historical context, religion was medicine was culture, and so on. The whole is what I refer to as the Hawaiian cultural toolbox,

⁷ In Hawaiian: *he manō holo ‘āina ke ali‘i*. See *Fornander Collection of Hawaiian Antiquities*, 6:393–94; Pukui, ‘*Ōlelo No‘eau*, 87.

a metaphor I borrow from the scholar of religion Craig Martin.⁸ The fact that Hawaiians had no discrete words for “religion,” “gender,” and “sexuality” in no way indicates that these phenomena did not exist. While religion is an “unstable category” that fails to “translate from one historical moment to the next with fidelity,”⁹ historians can hardly dispense with it. Instead of rejecting cultural tools for which the world’s languages do not accord, scholars must try to understand and explain social and cultural phenomena in their particular historical context: to grasp the individual tools and comprehend the larger toolbox.

It bears mentioning that the notion of culture itself has its origins in cultivation. The “roots” of culture, that is to say, run deep. For many of the world’s people, place and culture were inextricably bound: how people lived on the land *was* culture. Studies of health history only reinforce this conception of a thin line between nature and culture. For the purposes of this book, health is to be understood as a biosocial and biocultural phenomenon, neither simply culturally “constructed” nor merely biological.¹⁰

Any health history must consider the ways in which health (including nutrition, medicine, and healing practices), overlapped, obscured, and contributed to other social problems, including poverty, land loss, displacement, and political marginalization. Yet however these social phenomena interacted over the long history of European and American colonialism, it is clear that health problems came first for Indigenous people in Hawai‘i. And health problems lasted: through all manner of kings, commodities, legal regimes, and land reform. A comprehensive study of colonialism must address disease and its consequences as principal causes and prime movers.

Native Hawaiians today rightly celebrate cultural survival and revitalization as well as their strategic incorporation of foreign peoples, technologies, and practices through the ages. The persistence, against all odds and laws, of the Hawaiian language and hula schools are shining examples of Islander resilience.¹¹ Yet strategic incorporation and cultural

⁸ Martin, *Critical Introduction to the Study of Religion*.

⁹ Fowles, *Archaeology of Doings*, 4. For the problem of defining religion in non-Western contexts, see also Josephson, *Invention of Religion in Japan*; Nongbri, *Before Religion*.

¹⁰ This point can be pushed too far when scholars imply that human disease is *limited* by social facts; e.g., “Pathogens and diseases are not simply agents or actors whose effects historians can recount; the effects of disease do not exist apart from the way that humans respond to them” (Nash, “Beyond Virgin Soils,” 97).

¹¹ Momiala Kamahale, “‘Ilio‘ulaokalani: Defending Native Hawaiian Culture,” in Fujikane and Okamura, eds., *Asian Settler Colonialism*, 76–98; Sahlins, “Goodbye to *Tristes Tropes*,” 8–11.

persistence were not all: the colonial experience in Hawai‘i also involved adaptation, accommodation, and outright colonization. The health impact, above all, proved a challenge. Disease, in a word, *colonized* Hawai‘i, forcing adaptations on Islanders that resonate down to today.

SOURCES AND HISTORIOGRAPHY

Colonial Hawai‘i is uniquely apposite for a study of health and culture change. In epidemiological terms, the islands’ small size and isolation limited variables that present challenges for more diffuse or porous regions. Isolation, which hampered Islander immunity to introduced diseases, was also the primary contributing factor to the scale of epidemics in this period. In addition, the relative uniformity of culture across the archipelago in the late eighteenth century permits a coherent assessment of cultural change over time. Despite being politically divided, the islands were socially, culturally, and economically linked before and after the arrival of Cook. Hawai‘i’s late encounter with colonialism, and the obsessive journalism and correspondence of colonial agents, also resulted in a rich body of documentation, the vast majority of which has survived. Eighteenth-century observers enjoyed considerable advantages over their predecessors in documenting and comparing Native populations, disease morbidity, and cultural change. Cook’s third Pacific voyage alone produced eight published accounts of the islands, while nineteenth-century New England missionaries penned perhaps the most voluminous literature (per square mile) on colonialism to date. This body of work is supplemented by rich Hawaiian traditions that track cultural trends and political dynasties back to the sixteenth century.

Literacy in the latter decades of this study presents an enormous advantage. Hawaiian-language documents constitute a unique documentary trove unparalleled by Indigenous peoples perhaps anywhere in the world.¹² These documents offer an unusually rich record of Indigenous health, allowing us to see the effects of colonization from Native perspectives. The abundance of sources addressing health and disease before 1855 is surprising given that these matters were hardly considered newsworthy at the time. When Hawaiian-language newspapers began to circulate in the late 1830s, Islander health was already an old story – part and parcel of Hawaiian life, almost too obvious to comment on. Barring a destructive epidemic or public health crisis, the everyday suffering and health concerns of common

¹² Silva, *Aloha Betrayed*; Nogelmeier, *Mai Pa‘a i ka Leo*.

Islanders did not attract the attention of politicians or newspaper editors. Personal letters are more revealing but have garnered less scholarly attention than newspapers and government documents. Even so, the everyday suffering of Hawaiians from chronic disease, infertility, and infant mortality can be elusive. This book draws upon a varied archive of letters, travel journals, published works, and other sources to uncover Hawai'i's health past. Wherever possible, Hawaiian voices take center stage.

While mindful of the warnings of poststructuralism and postcolonialism, I am less skeptical than some scholars about the ability of foreign observers and languages to illuminate developments in Native society.¹³ In many cases, foreigners provided the sole written record of a particular time and place, shedding light on phenomena that would otherwise be lost. In Hawai'i the historical record is especially rich, textually and visually, enabling us to trace developments in island life and health across many decades. While such accounts must be read against the grain, they are essential to elucidating processes of colonialism, Native health, and cultural change.¹⁴

The story of Hawaiian health remains to be told. While scholars have noted the role of epidemics in the depopulation of Hawai'i and broader Oceania, few have considered the effects of disease on island society and culture – including religion, medicine and ideas about the body, and gender and sexuality. Equally neglected by scholars have been Islanders' own ideas about – and responses to – disease and other health challenges on the local level. The seminal work on disease and colonialism in Hawai'i, now more than a quarter century old, is marred by blanket statements and crude caricatures of Native life.¹⁵ The broader historical scholarship on health and disease in the Pacific is either too narrow to draw conclusions about the overall impact or too broad to get beyond population figures and rates of decline.¹⁶ Some historians overlook

¹³ E.g., Wood, *Displacing Natives*; Silva, *Aloha Betrayed*; Lyons, *American Pacificism*.

¹⁴ While “no representation transparently mirrors a fixed past reality,” Oceanian encounters were “messy, embodied episode[s] . . . involving multifaceted interactions of gendered, classed Indigenous and foreign persons”; the documentation produced by foreigners is “littered with traces of Indigenous agency” (Douglas, *Science, Voyages, and Encounters*, 21, 19, 26).

¹⁵ Bushnell, *Gifts of Civilization*. The author follows nineteenth-century missionaries in blaming Hawaiians for their own mortality (ibid., 264–65, 270).

¹⁶ E.g., work on Hawai'i by Robert C. Schmitt and colleagues (see bibliography); Stannard, *Before the Horror*; Crosby, “Hawaiian Depopulation as a Model”; A. F. Bushnell, “The Horror’ Reconsidered.”

Hawai'i because of its poor fit with broader Pacific currents; others lump the islands in without attending to important differences of culture and ecology.

Historical anthropologists have focused intently on island society and culture in the colonial era, adding much to our understanding of sociocultural and political change amid European and American incursions. Yet for all their depth and breadth, these studies rarely address the cultural impact of disease and ongoing health challenges. Anthropologist Marshall Sahlins characterized the unprecedented mortality of the Hawaiian chiefs as an “optical illusion, the effect of a cultural demise.”¹⁷ In fact, the Kingdom of Hawai'i struggled to survive for most of the century, and “cultural demise” is a dubious reading at best.

Historians of colonial Hawai'i have focused overwhelmingly on politics and the law.¹⁸ While this scholarship has effectively traced the complex developments leading to the US overthrow of the monarchy in the 1890s, it has tended to underestimate the scale of change to Native life in earlier periods, particularly in areas such as religion, health, and gender and sexuality.¹⁹ Common Hawaiians (*maka'āinana*) are routinely overlooked.²⁰ Yet introduced diseases, infertility, and chronic poor health affected commoners at least as much as the ruling classes; the experiences of the former – while more difficult to uncover – are therefore essential to this study. Even so, *maka'āinana* are too often confined to the margins of the pages that follow. Rectifying this shortcoming is a charge to future scholars.

¹⁷ Sahlins, *Anahulu*, 1:135. Elsewhere Sahlins mischaracterized the population of Waialua, O'ahu, in the 1840s as “heroic[ally] . . . unwilling . . . to reproduce itself” in the face of a “subsumed existence” (*ibid.*, 1:176). See also Sahlins, “Cosmologies of Capitalism,” 434–35.

¹⁸ E.g., Daws, *Shoal of Time*; Merry, *Colonizing Hawai'i*; Osorio, *Dismembering Lāhui*; Mykkänen, *Inventing Politics*; Silva, *Aloha Betrayed*; Kashay, “Agents of Imperialism”; Banner, *Possessing the Pacific*, chap. 4. Exceptions include Kame'eleihiwa, *Native Land*; Ralston, “Hawaii 1778–1854” and “Changes in the Lives of Ordinary Women”; Chang, *World and All the Things upon It*, chaps. 1–3.

¹⁹ E.g., the “material effects of colonialism on the Hawaiian Islands occur[ed] only after the illegal overthrow of Lili'uokalani in 1893” (Beamer, *No Mākou ka Mana*, 15).

²⁰ Important exceptions include Osorio, *Dismembering Lāhui*; Rosenthal, “Hawaiians Who Left Hawai'i.” A related problem in the scholarship is a tendency to mystify structures of social inequality or to valorize the ali'i class; e.g., Kame'eleihiwa, *Native Land*, 19–49, 321–27; Young, *Rethinking the Native Hawaiian Past*, xiv, 27–31; Silva, *Aloha Betrayed*, 15–44; Andrade, *Hā'ena*, 71–74; Beamer, *No Mākou ka Mana*, 8–49; Kapā'anaokalāoekoala Nākoa Oliveria, *Ancestral Places*, 44–45.

For its teleology and lack of Native perspectives, the Fatal Impact narrative of Pacific Island history was discarded decades ago.²¹ However, in two areas Fatal Impact was on point. First, geographic isolation, which varied dramatically across the Pacific, played a critical role in ecological change after contact. Second, introduced diseases were lethal, consequential, and enduring among populations previously unexposed to outsiders. Recent Pacific Islands scholarship, even the work of environmental historians, has tended to minimize both effects of contact.²² More than twenty years ago, with Fatal Impact already considered outmoded, a scholar at the Pacific History Association's annual meeting observed that "polemics" had prevented Pacific historians from "dealing with disease." The result, he concluded, was that the cultural and social impact of epidemiological incursion "awaits careful analysis."²³ It does still.

CONTRIBUTIONS AND COMPARISONS

Beyond intervening in Pacific history, this study contributes to a new generation of scholarship that is rethinking the boundaries – geographical and chronological – of colonial America and the early Republic.²⁴ Hawai'i rarely enters the US history narrative before the 1880s, yet the islands bore importantly on American geopolitical concerns from the 1840s and on American evangelicalism from 1810.²⁵ For New England merchants, Hawai'i was a principal station in the Pacific trade, which was vitally important from the very founding of the nation. For traders and

²¹ Moorehead, *Fatal Impact*. For criticisms, see, e.g., Dening, *Performances*; Matt K. Matsuda, "AHR Forum: The Pacific," *American Historical Review* 111 (2006): 771–72; Newell, *Trading Nature*, 18–19.

²² E.g., Hau'ofa, "Our Sea of Islands"; D'Arcy, *People of the Sea*; Thomas, *Islanders*; O'Malley, *Meeting Place*; Matsuda, *Pacific Worlds*; Ballantyne, *Entanglements of Empire*; Chang, *World and All the Things upon It*. An important exception is Iglar, "Diseased Goods" and *Great Ocean*. For a Pacific archipelago where introduced disease was less destructive due to the islands' proximity to neighbors and earlier contact with Europeans, see Molle and Conte, "Nuancing the Marquesan Post-Contact Demographic Decline," esp. 255–56, 270.

²³ Chappell, "Active Agents versus Passive Victims," 316. See also D'Arcy, *People of the Sea*, 127–28; Karskens, *Colony*, 376–78.

²⁴ E.g., Taylor, *American Colonies*, esp. xiv–xvii; Hackel, *Children of Coyote*; Iglar, *Great Ocean*; Pekka Hämäläinen, "The Shapes of Power: Indians, Europeans, and North American Worlds from the Seventeenth to the Nineteenth Century," in Barr and Countryman, eds., *Contested Spaces of Early America*, 31–68; Samuel Truett, "Borderlands and Lost Worlds of Early America," *ibid.*, 300–24.

²⁵ By the mid-nineteenth century, US residents of varied backgrounds dreamed of an American Hawai'i (Greenberg, *Manifest Manhood*, 231–61).

administrators in the Pacific Northwest, the islands were not only essential to their business but intimately connected to their communities. The first book copyrighted in the United States was Connecticut native John Ledyard's first-person account of the discovery of Hawai'i and the killing of Cook (1783). It was a best seller. The "Sandwich Islands" were clearly on the American radar. While there is some risk of teleology in couching Hawaiian history in an American frame, the impact of Western nations was immediate, and the eventual US annexation of the islands is best understood when traced back to the eighteenth century.²⁶ As for American history, historians of all periods now recognize the advantages of gazing beyond the nation's borders to make sense of its past.²⁷

Comparative developments across the Pacific are also critical to this study. Similar patterns can be identified in this period across the Society Islands (Tahiti) and New Zealand (Aotearoa, to the Māori); yet comparisons with the Americas and, indeed, with Indigenous societies globally are no less revealing. Forms of colonialism in Hawai'i followed patterns established by Europeans centuries before, and the responses of Islanders were not always unique. Such comparisons hardly suggest that Indigenous peoples are all of a kind or that their histories are interchangeable but rather that Euro-American colonialism and Indigenous responses shared broad features across time and space. For the Americas, in particular, Hawai'i presents a useful comparison to regions where European colonialism was principally trade-based, sporadic, or informal. Given the voluminous and comprehensive nature of the sources, the Hawaiian story may compel us to reconsider certain aspects of colonialism in Indigenous societies.

Both for what happened, and what did not, Hawai'i provides an interesting comparison. Before 1855 the islands did not meet with foreign conquest, enslavement, widespread famine, or forced migration and removals.²⁸ While Native warfare took its toll – particularly Kamehameha's fifteen-year unification campaign – conflicts of this nature predated European contact by centuries, and the new technologies employed by Hawaiian combatants (ships, firearms, and gunpowder) did not contribute significantly to population decline.²⁹ In short, while epidemics in the Americas, Island

²⁶ Cf. Arista, "Histories of Unequal Measure," 163; Beamer, *No Mākou ka Mana*.

²⁷ E.g., Bender, *Nation among Nations*, 3–5; White, *Encountering Revolution*, 9.

²⁸ Crosby was the first to make this observation ("Hawaiian Depopulation as a Model," 180–83).

²⁹ Deserving of further study is Stannard's claim that Polynesian warfare mostly took the lives of men and thus had little effect on reproduction rates (*Before the Horror*, 61–62, 137).

Introduction

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Southeast Asia, and elsewhere featured forms of violence as corollary or precipitating factors, introduced disease in Hawai'i exacted its costs largely unaided by famine, warfare, enslavement, or displacement. If Polynesia was exceptional in this respect, this study may contribute to broader scholarship on the wide range of factors associated with Indigenous health in colonialism's wake.³⁰

Sharks upon the Land pushes the field of Native health history beyond epidemiology and demography into the realm of Indigenous cultural responses to changing health conditions. For decades, scholars of Indigenous peoples have narrated their histories as if Native actors were of sound body and mind when they traded, negotiated, fought, and otherwise engaged with newcomers.³¹ To convey the lived experience of past Indigenous peoples, historians need to illuminate the challenges to health, well-being, and survival that individuals and communities faced on a regular basis. Recent scholars have worked hard to give voice to Native peoples and provide a more accurate portrait of Native agency and resilience in the midst of Western expansion. But eschewing the subject of Native American population decline – and of Native people's actual suffering – risks misunderstanding such basic processes as resistance, ethnogenesis, nationhood, and cultural persistence.³² Colonialism lives on in the bodies of the colonized.³³

This study takes as a principal focus the ways that health adversity was inscribed into island culture over time. Recent work on colonialism and

³⁰ The Marquesas, Fiji, and the Northwest Coast all present similar cases, though none was as isolated as Hawai'i (Denning, *Islands and Beaches*, esp. 155, 237–39; Hays, *Burdens of Disease*, 187–90; Boyd, *Coming of the Spirit of Pestilence*, xiii, 4–5). Recent work on the North American “maize revolution” points to iron deficiency and other metabolic and immunological consequences in the centuries before European contact (Mailer and Hale, “Decolonizing the Diet,” 12–13).

³¹ Thomas A. Foster makes a similar point about Atlantic slavery: the well-nourished bodies with proportional musculature depicted in paintings, books, and films are a far cry from the bodies that slavery created (“Queering Enslaved Men's Experiences: Same-Gender Intimacy and Sexual Vulnerability,” paper delivered at Cambridge American History Seminar, Oct. 10, 2016).

³² Blackhawk, *Violence over the Land*, 1–15, 280–93.

³³ For recent work on epigenetics related to colonial trauma, see National Congress of American Indians, “American Indian and Alaska Native Genetics Research Resource Guide,” 2012, genetics.ncai.org/files/NCAI%20genetics%20research%20resource%20guide%20FINAL%20PDF.pdf. Related work includes Gone, “Redressing First Nations Historical Trauma”; Megan Vaughan, “Metabolic Disorders in Africa: Biology, History and Metaphor,” paper delivered at Cambridge World History Seminar, Jan. 28, 2016.

Indigenous health has focused on the broad range of disruptions that enabled the spread and exacerbated the impact and duration of epidemics.³⁴ In this scholarship, colonial incursions are the root causes of Native peoples' health problems and numerical decline. But what if the chain of causation is reversed? What if health is understood as central to colonialism and resulting social inequalities? In such a story, health problems such as infertility and malnutrition would form an essential part of the colonial process.³⁵

This book also reflects the central role of women and gender. Women's presence in the documentary record is remarkable given that explorers, merchants, and evangelists tended to focus their efforts on elite men. Like Indigenous women elsewhere in the colonial world, Hawaiian women "forced their way into the sources."³⁶ Elite and commoner women alike carved out spaces for themselves in the colonial encounter and in ongoing relations with settler society. In addition to women themselves, both women's and men's ideas about biological sex and gender roles, as well as the fraught sexual politics that grew out of colonial incursions, play important roles in the chapters that follow. This book, then, is in no small part an examination of sexual politics and gendered power in island society.

The grim story told in these pages underscores Indigenous peoples' dramatic demographic and cultural recovery in the twentieth century. By 1920 there were fewer than a thousand native speakers of Hawaiian; today, fluency is approaching ten thousand across North America and the Pacific.³⁷ Meanwhile, the State of Hawai'i now recognizes it as an official language of government and commerce, and colleges have begun to offer degrees in Hawaiian language and culture. Perhaps most importantly, the islands' total population of people of Hawaiian descent has increased every decade since the 1970s. A host of social problems – inequality, environmental degradation, and ongoing health disparities – continue to plague Hawai'i, yet with every passing day the islands grow more Hawaiian.

SCOPE AND OVERVIEW

Every study has limits. Scholars of the Pacific have focused on two important issues that take a back seat in this book: Euro-American discourses

³⁴ E.g., Jones, "Virgin Soils Revisited"; Kelton, *Epidemics and Enslavement*; Cameron et al., *Beyond Germs*; Nash, "Beyond Virgin Soils."

³⁵ For further discussion, see Archer, "Colonialism and Other Afflictions."

³⁶ Fur, *Nation of Women*, 140.

³⁷ William H. (Pila) Wilson, email message to author, March 6, 2012.

about Pacific peoples, and Islanders' own impact on the broader world. This literature has contributed immensely to our understandings of Pacific labor and migration networks, nineteenth-century science and Protestant missions, and global imperialism.³⁸ If the winds of change blow too consistently in one direction in this book, it is due to my particular interest in Indigenous societies and cultural change. I do not mean to suggest that Islanders were always on the receiving end of global transformations. By focusing on change rather than persistence, however, this study reveals much about how Indigenous people thought about themselves, their bodies, and their society in relation to others. Readers can find a robust historiography on early modern Euro-American notions of national and cultural difference – that is, on race. Yet questions of difference are rarely viewed from the perspective of the colonized. The experience of health, and the important health disparities between Natives and newcomers worldwide, present unique opportunities to access Indigenous notions of difference.

I employ no single theory or method in this book. Instead, I rely upon a broad scholarship in colonial and Indigenous history and the history of health and medicine, as well as my understanding of Hawaiian culture and kinship. To set scientific ways of knowing against folkways and other Indigenous forms of knowledge is a false binary. Both have value and validity, even if Indigenous knowledge does not enjoy the authority of science among the general public (or what used to constitute the general public). While our contemporary language of viruses, bacteria, and immunity was not known to people at the time, that is no reason to believe that microbes were not at work or that people did not powerfully experience their effects. Thus I utilize contemporary medical science at various places in the text to illuminate the health struggles of the book's protagonists.³⁹ I make no claims to an insider's perspective on the Hawaiian experience, past or present. All scholars bring their particular life experience and understandings to their work, and I believe there is room for voices of

³⁸ E.g., Sivasundaram, *Nature and the Godly Empire*; Thomas, *Islanders*; O'Malley, *Meeting Place*; Ballantyne, *Entanglements of Empire*; Gascoigne, *Encountering the Pacific*; Conroy-Krutz, *Christian Imperialism*; Rosenthal, "Hawaiians Who Left Hawai'i"; Chang, *World and All the Things upon It*. For discursive and ideological aspects of Indigenous depopulation, see, e.g., Berkhofer, *White Man's Indian*; Dippie, *Vanishing American*; Brantlinger, *Dark Vanishings*; O'Brien, *Firsting and Lasting*.

³⁹ Of course, medical science has a history of its own that should be subjected to historical scrutiny (Nash, "Beyond Virgin Soils," 85–86).

various kinds. Insider or out, there is no “neutral shelter.”⁴⁰ While I offer no solutions of my own to the ongoing problems of Hawaiian and Indigenous health, this study may provide a useable past for those who would engage in this important work.

The progressive and compounding nature of Hawaiian health struggles in this period calls for a chronological narrative. Chapter 1 traces epidemiological and cultural exchanges between Hawaiians and the Cook expedition. I argue that the introduction of venereal disease was a catastrophe with major repercussions for island authority, the roles of women, and the health of all Islanders. In Chapters 2 and 3, I trace Hawaiian exchanges with the outside world over the course of two generations, including a robust sex trade and the accumulation of ships and arms by the ruling chiefs. Unregulated and uncontrollable by either Hawaiians or foreigners, these exchanges enabled Kamehameha to conquer the islands and resulted in a series of social and cultural adaptations. Tuberculosis assailed Islanders, followed by a cholera-like epidemic that killed thousands. In spite of the harmful forces operating on the islands from the outside, Hawai‘i in this period remained firmly Native ground.

By 1825 the ecological and cultural isolation that defined island life was a distant memory. Islanders were routinely in contact with North Americans, Europeans, and other Pacific Islanders. Yet at home health remained a primary concern for many, including the monarchy. Chapter 4 addresses the cultural revolution of 1818–25. I argue that sexual politics and ongoing health concerns – including low fertility – played critical roles in the ruling chiefesses’ decision to overthrow the *kapu* system of religious law and seek a new path in alliance with Anglo-American missionaries. Chapter 5 focuses on Hawaiian attitudes toward the dual crises of poor health and population decline amid a concerted program of Protestant evangelism and social engineering. Influenced by missionaries and mindful of evidence from the recent past, Islanders came to view disease and depopulation as inexorable and the Hawaiian people as possibly destined for extinction. Chapter 6 addresses the fertility crisis and three major epidemics. Hawaiian lives and bodies were under siege by new microbes and new laws in the 1840s to control Native labor and sexuality.

⁴⁰ Cooter, “The End? History-Writing in the Age of Biomedicine,” esp. 7. For the ethics of writing Indigenous history, see, e.g., Richter, “Whose Indian History?,” esp. 386–88; Edmunds, “Native Americans, New Voices,” esp. 737–39; Miller and Riding In, eds., *Native Historians Write Back*.

The depopulation crisis ultimately led the Kingdom to import foreign laborers for a nascent plantation complex, changing Hawai‘i forever.

In 2012 the University of Hawai‘i Maui College introduced a new degree program in Hawaiian Studies called *Ho‘oulu Lāhui* (“increase the nation/people”). The motto was made famous by King David Kalākaua in the 1870s with the Native Hawaiian population at an all-time low. *Ho‘oulu lāhui* was the keystone of Kalākaua’s rule, and he meant it quite literally: Hawai‘i needed more Hawaiians.⁴¹

The survival of this motto across Hawaiian society is a reminder of the demographic aspects of cultural persistence and political self-determination.⁴² Hawai‘i’s demographic challenges did not begin with the US-led coup in 1893, or with the importation of plantation labor in the mid-nineteenth century, or even with the whaling and sandalwood booms in the decades before that. The problem began, precisely, with the arrival of British naval captain James Cook in January 1778.

⁴¹ “*Ka Hooulu Lahui*,” *Ka Nuhou Hawaii*, April 21, 1874; “*Ma ka la 22o Apr. haiolelo ka Moi . . .*” [On April 22 the King said . . .], *Ka Nupepa Kuokoa*, May 9, 1874.

⁴² See, e.g., Kekaha Solis, “*Ho‘oulu Lāhui*,” *Honolulu Star-Bulletin*, Aug. 24, 2008.