The spirit one feels at Kalaupapa is first one of loneliness, the isolation, the brutal reality, we heard so eloquently discussed during the Islands of Vanishment conference. But as one gets to know the patients there is a shift from loneliness to holiness and joy. Robert Louis Stevenson felt the same way as he travelled to the peninsula in 1889. He wrote of his visit in Travels in Hawai'i, 'I have heard stories that cannot be repeated. Yet I have never admired my poor race so much nor loved life more than in the settlement'.

Kalaupapa is a peninsula on the north shore of Molokai, an island roughly in the middle of the island state. The leprosy settlement included the flat land made by the volcanic crater as well as the two older adjacent valleys, which provided the necessary water. The peninsula is set apart, the separation made easy by a drop of 700-foot cliffs from 'top side' Molokai, an isolation that is intensified by rugged seas and constant winds. A place where the intersection of man and nature gives little power to man and an isolation also perfect for 'the separating sickness'.

Topside Molokai was a rural cattle-ranching area, and today it is the primary salad bowl for Oahu island; with the main economic base agriculture and state unemployment cheques. There are small communities of wood-frame buildings, and a total island population of less than 8000 people. The island has the highest concentration of native Hawaiians of any of the seven islands in the chain.

Although Spanish drew navigation maps right through the islands 30 years before Captain Cook's arrival, it is Cook who is credited with 'discovering' Hawaii in 1778; there he met his demise the following year. Hawaii was settled by Polynesians in two periods, one group coming about AD 400 from the Marquesas and another group about AD 800 from Raiatea in what is today French Polynesia. They traveled in double-hulled sailing canoes by following the stars and feeling the waters. King Kamehameha I, aided by foreign guns from foreign warships, conquered all the islands by 1809 except for Kauai which joined the new kingdom by treaty. It was Kamehameha V, the last of his line, that signed into law the act that created Kalaupapa as a leprosy settlement in 1865. This act set aside crown land for the isolation of those inflicted with the disease of leprosy.

The disease is highly communicable but only to about 5% of the typical population. A genetic disposition increases substantially the likelihood of contagion. Until the advent of sulfone drugs in the 1960s it was horribly disfiguring. Leprosy first arrived in Hawaii in the early 1830s from Chinese indentured laborers; it still bears the name in the Hawaiian language of malā pakea, or Chinese sickness. The disease was rampant by the 1850s, when Honolulu was a community of divergent interests; it was foreign traders versus pious missionaries. Leprosy was considered a disease of licentiousness and inflicted only on sinners; it was only proper for the newly christianized king to send them off without much thought for their long term care.

The peninsula of Kalaupapa was ideal; the land was already owned by the King and was used by native families for farming of kalo, taro, anduala, sweet potato. Initially, the leprosy settlement was established on the windward side of the island since a Hawaiian community already occupied the more habitable leeward side. The patients were thrown off the transport ships and left to grow their own food until they died. They were too sick to be self-sufficient; they still died. Early days of the settlement were lawless; horrible tales spread to Honolulu. Families hid members who contracted the disease with the result that the disease spread quickly through the Hawaiian communities of closely related gene pools; marriage within families was very common. Today the graves bear witness to a time when 7000 people afflicted with the disease were forced into exile to die on this isolated peninsula.

Although the restriction of isolation has not occurred since the 1960s, nearly 40 patients still live in the settlement today; all were exiled as children more than 50 years ago. Today patients may come and go as they wish; however, visitors to the settlement are restricted. One must be invited as a guest of a patient or one must ride down the steep cliffs on the back of a patient-run mule-ride tour. Even today, supplies are delivered only once a year by barge when the seas are calm in July. The previous year’s canned goods, particularly beer, are consumed in one glorious party the day before the barge arrives.

In 1980 the Federal government signed a cooperating agreement with the State of Hawaii to operate a National Historical Park at Kalaupapa. The agreement gave the long-term preservation and interpretive management to the National Park Service yet protected the sanctity of the leprosy community until the death of the last patient. The National Park

Figure 1 US Leprosy Station 1909. (Hawaii State Archives)
Service operates several other Parks island-wide with resources that are at times much easier to handle than the issues at Kalapapa. The Park's Kalapapa mission includes a comprehensive view of the cultural landscape including the marine habitat of the Hawaiian monk seal, and rainforests and lava flows of endangered native plants. They manage a building only after it has been released by the Department of Health.

Initially, the patients did not greet this federal intervention with exuberance. The last involvement by the federal government was the US Leprosy settlement, built with no expense spared in 1909. It was a complex of modern buildings with a separate hospital, laboratory, and physicians' residences, all protected by triple layers of fencing from the patients. It closed just four years later having treated just nine patients. The doctors left patients their medicine by means of bamboo poles on fence rails. Most patients refused such treatment saying they were not experimental animals for leprosy microscopes. It was a noble idea that failed miserably due to lack of common understanding of human values. The patients in 1980 were not keen to be again an object of study and 'preservation'.

The fact that buildings were deteriorating and collapsing was perceived by the patients in 1980 as a triumph of sorts. For it signalled the end of a tragic chapter in the history of Hawaii. However, the future changed when the repair began on one of the important structures, the Church of the Healing Spring. This Church was only one of two on the site of the windward leprosy settlement. The congregation hired a contractor who overnight demolished the structure saying it was much better and cheaper to have a new building that looked just like the old one. Gone were the floors worn in patterns for communion; gone were the edges of openings polished dark by a hand's grasp. The shock of the complete reconstruction was enough for the patients to understand the potentially sanitized version of the settlement's story that could easily emerge after the last patient died.

Led by patient Bernard Punika'a, a non-profit group was organized to protect and repair the only other Church remaining on the windward side, Father Damien's Church, St Philomena. Designated by the National Park Service as the highest priority for repair, the building was in a Catch 22 situation. The building was owned by the Catholic Diocese but no longer an active Catholic parish; the land was owned by the Hawaiian Homes Commission; the patients who wanted it preserved were 'indigent wards of the state'; and the air around it was managed by the National Park Service. Due to the separation of Church and State, no government agency could expend any capital improvement funds. The patients invited a representative of each group to be a member of the executive committee and the 'Friends of Father Damien' group was born.

Years earlier, the Park Service had used in-house historians from the Denver Service Center to write a Historic Structure Report, which recommended stabilization, 'preservation' under the Burra Charter. Their research stopped at the Father Damien period because they could find little later documentary evidence. Many things were unexplained, so rather than speculation, they recommended just repairs to the structure.

The Church had been constructed over several periods; in 1872 Sacred Hearts Father Brother Bertrandt had a wooden chapel built in Honolulu and transported to the site in pieces. In 1876 after Father Damien had arrived on the peninsula, a new wooden nave was constructed for the expanding parish. As

Gavin Daws wrote in his book, Holy Man 'Damien was an unusual man living in a turbulence of holiness. He was a troublemaker in the eyes of his superiors and a hero in the eyes of the world; an exceptional man who remained perversely most ordinary'. This interplay of ordinary and extraordinary was given the dimension of moral tragedy and grandeur by his own leprosy. A man with all the grime and paltriness of mankind but nonetheless a hero and saint. Another substantial expansion, tripling the volume, was started by Damien in 1888. He died of leprosy in 1889 before the bell tower of the Church was completed. Damien was a knowledgeable carpenter having built two churches on topside Molokai before living permanently in the settlement. The Historic Structure Report recommended just repairs for several reasons. The archival photographic record in the Honolulu Diocese showed an ornate entry to the 1876 nave, which had no physical evidence in the field. Restoration to the Damien period would have required removal of the top six feet of the bell tower and substantial conjecture as to the detailing of the interior millwork. There were only a few photographs documenting the period after Damien's death.

However, only stabilization was revisited by the Friends Group because the patients felt quite strongly that the Church should be restored to the 1932 appearance, the date when the settlement moved to the other side of the peninsula. The Church was remarkably intact to the 1932 appearance. Only the Denver Service Center did not know this. It was only when the Friends group put out the request for photographs that patient photo albums began to appear and hundreds of images of the early twentieth century carefully described the interior and exterior of the building.

While in most restoration projects the quality of the craftsmanship is paramount for preservation, at Saint Philomena, it was the lack of craftsmanship, the obvious physical struggle in joinery that was important to be preserved. The conservation decision was made to repair all wood by leaving the Damien
plaster to provide a refreshing breath next to the wild limes and blues of the woodwork. The patients wanted the blood red color of the lines as their irregularity told of the hardship and pain in execution. They compromised by deciding to add back all the block lines. The painting of the lines took five times longer than the painter had originally estimated since none of them were straight or in any regular pattern. The altar boy joked with him that this was because he was a Buddhist and not a Catholic, and Buddhists required meditation when in the presence of God.

The community moved from the Saint Philomena side of the island in 1932 because there was a substantial increase in the cases of leprosy in the Pacific. A false sense of a cure for leprosy had been created by faith in chaulmoogra treatments. No patients were sent to Kalaupapa for nearly five years in the late 1920s. However, early in the 1930s it was obvious that a problem of epidemic proportions had arisen. Substantial expansion needed to be made to the settlement. Residences and a chapel were constructed for female patients and the increased help provided by the Sisters of St. Francis. Dormitories for men were expanded at Bay View Home. The Superintendent created in 1933 a separate neighborhood, the Mc Veigh Home for foreigners. These buildings at Mc Veigh Home were direct adaptations of plantation homes constructed by the sugar industry in the 1920s. The Hawaii Sugar Planters Association issued standard plans to all member organizations to improve the living conditions of sugar workers in 1919. These plans needed to be approved by the Territorial Department of Health. Later this same department adapted these plans for their own housing problem and constructed the Mc Veigh neighborhood. This neighborhood is now undergoing preservation by specially trained crews from the National Park Service's Historic Preservation Training Center from Fredericksburg, Maryland. Buildings that remain today are used as dormitories, a social hall, recreation buildings, and residences for both patients and park staff.

The conservation problems found at the Mc Veigh neighborhood are slightly different from those of Saint Philomena's. Saint Philomena is isolated from the active community and can be interpreted without infringing on the everyday lives of the patients. The work at Mc Veigh must be done carefully so that it can be a resource for later interpretation of the settlement. It

construction intact and adding new clearly marked members adjacent to the original construction. Epoxy was used sparingly to preserve damaged woodwork with intact finishes.

The success of the project was largely dependent on the carpentry crew that recognized the importance of the preservation of the original fabric; the Army Corp of Engineers, who delivered the required materials to the site by helicopter, also was instrumental. The historic colors of the Church required detail examination. Oral histories indicated the colors were very bright due to the reduced vision of most patients.

Yet microscopic paint analysis provided mixed results, since the wood in the 1876 section had had several previous lives in other buildings. Due to the scarcity of building materials, it was common practice to disassemble one building to build another more useful one. However, a patient who came most days, to watch the restoration proceed, admitted that he was an altar boy in 1932; he picked out very specific colors from the Munsell color chips. This was later re-confirmed when these colors were found as the base color for elements known to be added in 1930.

A great debate ensued over the painting of block lines on the interior of the church walls. The lines had been added just about the time of the final service. Members of the Friends Group that were not patients wanted the pristine quality of the white lime

Figure 2 McVeigh Pool Hall before restoration. (S. Leineweber)

Figure 4 St Philomena work crew. (S. Leineweber)
is however, still in its active period of significance, as patients live in the buildings, play pool in the recreation building, and hula at kualu in the social hall. The story to be told of the patients' lives has not ended.

Sensitive construction for the work at Mc Veigh has included handicap accessibility to meet current codes, sprinklers to preclude total loss by fire, and structural repairs with careful splicing to preserve the intact finishes. Certain buildings such as the home of artist Ed Kato have been moth-balled and will not be immediately re-used. Left for future interpretation will be adaptations made for him to open a window or the marks left behind to turn the door knob. These are part of the sad story. But this story is balanced by the large splashes of joyful color also left behind on the walls. Ed Kato was not a famous artist, not even a very good artist; but he loved to paint, and he painted everything, from the towering cliffs of the cultural landscape to coconuts and rocks left on the porches of friends. The last rocks he painted were happy faces outside the Sister of Saint Francis' accommodations at Baldwin Home.

These rocks constantly are there to remind me, an architect, that I cannot always focus just on preserving the buildings. As Ida West said at the opening session of the conference, 'Liven it up, don't be so sad'. This was Ed Kato's motto, too. Yes, the story of leprosy at Kalaupapa is a sad one, but it is also a story of the power of the human spirit to survive, endure, and build community. As Professor Lowenthal said in the opening session, 'Islands are places of tropical luxury'. Yes, I would agree with him, but this luxury is not a material wealth but a richness, nonetheless, a richness of the human spirit. It is this richness that will be preserved at Kalaupapa.