Kū ka ‘Ōhi‘a i ka ‘A‘ā—
‘Ōhi‘a That Stands amid the Lava Fields

Noreen Mokuau, Kamana‘opono Crabbe, and Kealoha Fox

With hali‘a aloha and sincere gratitude, a few of us sat together to share personal reflections about Kekuni Blaisdell, a beloved man who had mentored and nurtured us for many years. The gathering was reminiscent of previous afternoons in Nu‘uanu when Kekuni had welcomed haumäna to his home—a kïpuka where kapa hung on the wall and conversations flowed freely. Memories of these precious times together were still vivid: Kekuni’s dark red ink pen to correct our manuscripts, perhaps a camera to capture a moment in time, his reclaiming of the phrase Känaka Maoli to describe the first peoples, his persistent reminder that Hawai‘i is the “mainland” and, most significantly, his leadership in establishing strong pilina that connect the lähui and will continue to unite us. The essay that follows is our expression of profound aloha, respect, and appreciation for Kekuni Blaisdell.

CORRESPONDENCE MAY BE SENT TO:
Noreen Mokuau, Myron B. Thompson School of Social Work
2430 Campus Road, Gartley Hall, University of Hawai‘i at Mänoa, Honolulu, Hawai‘i 96822
Email: noreen@hawaii.edu
Dr. Kekuni Blaisdell’s influence is immeasurable. He provided healing to his patients. He generated multifaceted growth in Hawaiian learning across the University of Hawai‘i. He was key in the authorization of the Native Hawaiian Health Care Act through the United States Congress. He always acknowledged that he was standing on the shoulders of others and learning from so many, and he graciously shared his knowledge with whomever he came in contact with.

Kekuni’s Kanaka heart knew that relationships are fundamental to our growth as Hawaiians. For decades, he helped to ho‘oulu us from tiny saplings into mature trees. His greatest strengths were in building relationships and nurturing our pilina with each other. To honor this legacy, we strive to remember what Kekuni taught us, reflect his vision for healthy Känaka, and sound the kähea to collectively restore our lähui. Ua ho‘omakua ka lá‘au.

To us, Kekuni is a grandfather figure. For many in the health fields, perhaps hundreds, he is the kupuna we look up to and admire. He was completely invested in helping the lähui. Kekuni knew that collective action starts simply by coming together; the instant we encircle for Hawai‘i Aloha, we are in a position to become agents of change and carry our voices forward. Up till the last “Mau ke aloha, no Hawai‘i,” it was obvious that Kekuni possessed true humanistic waiwai and rich perspectives that amplified Hawaiian values, practices, customs, and beliefs.

The ‘ōlelo no’eau in our title, “Kū ka ‘ōhi‘a i ka ‘a‘ā,” captures Kekuni’s essence as a rare individual who, despite challenges, forged a pathway of resilience for others to follow. Similar to the lone ‘ōhi‘a tree that sprouts forth in the fresh lava field, he created space for others to take root and follow. Among the core values Kekuni has taught and exemplified throughout his life, the following themes rise to the top of what we aspire to perpetuate now and in the generations to come.

1. **E Hoʻokanaka. Live as Känaka Maoli.** We must encourage Kanaka Maoli indigenous distinction and break the cycle of cultural trauma and disintegration of cultural identity.

2. **E Hoʻokahua. Make Kanaka Maoli strengths and resilience the foundation of our work.** Mauli ola is not linear. We must holistically shift the entire deficit paradigm and instead focus on mobilizing our collective strengths toward equity.

3. **E Hoʻokū. Embrace active use of Hawaiian values and practices.** Advocate for the resurgence of our cultural practices, and value spirituality in healing traditions and ola practices. Embed these values in the kahua of your work, articulate them within your practice, and be humble.
4. **E Ho’okāhuna. Provide mentoring of Kānaka Maoli.** Mentor with deep aloha for one another, as well as for those who came before us. Build up the next generation of Kanaka Maoli experts across disciplines through apprentice-style practices.

5. **E Ho‘ōla. Nurture leadership within the Kanaka community.** Rise up and be leaders across organizations in Hawai‘i. Be inclusive with Kānaka Maoli and non-Hawaiian allies. Lead out with our values and principles to bring us together for the greater good.

6. **E Ho‘oulu. Build a collective vision that is forward-looking.** Create a legacy of Kanaka Maoli solidarity that conveys a greater vision of ola for our people, our homeland, and our ever-expanding waiwai.
BEING A KUMU

It is often difficult for a kumu to provide gentle guidance to the students’ learning process while simultaneously elevating their practice. Yet, Kekuni was able to do this seemingly without effort. Rather quickly, our kumu became our mentor and, later, our friend. He knew us, he knew our ‘ohana personally, and he understood our goals.

Kekuni’s style captured the essence of being a Kanaka in academia. He cut through the silos that would have kept us divided. He went across disciplines to support Hawaiian haumāna such as ourselves. He facilitated training across many areas of study, even for those who weren’t medical students. All Hawaiians at the University of Hawai‘i knew Dr. Kekuni Blaisdell—he was an integral part of the positive energy around campus and the mana that was building within an institution that had long felt detached from us and our knowledge base.

Being an astute scholar, Kekuni launched a concept that predates the “social determinants of health” model as we know it today. He looked at Native Hawaiian health concurrently through medicine, social work, psychology, nursing, dentistry, and public health disciplines and built his theoretical orientation that we follow today and teach to our own haumāna. Looking back, we cannot think of anyone in our community who constructed that pathway to healthy solutions before he did. Kekuni was a Renaissance man who took his studies from all over the world, from the finest institutions, and returned to Hawai‘i, as a calling, to bring that intellect forward to help our people. He created a net throughout our community, where each connection and kūkākūkā made additional knots, expanding the ‘upena and bringing more knowledge and haumāna to strengthen our collective efforts.

INSTILLING CULTURAL ESTEEM AND IDENTITY

Instilling cultural esteem was central to Kekuni’s style of teaching and mentoring as a kumu. He took special care to cultivate a positive ethnic identity within each of us and stressed it as an important foundation throughout our training. He taught his students to be proud of who we are as Kānaka, in a way that our secondary school teachers did not teach us decades ago—and which certainly was not emphasized during Kekuni’s time in the 1940s. Kekuni was a true leader who helped
to shift that cultural mindset within many of us. He taught us to be grateful to do this work and to heal with humility, starting from within. He was intimately aware of the clash of values we were regularly presented with, and he helped us reconcile the loss of Kanaka Maoli identity and self-esteem as health practitioners. He was one of only a few leaders who facilitated that reconciliation for us, perhaps even more than our parents were able to at that time, given their generational disconnect to Hawaiian culture. Some of us didn’t have fathers who could speak about ho’oponopono, or cultural loss, or the importance of Hawaiian spirituality. We saw Kekuni as a role model to guide our parallel process while becoming healthy adults and community leaders.

Kekuni’s particular technique of instilling cultural esteem and identity did not allow us to look down on ourselves or see ourselves as “less than.” This shade of internal development may not be fully discernable to the current generation of young Kānaka, but for us, it was a genuine struggle to walk in both worlds. Some of us were just trying to survive in a Western world of English, math, and science courses. But with Kekuni, we not only completed those subjects with mastery but also were able to weave in much more while he took our learning to greater depths than other faculty members in our health fields were able to provide. In his own animated way, he would pound his fists against his chest and ask, “Can you see that?” He was referring to that self-esteem, growing within us. He insisted that who we are today is as good as who we were yesterday, and is as good as who we will be tomorrow.

As a student, Kekuni truly connected with each of us. And he helped us connect our learning with what we were actually doing for our people. He took the time to honor these connections because he was a lifelong learner alongside us.

“To restore our health in all ways we must be clear on our identity—we are not Americans, not American Indians, not even Hawaiians. We are Kānaka Maoli.”

Kekuni Blaisdell, 1996
Assistant professor, University of Chicago School of Medicine, 1960s

Illustration by Kahealani Mahone-Brooks
EXPANDING THEORY OF KANAKA MAOLI HEALTH CHANGE

Those of us in the health profession benefitted greatly from Kekuni’s unique mentoring style, strong cultural identity, and profound knowledge. Though Kekuni was an expert in the specialized fields of hematology and pathology, he looked at the bigger picture of what makes disease occur, not just the biological factors. He taught us how to adapt typical medical models so that we could quickly grasp the cultural and historical context of the health of our people.

Kekuni was steadfast in teaching that for Känaka Maoli to heal today, we need to address our sociopolitical history. He was at the forefront of publishing and promoting the wealth of knowledge our kähuna held, and he was able to articulate—in clear terms that all of us could understand—why our traditional system of ola flourished for generations before foreign influence modified our distinctive philosophy of care.

Beyond being a world-class physician when there were but a few Native Hawaiian medical doctors we could look to, Kekuni was an accomplished scholar. He took time to patiently study Hawaiian history, anthropology, and ‘ölelo Hawai‘i. Never relying solely on Western medicine, Kekuni was an advocate for traditional Hawaiian medicine and was able to effectively document that perspective for supporters and critics alike. He had the ability to look at cultural remedies to solve present-day problems—something even more remarkable when considering that Kekuni was the first chair of medicine at the John A. Burns School of Medicine at the University of Hawai‘i, where he studied with and built upon the work of greats like Ozzie Bushnell.

Kekuni wrote the health section of the Native Hawaiians Study Commission report in June 1983, which was produced and funded by the Office of Hawaiian Affairs. This landmark report documented health issues and convened critical conversations to theorizing health promotion among Känaka—for instance, why having more Känaka in health fields was paramount to improving the quality and longevity of life for our people in a concrete way. He then took that research, created programs, and changed policies to activate the findings of the report.

“The gut in traditional Kanaka Maoli thinking is the seat, not only of learning and knowing, but also feeling.”

Kekuni Blaisdell, 2006
Examining the effects of colonized conditions like alcohol abuse, infectious disease, and unhealthy behaviors was a part of our methodology, but Kekuni talked about interventions through the lens of a cultural remedy first. As a writer he was fluent in weaving in the importance of healthy diet, strong social ties, and clean and sanitary environments, which became celebrated themes in his work targeting the strength and resilience of the precontact traditional Hawaiian health system. Kekuni effortlessly related today’s health sciences to the 'oihana of our kūpuna: psychology and social work to ho‘oponopono; medicine and pharmacy to là‘au lapa‘au; nutrition and dietetics to 'ai pono; physical therapy and chiropractic to lomilomi.

He integrated a maoli model of what health looks like for contemporary Hawaiians. We cannot refer to this integrated model without emphasizing that Kekuni made it okay to relate Hawaiian spirituality to healthy Hawaiians. He promoted a deep sense of cultural understanding and application of our values in the present day. Always willing to talk about past events that caused suffering to Kānaka Maoli, he was never embarrassed about postcolonial conditions we were trying to overcome in the 1980s and 90s.

Kekuni understood that health disparities are not the result of isolated causes. For example, a person is not obese simply because they don’t exercise. Rather, disease is inextricably linked to not having a home, or coming from an unsupportive family environment, or not having access to higher education to learn new skills—all of which are linked to historical events like the illegal overthrow of our kingdom and the spiral away from who we are as a people, right here in our homeland. Following this logic, the remedy always traces back to actively healing us as a people. Kekuni understood these cultural determinants of health and was unrelenting in pointing us toward holistic solutions.

“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.”

Kekuni Blaisdell, 1989
It is important to note that in the 1980s, there were real taboos in the medical and health sciences with regard to integrating religion, spirituality, culture, and ethnicity. But for Kekuni, these were all part of the equation. For example, he saw the associations and causal effects of diabetes, and he knew where we needed to build community interventions. Another example is how he could relate the 1819 abolition of the kapu system to the disintegration of our system of mauli ola. He would clearly trace the points in time that marked a shift away from prevention and maintenance of our healthy identity—physically, emotionally, mentally, economically, politically, and spiritually—toward a focus on treatment of acute and chronic conditions. It was clear to Kekuni that without a guiding framework based on strong cultural and spiritual traditions, Hawaiians become systemically vulnerable to Western influence and effect. He never lost sight of our need and our ability to reconnect to that heritage of strength and wellness.

Although Kekuni was a rigorous academic, he shunned institutionalization and was never an “ivory tower” stereotype. He broke down silos through his practice, his programs, and his policies. He urged cross-disciplinary conversations and collaboration long before organizations and businesses began teaching them as best practices. To us, he did not define himself as a doctor but as a Kanaka who served the best interests of our lāhui. He embodied strong leadership and mirrored those values to us. This was evident decades ago when some of us were brought together to meet with Kekuni and Marjorie Mau at the Queen’s Medical Center to discuss the early formation of the Department of Native Hawaiian Health at the John A. Burns School of Medicine. Now, many years later, we are witness to the abundance of Kanaka success stimulated by those conversations. That effort then, those small conversations, led to Hawai‘i’s only medical school dedicating a department to our people and our health. This is a powerful reminder of the impact of collective efforts.

Kekuni was future oriented, but always grounded in our traditional Kanaka perspectives of mind, body, and spiritual connections. He saw the past as a framework to guide our future potential and to carry us beyond present-day health disparities. This is one of the most important lessons Kekuni’s legacy has left for today and for the next generation.
POLITICAL ADVOCACY

Using his wisdom and position to protect Native Hawaiian health as an inherent right, Kekuni embodied true political diplomacy. He was never afraid to speak up, and he always did so with respect and aloha. Political science became a passion for him. It was more than general awareness or supplemental education—he applied his learning and became politically savvy.

Throughout his advocacy work, Kekuni emphasized lōkahi and the constant balancing of Känaka with the akua and ‘āina. He reminded us that our relationships with one another, with the land, with the ocean, between Papa and Wäkea, and even beyond our own shores, are all part of being a healthy Hawaiian. He created a pathway for self-determination by weaving science, community, and politics.

Kekuni’s international relationships and esteem reached a global audience. In 1993 he convened Ka Ho’okolokolonui Känaka Maoli—The Peoples’ International Tribunal, Hawai’i, during the centennial commemoration of the illegal overthrow of Queen Lili’uokalani. He brought together Känaka Maoli, Pacific Islanders, Polynesians, Puerto Ricans, and others to form deeper connections and to examine past injustices of the United States and the State of Hawai’i. Twenty-five years later, Kekuni’s influence is still felt as those involved in the tribunal continue their advocacy work in the broader arena of indigenous peoples.

Advocacy came naturally to Kekuni. For example, at the 1998 Ka 'Uhane Lökahi gathering at Kapi'olani Community College, Kekuni led a breakout group on “ceded lands” and those ‘āina illegally seized from our kingdom. While facilitating the dialog among health practitioners and providers, Kekuni asserted that we must systematically investigate the return of our ‘āina and the settlement of the public land trust. He suggested that by addressing the ‘āina, we would also be addressing the systemic health of our people. He understood that conditions of mauli ola are natural to this ‘āina, but that a significant reconciliation needed to occur so that our people and resources can once again thrive. Kekuni had an internal template in his mind of how to plant seeds of inquiry to advance critical conversations and advocate for forward movement of the lähui.

“To me, self-identity is paramount.”
Kekuni Blaisdell, 2009
NURTURING PILINA

Kekuni’s successes did not come without scars. The work was challenging, so it was important to construct a strong foundation of pilina early on. Each time we would attend a gathering with Kekuni, he would connect us with others who were doing work of critical importance. He would say, “Do you know so-and-so mā? This is what they do.” He would then walk us over to the people, make a personal introduction, and create a bridge that connected us from him to them. Every hoʻolauna included a vocal intonation to stay alert, suggesting it was an important pilina Kekuni was opening for us. We viewed this as Kānaka building the network for lāhui growth, and we followed Kekuni’s lead in connecting with other agents of change who were overcoming similar challenges.

From his personal and professional experiences—as well as his higher level of consciousness—Kekuni knew that empowerment of Native Hawaiians is critical to our future identity and our healing process. He knew there is a political path to reconcile that truth with the State of Hawai‘i, the United States, and international bodies. It was his way of not being afraid to take on the injustices that he understood at such a high level. While mentoring, we understood that you cannot do lāhui-level work alone, and that each of us has a role to anchor our purpose with kuleana and put it into action. We were not begging for solutions for our well-being from outsiders then, and we will not do so now. We shouldn’t have to. This is our ‘āina, our home, and this is our kuleana to uphold. That offends some people today, as it did in years past. But we have been entrusted to steward Kekuni’s vision for decision-making capacity and continue this collective effort in our respective capacities. Kekuni was courageous, and this gave all of us more courage to overcome difficulties that arose.

Kekuni did not pursue just one area of expertise. He took on primary care, tertiary care, acute care, and preventive care, and he excelled in all of them. He demonstrated that we can—and must—use a holistic approach in our practice. As his practice evolved over the years, Kekuni was a model for getting involved and staying involved. There were times when he would teach, then attend a protest, then participate in an ‘āwa ceremony, and then sit down with us for a lunch of poi.

“We are all descendants of Hāloa, and Hāloa is a descendant from Wākea and Papa, so we are all ‘ohana.”

Kekuni Blaisdell, 2010
and laulau. He seemed to be able to accomplish more in a morning than most of us could do in a week. And even with all he was involved in, and all the obstacles he faced in lifting up this sometimes heavy work, Kekuni was always warm, positive, and welcoming. That was who he was.

REMAINING INCLUSIVE

Kekuni was inclusive. He welcomed everyone. And he taught us how to be inclusive within our own vision for helping Känaka mobilize without borders. This moved us toward the goal of social welfare for Hawai‘i in the 1990s, with a focus on quality of life for Känaka and the well-being of the entire lähui.

We can recall many lively gatherings at Kekuni’s home in Nu‘uanu where we discussed health equity and social justice. But we knew we couldn’t achieve these goals as singular hale—it would have to be done as kauhale. Kekuni used the kauhale image to move our learning into action as we transitioned roles over the years. This laid the foundation of responsibilities for what we now maintain as contemporary Hawaiian health leaders who still ask the question of one another: How do we bring our people together, capture that mana, and move it forward for positive change? For us, moving from hale to kauhale is a metaphor for our collective potential and confidence to make positive change a reality.

Today, Kekuni’s legacy continues to exert pressure on our public institutions. Has the state recognized the influence Känaka Maoli have on the government when we come together? Has the University of Hawai‘i recognized the influence Känaka Maoli have on the educational system as an indigenous-serving institution? These questions can be answered in many ways, but one thing is certain: Kekuni’s insistence on inclusivity has led to the state and university being increasingly responsible to our community.

“We were forbidden to ever talk about this or ever ask about this, so this is why I am talking about it and why I discuss it. We have to know.”

Kekuni Blaisdell, 2010
Kekuni genuinely wanted Kānaka Maoli to be leaders across organizations, to speak of historical injustice, to share our vision of health and well-being, to influence change, to be at the table, to make decisions that benefit our people, and to hold others accountable in their positions that affect Hawaiians and our homeland. Central to all of Kekuni’s teachings was the goal for us to systemically advocate across sectors, within multiple levels, and across disciplines. He knew that if we became Kanaka leaders of high-impact organizations, with this type of integrated training, that we could also become advocates and not have to rely on others to speak on our behalf. It was truly a privilege to learn leadership skills from someone who was right there, truly leading.

Kekuni did not always have a goal of achievement for himself. Instead, he valued the developmental process by including haumāna in his own growth. Those personal traits of inclusion never changed and never wavered in Kekuni’s commitment to execute lāhui goals.

**CLOSING RECOMMENDATION**

Kekuni was an integral catalyst for change spanning three generations. We can look back, reflect on his teachings, remember his actions, and restore our lāhui through the role we ‘auamo today. We close these personal reflections with a recommendation pursuant to Kekuni’s values and expectations of Kanaka Maoli health leaders striving to benefit the Hawaiian community.

We recommend creating an *Institute of Kanaka Maoli Health and Wellness* that convenes the masses to carry Kekuni’s vision forward for another three generations. We envision a transdisciplinary institute led by Kānaka as a venue for collaboration to continue mauli ola loa. We imagine culturally centered care as foundational to the institute’s mission, with those who practice this ideology becoming experts and leading change for the long-term health and success of our lāhui. We predict that this institute will propel Kanaka well-being and eliminate Native Hawaiian health disparities by the year 2100. We foresee ʻōhi’a groves that mature despite rough barriers, and lehua blossoming with pride in the face of harsh conditions.

Kekuni truly believed that his vision of culturally centered care could be translated into a reality. Thanks to the foundation he set for us, it is within our capability to dedicate a physical space and begin cultivating the necessary relationships to make this happen.
For his entire life, Kekuni was a master of crossing boundaries. Now that he has crossed from this life to the next, we look forward to his continued spiritual guidance to lead us forward for many years to come. With fond aloha we remember his Kanaka heart and hold fast to these famous words:

Hā wale a’e nā ho’omana’o ‘ana  
Nō nā ali‘i kaulana  
Ua pau, ua hala lākou  
A koe nō nā pua.

References

Blaisdell, R. (1982). History of medicine in Hawai‘i. Honolulu, HI: Department of Medicine, University of Hawai‘i.


About the Authors

Dr. Noreen Mokuau is dean and professor at the University of Hawai‘i at Mānoa, Myron B. Thompson School of Social Work and the Barbara Cox Anthony endowed cochair in aging. She is a graduate of Kamehameha Schools, the University of Hawai‘i (BA in psychology; MSW in social work) and the University of California–Los Angeles (DSW in social welfare). She has also served as coprincipal investigator and director of Hā Kūpuna: National Resource Center for Native Hawaiian Elders. Dr. Mokuau has edited three books and has published numerous journal articles, book chapters, and technical reports.

Dr. Kamana‘opono M. Crabbe received his doctoral degree in clinical psychology from the University of Hawai‘i at Mānoa, where Drs. Blaisdell and Mokuau served on his dissertation committee. Focusing his career on improving Native Hawaiian well-being, he served as director of Psychology Training at the Wai‘anae Coast Comprehensive Health Center and established ‘Aha Kāne. Dr. Crabbe is a practitioner of ho’oponopono, ‘awa, and oli. His leadership priorities as the CEO of the Office of Hawaiian Affairs include uplifting the mana and mauli ola of the lāhui, captured in his book, Mana Lāhui Kānaka.

Dr. Kealoha Fox provides executive leadership over the Office of Hawaiian Affairs initiatives for Mauli Ola (Native Hawaiian Health and Well-being). She is an active public servant, serving as a commissioner to the Hawai‘i Climate Mitigation and Adaptation Commission and board member of the Asian and Pacific Islander American Health Forum and Papa Ola Lōkahi. She is a 2019 Obama Foundation leader and was a winner of the 2018 New Voices in Global Health initiative. She was also a 2016–17 Mellon-Hawai‘i doctoral fellow. Dr. Fox holds advanced degrees in biomedical science and clinical psychology.