

# Case Report from the Field: Integrating Hawaiian and Western Healing Arts in Papakolea

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## Abstract

*Papakolea, the only Native Hawaiian (NH) homestead community located in urban Honolulu, has one of the highest proportions of NHs living in a single geographic area. Despite prior attempts dating back to the 1920s to improve the health of the community, many health disparities remain within the Papakolea community. This is the story of how the Papakolea community decided to confront the health of its community by integrating Hawaiian and Western healing arts. The purpose of this “Case Report from the Field” is to share the journey the Papakolea community started back in 1992 to build capacity within their own community by forming its first 501c3 community based non-profit organization entitled Kula no na Po’e Hawai’i (referred to as Kula). Through Kula, a unique traditional healing training program was started called Na Lomilomi O Papakolea (NLOP). NLOP became the first self-sustaining health program for training lomilomi practitioners (traditional NH therapeutic massage) in the Papakolea community. This case report describes how lomilomi practitioners and medical practitioners began sharing their skills and expertise to heal their clients and in the process began to heal the community itself. The purpose of this paper is to describe their journey with the intent of sharing how one dedicated group of people has been successful in healing their community and is now on the road to better health and sustained well being by working together.*

## Community Background

The Hawaiian homestead community of Papakolea, Kewalo, and Kalawahine (referred to as “Papakolea”) was established on May 16, 1934 under the Hawaiian Homes Commission Act, 1921.<sup>1</sup> Papakolea covers an area of approximately 177 acres, located on O’ahu at the heart of its urban core, in the city of Honolulu. It is a unique Native Hawaiian (NH) settlement because it’s the only urban homestead in the State. Papakolea is densely populated with the highest proportion of NHs living within a single geographic area and is known to have a high proportion of residents with some of the lowest household incomes. However, the Papakolea community also has a long history of health program delivery to its people that date back to the 1920’s when public health nurses operated well-baby clinics in the community. The clinics allowed the public health nurses to care for infants and toddlers of the community.

Kula no na Po’e Hawai’i (referred to as “Kula”) is Papakolea’s first 501(c)(3) community-based non-profit organization. Kula was started in 1992 by a group of concerned community women wanting to improve the educational skills of children and strengthen relationships between community parents and the school system. The educational vision of Kula also included a focus on the importance of healthy living for all ages. Today, Kula programs use community capacity building as a method to address a range of health disparities to improve NH access to health care. Community leaders in Papakolea understand

that addressing health disparities is one of the key elements of self-determination that will propel their community forward. This community “grassroots” approach to health improvement has garnered programs that are part of the community development efforts focusing on health needs of residents while also strengthening community capacity building.<sup>2</sup>

The purpose of this “Case Report from the Field” is to share our story from Papakolea, a single NH homestead community, and how we brought together traditional healing and western medicine to our community. We recognize that there are many ways to go about integrating traditional healing with western medicine. Our intention on sharing our experiences from the field is to inspire others to pursue this goal with a sense that others have successfully done it, and to promote awareness of the challenges and the rewards that it may bring to the community and the people involved.

## How We Began

Na Lomilomi O Papakolea (NLOP) is one of the health programs of Kula that was established in 1998 by Somerset “Kalama” Makaneole (known as Kalama). Kalama was a visionary person who started this program to teach his ‘ohana (or family taught) style of Hawaiian *lomilomi* massage called *kino ho’oponopono*—which encompasses Hawaiian healing massage to provide total body alignment. In this style, taught by Kalama, the practitioners learn to align the body from head to toe. The emphasis of the training is the Hawaiian healing arts of *lomilomi* (traditional NH therapeutic massage), *la’aulapa’au* (herbal medicine), and *ho’oponopono* (conflict resolution) as he learned through the teachings of his ‘ohana and Papa Kalua Kaiahua of Aiea.

As *kumu* (teacher), Kalama embraced the wisdom, knowledge, and understanding of the gift of healing and acknowledging God as the source of all healing power. He felt his mission in life was to develop and advance the arts and science of the Hawaiian healing practice by providing integrated Hawaiian and Western healing arts in a caring, professional, and ethical manner. His life’s mission was to promote the health and welfare of NHs and all humanity. He served as dedicated *kumu* of this group until his untimely passing in July 2012.

What began as a 7-week program to train community members to serve ‘ohana and community has now lasted 16 years. After Kalama’s *na haumana* (students) complete their initial training, the next phase to advance their skills and knowledge is to complete a 5-year apprenticeship. During this time, members

provide *lomilomi* services in the community (free of charge), at hospital visits, and home blessings or other venues where it is appropriate. After completion of the training and 5-year commitment, if desired, a practitioner could receive Kalama's blessing to leave and take care of their 'ohana.

### **A Need Identified, A Need Served**

In 2003, the health and wellness needs identified by the results of the *Ho'ola Pono O Papakolea* (Health) survey found that there were health-related needs not being met in the Papakolea community. *Kumu* Kalama and his students working with community residents on *lomilomi* also began to see a wide variety of untreated and/or neglected health problems. Some medical conditions prompted recommendations by the traditional healers to follow-up with the person's physician. Many were ill yet were uncomfortable with seeking medical attention as instructed. While the increase in attendance was a positive step for the community's health program, it was increasingly clear that Kula needed to address these unmet medical health needs. The Papakolea community residents had identified accessibility and convenience to health care as a priority. Accessibility and acceptability are important factors that either encourage or impede use of health care services by many community members. If health care is inaccessible and not culturally acceptable, people from Papakolea will often not interact with the health care system unless they are in desperate need of acute care.<sup>3</sup>

As NLOP continued serving clients through its traditional healing program the healers came to recognize that many of their clients were in need of medical care as well as the *lomilomi* they were receiving. Over the years, several health care institutions had brought limited services to the Papakolea community. But most had failed because of the inability to sustain a meaningful relationship within the community for extended periods of time. Again, the Papakolea community was faced with another seemingly "impossible" need with few resources to meet the needs of the community. However, they knew from working with *Kumu* Kalama that if they remained steadfast and willing to work hard an opportunity would become available in response to the needs of the Papakolea community.

### **Building the Program from the Ground-up**

Dr. Chiyome Fukino, beginning her tenure as State of Hawai'i Director of the Department of Health decided to leave her private practice to a hardworking NH physician, Dr. Jocelyn Jurek. Dr. Fukino proposed an innovative community partnership between Papakolea and Dr. Jurek to address health issues of NHs in the Papakolea community. The basic idea was to have Dr. Jurek perform clinical visits in the community center and to perform home visits for elders who were unable to walk into the clinic. After completing an initial trial period of Dr. Jurek's community-based clinical practice, both the physician and the Papakolea community felt that it would be worthwhile to continue the partnership long term. Dr. Jurek met monthly

with the practitioners of NLOP. The Papakolea community and the NH physician both worked diligently to acquire sustainable funding. The Papakolea community was successful in receiving partial funding for Dr. Jurek's services; but unfortunately this source of funding was not sufficient to sustain Dr. Jurek's community-based clinical practice and it was eventually discontinued and lay dormant.

Despite not being able to retain Dr. Jurek's services in the community, NLOP continued their open forum trainings for *lomilomi* students in Papakolea. Further refinement of *Kumu* Kalama's teaching protocols that included both Hawaiian and Western healing arts was developed and he established a teaching curriculum for future students to learn from and study. The *lomilomi* training course is exemplified by a well know Hawaiian proverb ('*Olelo No'eau*): " 'A'ohe pau ka 'ike i ka halau ho'okahi." (All knowledge is not taught in the same school).<sup>4</sup>

### **A New Day...A New Partner**

In 2007, NLOP was fortunate to find another group of physicians from the recently formed (2002) Department of NH Health (DNHH) at the University of Hawai'i John A. Burns School of Medicine. Dr. Dee-Ann Carpenter, a well-known NH Internal Medicine physician began to build a strong relationship with the Papakolea community and the *lomilomi* practitioners. Though the clinical model originally created by Dr. Jurek was not possible, eventually a new community-based clinical health screening program emerged in which both the medical doctor and traditional practitioners began to develop a co-learning model in the Papakolea community. The ongoing "integrated" *lomilomi* and clinical screening program continues to thrive today and occurs weekly in the Papakolea community.

Currently, Kula has established partnerships with several academic departments at the University of Hawai'i and they have leveraged their experience on how to use community based participatory research (CBPR) approaches to address some of the most pressing needs of their community. From service-learning projects to research training and data collection, Kula is now well equipped with a skill set that will serve them well for future needs and service programs of the larger Papakolea community. It is with great pride that this journey to becoming self-directed and a stronger community first began with the courage of a small group of traditional healers who welcomed the involvement of western trained doctors to not only diagnose and treat community members, but also invited the physicians and academic organizations to "walk in their shoes." In this way, the partnership has grown to teach others the healing power of working together in harmony (*lokahi*). The empowerment of these relationships has extended well beyond *lomilomi* and medical home visits. Rather it has helped an entire community from the individual, to the organization and up to the community level to finally realize the vision of the founding *kupuna* (elders) of the Papakolea homestead community to promote a healthy lifestyle for all people.

## Reflections and Lessons Learned for the Next Generation

Our journey began back in 1992 and continues on today as one example of how a group of dedicated NHs from an impoverished community can actively reverse those trends simply by understanding the power of relationships and their ability to transcend what seems like immeasurable obstacles and barriers. To see beyond the tension of the present and to imagine the possibilities and the courage to pursue them was pivotal. The Papakolea community is grateful for the strong partnership with the DNHH and Dr. Carpenter that has now stretched over 8 years of continued presence and support. The benefits that have resulted from the integration of western medicine and traditional healing has allowed for several teaching and service-learning opportunities for students in multiple disciplines, such as medicine, nursing, social work, psychology as well as *lomilomi*, *la'au lapa'au*, and other cultural practices. Through this sustained effort, the Papakolea community now has more than 40 individuals who have been trained in *lomilomi* and 15 practitioners who provide *lomilomi* services on a weekly basis to all comers. As the use of NH traditional healing continues to grow, this dedicated group, Na Lomilomi O Papakolea, continues to help hundreds of people annually, sustained through donations by those who receive services and given to those who came to learn and expected nothing in return. The community-academic partnership forged by the Papakolea community and the Department of NH Health works because we have taken great care to let the relationship evolve naturally over time. People grow at their own pace, and our community and academic leaders helped to ensure that others did not compromise the team.

Papakolea has been fortunate to have community partners who support the need for a new health care paradigm to address health care inequities among NHs and other diverse populations. We hope that our story will inspire others to join in this movement for health equity, social justice, and community empowerment for health and wellness. We believe a new day is dawning and we invite others to join us. *E ala e!*

## Conflict of Interest

None of the authors identify any conflict of interest.

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## References

1. <http://www.hawaii-nation.org/hhca.html>, 7-8-13.
2. Adrienne Dillard. Building Community Capacity with Community Based Participatory Research, Kula No Na Po'e Hawai'i. <http://www2.jabsom.hawaii.edu/pili/includes/files/aimpaper.pdf> 6-30-13.
3. [http://www.hawaii.edu/dyson/Johnny Suzuki culture web1-21-03.htm](http://www.hawaii.edu/dyson/Johnny%20Suzuki%20culture%20web1-21-03.htm).
4. Pukui MK. *'Olelo No'ea Hawaiian Proverbs and Poetical Sayings*. Honolulu: Bishop Museum Press, 1983.