With my mom, I always felt real protected, because my mom was very tough herself—emotionally, physically. So, I had no problem. And especially going down to Hotel Street, I would enjoy. Because she liked to drink, she liked to play cards, so I would spend a lot of evenings in the bars on Hotel Street with her. And for a child, it was fun, because I was the only kid there, so different people were buying me sodas.

Dr. Elliot Kalauawa grew up in a tough neighborhood. His mother spent most of her time drinking and gambling in bars. Yet, he says he never felt deprived or neglected. Dr. Elliot Kalauawa of Honolulu, next, on Long Story Short.

Long Story Short with Leslie Wilcox is Hawai‘i’s first weekly television program produced and broadcast in high definition.

Aloha mai kakou. Dr. Elliot Joseph Kalauawa is the chief medical officer at Waikiki Health. It’s a nonprofit community clinic that provides medical and social services, even when a person has no means to pay. Dr. Kalauawa is the recipient of numerous awards for his work with HIV/AIDS patients, and is widely recognized as one of the most respected HIV physicians in Hawai‘i. Dr. Kalauawa is well-known for his compassion and caring for patients. The circumstances of his childhood could have shaped his character much differently.

In the beginning, it was just my mom and I, because when my mom got pregnant, she didn’t want to marry my dad. So, she basically ended that relationship, and then she was on her own. And so, we lived in Hotel Street area, different kind of small rooms she could rent. I always felt real protected, because my mom was very tough herself—emotionally, physically. So, I had no problem. And especially going down to Hotel Street, my mom was like, you know, one of the bulls back then. And so, lot of people were afraid of her. So, nothing happened.

Does that mean she fought?

She did; physically, she fought. In fact, she likes to tell people a story. You know, somebody she meets, some of my friends, and she’ll tell them, You think my son’s a good boy? And they’ll go tell her, Yeah. And then say, No, he was in jail. And then,
they will look and say, What do you mean he was in jail? Because when she was pregnant with me, she was in jail.

And then, she was in jail again when I was about five. And then, I stayed with my godmother. So, I would go and visit her for the few months that she was in jail. But that’s how she was. In fact, she even had stabbed a sailor once. She used to carry this knife with her. And I remember seeing it later. And he basically got fresh with her, she pulled it out, and stabbed him. And her nickname was Unknown, on Hotel Street. And the reason was, whenever there was a fight, the police would come, and they would ask who was involved in that fight. And because people didn’t want to squeal on her, they would say, Unknown. You know, in a sense, we don’t know. And that’s how her nickname became.

That’s what it shows up on police reports.

Wow. Did you have a sense of fear?

No. And see, this is the thing. When I talk to others, you know, especially people who maybe come from broken homes ... and people ask me what was it. And for me, it was, I always felt loved. Because even though my mom lived that lifestyle, I always felt loved by her. I never felt like she was neglecting me. I felt like that was just normal, to grow up that way. And then, because of my other family, my godmother, my aunts, my uncles, they all showed me love. And so, I always felt like I was loved. And that’s why I never felt like I had to join a gang to get love there. You know how some of the young ones go to, or to belong. You know, I felt real love. And that, to me, was the key.

Did you feel like your life was normal?

Yeah; I did. You know. And I felt it was normal to go to Hotel Street. I remember one time, I was about ten, I think, and she had this car; it was a standard. And we left the bar about three in the morning, and the car couldn’t start. So, we had to jumpstart it. And so, it was just her and I. So, she was behind the wheel in the middle of Hotel Street. And that was when Hotel Street was two ways. And you know, no traffic. So, I got out to push the car. So, I’m pushing the car at about two, three in the morning. And there was a young man about maybe in his, I don’t know, twenties, and he saw. And my mom was drunk behind the wheel. And he yelled, Woman, do you need help? And she thought he was getting fresh, so she swore at him. And so, he just kept on walking. And I thought to myself, I need the help, why’d you do that? You know. But finally, we were able to start the car. But again, that to me wasn’t anything unusual.

Did your entire childhood go this way?
The thing was, when I was growing up, part of me felt like I didn’t know where I really belonged. ‘Cause I was growing up in the housing, and all my friends in the housing were people that, when we’d go to school at Palolo Elementary, they were in the special education class.

And when did you go to Palolo Housing? How old were you?

I was about six.

Six?

First grade.

What was that like? Did you feel comfortable there?

I did; I felt completely at home. You know. And there, you know, we all knew each other, and everything, you know.

Okay; and then, did your mom’s lifestyle stabilize?

No; continued the same.

What was your routine like at home in Palolo Housing?

The way it was, was Monday through Friday, I’d get up to go to school. My mom would be sleeping. I’d make my breakfast. Then, I would get ready, I’d kiss her, you know, on her cheek while she’s sleeping, go to school. Then when I would get home from school, she would be gone already, ‘cause then she would leave to go to the bar. And then, sometime early evening, she’d call me just to let me know that either my dinner would be on the kitchen table that she had made, or she would tell some of the people in the housing, you know, some of the other families, to bring dinner over for me. And then, I’d go to bed whenever I wanted. So, usually, I’d go to bed about ten. I did have this one fear, though, living alone. I used to love watching horror movies. And it wasn’t too smart to watch it when you’re home alone, you know, especially then. And so, I didn’t want to hear these different sounds. So, when I’d go to bed, I would be in my room, my overhead light would be on, and my radio would be playing. So, it got the point where I could fall asleep with lights and noise. So, I never needed a quiet, dark room. But that was because I wanted the radio to block out hearing any kind of ghost walking outside my window. And then, I’d wake up the next morning, and she’s be home, but she’d be sleeping again. And so, it was only on the weekends when we would talk face-to-face.

So, how did you handle that, as an older kid? ‘Cause you can get into a lot of trouble when you’re a little older, especially.
Yeah. And I’m not sure why, you know. Because I used to hang around with these kids in the housing, and you know, they were all getting into trouble. And now, some of them have been in jail. One, I heard, you know, he was murdered maybe in his late 20s. So, they all kinda went. And so, I used to hang around with them, but the interesting thing is, then when I’d go to school, because I would be in what they called the A Class then, with the smart kids. So, I’d hang around with those kids, and they were outside the housing. So, they had a lifestyle that was more like middleclass income class. And so, in the housing, I’d be one group, in school I’d be with another group. And it’s funny, because when we’d go to school, the kids I was with in the housing, we’d walk to school, then I’d drop them off at the special education class, I’d walk to my class. After school, I’d walk back, and I’d pick them up, and we all go back into the housing. You know, so that’s kind of how things went. So, yeah, I look back, and I think I could have got into trouble with them. But I think the main thing, I give my mom a lot of credit. My mom was very strict, even though she was doing that type of lifestyle. Her feeling was, she never wanted me to have the kind of lifestyle she had. So, she would always tell me that. Because she only went to eighth grade, to Kalakaua Intermediate, and then she quit school. And so, she would tell me, You study. And even though she wasn’t home when I’d come home from school, I guess because I knew she could be so firm, you know, and because I knew she really wanted me to do that, when I came home, I would study, I got all my homework done, then I would go out and play with the housing kids. So, the housing kids would just wait until my studies were done. ‘Cause they didn’t have to study. So, would study, and then I’d go. But I think it’s because she drilled that in me. She says, Education is what you need. And so, she would force me to make sure I did that. But her influence was so strong, even though she wasn’t physically there, I sort of always felt the need to obey, even though she wasn’t around. But I loved to read. I enjoyed studying.

So, you felt very wanted.

I felt very wanted. And I think that’s what made me not have a desire to feel like I had to get into, you know, trouble. That’s the key; I felt very loved.

That’s very different. I mean, you know ... it was neglect.

I know. I look back now; it was neglect. And I look back, and I think, Why do I get the sense that my mom really loved me? I think it’s because when I interacted with her, you know, I could see the love. And because she was very strict—and you know, back then, parents were disciplining kids with what would be child abuse. ‘Cause you know, I was hit with the clothes hanger, the iron ones, with the belt. And one day, she had shared something with an adult person, who happened to mention it to me, that when she would do that to me, and then I’d go to bed crying, that after I fell asleep, she would come into the room and basically cry because she had done that to me.
What had you done to cause her to whack you?

When I would try to get into trouble; steal things, and if she found out about it. ‘Cause she always told me, Don’t do anything bad. So, she would always tell me that. Even though she did, she said, Do not do anything bad. It’s funny; it’s a double standard.

I know.

It’s a double standard.

It’s such a contradiction in terms.

It is; it really is, you know. And I think it’s because she so much didn’t want me to be like her, her lifestyle. ‘Cause the bottom line is, when she got older, she shared with me, she was not happy with her lifestyle at all. So, it wasn’t like she was happy living like that.

I want to know what your mom would have said if you said, Hey, Mom, if you really don’t want me to turn out wrong, stop doing what you’re doing and be here with me, and don’t show me that example.

She would have just ignored it. She would have said, I don’t care, you’re gonna do it. That’s what she would have said. That’s the kind of person was. You know, she’s the kind of person who really didn’t care what others thought. This is what she told me, and she would tell me this several times. She said, Don’t care what people think if they’re not feeding you. And so, that’s why I grew up having, you know, that tough thing where it’s hard to offend me, because I have a tough skin. And I tell people, you know, just tell me what you think. Because I like it to be constructive. And to me, in order for it to be constructive, the person has to tell you what they feel. And likewise, I tell them what I feel. But that’s from my mom. It’s all just to make things better. So, it’s never with malicious; it’s always to make things better.

But when you dish it out, you have to be able to take it

Yeah.

Can you take it?

Oh, yeah; definitely, I can.

You don’t feel hurt or angry?

No. I prefer people be honest with me.
Dr. Elliot Kalauawa
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Elliot Kalauawa’s hard work and discipline did not go unnoticed by his teachers. This was especially helpful, because he decided at a young age that he wanted to become a medical doctor, a profession that had a cultural precedent in his family.

From when I was a child, I was told that my last name, it’s Kalauawa, and it means breath of life and strength. My grandmother was a kahuna, you know, so she was involved with a lot of healing. And she used to use plants a lot. You know, so she used to do that a lot. So, I’m assuming that’s probably the connection there.

And then, you wanted to be a doctor from the time you were a kid.

Yeah.

Huh.

So …

Did you ever see your grandmother treating people?

No, ‘cause she died when I was about year and a half. But my mother would tell me about it. They had a house on Gulick Avenue, and she had a separate room where when she wanted to heal people, she would take them into the room. And she wouldn’t let anybody else go into the room. It was just her and the individual.

And did your mother tell you about stories of people getting healed?

Yeah; she did. You know, but all kinds of, you know, unusual things, all kinds of things happened. You know, that kind of thing. And I guess part of the reason my grandmother, from what my mom told me, didn’t want anybody else, especially young kids, she was afraid what effect it would have on them. So, I really don’t know what kind of, you know, rituals she did. I know she used plants, she grew a lot of plants. The two sacred things in her life were her plants and her Bible. ‘Cause she was also a deacon at a Hawaiian church, Ka Makua Mau Loa. So, those were the two sacred things in her life. She was pure Hawaiian, and she spoke Hawaiian fluently. And so, my mother and my uncle—‘cause my mother only had one sibling, her older brother. And his children were all older than me, and they all grew up knowing Hawaiian, fluent Hawaiian, because she only would speak English to people who didn’t understand Hawaiian, like if a visitor came over. So, that’s the thing that I kind of feel I wish I had been exposed to. But once she died, the motivation to speak Hawaiian died. So, nobody spoke. ‘Cause this was in the 40s and 50s, so nobody in the family. So, my mom, by the time I was old enough to understand, she could understand some Hawaiian words, but she pretty much couldn’t speak it anymore, including my uncle.
What about other Hawaiian cultural parts of your background?

Even that. Because back then, when we were being raised, you know, the Hawaiian race was suppressed. It was like they were trying to teach us to be White. You know, even my wife, she went to Kamehameha from kindergarten to twelfth grade, and she said even at Kamehameha, they were training you to be White. So, it wasn’t until the resurgence in the 70s. So, by that time that happened, I was already an adult, so I wasn’t really raised around that type of cultural thing, other than just what my family did.

You decided at a young age what you were going to do, and unlike almost all of us, you actually did it.

Can you tell us that story?

Well, we used to go to Queen Emma Clinic. And lot of times, we’d wait about three hours to see the doctor. And I remember, and I can picture this in my mind. I was probably about eleven; between ten and twelve. We were in the waiting room, and it was another one of those long waits. So, I looked at my mom and said, Why do we have to always wait? And she says, We just have to. And I said, Must be they don’t have enough doctors, so I think I’ll be a doctor. And it just stuck. I didn’t even think at that point if it’s something I would enjoy. I just said, Must be they don’t have enough doctors. I never even doubted that I couldn’t get into medical school. It was always like, This is what I’m gonna do; what do I need to do, what do I need to do to get into college, to get into medical school, to residency. It never was if; it was, you know, what do I need to do.

And while you lived in Palolo Housing and were in intermediate school, some adults in your life saw your potential, and they changed your life.

They did; they did. When I was in eighth grade, I played Pop Warner Football for the Palolo Vikings. And at the end of the season, the coaches would have an end of the season banquet. And I remember it was at a restaurant in Waikiki. And as I was about to enter the restaurant, our head coach was outside greeting the kids, telling us where to go. And he came up to me and he said, We’ve submitted your name for a scholarship to ‘Iolani School; what do you think about that? And I just thought, Fine with me. Not that I had any desire to do that, but I thought, Oh, okay, you know, I’ll do that. And then, a few months later, the ninth grade counselor at Jarrett Intermediate called me into his office. And I was only in eighth grade, so at first, I was wondering, Why is he calling me in? And he was always a strict person, so I thought, What did I do? I didn’t think I did anything to get into trouble. And he called me into his office and he said,
We want to submit you for a scholarship to ‘Iolani School. And I said, Oh, my football coach already did that. And then, that’s how ‘Iolani started.

Well, I gotta say, it must have been quite the transition from Jarrett to ‘Iolani when you were living in Palolo Housing.

It was; it was.

You know, you see parents dropping off their kids at school, and they have these beautiful cars, and different clothes every day.

Right.

It must have been kind of mindboggling.

It was; it was. You know, we had to have a lot of help, because for ‘Iolani, I had this scholarship, the Albert H. Stone Memorial Scholarship, and that’s the one that pays everything, including the books. But before I could really go, my mom was concerned about how I was gonna get lunch. Because public school lunch was twenty-five cents; ‘Iolani School lunch was about a dollar. So, what she did was, she found out about Queen Lili’uokalani Children’s Center, and she submitted a request to them, and then they would send us a check every month for twenty-five dollars to cover my lunch at ‘Iolani. And then, so once that was set up, then it was a go. But it was different. One thing, ‘Iolani at the time was all boys, so that was different, going from a co-ed public school. But I know some of the kids there would look at me. ‘Cause I would hear things like, Oh, there’s the kid from the housing. But I had a lot of good friends. My class and I now, we’re still close, so I had a lot of good friends. But it was really only a minority. But the thing was, I was raised—and even now, I have a little hard time; I was raised speaking very heavy Pidgin. And so, going there and trying not to speak, you know. I mean, you could to a degree, but not the degree that I spoke in the housing. And I remember one year, we had a teacher from the mainland teaching English class that I was in, and then she wanted to talk about the Pidgin English. And so, she wanted to kinda discuss it. And one of my classmates raised his hand and he says, Ask Elliot, he’s the expert on Pidgin. But the thing is, ‘Iolani was also very supportive of me, very loving.

Elliot Kalauawa never strayed from his path of becoming a doctor, and after finishing high school and college, he earned his medical degree at the John A. Burns School of Medicine at the UH. He joined a private practice in Honolulu. In less than two years, he left and chose a different setting, a different patient base.

I was in private practice for a year and eight months with another internist, Dr. Jonathan Cho, who’s an oncologist now. But that’s around the time I became a Jehovah’s Witness, so I wanted more time for my ministry, but I also wanted the kind of population
that I grew up with. And the practice we had wasn’t that kinda population. And then, I saw an ad for Waikiki Health, and they were advertising for a medical director. So, this was a chance; I could go back basically to my roots, and then also have time for my ministry, too. I’ve been at Waikiki Health now thirty-one years. In fact, two days makes thirty-one years. And I look back, and I say, I feel real fortunate, ‘cause I’ve got a career that I truly enjoy. I mean, it’s not work for me. You know, you hear the cliché that, you know, when you enjoy, it’s not really work. Well, for me, it really is. I go to work, and I just enjoy every single day.

So, what is the overview; what are your patients like?

Oh, I have a full range. I have patients that are homeless, I have patients that are doctors, lawyers, I have the full range in between. I have, you know, a full range of different types of diseases, as well as HIV.

When you first started treating HIV, and it was a new disease, I imagine you lost more patients.

Oh, we did; we did. ‘Cause we had no treatment back then. In fact, back then, we didn’t even have the tests that we have now. And so, it was really sad. And HIV, of all the different diseases I treat, the HIV patients are the ones I feel a little closer to. And that’s because HIV now, it’s not so bad, but in the early days, it was like how leprosy used to be. Because there was a stigma, people didn’t want to be around them. And I used to feel sorry for them. And then, the fact that it was a death sentence. So, I used to get real close to those patients. But once when treatments came out, you know, it’s so much better now.

There’s a significant percentage of clients at Waikiki Health Center who don’t have insurance.

Right; a lot.

How does that work? How do you treat them?

It’s real difficult. And so, what we have to do, we have to be creative, you know, when we have students, especially, when they come through. It’s interesting, because when we have students or residents come through, the first time they’re with us, it’s funny, because they’ll say, Okay, this patient, I want to order these tests. So, I’ll look at him and I said, Well, who’s gonna pay for it? And he says, What do you mean? I said, Did you check his insurance status? ‘Cause it’s in the chart. And he goes, No, I didn’t. You need to check. And he’ll look, and he’ll say the person’s uninsured. So, I said, So who’s gonna pay for that test you want to do? The patient can’t afford it. So, what we have to do is, we have to be less reliant on tests. You know, I’m fortunate; when I went
through medical school, we didn’t have lot of the tests they have now; we didn’t have CAT scans, we didn’t have MRIs. So, we had to learn a lot on the history, you know, from what the patients tell you. Because if you really get good information from the patient, you can probably come up with eighty-five percent of the diagnosis. And then, the physical exam can add. So, we did all these extra maneuvers to try to find out what the person had, you know, like maybe leaning forward while we’re listening to his heart, that today, you don’t have to do so much now, because today, medicine is so test-oriented. And I say it’s real sad, because we’ve got this population of patients that cannot get the things they need, and yet, we’re surrounded by wealth in this land. But we never give up, we never turn our back, we never say we can’t do it; we still do what we can.

**Do you ever judge people?**

Oh, not at all. No. Especially when I look at, you know, my lifestyle, you know, what I grew up in. You know. There’s no point judging anybody. Because on the surface, we might be different, but below the surface, we’re all the same. One of the things I like to tell students and residents at our clinic, ‘cause we see homeless patients, I tell them; I say, If you take a homeless person, put him in one exam room, tell him to undress, and you’ll be back in to examine him, you take another person, say, a doctor or lawyer, tell him to undress, you’ll come back in and examine them. And this is where people who have a stereotype about the homeless won’t really understand. So, if you did that, and then you go back into either room, sometimes you can’t tell who the doctor or who the homeless person is.

**Do you think you would be unhappy in a place that had well-heeled patients who could pay their bills with insurance, and cash?**

Yeah. Because I would feel like I’m not doing all that I can do. And the patients that I see, in general, a lot of them are from the same background that I’m from. So, that’s more so. In fact, two homeless patients I saw over the years were kids I grew up with. One of them, I saw his name in the chart, and I went in, and he didn’t know who he was gonna see, and he had his back towards the door. I went in, I called his name, he turned around, and he didn’t recognize me, ‘cause it was years. And he was homeless. I told him my name; he said, You know, I remember as a kid, you always talked about being a doctor, and I wondered if you made it; and I guess you did. You know. And then, another one of my patients, I played Little League Baseball with him. And then, couple weeks later, after I saw him, I’m coming into the clinic, I’m walking through the waiting room. He’s with another homeless patient, and he stops me, and he says, Hey, tell my friend here that you and I used to play baseball together. And I said, Yeah, we used to play baseball together. I guess his friend couldn’t see that his homeless friend grew with a doctor.
Let's pick up on the Jehovah's Witnesses.

Yeah.

So, when you talk about ministry, are you talking about going door-to-door?

Yes.

And how do people receive you? Knock-knock-knock, I'm from the Jehovah's Witnesses.

You get a mix. Fortunately for us in Hawai'i, many people are very polite. They don't like to be, you know, rude. So, you know, we start talking, and then lot of times, they'll just say, Oh, I'm not interested. And then, we just leave. Other times, they'll listen, you know, and then we share a few things. And occasionally, we do have some people that are just rude. And they just say, Oh, no, don't come here, or get out of here, or they slam the door. You know.

And why is it worth it to you to keep doing that?

The Bible has such an important message. You know, because it doesn’t matter what religion a person is, there’s Bible principles that can really benefit them. In fact, one man that I used to visit regularly, he actually was an atheist. But he used to love me coming by, 'cause he said he loved the principles in the Bible. When I talk to people at the door, I know most of them have no desire to be a Jehovah’s Witness. But if they can at least apply some of the things in the Bible, they would have a better life. And that’s why I do it. Again, it’s concern for people. It’s like when I see all the suffering, and I see how people are, I think, You know what, if you could follow some of these principles in the Bible, you know, you would have a happier life. It’s not gonna solve all their problems, you know, obviously, you know, if they’ve got some chronic medical illness. But at least it’ll help them cope with it better. How to have a healthier lifestyle, 'cause the Bible condemns things such as drunkenness, drug abuse. There’s principles about always trying to have a smile, always trying to laugh. And it does help the body. We do know; medicine has shown that when people tend to laugh more, that it does help the person and all that. So, those kind of different things that can help a person. And then also, it gives them hope for the future. It’s amazing how strong hope is. So, whether it’s in a spiritual nature, or you know, medical, hope is a powerful force. And that’s one of the things, when I go door-to-door, I like to let people know that, you know, you can have a better life now, as well as hope for the future.

Mahalo to Dr. Elliot Kalauawa of Honolulu for sharing your inspirational life story with us. And thank you for joining us. For PBS Hawai‘i and Long Story Short, I’m Leslie Wilcox. Aloha, a hui hou.
Did you and your mother ever have a talk about how things had turned out, and you know, life in general?

We had, later on in her later years. And she was always very proud, you know, and things like that. And I never told her that, you know, she had a dysfunctional lifestyle. ‘Cause she knew she did, so there was no point talking about it.

And did her life become less and less dysfunctional as she got older?

She did; yeah. And I think it’s just, you know, learning from her past mistakes. So, she stopped drinking. I think maybe she was in her seventies, she just stopped alcohol completely. Her gambling, she didn’t stop, but she cut way back. So, she would only maybe go on the weekends, you know. And they’d just basically go to friends’ houses and they’d play Poker. You know, usually the same group; and they’d go to different homes.

And she had a long life; eighty-four.

Eighty-four.

[END]