

Leprosy in Samoa 1890 to 1922: Race, Colonial Politics and Disempowerment

A thesis
submitted in fulfilment
of the requirements for the Degree
of
Master of Arts in History
at the
University of Canterbury
by
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University of Canterbury
2007

Abstract

This thesis investigates the colonial organisation of leprosy care in Samoa from 1890 to 1922. It begins with the examination of the nineteenth century "Three Power" governments of Germany, United States of America and Great Britain over Samoa, and moves on to a study of German rule beginning in 1900 and New Zealand administration from 1914. It analyses colonial politics alongside the medical changes and exchanges of ideas about race, health and disease which dominated the direction of leprosy care in Samoa. During these thirty two years of European influence and control over Samoan affairs, the leprosy sufferer became confined and restricted, to some extent a result of international pressure for the segregation of leprosy sufferers, and a consequence of a public and medical push for isolation and confinement.

Beginning in the German period, leprosy care involved medical and missionary alliances, evidence of a shift in the perception of leprosy as a shared responsibility, rather than exclusively a state one. This thesis examines the isolation policies carried out through the network of authorities involved in the organisation of leprosy care. It analyses the medical understanding of leprosy and the leprosy sufferer and traces the impact of these ideas on the leprosy policies implemented in Samoa, particularly the development and establishment of the first leprosy station in the village of Falefa which was later moved to the island of Nu'utele. The

story of leprosy care in Samoa occurred at a time of decreasing Samoan authority, an indication of not only a disempowered leprosy sufferer but also of a largely disempowered Samoan people.

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Acknowledgements

*Ma lo'u fa'aaloalo lava, e fia momoli atu ai le fa'afetai tele
ia te outou, ua mafai ai ona fa'ataunu'u ma tini lenei
fa'amoemoe.*

This journey began in 2005 and I have had the privilege of meeting so many wonderful and generous people who made this journey possible.

Firstly, my heartfelt gratitude to my supervisors Dr Jane Buckingham and Dr Raeburn Lange. Thank you both for your patience and guidance. Together you have helped to fulfil both a dream and a promise, for that I am indebted.

My thanks to Professor Karen Nero for directing this thesis in the beginning stages. A special thanks to the Macmillan Brown Centre for Pacific Studies, for a grant towards a research trip to Samoa in 2005 and to the staff for their kind generosity and encouragement during my time there, especially Moana Matthes, Dr Silipa Silipa and Dr Hermann Hiery. My thanks also to Dr Helen Hayward for her unrelenting encouragement.

My sincere thanks to the library staff at the Macmillan Brown Library (Christchurch), especially Max Broadbent, Jill Durney, Julie James and Nekeneketerangi Paul. To the staff at the Alexander Turnbull Library (Wellington), Archives New Zealand (Wellington), Nelson Library (Apia) and Mary Ann Quin at the Rockefeller Archives (New York). Also to the Society of Mary (Marist) Archives in Wellington, my thanks to Brother Gerard Hogg and Ken Scadden for their generous help.

I would like to thank the National Archives Ministry of Education, Sports and Culture (MESC) of the Government of the Independent State of Samoa for permission to access the Imperial German Government Archives. My thanks also to Professor Le'apai Lau Asofou So'o and Ulrike Hertel for their kind help.

My sincere thanks to Dr Vaiouga Levi, SMSM Sister Selafina Lemisio and Sister Makerita, Brother Chris Maney, Lauilepapa Vaegaoloa Gale and Rev. Lotu Uele for their invaluable time, amazing stories and kind generosity.

I would like to acknowledge and thank all those who helped with translations. Without their kindness this thesis would not have been possible: Dr Hermann Hiery (German), Frauke Jonsson (German), Wolf Kerschbaumer (German), Jessica Macauley (German), Ungatea Havea (Tongan), Dr Eric Waddell (French), Norma Akeli (French) and Suluape Visasio Akeli (Samoan). A huge thank-you to the School of History at the University of

Canterbury for a generous grant towards translations, with special thanks to Associate Professor Dr Geoffrey Rice and Judy Robertson.

My thanks to General Manager Michael Gousmett at the Pacific Leprosy Foundation in Christchurch for permission to access the Pacific Leprosy Foundation archives. Also to Margaret Stacey for her kind hospitality and Dorothy McMenamin for discussions on oral histories.

To the Victoria University staff at the Va'aomanu Pasifika Centre, my heartfelt gratitude to Associate Professor Tagaloatele Peggy Fairburn-Dunlop and Galumalemana Hunkin. With special thanks to Dr Teresia Teaiwa for her guidance and care. Also to Dr Margaret Sutherland and Dr Peter Brunt for their kind help and encouragement. Thanks also to Stephanie Day for her patience.

A special thanks to my Christchurch, Timaru and Dunedin families and all the kids!!; Vaegaoloa Lauilepapa Gale, Juliet and Ligo Petelo, Laumatia and Meipo Gale, Vaitupu and Moleli Duffy, Tina & Tapita & Tagi Tautua, Fa'aosofia and Patrick Daly, Mau'u and Nivaga Ifopo, Fetalaiga Godinet, Tapuotaota Patu and Jane Booker. Also to Fr Peter Fitzgibbons and Keiko Onda. Thank you all for your generosity and kindness, these are memories I will always hold dearly!

My thanks to all the friends for their kind help, laughter, understanding and inspiring stories especially: Heidi Whiteside, Felolini Maria Ifopo, Fanaafi Aiono Le-Tagaloa, Sarah Colhoun, Frauke Jonsson, Suzanne Paschal, Denise Travis, Letitia Young and Yoonah Choi.

To my family, my sincere and heartfelt gratitude: Grandma Palepa Ioane *mo talosaga ma alofaaga*, Suluape Visessio and Vaouiiva Akeli (thank you Mum and Dad for seeing me through the hard times), Selafina (for always being there for me), Norma (my friend, I am eternally indebted), Malaki (for reminding me to laugh) and Sina (for always being a willing listener). A big thank-you to all the Akeli and Sa Patu families near and far in Samoa, Hawai'i, New Zealand and Australia for your hospitality and encouragement. To Uncle John, thank you for the history lessons.

Fa'afetai, fa'afetai tele lava!

Glossary

<i>Aitu</i>	Ghost or supernatural being
<i>Ali'i</i>	High chief
<i>'Eleele Sa'</i>	"Forbidden Ground" or "Sacred Land" - a nineteenth century reference to the Municipality/Apia port town
<i>Faipule</i>	One who has the authority, power, the pule; in the sense of member of parliament a 'representative'
<i>Fono</i>	Meeting
<i>Lepela</i>	Leprosy and/or the leprosy sufferer
<i>Fa'ama'i/Ma'i</i>	Sickness
<i>Ma'i Ho'oka'awale</i>	Hawaiian term for leprosy, translated as 'Separating Sickness'
<i>Ma'i Mutumutu</i>	In reference to leprosy, an illness that causes certain parts of the body to fall off
<i>Malo</i>	Conquering side in warfare and/or a nation
<i>Mulinu'u</i>	The political centre of Samoa from the middle of the nineteenth century
<i>Pule</i>	Authority, power and/or an authoritative figure
<i>Pulenu'u</i>	An equivalent to a mayor
<i>Si'i tuaoi</i>	Beyond the boundary or shifting boundary
<i>Sopo tuaoi</i>	Trespassing
<i>Supa</i>	Paralysis, the loss of voluntary movement as a result of damage to nerve or muscle function; also the name of a moon in the wet season
<i>Ta'imua</i>	Lower house, or a pioneer
<i>Tafa'ifa</i>	Highest title given to the holder of the four papa titles; <i>Tuia'ana</i> ,

Tuiatua, Tamasoali'i and Gatoaitete

Tofi

To split up, to divide and to give inheritance or appointment

Tulafale

An orator who speaks on behalf of the *Ali'i*

Vaivai

Conquered side in warfare, or weak

Abbreviations

LMS	London Missionary Society
T.O.R.M	Third Order Regular of Mary
<i>AJHR</i>	Appendices to the New Zealand Journals of the House of Representatives
ATL	Alexander Turnbull Library
IGGA	Imperial German Government Archive

Author's Note

I have used the terms "leprosy patient", "leprosy sufferer" and "leprosy colony" throughout the thesis to avoid any stigma associated with the term "leper". However, I have left the term "leper" in quotations from the original archives. I have also used initials to ensure anonymity where sensitivity was needed.

Introduction

A LAMENT

Le Manutagi e

*Le manutagi e ua tagi ta'amilo
Pei ose ta mai ose logo fa'ailo
Ma'imau pe ana iai se televise
Po'o pea nei o iloa atu lou tino*

Tali:

*Amuia le lupe e fai ona apa'au
Pe ana o a'u e lele atu ma toe
sau
Se'i ou asia le atu Fiti ma
Makogai
Aue Tasi e, ta fia alu nei iai*

*Matua e, se'i ala maia po'o fea
le tama
Po'o moe po'o tafao i le
taulaga?
Saili ane ma su'e atu i Vaitele
Ae leai ua te'a ese ma AeLe*

*E ui na maua lou tino i le ma'i
Pe le o vai po'o Ali'i
foma'i
To'aga pea ile tatalo to'atasi
E le pine ona maua lona tali*

The Weeping Pigeon

*The weeping pigeon circles
Like the sound of a warning bell
If only there was a television
For then I would see you*

Chorus:

*Oh blessed is the pigeon who has
wings
For if I could, I would fly to you
Just to visit Fiji and Makogai
Oh Tasi e, if only I could visit
you*

*Dear parents awaken and find the
boy
Is he sleeping or has he gone to
town?
Search for him at Vaitele
For he has gone from AeLe*

*Even though you have this sickness
It may have been the Doctor's
medicine
Keep on praying
Soon your prayer will be answered*

This lament is part of the Samoan story of leprosy. When leprosy is mentioned among Samoan people, the conversation almost always leads to Makogai. From 1922, during New Zealand administration of Samoa, leprosy patients were isolated at the Hospital in Apia, and taken for treatment to Makogai in Fiji. Although some returned on being cured, many patients died there. *Le Manutagi e* was composed by a man from the village of Faleula whose brother was diagnosed with leprosy and taken to

Makogai.¹ The tune is borrowed from a Catholic hymn, possibly because of easy memorisation, and may have been composed following the introduction of television to American Samoa in the 1960s, the same decade Samoa gained independence from New Zealand in 1962.

The central concept illustrated by this song is *Asia*, the act of visiting. In the case of leprosy, the very attempt was restricted. Dr Vaiouga Levi, a prominent Samoan doctor who has been involved in the area of leprosy for many years, recalled a scene at the Hospital in Apia:

The [sick]people were housed separately and when people visited, there was only a pigeon hole for people to communicate through. The [sick]people stood inside as they were not permitted to greet those visiting. They greeted each other with words, looking and crying with each other.²

Visiting in Samoan culture involves ongoing movement between groups, people and places, to keep alive, renew and maintain kin relationships. As an expression of the struggle of leprosy and its effects, *Le Manutagi e* also presents the heartache of journeys severed because of isolation and separation.

This thesis investigates the policies and attitudes of colonial administrations towards the management of leprosy from 1890 to 1922, before Makogai. It examines the complex

¹ Conversation between Safua Akeli and Galumalemana Hunkin, 9 March 2007 in Wellington, New Zealand.

² Interview between Safua Akeli and Dr Vaiouga Levi, 15 October 2005 in Apia, Samoa.

relationships between colonial governments and an increasingly disempowered Samoan authority. Moreover, it investigates the colonial, medical and missionary involvement in leprosy care, reviewing the implications of these policies and proposals for the perception and movement of leprosy sufferers.

In Samoa, at a time of political instability, particularly in the late nineteenth century, the leprosy issue united to some extent the rival powers of Germany, United States of America and Great Britain. However, although working towards a solution, each Power took into account the interests of its own subjects. With the growing European community in the Apia district and the expanding economy European anxiety escalated. The death of Catholic missionary Father Damien in Hawai'i in 1889 because of leprosy contributed to this anxiety. Moreover, the prejudiced attitudes were a product of the global colonial reaction towards leprosy and the leprosy sufferer. German rule in 1900 and New Zealand administration from 1914 reveal the continued stigma of leprosy and the perceived European need to isolate and segregate leprosy sufferers.

Discussion of Sources

The historical sources for this thesis fall into five main categories; firstly, the Samoan Government Archives from 1887 to 1900, with those specifically concerned with leprosy dating from 1891 the year in which attention was drawn to leprosy up to 1896 the date of the passing of the regulation concerning the isolation of leprosy. These records are held at Archives New Zealand in Wellington and are crucial in constructing an initial picture of events relating to leprosy in the late nineteenth century, particularly following the establishment of a European government in Samoa in 1890. Most archival material is in English, with some documents (many of them used in this thesis) in Samoan, Tongan and German.

The second historical source is the Imperial German Government Archives on "Lepers" under the heading of Public Health from around 1909 to 1914. These are held at the Nelson Library in Apia, Samoa. These archives were largely "untouched" and the documents are mainly in German with some documents in Samoan and English. At the time of viewing the German archives they were being organised and unfortunately one of the volumes had been misplaced. Although not permitted to photocopy the archives, I was allowed to take photographs on a digital camera which were later developed, with the legible documents translated to English.

The third source consists of the files relating to Western Samoa during the New Zealand administration found in the Island Territories series held by Archives New Zealand in Wellington, specifically the "Medical - Leper Station Samoa and Fiji 1920-1927" and "Medical - General Samoa 1920-1922" files. This correspondence is in English and was important for tracing the New Zealand government's effort towards leprosy care and the eventual removal of leprosy patients from Samoa to Makogai leprosy colony in Fiji in 1922, an arrangement that lasted until the closure of Makogai in 1963.

The fourth document source is the Catholic Diocese of Samoa and Tokelau Archives on microfilm held at the Alexander Turnbull Library in Wellington. The archives provide a wealth of information, especially the correspondence between the Catholic mission and both the German and New Zealand administrations. These documents are mainly in French with some in German and a few in English.

My other major set of sources is conversational interviews with residents in Samoa and with a resident living in New Zealand, they were: Dr Vaiouga Levi (a Samoan medical doctor), Samoan SMSM Sisters Selafina Lemisio and Sister Makerita of the Missionary Society of Mary, European Marist Brother Chris Maney, Samoan pastor Rev. Lotu Uele and Samoan elder Lauilepapa Vaegaoloa Gale (a former nurse). These residents had knowledge of leprosy initiatives or could give personal

accounts of leprosy related events. Some of these interviews were arranged in advance while others were with individuals I met by chance. Although these personal accounts pertain mainly to the period after 1922, they are valuable historical experiences.

Published Sources

Missionary accounts of leprosy or a disease like it during the nineteenth century were recorded by George Turner in *Samoa, a Hundred Years Ago and Long Before*, (1884) and George Brown in *Melanesians and Polynesians : Their Life-Histories Described and Compared*, (1910). These accounts had very little detail about leprosy but provided key insights into late nineteenth century Samoa. German physician and ethnologist, Dr Augustin Krämer's voluminous work on Samoa makes a small reference to leprosy.³

The first statistical documentation of the "History of Leprosy in Western Samoa" was written by New Zealand Medical Health Officer, Dr John Armstrong, who re-traced the presence of leprosy since the end of the nineteenth century through the German medical reports, until the time of New Zealand administration of Samoa. This report was published in the *Appendices to the Journals of the House of Representatives New*

³ A. Krämer, *The Samoa Islands : An Outline of a Monograph with Particular Consideration of German Samoa*, T. Verhaaren, (trans.), 2, (Auckland, 1994), p.130.

Zealand, (1924) under "Public Health" for the Mandated Territory of Western Samoa, to inform the government on the progress and development of leprosy care. A photograph of one of the first "known" leprosy patients in Samoa is included in Dr Armstrong's report, taken around 1891 or 1894.

A report by Dr James Cantlie in *Prize Essays on Leprosy*, (1897), on the spread of leprosy in the South East Asia region provides valuable background information on the medical ideas circulating in the late nineteenth century. Cantlie's book includes two letters from government officials in Samoa written in 1894 regarding leprosy. A recent study of leprosy in pre-colonial materials was conducted in 1997 by microbiologist Dr John Miles and recorded in his book, *Infectious Diseases: Colonising the Pacific?* Although Miles argues that leprosy was probably introduced to the Pacific in the late nineteenth century, other materials reveal perhaps an earlier introduction. With only a few published sources concerning leprosy in Samoa, I relied mainly on unpublished sources.

Unpublished Sources

The majority of sources comprised of private and public correspondence: letters by European government officials in Samoa, Tonga and Hawai'i, health officers, Catholic priests and nuns, Samoan government officials, consuls of the Three

Powers of Germany, United States of America and Great Britain and a few from the Samoan and European public. These letters were concerned with the spread of leprosy, the need for financial assistance for the establishment of a leprosy station, life at the leprosy station at Falefa, and various proposals for an appropriate site to isolate leprosy sufferers. The written dialogues provide an essential understanding of the relationships between council and government officials within and outside Samoa, the attitudes and perspectives of those in "power" and missionary involvement in patient-care. These letters were public correspondence circulating in a specific group, for a specific purpose, such as the correspondence between the president of the Municipal Council and Council members regarding the establishment of a leprosy station and letters from the Imperial German Governor, Erich Schultz to Sister Marie Henry the senior nurse of the leprosy station. These letters were not intended for public reading, as indicated by the tone of the correspondence. There are some letters which were copied to various people, for example a letter from German District Commissioner, Dr Schubert, was distributed to Catholic Bishop Broyer, Sister Marie Henry and the German Imperial Governor, Dr Erich Schultz. These are important relationships since these people play a crucial role in the way leprosy care was organised in colonial Samoa.

Missionary archives have also been an important source for this thesis. Letters from Catholic Bishop Broyer to Governor

Erich Schultz and Colonel Robert Logan have been essential in constructing the direction of leprosy care and discussions surrounding the establishment and function of the leprosy station at Falefa and Nu'utele. These letters are largely in French and some in German. It has been difficult to find biographical information about the missionaries, especially, the two Sisters of The Third Order of Mary (T.O.R.M), Sister Marie Henry and Sister Marie Christine, as this Order later became the Missionary Sisters of the Society of Mary (SMSM) in the 1930s.

Historiography

In the last thirty years there has been a steady growth in historical research on leprosy. Historians and scholars have focused on the late nineteenth and early twentieth centuries, seeking to uncover the colonial management of leprosy during the period of peak Western imperialism, when governments re-discovered leprosy in their colonies and feared the possible transfer of leprosy to their homelands.⁴ Recent works have led to a better understanding and added to the growing knowledge of leprosy management in different colonial contexts, and these works provide a similar working model for this thesis.

⁴ S. Pandya, 'The First International Leprosy Conference, Berlin, 1897: The Politics of Segregation', *Historia, Ciencias, Saude - Manguinhos*, 10 (1), 2003, pp.161-177.

In 1970, Zachary Gussow and George Tracy examined the social history of the stigma of leprosy in the nineteenth and twentieth century, re-tracing its strong Biblical link and the (mis)use of leprosy as a generic term for various types of diseases.⁵ Stigma surrounding leprosy was prevalent in the mid to late nineteenth century, a time when medical understanding of the disease was in its infancy.⁶ Gussow and Tracy identify three events that raised the Western awareness of leprosy: firstly, the outbreak of leprosy in Hawai'i in the 1860s, secondly, Gerhard Hansen's discovery of the bacteria causing leprosy and thirdly, public interest in Belgian priest Father Damien who reportedly contracted leprosy, of which he died in 1889, while living among leprosy sufferers in Hawai'i.⁷ These events resonated in the West at a time of global imperial endeavours and competing medical understandings of the mode of transmission of leprosy, particularly the debate on whether the disease was hereditary or contagious. Although Hansen had discovered the bacillus, it could not be "destroyed", arousing fears that the disease was incurable. Thus, measures of segregation and isolation of leprosy sufferers became the method of treatment, designed to protect the health of the public, even before the First International Leprosy Conference in 1897. During this time, strong anti-Chinese sentiment spread in connection with leprosy, a stigma Gussow and Tracy

⁵ Z. Gussow and G. Tracy, 'Stigma and the Leprosy Phenomenon: The Social History of a Disease in the Nineteenth and Twentieth Centuries', *Bulletin of the History of Medicine*, 44 (5), 1970, pp.425-449.

⁶ Gussow and Tracy, p.427.

⁷ *ibid.*, p.432.

argue, "that soon reached monstrous proportions"⁸ as evidenced by the number of Chinese Exclusion Acts issued.⁹ These three events identified by Gussow and Tracy reverberate in the Samoan colonial context, particularly in the late nineteenth century. In this thesis, Chapters One and Two investigate the representation of leprosy in Hawai'i, the European medical and social theories about leprosy and the impact of Father Damien's death as it relates to Samoa.

Pennie Moblo's work on Hawai'i in the late nineteenth century - between 1887 and 1893 - examines the role of European politics and the isolation of leprosy sufferers, with a focus on the European governments' attitude towards leprosy sufferers who were mainly indigenous Hawaiians.¹⁰ Inherent Hawaiian cultural features along with promiscuity and laziness were fabricated justifications by the European government for the spread of leprosy. Although attempts were made by the government to control and contain leprosy sufferers, government efforts were challenged by the patients who were sent to the Kalaupapa settlement on Moloka'i Island, Hawai'i. Moblo argues that the offensive treatment of indigenous Hawaiian leprosy sufferers by the European government was part of the anti-Hawaiian politics of the time.¹¹ The issue of European politics and the treatment of indigenous Hawaiians

⁸ *ibid.*, p.439.

⁹ *ibid.*, p.441.

¹⁰ P. Moblo, 'Leprosy, Politics, and the Rise of Hawaii's Reform Party', *The Journal of Pacific History*, 34 (1), 1999, pp.75-89.

¹¹ *ibid.*

had repercussions for Samoa. Hawaiian citizens were sent back following an 1890 Proclamation which called for their immediate removal. This Proclamation was issued after the establishment of a European government in Samoa and were initiated on the grounds of race and fear rather than a result of a thorough medical investigation. The issue of race and its close connection with European politics plays a central part in the story of leprosy in Samoa, a link that prevails throughout the various colonial administrations.

Diana Obregon argues that in Colombia from 1870 to 1910, Colombian physicians medicalised leprosy by creating public fear, inducing the government to approve and implement segregation laws.¹² However, leprosy patients resisted government attempts to regulate the segregation laws, arguing the laws were a violation of individual rights. Similar to Obregon, Jane Buckingham's book, *Leprosy in Colonial South India*, (2002), examines the role of the leprosy sufferer under British rule, comparing and investigating the understanding of leprosy and the leprosy sufferer in Hindu and British culture. Buckingham argues that although leprosy care developed into a more medicalised, legalised and institutionalised British colonial effort, leprosy sufferers managed to retain their own power to challenge their confinement. Ultimately in South India, the configurations and complexity of British colonial rule in terms of leprosy was revealed on both the "visible

¹² D. Obregon, 'Building National Medicine: Leprosy and Power in Colombia, 1870-1910', *Social History of Medicine*, 15 (1), 2002, pp.89-108.

bodies" of leprosy sufferers and in the ambiguity of their status, as patient or prisoner.¹³ Anne Hattori's research on the treatment of Chamorro leprosy sufferers in Guam under the United States Naval administration from 1898 to 1941 sheds light on a military application of law and order, particularly for leprosy sufferers who were treated as criminals.¹⁴ Unlike those in Colombia and South India, Chamorro leprosy sufferers were largely powerless to challenge their confinement.

In the Samoan colonial context, Samoans rather than leprosy sufferers themselves challenged attempts by the nineteenth century Three Power governments and the twentieth century German government to acquire land for the purpose of confining and segregating leprosy sufferers, up until the period of New Zealand administration. Although some British influence was evident during New Zealand administration, the British Consul also played an influential role earlier in the nineteenth century, directing concerns held by British subjects on the presence of leprosy in the Apia district. As in colonial South India, the status of the leprosy sufferer in Samoa varied, changing from criminal to patient even up to the twentieth century. This was a vast difference from the role and status of health officers which shifted from a public servant position in the late nineteenth century to a more consolidated

¹³ J. Buckingham, *Leprosy in Colonial South India: Medicine and Confinement*, (Basingstoke, 2002), p.51.

¹⁴ A. Hattori, "'They Were Treated Like Animals in a Parade": Fear and Loathing of Hansen's Disease on Guam', *Colonial Dis-Ease: US Navy Health Policies and the Chamorros of Guam, 1898-1941*, 19, Pacific Islands Monograph Series, (Honolulu, 2004), pp.61-90.

medical authority during the German period. During New Zealand administration, health officers increasingly became a more dominant and persuasive voice.

Apart from medical health officers, church organisations also played a central role in leprosy care. In the religious sphere, leprosy has received a lot of attention, particularly the relationships between leprosy and mission, and leprosy and medieval European religion. Saul Brody investigated the link between leprosy and moral defilement in Medieval European literature: As distinct from all other diseases, leprosy was unique in that it was strongly linked to "divine punishment for sinfulness" informed by a traditional belief that leprosy was indeed a moral disease.¹⁵ Leprosy was a stigma in itself,¹⁶ a stigma Brody argues, that has its origins from the medieval age which has endured into modern times.¹⁷ The stigma of leprosy will be examined here as it was seen in Samoa, through the perceptions of government officials, the public and the treatment of leprosy sufferers.

Dr Peter Richards sought the "medical reality of medieval leprosy"¹⁸ in his book, *The Medieval Leper and His Northern Heirs* (1977) in which he examines the interplay between a community and leprosy sufferers on the Aland islands - between

¹⁵ S. Brody, *The Disease of the Soul: Leprosy in Medieval Literature*, (London, 1974), p.11.

¹⁶ *ibid.*, p.61.

¹⁷ *ibid.*, p.197.

¹⁸ P. Richards, *The Medieval Leper and His Northern Heirs*, (Cambridge, 1977), p.vii.

Sweden and Finland - in the seventeenth century.¹⁹ Similar to Richards, this thesis examines the interaction between the Samoan and colonial community and leprosy sufferers, specifically concerns about leprosy within the Apia district in the nineteenth and twentieth centuries with the goal of isolation away from the port town.

George Joseph explored the work of missionary Wellesley Bailey and the Mission with leprosy sufferers in British India, specifically the versatile missionary role in politics, religion and medicine.²⁰ Joseph argues that: "Physical healing was intimately tied to religious salvation, spiritual healing, and the civilizing process."²¹ Chapter Three traces the German government and missionary alliance of leprosy care in Samoa, specifically the role of the Roman Catholic mission and the shift from leprosy care as a state responsibility to a shared but unsteady collaborative effort between the mission and the state. This alliance continued during New Zealand administration when the leprosy patients were removed to the island of Nu'utele in 1918, but began to break down in early 1920 as the New Zealand government sought to isolate leprosy sufferers away from Samoa on the island of Makogai in Fiji.

¹⁹ *ibid.*, p.3.

²⁰ G. Joseph, '“Essentially Christian, Eminently Philanthropic”: The Mission to Lepers in British India', *Historia Ciencias Saude - Manguinhos*, 10 (1), 2003, pp.247-275.

²¹ *ibid.*, p.250.

For the Pacific region, apart from Hawai'i, the Makogai leprosy colony at Fiji, established in 1911 as an isolation and treatment centre for leprosy sufferers of the Pacific region, has received considerable interest. Earlier medical research and reports carried out by Dr C. J. Austin, former medical health officer of the colony, are important records for the Fiji context. In 1956, Joan Morris carried out a community study of Makogai as part of a Diploma of Social Science at the University of Victoria, Wellington, and her research contains important information on the early development of Makogai.²² SMSM Sister Mary Stella wrote the book, *Makogai: Image of Hope*, (1978) recalling the history of patient-care at the Makogai leprosy colony through personal recollections. In 1999, Bob Madey and Larry Thomas carried out video interviews with leprosy patients from neighbouring Pacific Islands who lived at Makogai, captured in *Compassionate Exile*, (1999), as patients re-tell their experiences of when they were transferred to Makogai. Beginning in 2004, oral histories of patients who were treated at Makogai were collected by Jane Buckingham and Dorothy McMenamin through The Global Project on the History of Leprosy²³ and The Pacific Leprosy Foundation.²⁴ These valuable oral histories provide insight into the isolated community of

²² J. Morris, *They Came to Makogai: A Community Study*, Diploma of Social Science, Victoria University of Wellington, (New Zealand, 1956).

²³ www.leprosyhistory.org

²⁴ www.pacificleprosyfoundation.co.nz

patients and nurses from various Pacific Island nations.²⁵ Although there is a wealth of personal histories, there has been very little historical work on Makogai, a significant neglect since Makogai plays an important and crucial role in the history of leprosy in the Pacific.

The story of leprosy in Samoa has not hitherto been documented and this thesis seeks to contribute to the growing historical research on leprosy. It examines the colonial management of leprosy in Samoa from 1890 to 1922 before the removal of patients to Makogai in 1922. The First International Leprosy Conference in 1897 took place in Berlin, which agreed to the international sanction for the segregation of leprosy sufferers.²⁶ This outcome would have wide implications, even in Samoa, largely as a consequence of a decreasing Samoan authority in the face of an established European government in 1890, German rule beginning in 1900 and New Zealand administration from 1914.

Structure

This thesis has five chapters that follow a chronological order. Chapter One "Re-traces the Understandings" and begins with the current medical understanding of leprosy. It then re-traces the European observations from the earlier part of the

²⁵ J. Buckingham, 'The Pacific Leprosy Foundation Archive and Oral Histories of Leprosy in the South Pacific', *The Journal of Pacific History*, 41 (1), 2006, pp.81-86.

²⁶ Pandya, p.175.

nineteenth century of what may have been leprosy or a similar skin disease. It surveys what was observed and researched for the nineteenth century, with an attempt to answer when leprosy was introduced to the Pacific. This chapter also contextualises the important events in Hawai'i pertaining to leprosy management and the stigma of leprosy associated with indigenous Hawaiian citizens. The Hawaiian context is closely linked to the events in Samoa as seen in Chapter Two which explains how Hawaiian citizens were targeted and sent back home from Samoa following an arrangement between the governments in Samoa and Hawai'i.

Chapter Two moves into the establishment of a Municipal Council authority in Apia, a district mainly settled by European nationals from Germany, Great Britain and the United States of America, following the Berlin Treaty of 1889. It examines the "Anxious" political climate and follows the efforts of the Three Powers to curb the potential threat of leprosy, the first initiative being the expulsion of Hawaiian citizens living in Samoa because of fears of the spread of leprosy following the death of Father Damien in 1889. After leprosy was discovered in Samoa, appeals were made to Hawai'i by King Malietoa Laupepa on behalf of the Municipal Council and the newly established Samoan government for leprosy patients from Samoa to be accommodated at Moloka'i. For the Europeans, leprosy was a threat to the image of Samoa as a paradise and a potential locality for economic development.

For the most part, these nineteenth century attitudes and beliefs were driven by issues of race, particularly towards indigenous peoples.

The beginning of the twentieth century saw the establishment of German power in Samoa, with German rule beginning in 1900 and ending in 1914 with the onset of the First World War. Chapter Three examines the "Centralised" policies implemented by the German administration and their unsteady collaboration with the Catholic mission towards the establishment and supervision of a leprosy station in Samoa. The participation of Germany in the First International Leprosy Conference held in 1897 and later in 1909, aided progress towards efforts to isolate and treat leprosy patients in a designated area. However, the Germans faced challenges from Samoans, particularly in the Aleipata district, as they sought to purchase land to confine leprosy sufferers.

Chapter Four begins with New Zealand military occupation of Samoa in 1914 on the outbreak of World War I, and later the administration of Samoa as a Mandated Territory under the League of Nations in 1920. Over a period of eight years, New Zealand transferred patients to the island of Nu'utele and managed to negotiate with authorities in Fiji for the removal of patients from Samoa to Makogai leprosy colony. Underlying the removal was the idea of "Cleansing" Western Samoa both of leprosy and of German rule. The patients were transferred in

1922 and continued to be taken for treatment to Fiji until the colony was closed in 1963. The lament *Le Manutagi e* sheds light on the closure of an era.

This thesis follows these historical events and attempts to bring to the fore the story of leprosy sufferers through the examination of policies implemented and the prevailing attitudes, beliefs and perspectives existing from 1890 up to 1922. Situated in the area of medical and Pacific history, this thesis seeks to re-present the story of leprosy, and traces the complex dynamics and implications of colonialism and medical development in order to re-evaluate the course of leprosy care in Samoa.

Chapter One

RE-TRACING the UNDERSTANDINGS

In the introduction to *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, (1996), the medical historian David Arnold wrote that the book sought to put into perspective: "Europe's medicine in the wider world and how that world came, over time, to be demarcated and defined."²⁷ This chapter seeks to re-trace the multiple demarcations and definitions of ideas about race, disease and health from nineteenth century Europe to the Pacific, specifically re-tracing the history of leprosy and its connection to Samoa. In Europe during the nineteenth century, medical and scientific ideas of leprosy faced ongoing challenges as scientists sought to track their origins and cause, resulting in various explanations of the disease. Only by the latter part of the century did belief in contagion begin to take root, resulting in a more urgent push for the isolation of leprosy sufferers, a method adopted by most of the nineteenth century colonial governments.

Current Medical Understanding of Leprosy

Cause - Leprosy, in some countries referred to as Hansen's disease, is caused by a rod shaped myco-bacterium called *Mycobacterium leprae*, a slowly developing bacillus identified

²⁷ D. Arnold, in David Arnold (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, (Atlanta, 1996), pp.5-6.

in 1873 by the Norwegian scientist and physician Dr Gerhard Hansen. Even today, the mode of transmission remains unclear, although it is believed that the bacillus enters the body through the skin or mucous membranes of the nose and throat.²⁸ The incubation period is estimated from 2 to 20 years with most patients developing symptoms in 3 to 10 years. Lesions occur in mainly cooler tissues of the body: the skin, the mucous membranes of the nose and throat and the superficial nerves. In untreated cases, the bacillus penetrates the skin and destroys the nerves, which may cause extreme disfigurement and deformity, though this depends on the individual's immune system. Leprosy is not sexually transmitted nor is it inherited.²⁹ Leprosy is not spread through physical contact³⁰ and does not cause the fingers and toes to drop off. This may occur through secondary infection caused by other bacteria when injury or trauma to desensitised areas passes unnoticed and unattended.³¹ The leprosy bacillus is closely related to the tuberculosis bacillus, *Mycobacterium tuberculosis*.

Types - The two main types of leprosy are *Lepromatous* and *Tuberculoid*, but there are other forms of leprosy, *indeterminate leprosy* and *paucibacillary leprosy* which can develop into either *Lepromatous* or *Tuberculoid*.³² The most serious is *Lepromatous*, this is where the organism reproduces

²⁸ B. Miller and C. Keane, *Encyclopedia and Dictionary of Medicine, Nursing and Allied Health*, (Sixth edition), (Philadelphia, 1997), pp.908-909.

²⁹ J. Buckingham, *Leprosy in Colonial South India*, p.1.

³⁰ W. Britton and D. Lockwood, 'Leprosy', *The Lancet*, vol 363, (April, 2004), pp.1209-1219.

³¹ Miller and Keane, pp.908-909.

³² *ibid.*

rapidly in the skin, producing nodules called leproma and sometimes scaly patches. Later the skin becomes thickened and folded, especially on the face. *Tuberculoid* is a milder infection, mainly involving the nerves. Red or white scaly flat lesions appear on the skin and the nerve covering (myelin sheath) in the affected area thickens compressing the nerve and producing anaesthesia.

Treatment - According to an extract from the *British Medical Journal*, published in 1908:

Although almost every year brings forth a new "cure," and although in the aggregate such cures amount to legion, we have to confess that hitherto the quest has been in vain...it is equally true that a small proportion of lepers recover, yet it can hardly be affirmed that we can cure leprosy even in a limited sense, or any more than it can be said that we can cure cancer.³³

Since this statement was published, treatment for leprosy has undergone several phases of development. For centuries, chaulmoogra oil was used. Extracted from the seeds of the *Hydnocarpus* (Flacourtiaceae) tree, the oil was taken orally and applied topically to skin lesions.³⁴ The oil was an indigenous treatment, and was used in parts of Africa³⁵, India³⁶ and Thailand³⁷. This treatment was adopted into European

³³ Extract from *British Medical Journal* published in the *Appendices to the Journals of the House of Representatives New Zealand*, H-31, 1908, p.43.

³⁴ S. Lambert, *A Doctor in Paradise*, (London, 1941), p.103.

³⁵ E. Muir, 'The Leprosy Situation in Africa', *Journal of the Royal African Society*, 39 (155), 1940, p.140.

³⁶ Buckingham, *Leprosy in Colonial South India*, p.83.

³⁷ S. Bamber, 'Medicine, Food and Poison in Traditional Thai Healing', *Osiris*, 2 (13), 1998, p.347.

medical practice.³⁸ However, chaulmoogra oil had side effects such as nausea and vomiting. In 1900, Dr Victor Heiser carried out intramuscular injections of chaulmoogra oil on patients, some of whom were able to recover.³⁹

Hope for leprosy patients came in the 1940s with the introduction of Dapsone, based on research findings at the Carville leprosy establishment in Louisiana, and this provided the first effective antibiotic treatment of the disease. Dapsone was cheap and remained the principal medication until the 1960s when it was discovered that some patients had become resistant to the drug. Medical professionals feared that the increased bacterial resistance would lead to a worldwide increase in leprosy. In 1981, a World Health Organisation (WHO) study group recommended Multi-Drug Therapy (MDT), a combination of three drugs: Dapsone, Rifampicin and Clofazimine to fight leprosy. Rifampicin is an antibiotic used to treat serious bacterial infections and is active against several organisms, such as *Mycobacterium leprae* and *Mycobacterium tuberculosis*. Clofazimine slows down the growth and slowly kills the bacteria *Mycobacterium leprae* that causes leprosy.⁴⁰

Prevalence - Today, leprosy is mainly found in the tropics or sub-tropic regions, according to the WHO:

³⁸ M. Worboys, 'The Colonial World as Mission and Mandate', *Osiris*, 2 (15), 2000, p.215.

³⁹ *ibid.*, pp.103, 277.

⁴⁰ www.dermnetnz.org/bacterial/leprosy.html: downloaded June 2007.

Approximately 410,000 new cases of leprosy were detected during 2004 compared to a peak of 804,000 in 1998. At the beginning of 2005, 290,000 cases were undergoing treatment. In 9 countries in Africa, Asia and Latin America leprosy is still considered a public health problem. These countries account for about 75% of the global disease burden.⁴¹

Children are susceptible to leprosy as their immune system differs in strength to that of an adult, but the female to male ratio of contracting leprosy is lower for females.⁴²

In the Pacific Islands region at the end of 2005, the Federated States of Micronesia had the highest prevalence of leprosy at 13.06 per 10,000 (population of 121,000) compared with Fiji at 0.06 (population of 828,000) and Kiribati at 2.24 (population of 85,000).⁴³ According to research conducted on the trends of new cases, the New Case Detection Rates (NCDRs) in French Polynesia had decreased between 1946 and 1967 but remained stable in the 1980s.⁴⁴ On its website, the New Zealand Dermatological Society states that most leprosy sufferers come to New Zealand from Samoa, Tahiti and the Cook Islands.⁴⁵ Moreover, according to the WHO, the current prevalence rate for Samoa is 0.27 per 10,000 (population of 183,000).⁴⁶

⁴¹ www.who.int/mediacentre/factsheets/fs101/en/: downloaded October 2005.

⁴² Britton and Lockwood, pp.1209-1219.

⁴³ www.who.int/lep/situation/WPROStatsMay06.pdf: downloaded June 2007.

⁴⁴ A. Meima, M. Gupte, G. Van Oortmarssen, J. Habbema, 'Trends in Leprosy Case Detection', *International Journal of Leprosy and Other Mycobacterial Diseases*, 65, 1997, pp.305-319.

⁴⁵ www.dermnetnz.org/bacterial/leprosy.html: downloaded October 2005.

⁴⁶ www.who.int/lep/situation/WPROStatsMay06.pdf: downloaded June 2007.

Brief History of Leprosy as a Disease

The English word "leprosy" comes from the Greek word *lepros* meaning scaly. Scholars argue that leprosy in the Bible is not necessarily leprosy as it is known today, but was some form of skin disease that was considered "unclean".⁴⁷ In Europe during the Middle Ages, leprosy and many other afflictions like syphilis were viewed as unclean.⁴⁸ From the twelfth to the fourteenth century leprosy reached its peak in Europe and then declined rapidly. By the end of the sixteenth century leprosy had disappeared from most of Europe,⁴⁹ although it persisted along the Mediterranean coast, in certain parts of Russia and in Scandinavia. Leprosy was thought to be introduced to North and South America by early Spanish, Portuguese and French colonists.

Medieval debates on the cause of leprosy believed it to be a moral disease, indicating the state of an individual's soul⁵⁰ and although treatment has improved over the centuries, stigmatisation remains a problem.⁵¹ The Old Testament references to leprosy are often related to sin; such was the case of Miriam - the sister of Aaron and Moses - who was afflicted with leprosy as a punishment from God.⁵² The Book of Leviticus has strict rules and regulations for a particular

⁴⁷ Gussow and Tracy, p.426.

⁴⁸ G. Lewis, 'A Lesson from Leviticus: Leprosy', *Man*, 22(4), 1987, pp.597-598.

⁴⁹ Gussow and Tracy, p.427.

⁵⁰ Brody, p.51.

⁵¹ J. McCurry, 'Japanese Leprosy Patients Continue to Fight Social Stigma', *The Lancet*, vol 363, (April, 2004), p.544.

⁵² Book of Numbers 12: verse 10.

skin disease and anyone affected was separated from the camp.⁵³ In an effort to re-trace leprosy in the Book of Leviticus, Lewis writes that: "The lamentable history of social attitudes to leprosy is a lesson on the consequences of paying great attention to words, but small attention to facts."⁵⁴ According to McEwen, the continued fear of leprosy was partly influenced by the biblical references to leprosy.⁵⁵ Moreover, the danger is that these "unwarranted beliefs were long-lasting and influential."⁵⁶

Nineteenth Century European Understanding of Leprosy

Before the Norwegian scientist Gerhard Hansen discovered the leprosy bacillus *Mycobacterium leprae* in 1873, groundbreaking research had been carried out by Norwegian doctors C. W. Boeck and Daniel Danielssen in the 1840s, which identified the characteristics of leprosy based on a hereditary theory.⁵⁷ Following the work of Boeck and Danielssen, the hereditary theory widely circulated in European medical circles.⁵⁸ At the same time, other theories on the aetiology and mode of transmission of leprosy were debated. For example from 1863 Jonathan Hutchinson's fish theory argued that the spread of

⁵³ Book of Leviticus 14: verses 6-52. T. Davies, 'Bible Leprosy', *The Old and New Testament Student*, (1890), pp.142-152.

⁵⁴ G. Lewis, 'A Lesson from Leviticus: Leprosy', *Man*, 22(4), 1987, pp.593-612.

⁵⁵ E. McEwen, 'The Leprosy of the Bible in Its Medical Aspect', *The Biblical World*, 38(3), 1911, pp.194-202.

⁵⁶ Lewis, p.593.

⁵⁷ Buckingham, *Leprosy in Colonial South India*, p.8.

⁵⁸ *ibid.*, p.15.

leprosy was caused by eating "bad" or "half-cured" fish, although this theory received little support.⁵⁹ Bacteriological research by Koch and Hansen in the 1870s influenced the way Europeans looked at diseases and the ability of the human body to respond.⁶⁰ Following his discovery, Hansen argued for the contagiousness of leprosy and supported the segregation of leprosy patients in Norway, which led to the "mixed segregation law" passed in 1885.⁶¹

The name leprosy was also an area of debate and misunderstanding as it was often used by mistake.⁶² Moreover, the European belief of the conditions causing leprosy were rooted in ideas of European conceptualisation of backwardness and poverty exacerbated by factors such as poor housing conditions, poor diet and lack of hygiene.⁶³ Until the latter part of the century, the concept of leprosy and its transmission was an area of contest and rebuttal as European medical groups sought to tie down the elusive disease.⁶⁴ By the end of the nineteenth century, bacteriological research had moved forward. Hansen's research received international attention and his participation in the First International

⁵⁹ L. Rogers, 'Notes for an Address on the Distribution, Modes of Infection and Prophylaxis of Leprosy', 24 June 1922, Wellcome Institute: C.13/136-142, ATL.

⁶⁰ P. Moblo, 'Leprosy, Politics, and the Rise of Hawaii's Reform Party', *The Journal of Pacific History*, 34 (1), 1999, p.75-89.

⁶¹ S. Pandya, 'The First International Leprosy Conference, Berlin, 1897: The Politics of Segregation', *Historia Ciências Saude - Manguinhos*, 10 (1), 2003, pp.161-177.

⁶² J. Robertson, 'Leprosy and the Elusive *M. leprae*: Colonial and Imperial Medical Exchanges in the Nineteenth Century', *Historia, Ciências, Saude - Manguinhos*, 10 (1), 2003, pp.13-40.

⁶³ Buckingham, *Leprosy in Colonial South India*, p.16.

⁶⁴ *ibid.*, p.15.

Leprosy Conference held in Berlin in 1897 resulted in international approval for the isolation of leprosy patients.⁶⁵ These leprosy concepts as understood by Europeans reached the Pacific in the nineteenth century.

Re-presenting the "South Sea Islanders"

As understandings of leprosy underwent change, so also European representations of the South Pacific. According to the Pacific historian Kerry Howe, the images of indigenous peoples changed from the time of Captain James Cook in the eighteenth century to the end of the nineteenth century. In Cook's time and as a result of his travels to the Pacific an indigenous person was portrayed as a "Noble Savage", in reference to one "who lived in harmony with his natural surroundings".⁶⁶ However, by the early nineteenth century, under the influence of missionaries the notion of the "Ignoble Savage" became a popular image of indigenous people, referring to "one who led a brute-like existence."⁶⁷ These two extremes merged from the second half of the nineteenth century together with the projection of the indigenous person as the "Dying Savage" victims of introduced diseases, guns and contact with the European civilisation.⁶⁸

⁶⁵ Pandya, p.175.

⁶⁶ K. Howe, 'The Fate of the 'Savage' in Pacific Historiography', *New Zealand Journal of History*, 11(2), 1977, pp.137-154.

⁶⁷ *ibid.*

⁶⁸ *ibid.*

The publication of literature and the circulation of sketches and paintings of Island communities constructed an ideal picture of the South Pacific, widely read by the public in European countries.⁶⁹ Among various representations of Pacific Islanders, women were sexually represented and often depicted half-naked. According to the sociologist Suaalii: "Such notions of the exotic Pacific Island female locate her as the sensual, sexual, and savage 'other' of Western society."⁷⁰ The paintings of women in French Polynesia by nineteenth century French artist Paul Gauguin exemplify this sexual misrepresentation of Pacific women, as his paintings reflect what Lee Wallace identifies as the tension between "colonial and sexual ambivalence".⁷¹ Hereniko argues that these Islanders "became the domain of Europeans, whose views of the Pacific and its inhabitants were ethnocentric at best and racist at worst."⁷² Because they were unable to speak for themselves within a European context, the portrayal of Islanders lay in the hands of European writers and artists, and these works reflect the European philosophy of the time and their perception of the Pacific.⁷³

⁶⁹ V. Smith, *Literary Culture and the Pacific - Nineteenth Century Textual Encounters*, (Cambridge, 1998), pp.16-17.

⁷⁰ T. Suaalii, 'Deconstructing the 'Exotic' Female Beauty of the Pacific Islands', in Jones, A., Herda, P. and Suaalii, T. (eds.), *Bitter Sweet - Indigenous Women in the Pacific*, (Dunedin, 2000), p.95.

⁷¹ L. Wallace, *Sexual Encounters: Pacific Texts, Modern Sexualities*, (New York, 2003), p.110.

⁷² V. Hereniko, 'Representations of Cultural Identities', in Rob Wilson and Vilsoni Hereniko (eds.), *Inside Out: Literature, Cultural Politics, and Identity in the New Pacific*, (Maryland, 1999), p.144.

⁷³ R. Nicole, *The Word, the Pen, and the Pistol*, (Albany, 2001), p.45.

Simultaneously, other European ideas of the Pacific circulated, such as its representation as a "Diseased Paradise" which challenged certain European depictions of the South Sea Islanders.⁷⁴ According to Edmond, the "body" of the leprosy patient became the "social text" where upon demarcations of a negative nature began to take shape in the late nineteenth century.⁷⁵ The events in nineteenth century Hawai'i in relation to leprosy is an important case to consider since the Hawaiian case embodies the links between race, disease and European understanding of leprosy in the Pacific. Furthermore, it shows how the segregation of a particular group supported colonial objectives.

In Hawai'i in 1865, under the reign of King Kamehameha IV, the "Act to Prevent the Spread of Leprosy" was employed to protect the public from the threat of leprosy and authorised the separation of government lands for the segregation of leprosy patients.⁷⁶ Due to its isolated location, a colony was established at Kalaupapa Peninsula on the island of Moloka'i to confine leprosy patients, who were largely indigenous Hawaiians. It was near to Waikolu valley, which was a source of food provision.⁷⁷

⁷⁴ R. Edmond, *Representing the South Pacific: Colonial Discourse from Cook to Gauguin*, (Cambridge, 1997), p.194.

⁷⁵ *ibid.*, p.196.

⁷⁶ J. Cantlie, *Prize Essays on Leprosy*, (London, 1897), p.375.

⁷⁷ P. Moblo, 'Blessed Damien of Moloka'i: The Critical Analysis of Contemporary Myth', *Ethnohistory*, 44 (4), 1997, pp.691-726.

In addition to the establishment of an isolation colony for leprosy sufferers, according to Moblo, during the period of mid-1887 to 1893, in conjunction with the undermined Hawaiian monarchy and the rise of the mainly "White" Reform Party, the government laws were employed to confine leprosy sufferers who were seen as "dangerous".⁷⁸ For the Europeans, leprosy represented "social disorder"; with a declining Hawaiian monarchy and increasing American influence, the threat of leprosy and apparent disorder of Hawaiian society needed to be effectively managed.⁷⁹

While King Kamehameha's Act of 1865 had been employed to "protect the people", the European government response in Hawai'i in the latter part of the nineteenth century shifted towards leprosy and the leprosy sufferer, and was strongly influenced by ideas about race.⁸⁰ The focus centred on the protection of Europeans against a so-called "leprous" Hawaiian population. American missionary influence from the 1820s had portrayed Hawaiians as sinful and diseased because of their own way of living. The missionaries sought to change Hawaiians into an ideal model American society,⁸¹ and these attitudes prevailed negatively and intensely in the latter part of the nineteenth century.

⁷⁸ P. Moblo, 'Leprosy, Politics, and the Rise of Hawaii's Reform Party.' *The Journal of Pacific History*, 34 (1), June 1999, pp.75-89.

⁷⁹ Edmond, p.196.

⁸⁰ Moblo, 'Leprosy, Politics, and the Rise of Hawaii's Reform Party', pp.75-78.

⁸¹ R. Herman, 'Out of Sight, Out of Mind, Out of Power: Leprosy, Race and Colonization in Hawai'i', *Journal of Historical Geography*, 27 (3), 2001, pp.319-337.

As Herman argues, ultimately the treatment of leprosy served a colonial purpose which sought to push Hawaiians towards the periphery, away from their lands.⁸² The non-Hawaiian Board of Health treated leprosy sufferers as "criminals" and "inmates" since strict regulations were carried out in the attempt to sever links with family and communities, measures which many Hawaiians sought to resist.⁸³ Western medical doctors were appalled at indigenous Hawaiian responses to leprosy sufferers, since they were treated no differently from other Hawaiians, as many Hawaiians shared meals and utensils with leprosy patients.⁸⁴ This "shocking" Hawaiian behaviour required effective and immediate management, so medical doctors pushed for segregation to curb the "epidemic", an ironic move since leprosy sufferers in Europe were treated no differently from people afflicted with other diseases.⁸⁵

From the time Hawaiian King David Kalakaua's authority had been undermined by the "Bayonet Cabinet" in 1887 - a group of non-Hawaiian businessmen - until the overthrow of his sister Queen Lili'uokalani in 1893, the number of indigenous Hawaiians sent to Kalaupapa settlement had increased.⁸⁶ This is an example of the European political drive for the segregation of Hawaiians, who were believed to be a threat to the health

⁸² *ibid.*, p.322.

⁸³ Moblo, 'Blessed Damien of Moloka'i', p.692.

⁸⁴ Herman, p.327.

⁸⁵ *ibid.*

⁸⁶ *ibid.*

of Europeans and a danger to European economic and political ambitions.

In the latter part of the nineteenth century, at the peak of Western imperialism, Europeans viewed leprosy with anxiety and loathing, thus the existence of leprosy in the colonies and the idea of possible contamination of "civilised" shores, was for the West a fearful one.⁸⁷ In the Pacific, Hawai'i had become strongly associated by Europeans and medical doctors with leprosy,⁸⁸ and the international attention following the death of the Belgian priest, Father Damien, in 1889 resulted in the perception of indigenous Hawaiians as morally corrupt and sexually promiscuous.⁸⁹ Hawaiians however, challenged segregation policies and many leprosy sufferers were protected.⁹⁰

The Impact of Father Damien's Death

European perception of leprosy in Hawai'i was largely influenced by the death of Father Damien. In 1862, the Catholic missionary Joseph de Veuster (later Father Damien) arrived in Hawai'i from Belgium and was ordained a priest in the same year. Father Damien worked and lived among the leprosy patients at Moloka'i where in 1884 he reportedly contracted leprosy, of which he later died in 1889. His death

⁸⁷ Pandya, p.162.

⁸⁸ Edmond, p.194.

⁸⁹ *ibid.*, p.196.

⁹⁰ Edmond, p.195.

impacted on the European community internationally, particularly as the groups identified with leprosy were Chinese and indigenous Africans.⁹¹ If Damien's death revealed the vulnerability of Europeans to leprosy, so too did it reveal the prejudiced attitude taken by Europeans against mainly indigenous peoples.

In the case of indigenous Hawaiians, Damien had apparently contracted leprosy because of "his adopting *kanaka* (Hawaiian) habits, and he was accused of having broken his vows of celibacy."⁹² His death raised the colonial fear of Europeans adopting "native" customs⁹³; moreover, it drew attention to a perceived link between leprosy and sexual activity.⁹⁴ As previously stated, leprosy is not transmitted sexually and given the long incubation period of the disease, it is possible that Damien contracted the bacterium before his arrival in Hawai'i. His death created a wave of European anxiety; Britain feared the spread of leprosy to Europe by returning residents who had been living in areas with leprosy.⁹⁵ Moblo argues that attitudes towards leprosy and leprosy sufferers in the nineteenth century echoed the attitudes of late twelfth century Europe, where a specific group was targeted and ideas of leprosy transmission through

⁹¹ Buckingham, *Leprosy in Colonial South India*, p.152.

⁹² Moblo, 'Blessed Damien of Moloka'i', p.698.

⁹³ A. Bashford, *Imperial Hygiene*, (New York, 2004), p.83. Moblo, 'Blessed Damien of Moloka'I', p.701.

⁹⁴ Moblo, 'Blessed Damien of Moloka'i', p.698.

⁹⁵ Buckingham, *Leprosy in Colonial South India*, p.153.

contagion and sexual relations circulated alongside the need to isolate and segregate leprosy sufferers.⁹⁶

The perceived link between leprosy and race also occurred in other Pacific contexts, such as Guam, where policies were implemented by the United States naval force against leprosy and specifically the Chamorro people.⁹⁷ A strong police force with state support was employed to arrest and confine "suspected" leprosy patients who were later removed to the Culion leprosy colony in the Philippines.⁹⁸ The association of leprosy with race is explored and examined later in this thesis, in Chapters Two, Three and Four, from the establishment of a European government in Samoa in 1890 to the removal of leprosy sufferers to Makogai during New Zealand administration in 1922. These nineteenth century European attitudes, misrepresentations of Pacific Islanders and competing dialogues on leprosy provide an important historical context for the investigation of leprosy in Samoa and the Pacific.

The Introduction of Leprosy into the Pacific

The existence of leprosy in the Pacific before European contact was researched by the microbiologist John Miles, who

⁹⁶ Moblo, 'Blessed Damien of Moloka'i', p.699.

⁹⁷ A. Hattori, *Colonial Dis-Ease: US Navy Health Policies and the Chamorros of Guam, 1898-1941*, Pacific Islands Monograph Series 19, (Honolulu, 2004), p.72.

⁹⁸ *ibid.*

stated in 1997 that: "Up to the present, so far as I know, no unequivocal evidence of Hansen's disease has been found in any pre-European material from any of the Pacific islands."⁹⁹ Miles identifies the problem of diagnosis, as there were other skin diseases around at the time and visitors to the Pacific may have incorrectly identified leprosy. Miles argued that linguistically the local names given to leprosy were influenced by European contact, and concluded that leprosy was probably introduced to the Pacific in the second half of the nineteenth century.¹⁰⁰

A century earlier in 1897, Dr James Cantlie - who also attended the First International Leprosy Conference in 1897 - President of the Royal Society of Tropical Medicine and Hygiene in London, reviewed the theory of European introduction of leprosy to the Pacific, and the conditions under which leprosy occurred in China, South East Asia and Oceania. In a bold statement, Cantlie concluded that:

Practically there are three homes of leprosy in the Pacific - Hawaii, Fiji and New Caledonia. At once the thought strikes one, Hawaii is practically American, Fiji is British, New Caledonia is French. Yet the Americans, the British, and the French are not leprosy, and cannot have introduced the disease. Leprosy is not indigenous in any part of the Pacific, yet there must be some common factor in the three centres which has determined its presence. That fact - indeed, the only common factor - is the China-man, and he *is* leprosy.¹⁰¹

⁹⁹ J. Miles, *Infectious Diseases: Colonising the Pacific?*, (Dunedin, 1997), p.52. See also, J. Laing, *Leprosy in the South Pacific and the Origins and Development of the Leprosy Trust Board*, (Research essay (History), University of Canterbury, 1989).

¹⁰⁰ *ibid.*

¹⁰¹ Cantlie, p.361.

According to Gussow and Tracy, Cantlie's argument was "a gross correlation of the appearance of leprosy with the presence of Chinese coolies."¹⁰² By the nineteenth century, leprosy populations and areas where leprosy was common had become identified with non-White people and subjects of colonial Powers.¹⁰³

As far as Samoa is concerned, the greater number of Chinese arrived in 1903 as indentured labourers during German rule. In 1880 King Malietoa Laupepa - persuaded by Europeans - had issued a Proclamation forbidding Chinese entry to Samoa.¹⁰⁴

Cantlie's conclusion fails to hold for the Samoan case, since in 1894 British doctor F. H. Davies of the London Missionary Society informed him that:

I have never seen a case of leprosy amongst my numerous patients. Few, very few Chinamen are in Samoa, perhaps half a dozen at most. I do not think leprosy has ever been endemic in Samoa.¹⁰⁵

The debate on the introduction of leprosy in Samoa reasserted itself during New Zealand administration in the 1920s. In a letter to Ernest Lee, New Zealand Minister of External Affairs concerning indentured labour in Samoa, the *Faipule* had stated that: "Since the Chinese have arrived in Samoa many Samoans

¹⁰² Z. Gussow and G. Tracy, 'The Use of Archival Materials in the Analysis and Interpretation of Field Data: A Case Study in the Institutionalization of the Myth of Leprosy as "Leper"', *American Anthropologist*, 73(3), 1971, pp.695-705.

¹⁰³ *ibid.*

¹⁰⁴ B. Liua'ana, 'Dragons in little paradise: Chinese (mis)fortunes in Samoa, 1900-1950', *Journal of Pacific History*, 32 (1), June 1997, pp.29-48.

¹⁰⁵ Cantlie, p.391.

have contracted leprosy."¹⁰⁶ However, findings by the Acting Medical Officer show that the first Chinese arrived in 1903, whereas leprosy had been discovered seven years before in 1896, with the records showing that the first patient had come from Hawai'i.¹⁰⁷ Moreover, there was no evidence that the Chinese had brought leprosy; the Chinese patients referred to would most probably have contracted leprosy in Samoa.¹⁰⁸ In conclusion the Medical Officer stated that:

The statement that 'many Samoans have contracted leprosy', either before or since the Chinese arrived, is wrong as far as our knowledge goes, as in all we can only trace fourteen cases.¹⁰⁹

These diverging statements made by the *Faipule* and the Medical Officer in the 1920s reveal the Samoan prejudice against the Chinese. They had possibly adopted European ideas of the late nineteenth century such as those of Cantlie who had identified the Chinese as carriers of leprosy.¹¹⁰ By the 1920s, the medical investigation carried out by the Acting Medical Officer proved the nineteenth century accusations levelled at the Chinese community to be wrong.

Three decades later, in 1954, the South Pacific Commission leprologist Dr Norman Sloan conducted a sample survey of leprosy in Samoa, recording leprosy to have been present for

¹⁰⁶ Letter from the Secretary of Department of External Affairs to Administrator of Samoa, 24 March 1920, IT 1 EX 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

¹⁰⁷ *ibid.*

¹⁰⁸ *ibid.*

¹⁰⁹ Letter from the Secretary of Department of External Affairs to Administrator of Samoa, 24 March 1920, IT 1 EX 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

¹¹⁰ Cantlie, p.361.

at least 50 years. Leprosy was said to have been introduced by the Chinese, although he could find no definite evidence.¹¹¹ In a 1959 study, Dr D. A. Lonie argued that for most of the Pacific, leprosy was probably introduced through the movement of indigenous peoples from one island to the other.¹¹² In a letter to the New Zealand Premier in 1903, British Resident Commissioner in Rarotonga W. E. Gudgeon wrote that according to information he had been given, leprosy had been introduced to Niue from Samoa.¹¹³ For the Cook Islands, according to the missionary W. W. Gill, leprosy had been present in the northern Cooks in 1871, and later spread to other parts of the Island group.¹¹⁴

The Methodist missionary Richard Lyth is reported to have recorded the first incidence of leprosy in 1837 while living in Fiji. Moreover, in Fijian mythology, one of the gods was believed to have suffered from leprosy and the inclusion of references to leprosy and leprosy sufferers in mythology might indicate an earlier introduction of leprosy in Fiji.¹¹⁵ In Tongan mythology, the origin of the first kava plant and sugar cane in Tonga is linked to the sacrificial death of Kavaonau,

¹¹¹ N. Sloan, 'Leprosy in Western Samoa and the Cook Islands: A Survey', *South Pacific Commission Technical Paper*, (69), 1954.

¹¹² D. Lonie, *Trends in Leprosy in the Pacific: An Account of the Introduction and Spread of Leprosy in the Pacific, and of Its Importance in Pacific Health*, (Noumea, 1959), p.19.

¹¹³ Letter from W. E. Gudgeon to New Zealand Premier, 21 April 1903, *AJHR*, A-3, p.3.

¹¹⁴ R. Lange, *A History of Health and Ill-Health in the Cook Islands*, (PhD thesis in History, University of Otago, Dunedin, 1982), p.293-299.

¹¹⁵ D. Beckett, 'The Striking Hand of God: Leprosy in History', *New Zealand Medical Journal*, 100, 1987, p.496.

the daughter of Fevanga and his wife Fefafa who had leprosy.¹¹⁶

According to the Tongan legend:

The shoots of the kava grow and split and become limy (or gray) like the skin of a leper... And those that drink too much kava become scaly like a leper, because the kava grew out of the body of a woman that was a leper.¹¹⁷

For the Melanesian Islands, leprosy appears to have been widespread and identified by the people from the Solomons, Vanuatu and Fiji.¹¹⁸ In the Northern Pacific, leprosy was prevalent among indigenous Hawaiians in the middle of the nineteenth century.¹¹⁹ One of the Hawaiian names for leprosy was *Ma'i Pake*, translated the "Chinese sickness" because Hawaiians associated the introduction of leprosy with the coming of immigrant Chinese labourers.¹²⁰

Although historical sources for Guam and the Northern Mariana Islands record the existence of leprosy dating back to the seventeenth century, the exact period of the introduction of leprosy in those Islands is unclear.¹²¹ For New Zealand according to Dr Maui Pomare in 1903, leprosy had been known among the Maori population under the names of *Ngerengere*, *Mate*, *Tu Whenua*, *Tu Hawaiki* and *Mutumutu*. Pomare found the earliest

¹¹⁶ E. Gifford, *Tongan Myths and Tales*, (Honolulu, 1924) reprinted, 1971, pp.71-75; C. Benson, *Pacific Folk Tales*, (Suva, 1983), pp.99-101.

¹¹⁷ Gifford, p.72.

¹¹⁸ *ibid.*, p.495.

¹¹⁹ *ibid.*

¹²⁰ T. Gugelyk and M. Bloombaum, 'Voluntary Confinement Among Lepers', *Journal of Health and Social Behavior*, 11(1), 1970, pp.16-20.

¹²¹ Hattori, p.68.

mention of leprosy dated back to the migration of the Maori from Hawaiki, though he could not be certain.¹²²

Evidence for the timing of the introduction of leprosy points to the nineteenth century, although in some cases such as Fiji and Tonga, some evidence suggests an earlier presence. The vast expanse of the Pacific, the lack of available indigenous written sources and the movement of people from island to island, make it difficult to know with certainty when and how leprosy was introduced.

Nineteenth Century Samoan Understanding of Illness

Before European contact, the Samoan understanding of illness was governed by social parameters relating to supernatural beings called *Aitu*. Illness, understood as the result of inappropriate human behaviour, was believed to be a form of punishment by the *Aitu*, thus for the sick and those closely related, appeasing the *Aitu* was of utmost importance.¹²³ The Macphersons argue that because of European contact the Samoan paradigm extended to incorporate a new way of understanding introduced diseases.¹²⁴ Rather than abandoning the indigenous paradigm in the face of an introduced system, the "Samoans

¹²² M. Pomare, 'Leprosy', *AJHR*, H-31, 1903, pp.73-75.

¹²³ C. and L. Macpherson, *Samoan Medical Belief and Practice*, (Auckland, 1990), p.38.

¹²⁴ *ibid.*, p.53.

move between them without any sense of inconsistency"¹²⁵ as a function of integration. The systems complement each other through co-operation.¹²⁶

In terms of this argument, Samoan medical beliefs in the nineteenth century integrated both the belief in *Aitu* and belief in the new Christian God. However, illness as the result of an "invisible" bacterium may have been a more difficult concept for Samoans to understand, specifically in the case of leprosy. The Europeans had a name for the disease and perhaps a better understanding. Although this European knowledge in Samoan eyes would apparently have more "power", European reaction and responses to the disease may have confused and alarmed Samoans, particularly if leprosy was already present in the islands before European contact. Leprosy more than any other disease affected lifestyles and social status. This would have been alarming, particularly if it attracted unwanted attention from a higher authority over an individual's freedom of movement.

How Did Samoans Understand Leprosy in the Nineteenth Century?

Like many Pacific cultures, before European contact Samoan culture was largely (though not solely) based on oral tradition. As a consequence, any attempt in the present to

¹²⁵ C. Macpherson, 'Samoan Medicine' in C. Parsons (ed.), *Healing Practices in the South Pacific*, (Hawai'i, 1985), p.6.

¹²⁶ Macpherson, *Samoan Medical Belief and Practice*, p.82.

access Samoan understandings or observations of leprosy or a disease like it in nineteenth century Samoa, would necessarily be mediated through European sources. Although it is difficult to trace the Samoan response towards leprosy and the leprosy sufferer, Samoan responses to European attitudes to the disease are important indications of Samoan medical and social attitudes of the time.

In 1896, Dr Bolton Corney, a former medical health officer of Fiji, conducted research on leprosy in Fiji and its neighbouring countries. Corney stated that "the seeker after leprosy-lore must turn to their songs and traditions if he wishes to learn what they knew in ancient times about this disease".¹²⁷ In common with Miles, Corney drew attention to the problem of correct diagnosis, as the name leprosy "had been used in a strikingly haphazard way"¹²⁸ by visiting merchant and missionary Europeans. The length of time spent in each island group was also an issue of debate as many visits were brief and knowledge of language inadequate.¹²⁹ Therefore, records of those who had dwelt among the local indigenous people were important and invaluable sources of information.¹³⁰ In the Samoan case, Corney refers to the description of "Leprosy" or *Hobi* written by the [Frenchman] Jacques Moerenhout in 1837:

This was the most horrible of all the diseases to which they were subjected. The flesh first becomes hard and insensitive; then black and dull spots appear; and soon

¹²⁷ Bolton Corney, 'Leprosy Stones in Fiji', *Folklore*, 7 (1), 1896, p.5.

¹²⁸ *ibid.*, p.6.

¹²⁹ *ibid.*, p.8.

¹³⁰ *ibid.*

all their bones are attacked, particularly those in the hands, the feet and the face. The flesh is desiccated, the fingers and toes become bent and seem broken, the skin dries out and opens up into large sores, and then, as if bruised, the bones break off in pieces and fall in dust, and little by little the hands, the feet, the nose, the sunken eyes, dissolving, they become monstrous, and generally die at the end of five or six years in a horrible state, but without suffering.¹³¹

According to Corney *Hobi* corresponded with *Supe* which he stated was the Samoan term for leprosy.¹³² The term *Supe* is not a Samoan word but was probably written incorrectly or is no longer a term used in the Samoan vocabulary. The closest Samoan word in the nineteenth century is *Supa*, which has two meanings: paralysis, the loss of voluntary movement as a result of damage to nerve or muscle function; and the name of a moon in the wet season.¹³³ *Supa* refers to the claw-like appearance of hands or feet and is still in use today, though mainly by elders. Moerenhout's description of *Hobi* matches the Samoan term *Supa* in terms of describing the characteristics of leprosy, such as the paralysis and the claw-like appearance of certain parts of the body.

In his journal of 1832, the LMS missionary John Williams wrote:

The oovi (uvi) is also amongst them. This is a frightful disease. The extremities are gradually eaten away till at times the poor unfortunate individual has neither toe or finger ear or nose left. This is prevalent in all the South Sea Islands with which I am acquainted and for it we know of no cure.¹³⁴

¹³¹ J. Moerenhout, *Travels to the Islands of the Pacific Ocean*, A. Borden Jnr, (trans.), (Maryland, 1993), p.362.

¹³² Corney, p.10.

¹³³ G. Pratt, *A Grammar and Dictionary of Samoan Language with English and Samoan Vocabulary*, (Fourth edition), (Papakura, 1984), p.286.

¹³⁴ J. Williams, in R. Moyle (ed.), *The Samoan Journals of John Williams, 1830 and 1832*, (Canberra, 1984), p.234.

The word *Uvi* is not Samoan but may have come from the Cook Islands or Tahiti, where Williams lived for a number of years. *Uvi* sounds like *Hobi* and is probably referring to the same disease. In 1849, the Englishman William Shaw sailed across the Pacific from Adelaide, and regarding his visit to Samoa he stated: "Leprosy and elephantiasis were very frequent; and the native knowledge of pharmacy being very slight, this endemical disease prevails unchecked to a fearful extent."¹³⁵ Apart from Shaw's view of Samoans and ignorance of indigenous medicine, his diagnosis of elephantiasis and leprosy are interesting in that these diseases are complete opposites. Elephantiasis is the enlargement and hardening of parts of the body, such as the legs and scrotal area, while leprosy affects the skin and nerves causing dissolution of tissues, depending on its prolonged neglect.

Accounts written by missionaries provide valuable insight as they would have had a closer relationship with local indigenous people. Unlike a doctor-patient relationship, missionaries lived in or close to the village community. In 1884, the LMS missionary George Turner recorded that in Samoa:

the leprosy of which we speak has greatly abated. The natives say that formerly many had it and suffered from its ulcerous sores until all the fingers of a hand or the toes of a foot had fallen off.¹³⁶

The Methodist missionary George Brown recalled in the late nineteenth century:

¹³⁵ W. Shaw, *Golden Dreams and Waking Realities*, (London, 1851), p.298.

¹³⁶ G. Turner, *Samoa, a Hundred Years Ago and Long Before*, (Suva, 1984), p.137.

I knew of one very bad case of leprosy which I had under constant observation until the man died. He remained in the house with his wife and children, but none of them ever showed signs of the disease.¹³⁷

Turner's dialogue with the Samoans on their knowledge of the prevalence of leprosy amongst the local population indicates a mutual understanding of how leprosy affected the human body; whereas Brown's constant observation of the leprosy sufferer suggests his belief in the theories of contagion and heredity, although no visible signs of leprosy were observed amongst family members. More importantly, the Samoan response to the sick, according to Brown's recollection, appears to be one of close contact. The family remained close, a strong indication that leprosy and the leprosy sufferer in the Samoan understanding of illness was not stigmatised nor treated differently. Samoan reaction towards leprosy was a matter raised during the New Zealand administration in the 1920s, when a government official made the following comment:

I recommend that the proposals of the Fijian Government be accepted in toto...However, it will be well to consult the Union Steamship Company, and failing their agreement, to try to charter a local trading schooner with Samoan crew, since these islanders have less fear of the disease.¹³⁸

According to this statement, Samoans were "less fearful" of leprosy, indicating a difference in how leprosy was socially and medically viewed by two cultural groups. For Samoans, the kin relationship with the leprosy sufferer was more important

¹³⁷ G. Brown, *Melanesians and Polynesians : Their Life-Histories Described and Compared*, (London, 1910), p.182.

¹³⁸ 1919, pp. 18-19, Report on Samoan Administration, IT 1 Ex 8/12, pt. 1: Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

than the disease itself since the patient was most likely a parent, sibling, uncle or grandmother. To be able to provide care for the sick was and is believed to be a "blessing", a role that is highly respected in Samoan culture; the introduction of Christianity would have confirmed the existing values of compassion and mercy towards the infirm.

German ethnologist and physician Dr Augustin Krämer visited Samoa in the latter part of the nineteenth century, and wrote two volumes on his observations. Although the Samoan response to illness was to remain close to the sick, according to missionary George Brown, Kramer provides a different insight. In regard to illnesses, he wrote:

Only the affections which are included in the group of skin diseases, such as framboesia tropica, tinea circinata and imbricata, elephantiasis and leprosy deserve special mention...on the other hand, leprosy is very rare; tofi seems to be a native name for it.¹³⁹

In the nineteenth century, *Tofi* had several meanings: to split up, to divide and to give inheritance or appointment.¹⁴⁰ These meanings seem to refer to behaviour towards the leprosy sufferer rather than the characteristics of the disease. Perhaps *Tofi* shows the influence of the European idea of "segregation", as it may be akin to one of the indigenous Hawaiian names for leprosy, *Ma'i Ho'oka'awale*, translated as

¹³⁹ A. Krämer, *The Samoa Islands : An Outline of a Monograph with Particular Consideration of German Samoa*, T. Verhaaren, (trans.), (2), (Auckland, 1994), p.130.

¹⁴⁰ Pratt, p.336.

"Separating Sickness"¹⁴¹ and relating to separation as a consequence of leprosy.

George Milner's dictionary published in 1966, records the Samoan word for leprosy as *Ma'i Mutumutu*, meaning an illness that causes parts of the body to fall off.¹⁴² Rather than a reference to behaviour, *Ma'i Mutumutu* describes how leprosy affected the human body. Generally, *Lepela* is used in the Samoan vocabulary and is the English transliteration of Leper. In the first Samoan-English dictionary (1893), compiled by LMS missionary George Pratt, the Samoan word for Leper is recorded as *Lepela*, referring to both the person with leprosy and the disease.¹⁴³ Unlike the separate use of the English words Leper and Leprosy, there is no differentiation in Samoan except for the inclusion of *Fa'ama'i* or *Ma'i* in front of *Lepela* which means the "Leprosy Sickness". *Lepela* is used in the Samoan bible, probably adopted because of its universal use as a proper European and biblical identification of the disease. The Samoan term *Supa* was probably the original Samoan name for leprosy before European missionary influence brought the term *Lepela*. The word *Tofi* was probably a result of European influence since in missionary accounts of their first encounter with Samoans, leprosy and leprosy sufferers are recorded as not being stigmatised by Samoans.

The search for the possible Samoan understanding of leprosy or a disease like it in the nineteenth century relies heavily on local names which were recorded by mainly European visitors and residents. These observations however, reveal changing

¹⁴¹ T. Gugelyk and M. Bloombaum, *Ma'i Ho'oka'awale*, (Honolulu, 1985).

¹⁴² G. Milner, *Samoan Dictionary: Samoan-English, English-Samoan*, (London, 1966).

¹⁴³ Pratt, p.86.

Samoan responses to the sick, which was primarily to remain close to those who were ill.

Conclusion

Re-tracing the historical lines from Europe to the Pacific during the nineteenth century means entering into a labyrinth of medical, scientific and fabricated social theories, as physicians and scientists sought to pin down the elusive disease. Hansen's research in the latter part of the century would have an impact on both the West and its colonies, as the belief in contagion and segregation began to take root.

European ideas of leprosy were brought to the Pacific and encountered the Pacific understanding of leprosy. The racial stigmatisation of leprosy in Samoa as associated with Hawaiians in the nineteenth century paralleled the link made between the Chinese and the introduction of leprosy to the Pacific. These links would remain indelible and influence European and Pacific Island understandings of leprosy and the leprosy sufferer into the twentieth century.

Although the search for the Samoan understanding of leprosy is somewhat fragmented, European observations and possible Samoan names for leprosy shed light on Samoan perceptions and responses to the disease. These terms indicate changing Samoan beliefs, most likely through European contact. More

importantly, for Samoans care for leprosy sufferers seems to have been a family responsibility, without the signs of stigma.

By 1890, European ideas about leprosy would begin to take a more dominant role in Samoa, made possible through the establishment of a European government. This was a result of the Berlin Treaty signed in 1889 between the Three Powers of Germany, Great Britain and United States of America, which consolidated European control over Samoan affairs and influenced the perception and organisation of leprosy care. Under this established authority, the European stigmatisation of leprosy and the leprosy sufferer escalated, revealing a confused and desperate push to repatriate Hawaiian citizens along with the exaggerated need to isolate and segregate leprosy sufferers.

Chapter Two

ANXIOUS TIMES

In 1889, the Three Powers of Germany, United States of America and Great Britain signed the Berlin Treaty which established a European government in Samoa alongside a Samoan government led by the appointed Samoan King, Malietoa Laupepa. The Treaty sought to resolve the Samoan civil wars and ease tensions between the Three Powers over Samoa. Once established, the European government became increasingly desperate in its search for a solution to the leprosy "problem", revealing European anxiety concerning leprosy which became inseparable with anxiety about race and the need to protect European residents.

This chapter examines the role of the Three Powers through the Municipal Council and the three consuls and their relationship with the Samoan government. With two coexisting forms of governments - Samoan and European - came two different responses to the leprosy question. The European government were driven to extreme and hasty measures in order to resolve the political, economic and medical threat of leprosy in Samoa, going as far as repatriating Hawaiian citizens in 1891. Furthermore, the Europeans were anxious and dominating in their attempt to contain and control the threat of leprosy, using King Malietoa Laupepa to legitimise their concerns. However, by 1896 disagreements between European government

officials surfaced over the direction of leprosy management in Samoa.

Although Samoan authority was largely submissive, Samoans challenged European efforts to acquire land to isolate leprosy sufferers. This was most likely based on suspicion of past experience with foreigners, particularly during the civil wars of the 1860s when much Samoan land was alienated. Furthermore, for Samoans the idea of isolating the sick away from the close care of families was a foreign method of care. Isolation for Samoans had similarities to banishment, a form of Samoan punishment rather than a form of treatment. With diverging understandings of leprosy care and political instability in late nineteenth century Samoa, leprosy control underwent several phases which are explored in this chapter.

The Political Situation in Samoa before 1889

The social organisation in Samoa centred around the *Fa'amatai* system, this was the "social organisation of *matai* titles and the heirs of the *matai* titles, both male and female."¹⁴⁴ This social organisation remains important since every Samoan is a member of the *aigapotopoto* (extended family) and is therefore

¹⁴⁴ A. Le Tagaloa, "The Samoan Culture and Government", Crocombe, R., Neemia, U., Ravuvu, A. and Vom Busch, W. (eds.), *Culture and Democracy in the South Pacific*, (Suva, 1992), pp.117-138.

an heir to one or other *matai* title.¹⁴⁵ Samoan educator Aiono Le Tagaloa highlights the understanding and "the unstated belief of the Samoan culture that there are no commoners in their social organisation."¹⁴⁶ Moreover, that the consultative process of *Soalaupule* meant "that all matters be dealt with in a holistic and unifying manner."¹⁴⁷

Before the arrival of Europeans in the nineteenth century, traditional Samoan politics followed a complex web of alliances and negotiations, where the ruling or conquering side (*Malo*) sought to gain control over the conquered (*Vaivai*) through warfare.¹⁴⁸ The Sa Malietoa and Sa Tupua families symbolised a struggle between *Tumua* and *Pule*, over the four supreme *Tafa'ifa* titles of *Tuia'ana*, *Tuiatua*, *Tamasoali'i* and *Gatoaitete*.¹⁴⁹ *Tumua* was made up of fifteen groups who held the rights to confer the *Tuia'ana* and *Tuiatua* titles. *Pule* was made up of nine groups who held the rights to the titles of *Tamasoali'i* and *Gatoaitete*.¹⁵⁰ Attaining all four titles by one of the leading candidates of either the Sa Malietoa and Sa Tupua would give the titleholder dominance and prestige.¹⁵¹ Before his death in 1841, Malietoa Vai'inupo - the last

¹⁴⁵ *ibid.*, p.117.

¹⁴⁶ *ibid.*, p.118.

¹⁴⁷ *ibid.*, p.125.

¹⁴⁸ M. Meleisea, P. Meleisea and G. Sio, 'The Samoan Government in the 19th Century', Meleisea, M., and Meleisea, P. (eds.), *Lagaga: A Short History of Western Samoa*, (Suva, 1987), pp.73-88.

¹⁴⁹ A. Wendt, *Guardians & Wards, A Study of the Origins, Causes and the First Two Years of the Mau in Western Samoa*, (MA thesis in History, Victoria University, Wellington, 1965), p.5.

¹⁵⁰ *ibid.*

¹⁵¹ I. Campbell, *Worlds Apart: A History of the Pacific Islands*, (Christchurch, 2003), pp.111-116.

Tafa'ifa - made a request that the four titles be dispersed.¹⁵² Although Vai'inupo sought to dispel Samoan wars and disputes over the titles, his final request had the opposite effect. Following his death up to the latter part of the nineteenth century, contests between rival families and titleholders over the *Tafa'ifa* titles dominated Samoan politics.

During the period of peak Western imperialism in the second half of the nineteenth century, Samoa along with other nations became a contested area, when European countries scrambled for a part of Africa, Asia and the Pacific.¹⁵³ British missionaries and traders influenced the involvement of the British government in Samoa, while German political interests were encouraged by the pursuit of commercial activities, specifically the growth of the German firm Godeffroy und Sohn, which had established itself in the port of Apia in 1857.¹⁵⁴ United States Commander Richard Meade arranged an agreement with Samoan chief Mauga in 1872 for protection and permission to establish a US naval base in Pagopago harbour.¹⁵⁵ Traditional Samoan political rivalries were intensified and encouraged in part by the involvement of foreigners seeking economic, religious and political interests.¹⁵⁶ By the mid to late

¹⁵² M. Meleisea, 'The Samoan Government in the 19th Century', p.74.

¹⁵³ P. Hempenstall and P. Mochida, *The Lost Man: Willhelm Solf in German History*, (Wiesbaden: Harassowitz, 2005), p.54.

¹⁵⁴ S. Masterman, *The Origins of International Rivalry in Samoa*, (London, 1934), p.106.

¹⁵⁵ R. Watson, *History of Samoa*, (Wellington, 1917), p.56.

¹⁵⁶ For an indepth discussion on the political situation in Samoa see: Sylvia Masterman, *The Origins of International Rivalry in Samoa 1845-1884*, (London, 1934); R. Gilson, *Samoa 1830 to 1900*, (Melbourne, 1970);

nineteenth century, three candidates contested rights to the *Tafa'ifa*, Tamasese Titimaea (Sa Tupua), Malietoa Laupepa (Sa Malietoa) and Mata'afa Iosefo who had links to both the Sa Tupua and Sa Malietoa families.

Throughout the 1870s, the governments of the Three Powers signed Treaties of Friendship with various candidates to ensure protection and security of their national subjects.¹⁵⁷ However, the continual turmoil of Samoan political affairs and civil wars increased the European goal of organising a stable form of government.¹⁵⁸ An attempt was made in 1875 through negotiations made by United States Colonel Albert Steinberger with the Samoan candidates, but Steinberger faced resistance from Europeans and was deported in 1875 when it was discovered he had signed a secret pact with the Godeffroy und Sohn firm.¹⁵⁹

Following 1880, Germany was "anxious to increase her trade in all parts of the world".¹⁶⁰ In 1881 the USS "Lackwanna" Conference took place which allocated positions for the rival candidates; Malietoa Laupepa was appointed King of Samoa, Tamasese Titimaea as Vice-King and Mata'afa Iosefo as Premier.¹⁶¹ Samoan claims to the titles continued to be disputed, while rivalry between the Three Powers intensified as Germany

P. Kennedy, *The Samoan Tangle: A Study in Anglo-German-American Relations 1878-1900*, (Queensland, 1974).

¹⁵⁷ I. Tuagalu, *Mata'afa Iosefo and the Idea of Kingship in Samoa*, (MA thesis in History, University of Auckland, Auckland, 1988), p.25.

¹⁵⁸ *ibid.*, p.23-24.

¹⁵⁹ Watson, p.58.

¹⁶⁰ Masterman, p.32.

¹⁶¹ *ibid.*, p.28.

sought to remove British and American influence in Samoa. The Germans had gained support from Tamasese who was unhappy with Laupepa's government. In 1887, the Germans exiled Laupepa - firstly to the Cameroons, a German Protectorate in Africa in 1884, then to Germany and later to Jaluit in the Marshall Islands¹⁶² - following disputes about Laupepa's failure to pay war indemnities. The use of German forces angered both Samoans and the British and American consuls who had supplied Laupepa with ammunition.¹⁶³ With Laupepa exiled, the Germans appointed Eugene Brandeis to act as Premier for the new King Tupua Tamasese. In 1888, Mata'afa drove Tamasese's supporters from Mulinu'u (the new political centre), and in support of Tamasese the Germans sent reinforcements, which resulted in 16 killed and 39 wounded. In German eyes this event ended any future cooperation with Mata'afa Iosefo.¹⁶⁴

Anxious about the political climate, local Europeans sought to end Samoan and foreign Power confrontations through requests made to their home governments to send warships. Britain and the United States sent ships to protect their nationals in Apia from threatening Samoan and German forces, however, a great storm in 1889 destroyed six German, United States and

¹⁶² J. Davidson 'Lauaki Namulau'ulu Mamoe, A Traditionalist in Samoan Politics', in Davidson, J. and Scarr, D. (eds.), *Pacific Island Portraits*, (Canberra, 1976), p.282.

¹⁶³ R. Stevenson, *A Footnote to History: Eight Years of Trouble in Samoa*, (First published in London, 1892), this edition published in Auckland, 1996, p.178.

¹⁶⁴ Tuagalu, p.31.

British warships, smashing them into Apia harbour.¹⁶⁵ For many Samoans, this event was seen as an "Act of God", a sign of corrupt foreigners and the need for Samoans to unite. European rivalries and continued Samoan disputes had resulted in talks commencing in Washington in 1887 between the Three Powers on the need to stabilise Samoan affairs.

Establishing a European Government in 1889

The Washington meeting of 1887, which resumed two years later in Berlin in 1889, aimed to:

provide for the security of the life, property, and trade of the citizens and subjects of their respective Governments residing in, or having commercial relations with, the Islands of Samoa; and desirous, at the same time, to avoid all occasions of dissensions between their respective Governments and the Government and people of Samoa.¹⁶⁶

In the latter part of the nineteenth century, European involvement in Samoan affairs and constant resistance by rival candidates and their supporters led to the signing of the Berlin Treaty in 1889. The European residents were never convinced that the Samoans were able to form a central government even though Samoans tried to establish an

¹⁶⁵ M. Meleisea, P. Meleisea, G. Sio, 'The Struggle for Monarchy' in Meleisea, M. and Meleisea, P. (eds.), *Lagaga: A Short History of Western Samoa*, (Suva, 1987), pp.89-105.

¹⁶⁶ "Final Act of the Conference on the Affairs of Samoa", signed at Berlin, 14 June 1889, Great Britain Foreign Office, Papers by command: C-5911, "Samoa" No. 2 (1890), University of Victoria Library, Wellington, New Zealand.

integrated structure and their efforts were rendered ineffective through European politics and rivalries.¹⁶⁷

For the Three Powers, the Berlin Treaty provided two things: the inclusion of all three at an equal political level, and legitimised foreign control over Samoa. Although the Treaty recognised continuing Samoan independence, it established a new European style of government.¹⁶⁸ With the conference completed in Berlin, Malietoa Laupepa was returned to Samoa and appointed King as he was the only candidate agreed upon by all Three Powers.¹⁶⁹ On his return, Laupepa had initially recognised Mata'afa Iosefo as the rightful king but he was persuaded by the foreign powers to accept his new position according to the Berlin Act.¹⁷⁰ Samoan independence was guaranteed under Laupepa's leadership, with advice from the consuls of the Three Powers. In addition, the Treaty established a Supreme Court, with the chief justice of Samoa to be nominated by the Three Powers and appointed by the Samoan government.¹⁷¹

In effect, the Treaty established a somewhat crowded colonial presence in Samoa alongside a powerless Samoan authority. The two coexisting governments, both of which were established by the Three Powers, did not guarantee equal power. Rather, the

¹⁶⁷ P. Hempenstall, 'Imperial Manoeuvres', in Howe, K., Kiste, R., Lal, B. (eds.), *Tides of History*, (Honolulu, 1994), p.32.

¹⁶⁸ Davidson, p.282.

¹⁶⁹ *ibid.*

¹⁷⁰ M. Meleisea, *The Making of Modern Samoa*, (Suva, 1987), p.40.

¹⁷¹ R. Gilson, *Samoa 1830 to 1900, The Politics of a Multicultural Community*, (Melbourne, 1970), p.397.

Treaty secured foreign control over Samoan affairs, and although guaranteed independence, Laupepa and his government remained largely under the control of the European government. This new colonial government sought to address issues that affected the district of Apia, specifically matters concerning European subjects.

The Importance of Apia District

The development of Apia as a port town began in the mid-nineteenth century, along with other growing towns such as Papeete in Tahiti, Honolulu in Hawai'i, Kororareka in New Zealand and Levuka in Fiji.¹⁷² The increased number of settlers and the steady expansion of companies such as the German firm Godeffroy und Sohn, which specialised in coconut oil and later copra, boosted economic enterprise in Samoa.¹⁷³ Apia had become an important centre for Europeans; the port was a depot for visiting ships, the town a base for consul agents and a centre for expanding businesses.¹⁷⁴

In 1854, the settler community formed a voluntary organisation called the Foreign Residents' Society, as a safeguard from attacks during the Samoan civil wars over the titles, though in effect it was as a protection against each other and a

¹⁷² C. Ralston, 'The Beach Communities', in James Davidson and Deryck Scarr (eds.), *Pacific Island Portraits*, (Canberra, 1970), p.82.

¹⁷³ *ibid.*

¹⁷⁴ Masterman, p.33.

united front against challenging Samoan chiefs.¹⁷⁵ Due to voluntary membership and a lack of total European commitment, the Society never had much influence with maintaining order within the growing business community.¹⁷⁶ However, the Berlin Treaty of 1889 ensured, at least for the Europeans, some sense of security.

The Treaty created a Municipal District of Apia, which was declared an "International" zone,¹⁷⁷ referred to by both Samoans and foreigners as the *Eleele Sa* or the "Forbidden ground", that is an area free of Samoan civil wars.¹⁷⁸ Britain's High Commissioner for the Western Pacific, Sir Arthur Gordon, had earlier recommended the demarcation of the boundaries in 1879. Under the Treaty this area was administered by a Municipal Council, which consisted of six elected local European members, a foreign president who had large administrative powers, a municipal magistrate with limited jurisdiction and a Land Commission.¹⁷⁹

Although the Berlin Treaty had been signed in 1889, it was two years later before the provisions of the Act were executed. German national, Baron Senfft von Pilsach, arrived in Samoa in 1891 as the first Municipal Council president, selected by the German Chancellor. In 1893, Pilsach was succeeded by German

¹⁷⁵ Ralston, p.83.

¹⁷⁶ *ibid.*

¹⁷⁷ K. Howe, *Where the Waves Fall, A New South Sea Islands History from First Settlement to Colonial Rule*, (Sydney, 1984), p.252.

¹⁷⁸ Watson, p.62.

¹⁷⁹ *ibid.*

national Erich Schmidt until the end of his term in 1896. In January 1891, Swedish national, Otto Conrad Cederkrantz, arrived in Samoa as the first chief justice. He had been appointed by the King of Sweden and fulfilled his role until 1893. Cederkrantz was succeeded in 1893 by American Henry Clay Ide who was previously a member of the Land Commission. These officials would play a crucial role in the direction of leprosy care in Samoa, particularly the Municipal Council presidents. According to Scottish writer Robert Louis Stevenson who had arrived in Samoa in 1890, the *Eleele Sa* represented a strong European area of influence. Stevenson observed that the Apia port town was "the only port and place of business in the kingdom" and that it "collects and administers its own revenue for its own behoof by the hands of white councillors and under the supervision of white consuls."

¹⁸⁰ Following the constant civil wars from the 1860s the European presence in Samoa was received with mixed, though mainly negative feelings by some Europeans and the majority of the Samoan population.

¹⁸⁰ R. Stevenson, *A Footnote to History: Eight Years of Trouble in Samoa*, (First published in London, 1892), this edition published in Auckland, 1996, p.12-13. Stevenson had arrived in Samoa in 1890 along with his wife Fanny, in search of a warmer climate for his ailing health. He lived in Samoa until his death in 1894 and his first hand account provides valuable insight into the politics and personalities of the time.

Three Power Approaches to Leprosy Management in the Municipal District of Apia

According to Keesing, once the Apia district was established, efforts were made to control the spread of disease; the Municipal Council began initiatives to protect the health of the port town, with particular attention to the welfare of European residents.¹⁸¹ In 1892 regulations were passed concerning contagious diseases; in 1894 on sanitation and in 1896 for the isolation of people with leprosy.¹⁸² This section examines the approaches taken by the Three Powers through the Municipal Council to the issue of leprosy. Beginning in 1891, it follows the five years leading up to the leprosy regulation passed in 1896, the same year that the written record on leprosy ends for the nineteenth century.

As discussed in Chapter One, Hawai'i was perceived to be the biggest source for the potential spread of leprosy, so efforts were made in 1891 to repatriate Hawaiian citizens, a measure which was approved by the government of Hawai'i. By 1893 and 1895, the Council authorities recognised the existence of leprosy in Samoa, within the boundaries of Apia district. Hurried attempts were made by authorities to send leprosy sufferers to Moloka'i in Hawai'i and proposals were sent to Tonga suggesting a Pacific collaboration on the issue of

¹⁸¹ F. Keesing, *Modern Samoa: its Government and Changing Life*, (London, 1934), p.378.

¹⁸² *ibid.*

leprosy. When this failed, authorities sought to isolate leprosy sufferers in a designated area on the mainland of Upolu and later pushed for complete isolation on Rose and Nu'usafe'e islands. The rise of leprosy as an issue in the Apia district, particularly the relationship between the two coexisting governments and the European push for isolation and segregation, primarily for the protection of European residents in the district of Apia, was concealed in a complex politics.

Hawaiian Citizens Sent Back

Following the establishment of a European government, almost immediately leprosy became an issue of concern for authorities. Earlier, political links between Hawai'i and Samoa were formed in 1886, between Hawaiian King David Kalakaua and one of the rival candidates Malietoa Laupepa, through the agent John Bush.¹⁸³ In 1887, Laupepa signed a Treaty agreeing to a political confederation with Hawai'i based on the genealogical links between Samoans and Hawaiians. This political relationship would later prove an asset for the European government in its authorisation of the expulsion of Hawaiian citizens from Samoa. European collaboration with the Samoan authorities on the issue of leprosy helped to legitimise the European push for the repatriation of Hawaiian citizens, a

¹⁸³ G. Ryden, *The Foreign Policy of the United States in Relation to Samoa*, (New York, 1975), pp.329-330.

situation where the mere "financial transaction" disguised the very real "human transaction" that took place.

The dialogue that prevailed between Hawai'i and Samoa was based on a racial rather than a medical understanding of leprosy. In Hawai'i, this took place at a time of weakening indigenous Hawaiian control, in the face of an increasingly European led government.¹⁸⁴ However, the disempowerment of indigenous Hawaiians occurred not only in Hawai'i but also in Samoa, where their very presence resulted in their unjust and prejudiced removal. Such a scheme was rendered legal by the European governments in Hawai'i and Samoa in their effort to curb leprosy and what it represented in the late nineteenth century.

Race and Politics

The perceived association between race and leprosy strongly circulated in the nineteenth century with an emphasis on indigenous Hawaiians and the Chinese following the death of Father Damien in 1889. In Samoa, Hawaiian citizens were targeted as carriers of leprosy and were perceived to be a source for the possible spread of leprosy. According to Baron Senfft von Pilsach, the Municipal Council president, King Malietoa Laupepa issued a Proclamation on 24 January 1890, declaring that citizens from Hawai'i living in the Samoan

¹⁸⁴ R. Herman, 'Out of Sight, Out of Mind, Out of Power: Leprosy, Race and Colonization in Hawai'i', *Journal of Historical Geography*, 27 (3), 2001, pp.319-337.

islands must return to Hawai'i, because of fear of the spread of leprosy.¹⁸⁵ American consul Harold Sewall, based in Apia, informed Pilsach that most of the Hawaiian citizens were living at Aunu'u in Tutuila.¹⁸⁶ Pilsach notified Sewall that Laupepa would request the citizens to "depart for Hawai'i at the expense of their government by the next opportunity."¹⁸⁷ These concerns were racially induced rather than medically motivated, as the expulsion of the Hawaiian citizens had no medical support since medical examinations took place in 1893.¹⁸⁸ Furthermore, none of the citizens were actually confirmed leprosy sufferers, in fact, Pilsach admitted that he himself had examined the citizens and none had leprosy.¹⁸⁹

Dialogue between Pilsach and Sewall reflects the dominant European response to leprosy - filtering through the higher levels of authority - and indicates the powerless position of the Samoan King whose role was to follow orders given. On the instructions of Pilsach, Laupepa wrote to the citizens living in Tutuila asking that: "All the people of Oahu living in Samoa must all go to the Steamship according to the letter and all will be paid by the Government of Oahu."¹⁹⁰ Laupepa explains

¹⁸⁵ Letter from Baron Senfft von Pilsach to office of D.H.&P.G., 15 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁸⁶ Letter from Harold Sewall to Baron Senfft von Pilsach, 20 June 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁸⁷ Letter from Baron Senfft von Pilsach to Harold Sewall, 23 June 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁸⁸ Letter from Bernhard Funk to the three consuls, 9 September 1893, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁸⁹ Letter from Baron Senfft von Pilsach to Manager of D.H.&P.G., 18 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁸⁹ *ibid.*

¹⁹⁰ Letter from Malietoa Laupepa to the Hawaiian residents, 23 June 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

to the citizens that the order had come from the American consul in Apia, who had received notice from the government in Hawai'i.¹⁹¹ The King's explanation implies his distance from the political drive to send Hawaiian citizens back, revealing his position as a mere "front" disguising the reality of European power pulling the strings. Furthermore, Laupepa exposes a sense of bewilderment regarding the measures and the extent to which the European government responded to this particular disease.

As an example of colonial influence, earlier in 1891 the three consuls in Samoa had written to their national representatives in Honolulu concerning the Proclamation of King Laupepa.¹⁹² The consuls had urged their national representatives to bring the matter to the attention of the government of Hawai'i, which had resulted in the government arranging for the residents to return.¹⁹³ European lobbying behind Laupepa's "Proclamation of 1890", and the presence and influence of national representatives in conjunction with the growing European led government in Hawai'i, had ensured for the Europeans a quick and satisfying response.

¹⁹¹ *ibid.*

¹⁹² Letter from Harold Sewall to Baron Senfft von Pilsach, 20 June 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand. (W2/1891)

¹⁹³ *ibid.*

Stigma and Transportation

Although the governments in Samoa and Hawai'i had agreed to send back Hawaiian citizens, transportation became a dilemma revealing the perceived stigma of leprosy as a contagious disease. Transport and expenses involved in returning the Hawaiian citizens were organised from Hawai'i. In 1891, through the agents in Honolulu, the services of the Oceanic Steamship Company were sought immediately for the transportation of the citizens¹⁹⁴ as instructed by the government of Hawai'i.¹⁹⁵ Council president Pilsach wrote to the captain of the Steamship "Mariposa" enclosing a list of the passengers to be taken at the expense of the Hawaiian government.¹⁹⁶

In addition to contacting the "Mariposa", Pilsach had communicated with the German firm, Deutsche Handels und Plantagen Gesellschaft fur Süd-See Inseln zu Hamburg (DH&PG), on behalf of the Samoan government regarding the possible transportation of the Hawaiian citizens.¹⁹⁷ Pilsach put to the firm the need to treat the transportation of citizens with urgency, asking if the company could "take a few more Hawaiian citizens with the Post Schooner to Tutuila and send me the

¹⁹⁴ Letter from F.P. Hastings to H.M. Sewall, 4 June 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁹⁵ Letter from Harold Sewall to Baron Senfft von Pilsach, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁹⁶ Letter from Baron Senfft von Pilsach to Captain of 'Mariposa', 6 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁹⁷ Letter from Baron Senfft von Pilsach to the D.H.&P.G., 15 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand. DH&PG had bought Godeffroy und Sohn in 1870, which had fallen bankrupt by the 1890s, thus DH&PG had claims to about 135,000 acres in Samoa, see Gilson, p.340.

bill for the expenses. I will forward them to Honolulu.”¹⁹⁸ The DH&PG manager accepted the request, “provided there are no lepers among them”¹⁹⁹ quoting the fare price of 7 ½ krone for each person. Responding quickly, Pilsach assured the manager that he himself had viewed the people and none of the citizens had leprosy.²⁰⁰ In his search for the quickest and cheapest passage for the citizens, Pilsach was quick to subdue DH&PG concerns. The involvement of a company in the transportation of Hawaiian citizens reveals a close and dependent relationship between the European government and the DH&PG, echoing a secret pact between United States Colonel Albert Steinberger and the Godeffroy und Sohn firm in 1873, where Steinberger had promised to advance the firm’s business in return for a paid commission.²⁰¹

Police Enforcement

The expulsion of Hawaiian citizens was an important issue for the European government, as seen in the enforcement of police control to oversee their departure. In July 1891, Pilsach wrote to the chief of police, Swedish national, Lieutenant Ulfsparre, to “kindly” order the Hawaiian citizens to assemble at the company yard of Messrs Haqhurst Gurr & Company, at 10am

¹⁹⁸ Letter from Baron Senfft von Pilsach to the D.H.&P.G., 15 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

¹⁹⁹ Letter from Manager of D.H.&P.G. to Baron Senfft von Pilsach, 15 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁰⁰ Letter from Baron Senfft von Pilsach to Manager of D.H.&P.G., 18 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁰¹ Watson, p.58.

ready for departure.²⁰² An organised police effort implies some resistance on the part of the citizens to leave Samoa, especially if none had leprosy and had made Samoa their new home. The involvement of police control organised by the European government indicates the serious anxiety about leprosy. In this case, the Hawaiian citizens were suspected rather than confirmed leprosy sufferers and police enforcement signifies the perception of Hawaiian citizens as an apparently leprous population. Enforced police control was most likely used as an intimidating tactic by the government to manage any possible resistance by individuals, family members or village communities, as the events in Hawai'i had shown - to the shock of medical professionals - indigenous Hawaiians openly associated with leprosy sufferers without discrimination.²⁰³

Financing the "Deal"

The financial transaction for the removal of Hawaiian citizens from Samoa took place between July and September 1891. In October, Pilsach had given the captain of the "Alameda" - the Oceanic Steamship sailing from Auckland to San Francisco - the amount of \$10.71 ½, paid in excess of the required amount for the passage of the citizens, to give back to the government in Hawai'i.²⁰⁴ In mid-November, the captain assured Pilsach that the amount had been paid over to the Minister of Foreign

²⁰² Letter from Baron Senfft von Pilsach to Lieutenant Ulfsparre, 15 July 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁰³ Herman, p.327.

²⁰⁴ Letter from Baron Senfft von Pilsach to Captain of 'Alameda', 14 October 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

Affairs with an explanation.²⁰⁵ The financial transaction had taken place over six months, though the exact number of Hawaiian citizens sent back is unknown, along with what happened to them on arrival in Hawai'i, as the records mainly deal with the process of removal from Samoa. The European government in Samoa were satisfied by the quick response to send back Hawaiian citizens. Particularly pleasing would have been the fact that the Municipal Council finances were not required. By the end of 1891, the European government believed that they had dealt with the problem of leprosy in Samoa by sending Hawaiian citizens back.²⁰⁶ However, two years later in 1893, a small number of leprosy sufferers were soon discovered.

Seeking Solutions to the Leprosy Problem

The first recorded medical examination of a suspected leprosy sufferer in Samoa was carried out by Dr Bernhard Funk, Medical Health Officer of Apia, in September 1893. He wrote to the three consuls regarding the examination of a "Manilaman" (probably a Filipino) who was suspected of having leprosy.²⁰⁷ Funk confirmed to authorities that the Filipino man had leprosy but only in the first stages, unlike two other patients he had observed. Years would pass before the patient

²⁰⁵ Letter from Captain of 'Alameda', to Baron Senfft von Pilsach, 19 November 1891, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁰⁶ Letter from Malietoa Laupepa to President Ballard Dole, 4 November 1895, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁰⁷ Letter from Bernhard Funk to the three consuls, 9 September 1893, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand. Dr Funk had arrived in Samoa in 1880 as medical officer for the Godeffroy und Sohn of Hamburg firm and was later employed as the medical health officer for the Municipality.

would reach the advanced stage.²⁰⁸ Although Funk had identified and confirmed leprosy sufferers in the Apia district, the European government remained inactive until two years later in 1895.

Appeal to Government in Hawai'i

In Hawai'i in 1893, Queen Lili'uokalani, who sought to restore the power of the Hawaiian Monarchy, following the death of her brother King David Kalakaua in 1891, was dethroned by thirteen white businessmen with the backing of United States troops, ending the rule of the Hawaiian Monarchy.²⁰⁹ Following the overthrow of Queen Lili'uokalani, the Republic of Hawai'i was established in 1894 under the Presidency of Sanford Ballard Dole. It was to President Dole and his government, that Malietoa Laupepa wrote in November 1895, fronting an appeal on behalf of the Municipal Council of Apia and the Samoan government, for the accommodation of leprosy sufferers from Samoa to the leprosy establishment at Moloka'i island in Hawai'i.²¹⁰ Recalling the events since 1891, Laupepa appealed on the grounds that:

The health officer of Apia has drawn the attention of my Government to the fact that leprosy which was an unknown disease in this country until lately, has made its appearance in the vicinity of Apia.²¹¹

²⁰⁸ *ibid.*

²⁰⁹ Herman, p.331.

²¹⁰ Letter from Malietoa Laupepa to President Ballard Dole, 4 November 1895, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²¹¹ Letter from Malietoa Laupepa to Ballard Dole, 4 November 1895, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

The inclusion of Apia in the appeal reveals the European push for action against leprosy since the port town was home for the majority of Europeans. In addition, the Health Officer Dr Funk was employed by the European and not the Samoan government. Laupepa explained that some of the persons afflicted and suspected of having leprosy had been "living in Hawaii so that the origin of the disease may yet be traced to that country".²¹² The following year in January 1896, Attorney-General William Smith, based in Honolulu, assured Laupepa that his request would be carefully considered by the government in Hawai'i.²¹³ However, Hawai'i would in fact remain silent on the request to transfer leprosy sufferers to Moloka'i.

European Leprosy Sufferers

By 1896 more leprosy sufferers had been discovered in Samoa. Alarming for the European government, some of these leprosy sufferers were in fact Europeans: two male British subjects, one American, one Chinese and one unknown national.²¹⁴ From 1891 to 1896 no record of Samoan leprosy sufferers exists since according to Municipal Council president Erich Schmidt the Samoan patients lay outside the jurisdiction of the Municipal Council, which was only responsible for Europeans in the Apia district. Moreover, as Schmidt stated to the three consuls,

²¹² Letter from Malietoa Laupepa to Ballard Dole, 4 November 1895, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²¹³ Letter from William Smith to Malietoa Laupepa, 2 January 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²¹⁴ Letter from Erich Schmidt to the three consuls, 8 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

any patients outside the Municipality were the responsibility of the Samoan government, not the Municipal Council.²¹⁵

By 1896, submission to a medical examination became a "legal" matter for the European government. In his letter to the three consuls, Schmidt asked them to require any of their respective subjects whom Dr Funk believed were suspected leprosy sufferers to submit to a medical examination.²¹⁶ The Medical Officer had already declared three of the individuals to have leprosy.²¹⁷ Funk raised concerns that he was unable to examine the Chinese patient since no consular order existed to ensure that he would submit to a medical examination.²¹⁸ T. B. Smith, British consul in Apia, sought advice from the British High Commissioner regarding a consular order, as Smith had advised Schmidt that he had no power to order British subjects to submit to a medical examination.²¹⁹ The presence of colonial officials in different localities aided government efforts to ensure European legal boundaries were not crossed. In regards to one of the British leprosy sufferers, a woman living in Honolulu, had written to consul Smith that she was willing to pay all expenses if he could be sent to Honolulu or some other place far away from Samoa.²²⁰ The power of wealth to negotiate

²¹⁵ Letter from Erich Schmidt to the Consul representatives, 1 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²¹⁶ Letter from Erich Schmidt to the three consuls, 8 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²¹⁷ *ibid.*

²¹⁸ *ibid.*

²¹⁹ Letter from T.B.C. Smith to Erich Schmidt, 11 March 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²²⁰ Letter from T.B.C. Smith to Erich Schmidt, 9 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

such a request at a time of heightened European anxiety reveals that the fixed legal boundaries had some flexibility in the case of European leprosy sufferers. Moreover, the European governments' concern for the health of their own subjects was based on the fact that the Municipal Council was only concerned with foreigners living in the Apia district.

European Welfare Under Threat

Earlier, in 1891 the welfare of Europeans was the primary focus of the European government, and the employment of a Health Officer ensured a form of protection for the European community. The appeal to Hawai'i in 1895 fronted by Laupepa, for the accommodation of leprosy sufferers from Samoa at the Moloka'i leprosy colony, excluded Samoans whose government lacked equal power of influence to negotiate their own agreements with international governments, and the expertise of a Medical Health Officer.

By 1896, the main threats to the welfare of Europeans were in fact European leprosy sufferers. British consul T. B. Smith informed the Municipal Council of complaints received from several British subjects about the "presence of suspected lepers in Apia".²²¹ According to Smith, Dr Funk had told the missionary John Marriott that he had officially reported the matter to the council president Erich Schmidt, but Smith noted,

²²¹ Letter from T.B.C. Smith to Municipal Council of Apia, 30 January 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

it was necessary for the Municipal Council to be informed of the matter, calling for an immediate enquiry.²²² Schmidt assured the three consuls that the matter regarding leprosy within the Municipality had been dealt with as Laupepa had appealed to the Hawaiian government for the possible settlement of the leprosy patients at the Moloka'i establishment. Furthermore, Schmidt emphasised, the leprosy patients outside the Municipality had been the responsibility of the Samoan government and not the Council.²²³ The dialogue between the three consuls, Council members and the president indicates a rising tension within the levels of European government, particularly as the threat to European welfare was in fact European leprosy sufferers. How to curb leprosy without encroaching on the rights of the European subjects became an issue of debate. As British consul, Smith's role was the protection of British subjects, but as Schmidt informed Smith, a united front was needed for the appeal to Hawai'i to succeed, particularly as two of the suspected leprosy sufferers were male British subjects.²²⁴

The Municipal Council presented to Schmidt a request that he arrange with Dr Funk a full report on existing leprosy sufferers and their nationalities.²²⁵ In addition, the Council sought Funk's advice on the "best available method of

²²² *ibid.*

²²³ Letter from Erich Schmidt to the Consul representatives, 1 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²²⁴ *ibid.*

²²⁵ Letter from Municipal Council to Erich Schmidt, 6 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

isolating the lepers". The Council enquired whether it "would be possible to shut off the point of Mulinu'u, leaving the old Chief Justice's house as the leper station".²²⁶ The request for a medical survey of leprosy sufferers categorised in ethnic groups implies an unequal treatment of nationalities, in that depending on the person's ethnic group, differing treatments would apply. Furthermore, the belief in the contagiousness of leprosy in the late nineteenth century had set in and had resulted in a preference for isolation as the method of treatment by the European government in Samoa. The proposed designated area for a leprosy station at Mulinu'u ensured the presence of leprosy sufferers within the port town of Apia, located at the political centre of the Samoan government. In all future correspondence between the European government, however, this proposal was never discussed again as the European government sought off-shore measures of isolation.

Any threat to the welfare of Europeans was likely to cause some form of action on the part of the European government. The fear of possible contagion was strong in Samoa, as well as in other Pacific localities. In Guam under United States naval control, according to Hattori: "The health concerns of the Chamorro people would be attended to, particularly if perceived as a threat to the well-being of the naval community, essentially in the interest of shielding Americans from

²²⁶ Letter from Municipal Council to Erich Schmidt, 6 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

possible contagion."²²⁷ From the outset, the health of Samoans was neither the responsibility nor the priority of the European government. However, such neglect would turn to a threat if the number of leprosy sufferers increased, particularly, if the Europeans living amongst the local population were affected.

Enquiry to Government of Tonga

By 1896, conflicting views over how to deal with the problem of leprosy in Samoa began to be apparent between council president Erich Schmidt and the three consuls. Initially, they had sought to remove leprosy sufferers from Samoa to Moloka'i, but with no reply from Hawai'i, Schmidt made an enquiry to the government of Tonga for information regarding leprosy control. Unlike the Hawaiian appeal fronted by Malietoa Laupepa in 1895, the Tongan enquiry was made by Schmidt himself, which suggests the increasingly desperate and dominant role taken by the European government in trying to manage the threat of leprosy in Samoa.

Following a letter from Schmidt, the Premier of Tonga Iosateki Toga Veikune explained that leprosy was present in Tonga and had been for quite some time, but there were few who had leprosy because of the law which stated that anyone who is infected with this disease is taken to a town, place or island

²²⁷ Hattori, p.70.

far away from the people. Furthermore, those with leprosy were disallowed visitation since the area was out of bounds.²²⁸

After the Tongan Premier's reply, Schmidt devised another proposal for the three consuls, asking "whether the Samoan Government could not join with that of the Tongan islands in the establishment of a leper asylum".²²⁹ Furthermore, a frustrated Schmidt urged the Three Power governments to show their willingness to help the Samoan government deal with the leprosy question, regarding Rose Island or Tonga as possible leprosy colonies, particularly as the islands were a relatively short distance from Apia.²³⁰ Even though Schmidt insisted on the short distance between Apia, Rose Island and Tonga, the underlying objective was to keep a distance from leprosy sufferers.

Although Schmidt pushed the idea of a collaboration between the Samoan and Tongan governments in order to establish a site to house leprosy sufferers, the three consuls remained firm, stating in a letter to Schmidt:

that it would assist us to come to a decision on this question if you could obtain from the government of Tonga particulars of its Leper settlement, and could ascertain under what conditions and at what cost Lepers could be removed from Samoa.²³¹

²²⁸ Letter from Isoateki Toga Veikune to Erich Schmidt, 29 June 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²²⁹ Letter from Erich Schmidt to the three consuls, 18 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²³⁰ Letter from Erich Schmidt to the three consuls, 18 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²³¹ Letter from the three consuls: William Churchill (USA), T.B.C. Smith (Britain), Frederick Rose (German) to Erich Schmidt, 31 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

As requested, Schmidt wrote once again on behalf of the three consuls, asking if the Health Officer in Tonga could communicate with him on the name of the island and the management of the establishment, with particular interest in whether European leprosy patients or "Half-caste patients" could be settled there.²³² The European government were primarily concerned with their own subjects, even though Schmidt had proposed a collaborative effort between the Samoan government and that of Tonga. The Foreign Secretary, C. D. Whitcombe, replied swiftly, stating Tonga's position on the question of leprosy control there: "I am instructed by the Premier to inform you that under no circumstances, however urgent, and under no conditions, however stringent, would the Tongan Government permit the landing of a single leper on the shores of Tonga, whether from Samoa or elsewhere."²³³ Moreover, Whitcombe stated that:

The law of Tonga defines Leprosy to be an infectious or contagious disease, and no vessel can be admitted to pratique should there be any person on board smitten with a disease of this nature; and the Tongan Government declines to make any alteration in this most salutary regulation.²³⁴

Like Hawai'i, Tonga had established a law concerning leprosy and measures of control, primarily segregation and isolation, and this was a step ahead of the European government in Samoa. Schmidt advised the three consuls on the immovable Tongan

²³² Letter from Erich Schmidt to Iosateki Toga Veikune, 11 August 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²³³ Letter from C.D. Whitcombe to Erich Schmidt, 21 August 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²³⁴ *ibid.*

decision, and recommended discussions on earlier proposals, with a move to consult the Samoan authorities on an island or place in Samoa to confine leprosy sufferers.²³⁵

Islands as a Method of Complete Isolation

As stated earlier in the chapter, by 1896 the European government became increasingly anxious in its search to resolve the leprosy "problem" in Samoa. The government in Hawai'i remained silent in regards to the appeal of 1895 for leprosy sufferers in Samoa to be accommodated at the Moloka'i colony. Municipal Council president Erich Schmidt began to seek alternative solutions within Samoa to deal with the leprosy issue.

Initially medical examinations were carried out by the Health Officer, however, the European government sought to extend its power, proposing a collaboration between Samoan judges, foreign missionaries, and the Municipal Council with the assistance of the Health Officer, in an effort to discover new cases of leprosy throughout Samoa.²³⁶ A medical investigation would have had severe consequences for the rest of Samoa since identification of leprosy sufferers may have incurred unwanted government attention. The involvement of Samoan judges was intended to ensure leprosy sufferers came forward; however, as

²³⁵ Letter from Erich Schmidt to the three consuls, 7 September 1896, Samoa – SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²³⁶ *ibid.*

it had in Hawai'i, it is probable that leprosy sufferers were protected by families from authorities, and thus kept away from government investigation.

Admitting that leprosy was a problem in Samoa, council president Erich Schmidt advised the three consuls that since the proclamation was issued, new cases had been discovered "which can only partly be traced to that [ie Hawai'i] country".²³⁷ Along with the new leprosy patients discovered, Schmidt informed the consuls of two Hawaiian citizens who had been left by mistake in 1891, advising that the two should be sent home.²³⁸ Schmidt's letter reveals a different approach towards leprosy management, this time involving an effort to deal with leprosy within Samoa, particularly since other colonial governments such as the United States of America in Hawai'i and the British in Tonga had established and maintained measures of leprosy control.

Rose Island

Island colonies acted as "enclosures" to confine leprosy sufferers, a method of managing the illness when there was no effective treatment. The Kalaupapa settlement on the island of Moloka'i provided the nearest model for such an arrangement to be carried out, but not without challenges. Resistance to the

²³⁷ Letter from Erich Schmidt to the three consuls, 3 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²³⁸ Letter from Erich Schmidt to the three consuls, 8 February 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

segregation policy had occurred over the course of three decades before 1895, as Hawaiians petitioned for regional hospitals to be established on all the islands.²³⁹ Other Pacific countries had implemented isolation measures for leprosy control. A colony was set up at Tinian in the Northern Marianas in 1871, and later in 1890 in Pago, Guam, a new leprosarium had been established although it had been destroyed by a storm after seven months.²⁴⁰

After enquiries were made of Henry Ide, the chief justice, about claims made for Rose island, Ide informed Schmidt that the only foreign claim to Rose island had been made by the German firm, DH&PG, which had filed a claim over the whole island. However, their claim had been rejected by the court as the island was exclusively Samoan property.²⁴¹ In a letter to the three consuls, and after consultation with Dr Funk, Schmidt put forward a proposal to establish a leprosy station on the "uninhabited island known as Rose Island as drawn on the British Admiralty Chart of the Navigator Islands".²⁴² Following communication with chief justice Ide, Schmidt informed the three consuls that "no valid private claim exists to that island so that an occupation by the Government would meet with no obstacles".²⁴³ In addition, Schmidt advised the consuls that the island was relatively close to Apia and could

²³⁹ Herman, p.332.

²⁴⁰ Hattori, p.68.

²⁴¹ Letter from Henry Ide to Municipal Council President, 30 June 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁴² Letter from Erich Schmidt to three consuls, 3 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand. (W29/1896)

²⁴³ *ibid.*

be "visited by sailing vessels from time to time without excessive expense." Furthermore, Schmidt gave the following description of Rose island:

According to reliable reports it has formerly been inhabited and water can be obtained. Besides fish and turtles, which are said to be abundant, bananas, breadfruits and sweet potatoes would grow. It is true that for a leper settlement probably additional food would have to be supplied.²⁴⁴

On the point of regulations for the proposed leprosy station financial help was needed from the Three Power governments, and Schmidt also noted that the regulations would need to apply to all patients, whether Samoan or foreigners.²⁴⁵ Moreover, with the help of the Hawaiian law, an ordinance could be drafted to help regulate the matter and be easily adapted to the Samoan situation.²⁴⁶ Although Schmidt emphasised the short distance between Rose island and Apia,²⁴⁷ in reality Rose island is located at the furthest eastern part of Samoa, close to the Manu'a Island group.

Schmidt's positive description of Rose island does not match a description given by F. Kennison to German government agent Frederich Rose, who had returned from visiting the island.²⁴⁸ According to Rose, Kennison described the island as very small,

²⁴⁴ Letter from Erich Schmidt to three consuls, 3 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁴⁵ *ibid.*

²⁴⁶ *ibid.*

²⁴⁷ Letter from Erich Schmidt to three consuls, 18 July 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁴⁸ Letter from Frederich Rose to Erich Schmidt, 5 November 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

harsh and flat, requiring about 10 minutes to walk the diameter. There were only two palm trees and these did not bear fruits and a number of other big trees "of a species that does not procure anywhere else in Samoa."²⁴⁹ The island had big deposits of phosphate and was a good breeding ground for birds, and fish was plentiful but no fresh water was available. It was very hot and the passage to the island was good, though Kennison gave warning of the danger of flooding. Moreover, Kennison advised that food provisions would have to be brought every second month or the leprosy sufferers would die.²⁵⁰

In the correspondence regarding Rose island, there is no mention of family members being able to accompany leprosy sufferers, nor is there the suggestion that anyone would reside on the island as a caretaker. The two diverging descriptions indicated Schmidt's ignorance and aim of finding a quick resolution to the leprosy issue. For Schmidt, ignorance together with the concept of "out of sight and out of mind" took precedence over the welfare and survival of leprosy sufferers.

Island of Nu'usafe'e

Following the Tongan reply, and the slow European government decision on Rose island, as a last resort Schmidt sought to consult with Samoan authorities about an alternative site to

²⁴⁹ Letter from Frederich Rose to Erich Schmidt, 5 November 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁵⁰ *ibid.*

confine leprosy sufferers, this time the island of Nu'usafe'e located near Falealili on the south coast of Upolu. It is not clear whether the patients were to be Europeans or Samoans.

In September of 1896, Schmidt enquired to the *Faipule* about Nu'usafe'e, which according to Schmidt, belonged to the Samoan orator Meleisea.²⁵¹ The Council president assured the *Faipule* that in return for providing food for the leprosy patients by canoe, Meleisea would receive a daily payment of one shilling for each patient.²⁵² The proposal had been given to the government agent Frederick Rose, who had promised to pass it on to the consular board, and in the meantime, the *Faipule* had promised to think over the proposal.²⁵³

A month later, Schmidt wrote to Laupepa and the Samoan government concerning the decision of the *Faipule* and the three consuls, urging Laupepa and the Samoan government to come to a decision on another possible site, suggesting perhaps somewhere in the area of Nu'usafe'e or elsewhere for the leprosy sufferers to live.²⁵⁴ As a further push for a quick decision, Schmidt emphasised Health Officer Dr Funk's opinion

²⁵¹ Memorandum by Erich Schmidt, 25 September 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁵² *ibid.*

²⁵³ *ibid.*

²⁵⁴ Letter from Erich Schmidt to Malietoa Laupepa and Samoan government, 23 October 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

that "these people should not live with the public in the *Eleele Sa* or a village where there are many people".²⁵⁵

Schmidt's urgent call for a resolution did not match that of the *Faipule* because he failed to understand that a proposal for Nu'usafe'e required meetings between the families and titleholders connected to the *Faipule Meleisea*. A consensus through the consultative process of *Soalaupule*²⁵⁶ would need to be reached before any decision could be made as it was not just a case of money. In addition, the Samoan government may have treated this proposal with suspicion, based on past experience with foreigners and land speculators, particularly during the years of civil war in the 1860s and 1870s when much Samoan land was alienated through sales made to Europeans and rival Samoans against their enemies.²⁵⁷

In addition, for the Samoans, the method of isolation and segregation was most likely viewed with fear and confusion, in that the separation of kin from family is in the Samoan understanding a severe method of punishment rather than treatment. The deportation of major political figures such as Malietoa Laupepa during the nineteenth century was seen as an extreme measure of punishment. As Hempenstall writes:
"Deportation or its threat had been a powerful instrument in

²⁵⁵ Letter from Erich Schmidt to Malietoa Laupepa and Samoan government, 23 October 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁵⁶ A. Le Tagaloa, p.125.

²⁵⁷ Meleisea, *The Making of Modern Samoa*, p.42.

earlier times...if used sparingly, on a people for whom banishment from home and hearth was the severest punishment."²⁵⁸ For a Samoan, the isolation of a leprosy sufferer indicated a form of "punishment", which in turn meant that contracting leprosy was a "crime" or a moral wrong. In addition to these divergent ways of understanding leprosy and the care of the sick, the background of suspicion only added to the delay of leprosy control measures.

Legislation for Leprosy Control

As a way of discussing alternatives to dealing with leprosy within Samoa, in November 1896 Schmidt invited chief justice Henry Ide, at the request of the Samoan government, to a meeting with local Samoan chiefs on the matter of legislation concerning leprosy patients.²⁵⁹ Ide accepted the invitation to meet at the Supreme Court room in Apia, as Schmidt had suggested.²⁶⁰ A meeting between the European and Samoan governments implied that although the priority of leprosy had remained high on the European agenda, there is a realisation, at least on the part of the European government, that to enforce any sort of leprosy control measure within Samoa, collaboration between the two governments needed to take place. The choice of the Supreme Court as the venue of the meeting indicated a serious effort to manage leprosy and displays a

²⁵⁸ Hempenstall and Mochida, p.62.

²⁵⁹ Letter from Erich Schmidt to Henry Ide, 2 November 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

²⁶⁰ Letter from Henry Ide to Erich Schmidt, 4 November 1896, Samoa - SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

sense of European power. The regulation passed in 1896 regarding the isolation of leprosy was most likely the result of this meeting. Although the isolation of leprosy had been legally marked out, the details concerning the actual implementation of isolation remain unclear. It is probable that Samoan leprosy sufferers remained with their families or were isolated in their own homes from 1896 and even after the political changes of 1899, right up to the establishment of a leprosy station under German rule in 1912.

Conclusion

In 1896 legislation for the isolation of leprosy was passed. The European government sought to hastily resolve the leprosy problem, particularly in 1896 when it was discovered that a few Europeans had contracted leprosy. In the six years since the establishment of the Municipal Council under the Berlin Treaty of 1889, the leprosy issue in Samoa had undergone several phases. Firstly, Malietoa's so-called "Proclamation of 1890" had resulted in the return of most Hawaiian citizens from Samoa, in conjunction with petitions by the three consuls to their representatives in Honolulu for the government in Hawai'i to take responsibility. However, though the European government pushed for Hawaiian citizens to return, they were unwilling to pay for their passage. Sadly, the human transaction was overshadowed by the prejudice and financial focus of a government who sought, to curb leprosy in Samoa on the grounds of race.

By 1895, the European government realised or at least acknowledged that leprosy existed in Samoa, specifically in the area of the Municipality under the authority of the Municipal Council. Alarmingly, some of the confirmed leprosy sufferers were national subjects of the Three Powers. Solutions were sought to remedy the threat of leprosy through appeals to Hawai'i and Tonga for the transfer of leprosy patients from Samoa. Discussions initiated by Council president Erich Schmidt then centred on Rose island and later Nu'usafe'e, as possible sites for the establishment of a leprosy station. However, by the end of 1896, these proposals remained only on paper, and remained so until action was taken by the German government in the form of the establishment of a leprosy station in 1912 in collaboration with the Roman Catholic Mission.

Chapter Three

CENTRALISING LEPROSY CARE

This chapter explores the themes of politics, religion and medicine that interconnect in the context of German colonisation of Samoa. It examines the European and Samoan perceptions of leprosy and the leprosy sufferer, and looks at the events leading up to the establishment of a leprosy station in the village of Falefa in 1912 and the implications for leprosy sufferers. These events are explored through German and Samoan relations which look at the issues of race, health, contact, leprosy and poverty that occur throughout this chapter. Moreover, I examine the shift in the German approach to leprosy control which was demonstrated in the effort to set up the first leprosy station in collaboration with the Roman Catholic Mission. Missionary and state relations are examined through the activities of the network of authorities involved in the organisation of leprosy care which under German rule became a "collaborative" responsibility between the church and state.

The anxious political climate in Samoa of the late nineteenth century came to an end when the Tripartite Treaty signed in 1899 between the Three Powers of Germany, the United States of America and Great Britain replaced the Berlin Act of 1889. Under the new Treaty, Samoa was divided, Germany claiming the western islands of Upolu, Savai'i, Manono and Apolima, and the

United States of America the eastern islands of Tutuila and Manu'a. German rule began immediately under the governorship of Dr Wilhelm Solf, who sought to make Samoa a model German colony in the Pacific. Samoan authority under Mata'afa Iosefo was largely non-existent and had very little impact on the issue of leprosy. Therefore, much of this chapter focuses on the colonial authority.

Political Changes at the end of the Nineteenth Century

The political situation in Samoa at the end of the nineteenth century, even with an established European government, was in a state of disarray. Earlier, in 1893, Mata'afa Iosefo, along with ten prominent chiefs, had been deported to Jaluit in Micronesia, accused of provoking resistance against the Germans. On the death of Malietoa Laupepa in 1898, Mata'afa returned to Samoa and was received by a number of Samoan leaders as the future King.²⁶¹ However Laupepa's son, Malietoa Tanumafili, was declared King by new chief justice W. Chambers, and following his decision war broke out and Mata'afa's supporters drove Malietoa's group from the Apia district.²⁶² The British and American naval forces took action against Mata'afa, and a battle resulted in the death of 15 sailors who were buried at Mulinu'u.²⁶³

²⁶¹ M. Meleisea, *The Making of Modern Samoa*, (Suva, 1987), p.287

²⁶² *ibid.*, p.208.

²⁶³ *ibid.*

In response to the Samoan situation, a joint commission of the Three Powers arrived in Samoa, ordered the Samoans to surrender arms and ammunition, and declared Malietoa Tanumafili King of Samoa.²⁶⁴ A year later in 1899, the Berlin Treaty which had been in place for ten years was annulled and replaced by the Tripartite Treaty, by which the Three Powers, Great Britain, the United States of America and Germany, re-negotiated their claims in the Pacific. Among the compromises, Britain renounced their claims to Samoa and Germany relinquished its rights over Tonga, and shifted the German-British boundary in the Solomon Islands.²⁶⁵ The United States of America governed the eastern Samoan Islands and in 1900, Germany declared the Western Islands of Samoa a protectorate and raised the German flag at Mulinu'u, the new political centre.

German Rule in Samoa from 1900

Understanding the nature of German political rule in Samoa contributes to an understanding of the nature of leprosy care undertaken by the German government. Solf had been Municipal Council president in 1899,²⁶⁶ and as Governor he ruled a population of approximately 400 Europeans, 500 Half-castes and 33,000 Indigenous people.²⁶⁷ Previously, Solf had served with

²⁶⁴ *ibid.*

²⁶⁵ R. Gilson, *Samoa 1830 to 1900, The Politics of a Multicultural Community*, (Melbourne, 1970), p.432.

²⁶⁶ M. Meleisea, *The Making of Modern Samoa*, (Suva, 1987), p.47.

²⁶⁷ *The Cyclopedia of Samoa, Tonga, Tahiti and the Cook Islands*, (Papakura, 1907), reprinted edition, p.56. Note: the term "Half-caste" in the late

the colonial administration in India and German East Africa.²⁶⁸ Alongside his role as Governor, he also acted as chief justice until the appointment of Dr Erich Schultz in 1904. The colonial department of the Foreign Office believed Solf to be "the best person to protect German interests in this far flung corner of the world."²⁶⁹ German rule was ultimately colonial as Solf's policies were employed to "destroy Samoan political institutions and to replace them with modern rationalised institutions...which would consolidate German authority and the expansion of German commercial interests."²⁷⁰ In order to resolve the issue of kingship, Solf designated to Mata'afa Iosefo, the title *Ali'i Sili* or "Paramount Chief" of Samoa. He also re-established the Samoan political organisation of the *Fono* (Assembly) called *Ta'imua* and *Faipule*, although Mata'afa and his government had very little power of influence.²⁷¹ In 1910, Solf returned to Europe and in his absence Erich Schultz became Acting-Governor until his official appointment as Imperial Governor in 1912, the same year Mata'afa died. It was during Schultz's governorship that the question of leprosy control was finally dealt with.

nineteenth century and early twentieth century referred to a person who was half-Samoan and half-European.

²⁶⁸ Meleisea, *The Making of Modern Samoa*, p.49.

²⁶⁹ Peter Hempenstall and Paula Mochida, *The Lost Man: Willhelm Solf in German History*, (Wiesbaden: Harassowitz, 2005), p.51.

²⁷⁰ Meleisea, *The Making of Modern Samoa*, p.50.

²⁷¹ *ibid.*, p.47.

The Medical System: Leprosy, Race and Contact

Before German rule began a central hospital facility had not been established in Samoa. By 1903 - the same year a large number of indentured Chinese labourers were imported - a Hospital in Apia was created and divided according to race: European, Native and Chinese. The racial categorisation of patients reflected the prevailing ideologies of race that guided the German government, who saw their role as "protector" and "developer" of an endangered Samoan population. Thus European methods of control believed to be superior were intended "to separate the population of Samoa into racially defined segments and to protect their racial integrity."²⁷²

Observations published in *The Cyclopedia of Samoa, Tonga, Tahiti and the Cook Islands*, (1907), stated that the leprosy patients were Chinese nationals who were living "outside the hospital". These patients along with the Samoan population were under the supervision of the second government officer, Dr Richard Franke.²⁷³ For Chinese leprosy patients their identity as Chinese and their location outside the hospital area reflected the strong Chinese-leprosy connection which

²⁷² E. Wareham, *Race and Realpolitik: The Politics of Colonisation in German Samoa*, (MA thesis in History at the University of Victoria, Wellington, 1997), p.18.

²⁷³ *The Cyclopedia of Samoa, Tonga, Tahiti and the Cook Islands*, (Papakura, 1907), reprinted edition. Dr Franke had a reputation for his services, especially in the field of surgery, most likely the reason for his charge over the leprosy patients. Franke was educated in Germany and had been an assistant in surgery and gynaecology in Berlin, he was later a ship's doctor for the Hamburg-American firm and then employed by the German government in 1905.

circulated in the nineteenth and early twentieth century. As discussed in Chapter One, the perceived link between leprosy and the Chinese also prevailed in the Pacific - basically wherever Europeans were present. In Queensland Australia Medical Health Officers stressed the changing racial distributions, specifically the influx of the Chinese, as a basis for the spread of leprosy.²⁷⁴ A prime example of this link occurred in British Columbia, where: "Leprosy, like Chinese immigration, was seen as a growing threat to British Columbia's newly conceived imperial space."²⁷⁵ Methods to control leprosy were revealed through the removal of Chinese leprosy sufferers (and some only suspected) to D'Arcy island, off the coast of Vancouver Island where many were left to die and fend for themselves.²⁷⁶

Anti-Chinese feelings extended beyond leprosy in the nineteenth century, as discrimination was common towards Chinese immigrants and settlers who had travelled to the gold fields of Australia and California as miners.²⁷⁷ In the United States of America, the US congress passed a Chinese Exclusion Act forcing many Chinese to return home or move to other

²⁷⁴ A. Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism, and Public Health*, (New York, 2004), p.95.

²⁷⁵ R. Mawani, 'The Island of the Unclean: Race, Colonialism and Chinese Leprosy in British Columbia, 1891-1924', *Law, Social Justice and Global Development Journal*, (1), 2003, <<http://elj.warwick.ac.uk/global/03-1/mawani.html>>. New citation as at 1/1/04:<http://www2.warwick.ac.uk/fac/soc/law/elj/lgd/2003_1/mawani/>

²⁷⁶ E. Paulsson, *Island of Shadows: D'Arcy Island Leper Colony 1891-1924*, (VHS), (2000), www.filmwest.com/Catalogue/itemdetail/1352/

²⁷⁷ M. Meleisea, P. Meleisea, G. Sio and I. Suafole, 'German Samoa 1900-194' in Malama Meleisea and Penelope Meleisea (eds.), *Lagaga, A Short History of Western Samoa*, (Suva, 1987), p.109.

islands such as Hawai'i for work.²⁷⁸ In Samoa in 1880, King Malietoa Laupepa had issued a Proclamation - under European persuasion - which forbade Chinese entry.²⁷⁹ However, before the Proclamation, only a few Chinese were living in Samoa. It was not until German rule that the greatest number of Chinese, a total of 3,868, arrived between 1903 and 1913 as indentured labourers.²⁸⁰ German attitudes towards the Chinese began to change, reflected in the establishment of a Chinese consul in 1908 to ensure fairer treatment of Chinese labourers.²⁸¹

Racial Segregation and the Segregation of the Leprosy Sufferer

The German approach to leprosy control as revealed by archival evidence shows that the government sought other models of leprosy management in neighbouring Pacific countries, a strong indication of German interest in setting up a similar establishment within Samoa. This was a huge shift from the ideas of the nineteenth century to remove leprosy patients to Moloka'i in Hawai'i or to the Tongan establishment. The Second International Leprosy Conference had taken place in Bergen, Norway in 1909 - the home of Hansen's segregation policy - with continued discussions regarding methods of isolation from the First Conference held in 1897 in Berlin. For German Samoa, the implications were immediate in that following the

²⁷⁸ R. Bell, *Last Among Equals, Hawaiian Statehood and American Politics*, (Honolulu, 1984), p.10.

²⁷⁹ M. Meleisea, 'German Samoa 1900-194', p.109.

²⁸⁰ B. Liua'ana, 'Dragons in Little Paradise: Chinese (mis)fortunes in Samoa, 1900-1950', *Journal of Pacific History*, 32 (1), June 1997, pp.29-48.

²⁸¹ *ibid.*

conference Germany sought to implement the Resolutions, which mapped out a guideline for leprosy control for the West and their colonies, specifically, the implementation of the Third Resolution, which stated: "The strict isolation of leprosy 'beggars and vagrants' should be carried out."²⁸² This Resolution identified leprosy with "beggars and vagrants" and further implied that leprosy was viewed as a disease of the lower class. This view was consistent with leprosy policies in other areas such as India. Other reasons for German interest in leprosy control were probably motivated by the long-term residence of German nationals in Samoa, and as a consequence of increasing Chinese labour.

An example of racial segregation had occurred on Robben Island at the Cape Colony, which provided space for a range of groups: convicts, leprosy sufferers and the insane, where racial segregation among the groups on the island imitated the racial separation on the mainland. Subsequently, this racial segregation had increased following the establishment of a centralised colonial government in the 1870s.²⁸³ Protection from contact was a basis for isolation and exclusion in penal and medical systems, especially for colonial rulers, through the grouping and identification of those who were deemed "dangerous" and had managed to draw attention from the

²⁸² 'Leprosy', *Samoanische Zeitung*, 26 February 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

²⁸³ R. Edmond, 'Abject Bodies/Abject Sites: Leper Islands in the High Imperial Era', in Vanessa Smith and Rod Edmond (eds.), *Islands in History and Representation*, (New York, 2003), p.139.

"paternal state"²⁸⁴. As Strange and Bashford argue leprosy sufferers across a range of cultures and periods experienced structured and complicated forms of segregation.²⁸⁵ In Samoa, racial segregation was clearly demonstrated in regards to leprosy.

In 1910, state intervention was strongly advocated in order to curb leprosy in Samoa. In the German newspaper, *Samoanische Zeitung* - issued weekly and published in German and English - an article titled "Leprosy" was written by a European author under the pseudonym "Custos" urging the government to segregate Samoan leprosy sufferers. The article revealed a strong belief in a relationship between leprosy and race:

Such being the case it is imperatively necessary - since so many cases of this malady are found here - to take immediate and complete measures to protect the colonists from any further spread of the disease. And surely Samoa, as regards the possibility of finding in its precincts small islands suitable for the purpose is most favourably situated.²⁸⁶

The "protection of colonists" had occurred in other Pacific contexts such as Guam, where state intervention in leprosy control had come about as a protection measure for the United States naval officers, over and above a concern for the Chamorro people.²⁸⁷ Custos suggests leprosy is a "native" disease. This was a belief common or almost universal among

²⁸⁴ A. Bashford and C. Strange, 'Isolation and Exclusion in the Modern World' in Carolyn Strange and Alison Bashford (eds.), *Isolation: Places and Practices of Exclusion*, (New York, 2003), pp.1-19.

²⁸⁵ *ibid.*

²⁸⁶ 'Leprosy', *Samoanische Zeitung*, 26 February 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

²⁸⁷ Hattori, p.70.

Europeans since leprosy had vanished from Europe and had now alarmingly re-emerged in the colonies of the West,²⁸⁸ among mainly African and Chinese populations.²⁸⁹ For Germany, Samoa presented a health threat for the European population. As Pandya and other scholars argue, the existence of leprosy in the colonies was for the West a cause of anxiety because of its possible spread to "civilised" shores.²⁹⁰

Land ownership was crucial for the method of isolation to be effectively implemented. In the Pacific a leprosy colony was established in 1911 in British Fiji on the island of Makogai, purchased by the government for the purpose of isolating leprosy sufferers.²⁹¹ Custos informed readers about Samoan resistance to the government, specifically Samoans in the district of Aleipata, concerning the island of Nu'utele, arguing that the uncooperative Samoans were helping rather than preventing the spread of leprosy.²⁹² Although little information is given on why the Samoans challenged the government, there are several reasons to consider, firstly, conflicting views on land and title ownership between families in the Aleipata district. The "Tafua" case as explained by historian Malama Meleisea is important to consider here. In the Aleipata district the highest *Ali'i* or chiefly titles are *Tafua* and *Fuataga*. In 1900, Solf had ruled on a dispute

²⁸⁸ A. Bashford, *Imperial Hygiene*, p.83.

²⁸⁹ Buckingham, p.152.

²⁹⁰ S. Pandya, 'The First International Leprosy Conference, Berlin, 1897: The Politics of Segregation', *Historia Ciências Saude - Manguinhos*, 10 (1), 2003, pp.161-177.

²⁹¹ 'Leprosy', *Samoanische Zeitung*, 26 February 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

²⁹² *ibid.*

regarding the title of *Tafua* from the village of Salea'aumua, which enabled the simultaneous use of the title by two rival titleholders - Tafua Fa'ausuusu and Tafua Tamatoa - rather than the traditional one.²⁹³ Solf allowed Tamatoa to use the title ceremonially, while all *pule* or authority concerning the title was given to Fa'ausuusu. By 1905, the dispute re-surfaced, Tamatoa had died and was succeeded by his son Uluave and by that time the dispute had been passed to chief justice Erich Schultz. Solf advised Schultz to re-affirm his ruling from 1900. Although Uluave recognised Fa'ausuusu's claim to the Tafua title in 1908, he did not completely renounce his own claims and, "the dispute continued to affect Salea'aumua and the surrounding district for years to come."²⁹⁴ For Samoans, land ownership is connected to chiefly titles and is a complex web of ancestral links. Solf's ruling would have forced re-negotiations among Samoans in the Aleipata district that would have taken time to resolve.

A second probable cause for the Samoan challenge was the perception of the meddling German government, as Samoans were suspicious of the Germans who were "the least trusted among the *palagi*, the 'cloud bursters' from the west. They acquired a reputation for meticulous, even ruthless dealing, when it came to purchasing land and occupying it for plantations."²⁹⁵ The challenge by Samoans in the Aleipata district however,

²⁹³ Meleisea, *The Making of Modern Samoa*, p.70.

²⁹⁴ *ibid.*, p.73.

²⁹⁵ Hempenstall and Mochida, p.54.

reveals their ability to retain rights to their own land even in the face of harsh German rule.

The perceived link between leprosy and poverty had emerged in Europe in the 1860s following research on conditions under which leprosy spread.²⁹⁶ In reference to the kind of person afflicted with leprosy, Custos informed readers that one or two leprosy sufferers had come from poor families who were unable to properly isolate the sick or pay for their board and lodging.²⁹⁷ More directly, poverty was associated with Samoan families, an economic condition which Custos argued required state intervention. In Australia, while the majority of leprosy sufferers had been taken away and confined in a quarantine station or a colony, a few wealthy whites who were able to segregate themselves, remained in their own homes.²⁹⁸ Custos urged the government to make isolation a "public charge" as it was a "public benefit", recommending leprosy sufferers be isolated at a safe place until a leprosy settlement was established.²⁹⁹ Public interest in leprosy indicates a rising fear in regards to its possible spread, particularly for Europeans. The 1909 International Leprosy Conference may have provided more ground for the German government to act on behalf of the population. For the leprosy

²⁹⁶ Buckingham, p.16.

²⁹⁷ 'Leprosy', *Samoanische Zeitung*, 29 January 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

²⁹⁸ Bashford, p.98.

²⁹⁹ 'Leprosy', *Samoanische Zeitung*, 26 February 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

sufferer however, this meant an increasing threat to their geographic space and individual rights.

In a private letter to Governor Erich Schultz, a Samoan man living in Manono requested him to remove a Samoan leprosy sufferer who was living in the village, as he was a danger to the village community since he continued to go to public places. Furthermore, other than taking coconuts from his land to make copra used to feed his pigs, the leprosy sufferer had cut down his coconut tree. In appealing to the Governor, the complainant hoped the leprosy sufferer could be removed to his own land or to the mountains as he feared the spread of the disease to the rest of the village.³⁰⁰ Soon after, the individual in question was added to the list of leprosy patients (twelve in total) to live at the leprosy station once it was established.³⁰¹

This letter strongly suggests that leprosy in this case was used to persecute a person who had violated property rights. In writing to Schultz - who had been chief justice prior to his appointment as Governor - the complainant sought justice concerning the *Sopo tuaoi /Si'i tuaoi* or "Trespassing/Beyond the boundary" of the leprosy sufferer. Writing to the Governor would have ensured a quicker response than was likely from a meeting with the village high chiefs. In contrast to colonial South India where British leprosy control measures were

³⁰⁰ Letter from S. L. to Erich Schultz, 3 August 1912, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁰¹ 'List of Patients' recorded by Sister Marie Henry, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

implemented on a class basis to control leprosy sufferers and to prevent them begging,³⁰² the Samoan leprosy sufferer owned pigs, a sign of a wealthy status and a likely target for a neighbourly grievance. This case also reveals the influence of European ideas about leprosy which Samoans may have used for their own ends.

In a more public display of negative attitudes towards leprosy sufferers, an article concerning "Nofo", a Samoan man with leprosy, was published in the *Samoanische Zeitung* newspaper. According to the unknown author, Nofo was a frequent visitor in the Municipal area of Apia and "an unwelcome sight as his face had a large hole". The author proposes Nofo be exempt from the native poll tax (8 or 12 shillings) with the condition he is no longer seen in Apia, because although Dr Thieme had offered to treat him through the application of fresh strips of skin to eventually make his appearance less frightening, Nofo had refused.³⁰³ Unlike the Manono leprosy sufferer, Nofo was not among the list of patients at the leprosy station. According to the author of the letter the native tax was the root of the problem, therefore exemption was sought to ensure that Nofo would remain outside the Apia town centre. Like the Manono case, the public presence of visible leprosy sufferers had become a concern, and even a medical professional had offered to help Nofo look acceptable.

³⁰² Buckingham, p.51.

³⁰³ Newspaper article in the *Samoanische Zeitung*, 29 November 1912, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

The physical appearance of leprosy sufferers was proof enough for Europeans and some Samoans who recommended segregation away from the community. As Strange and Bashford argue:

"Institutions of confinement, then, have long aimed both to clean up the streets, as it were, and to rehabilitate and normalise those confined in the interests of a hegemonic social order."³⁰⁴

Compared with the Three Power governments of the late nineteenth century who wanted to send leprosy sufferers to an island or away from Samoa, the German government from 1910 sought to establish a leprosy station in Samoa, in the hope of controlling leprosy and the movement of leprosy sufferers.

³⁰⁴ A. Bashford and C. Strange, 'Isolation and Exclusion in the Modern World', p.7.

An Unsteady Alliance between Church and State

Prior to 1912, leprosy sufferers remained in the care of their families.³⁰⁵ Discussions between Catholic Bishop Pierre Broyer and Governor Erich Schultz concerning their care, however, resulted in their eventual removal. Written correspondence between the Roman Catholic Mission and the German government reveals the interchange of power, as both groups had their own motivations for collaboration. Based on a working relationship the nature of this alliance indicates that the government realised the need to pay people to ensure care and control of leprosy sufferers.

Purchasing Land for Confinement

Three areas were proposed by government officials to isolate leprosy sufferers: firstly, the island of Namu'a in the Aleipata district, secondly, Fagafui near Iliili in Falealili and thirdly an area in Falefa called Alia named after the stream running through the property.³⁰⁶ To purchase land the colonial department in Germany delegated the sum of 1500 Marks.³⁰⁷ This figure signifies the importance of isolation and segregation as a leprosy control measure for the German authority in Samoa and in other German colonies. In the Cameroons - a German protectorate since 1884 - a campaign

³⁰⁵ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁰⁶ Notes taken from German archives, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3 held in Nelson Library, Apia, Samoa.

³⁰⁷ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa

against leprosy began in 1911 in order to set up leprosy settlements for the isolation of those with leprosy.³⁰⁸ In German East Africa near the Nyssa district a number of leprosy settlements had been established to confine leprosy sufferers.³⁰⁹

In 1912, the government bought Alia in Falefa from a British consular official Thomas Trood,³¹⁰ who was also a close friend of Bishop Broyer. Previously, Trood was Secretary to the Municipal Council president until Samoa's annexation when he was appointed Acting Vice-Consul for Britain.³¹¹ As Secretary, Trood would have been well informed about the dilemma concerning a leprosy settlement in the nineteenth century. Since Alia was owned by a European, it would have made for an easier "transaction" compared with the challenge faced with the Samoans at Aleipata, previously discussed.³¹²

According to Rev. Lotu Uele, a Samoan pastor who grew up in the village of Falefa, the site of the leprosy station was:

Very steep, somebody showed it to me... when you first curve at the bay between Falefa and then you go like this,

³⁰⁸ H. Rudin, *Germans in the Cameroons, 1884-1914*, (Oxford, 1938), p.348-349.

³⁰⁹ Article by a Moravian nurse, 'Nursing in Mission Stations: Moravian Missions for Lepers', *The American Journal of Nursing*, 9 (9), 1909, p.667-669.

³¹⁰ Notes taken from German archives, Imperial German Government Archives, IG53 (XI, Public Health), 2 a' Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³¹¹ *The Cyclopedia of Samoa, Tonga, Tahiti and the Cook Islands*, p.95.

³¹² 'Leprosy', *Samoanische Zeitung*, 29 January 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

it's very steep, you don't know how these people lived.³¹³ Fagafui was in the Falealili district and discussions by the German government may have re-awoken memories of the unsuccessful nineteenth century talks over the island of Nu'usafe'e. Unlike an island which provided the necessary distance between leprosy sufferers and the wider public, Alia was located in the village of Falefa on the Samoan mainland of Upolu. Although an area of exclusion and isolation, the land ensured a connection with the community was maintained. The financial contributions combined with the network of government officials enabled the German government to purchase land for the purpose of confinement that had earlier proved a difficult endeavour.³¹⁴

Missionary Involvement

The Roman Catholic Mission had arrived in Samoa in 1845. Following the death of Bishop Jean-Armand Lamaze in 1896, French national Pierre Broyer aged 50 years was appointed both Vicar Apostolic of Samoa and Tokelau, and Titular Bishop of Polemonium. His overarching authority assured his involvement in discussions surrounding leprosy care in Samoa. Furthermore, correspondence with the government indicates both the Bishop's power of influence and the government's vulnerability in their need of the mission.

³¹³ Interview between Safua Akeli and Rev. Lotu Uele in Vaiala, Apia, Samoa, 10 October 2005.

³¹⁴ 'Leprosy', *Samoanische Zeitung*, 29 January 1910, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

In February 1912, Broyer accepted the government's proposition to start work on requirements for the proposed leprosy station, such as supervisory staff and necessary building plans.³¹⁵ The reason for the Bishop's acceptance is unclear but there is a suggestion that the Catholic mission had earlier been involved with the care of leprosy sufferers.³¹⁶ Western medicine, according to Worboys, had filtered through to indigenous peoples in European colonies through missionary involvement.³¹⁷ In Fiji, unable to convince the medical and nursing government staff to work with leprosy patients, the British government approached the Roman Catholic Church for assistance, thus leaving the care of leprosy sufferers in the hands of the Sisters of the Missionary Society of Mary.³¹⁸ Missionary involvement in leprosy care was governed by the popular biblical perception of leprosy sufferers, and this rationale provided an opportunity for missionary communities as nearly "all missionaries regarded their work as imitating Jesus' actions, but also directly fulfilling his instructions to those who considered themselves his disciples".³¹⁹ Scholars have argued convincingly that missionary endeavours towards leprosy and leprosy sufferers emerged around the same time as

³¹⁵ Letter from Broyer to Schultz, 12 February 1912. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Leprosy Hospital of Samoa, Microfilm, ATL.

³¹⁶ Letter from Broyer to Schultz, 11 June 1911, Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Leprosy Hospital of Samoa, Microfilm, ATL.

³¹⁷ M. Worboys, 'The Colonial World as Mission and Mandate: Leprosy and Empire', *Osiris*, Annual, 2000, p.207.

³¹⁸ J. Buckingham, 'The Pacific Leprosy Foundation Archive and Oral Histories of Leprosy in the South Pacific', *The Journal of Pacific History*, 14 (1), June, 2006, p.82.

³¹⁹ G. Joseph, '"Essentially Christian, Eminently Philanthropic": The Mission to Lepers in British India', *Historia Ciências Saúde - Manguinhos*, 10 (1), 2003, pp.247-275.

increasing imperialism in the nineteenth century.³²⁰ This meant systems of church and state would inevitably collide or collaborate and in the case of leprosy care in Samoa, these systems did both.

As in the Fijian context,³²¹ two German Sisters of the Third Order Regular of Mary (T.O.R.M) were chosen by Bishop Broyer and his Council to care for the patients, and although there had been talk of two Marist Brothers being involved, it was decided they would remain as part of the schooling system.³²² Chosen for her nursing experience, Sister Marie Henry was appointed Senior Nurse. She was 34 years old and spoke several languages: German, French, English and Samoan. Sister Marie Christine aged 42 years was chosen for her sympathy towards leprosy sufferers; she spoke German, French and Samoan.³²³ Bishop Broyer advocated on the Sisters' behalf and relayed to Governor Schultz five conditions under which the nuns were prepared to work, regarding payment, food provisions, transport, housing and additional staff. More importantly, underlying the conditions of employment was the issue of non-contact with leprosy sufferers, a pledge the Sisters wanted the government to guarantee.

³²⁰ *ibid.*

³²¹ Buckingham, 'The Pacific Leprosy Foundation Archive and Oral Histories of Leprosy in the South Pacific', p.51.

³²² Letter from Broyer to Schultz, 23 August 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³²³ Letter from Broyer to Schultz, 28 July 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

The first of the five conditions was payment of 800 Marks per year, plus food and clothing to be worn while attending to the patients, excluding their religious clothing. Secondly, the division of the Sisters' house into five rooms; two single bedrooms, a little visiting room, a dining room and a chapel for Mass. As a protection against flies and mosquitoes, the Sisters wanted a veranda to surround the house along with a fine iron net. An outside shower house was required with a surrounding net of fine iron or brass, to be used after attending to the leprosy patients, along with a kitchen and lumber room. To maintain Catholic rituals, and for visiting missionaries and Priests to use, the Sisters asked for a small house with one or two rooms, built a small distance from the Sisters' house.³²⁴

Thirdly, as additional help at the leprosy station, two married Samoan wardens were required, who would be responsible for maintaining the leprosy station and having charge over the taro, banana, and yam plantations. In payment, the wardens would receive •5 each per month, plus food, and it was hoped a uniform could be provided to distinguish them from the leprosy sufferers. To help the Sisters, two young Samoan girls were needed, who would not have direct contact with leprosy sufferers. Fourthly, Sister Marie Henry was prepared to maintain responsibility over the leprosy station, provided the

³²⁴ Letter from Broyer to Schultz, 28 July 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

number of leprosy patients did not exceed 20, as she emphasised that any increase in numbers would require a new arrangement. Lastly, the provisions for the leprosy station would be bought and transported to Alia by the government, and any additional Samoan provisions bought in or around Alia could be accepted.³²⁵ Above all, the most important condition was the implementation of the necessary precautions to prevent the Sisters contracting leprosy.

Governor Schultz agreed to all the conditions except the house for visiting missionaries and Priests, as it "exceeded the necessary means for the leprosy station".³²⁶ The total sum granted by the colonial department in Germany for building and furnishing the leprosy station was 25000 Marks.³²⁷ Instead, Schultz suggested a metallic canvas surrounding the house be used as a visiting room or that the missionaries visit Alia in the morning from Falefa and return in the evening.³²⁸ Schultz's response reveals the different perspectives of missionary and government approach to leprosy care. The latter was concerned with its budget and providing the basic needs for leprosy sufferers and staff, while the mission along with the physical care of patients and the health of the Sisters was concerned

³²⁵ Letter from Broyer to Schultz, 28 July 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³²⁶ Letter from Schultz to Broyer, 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³²⁷ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³²⁸ Letter from Schultz to Broyer, 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

with the "spiritual" health of the patients and staff. These differences would increasingly become areas of contention.

Setting Up the Leprosy Station at Alia

Compared to the regional inland leprosy colonies of Sao Paulo, Brazil, where very few resources were given, such as places for leprosy sufferers to live and staff responsible for their care,³²⁹ the leprosy station in Alia received a considerable quantity of financial and human resources. By 1914 there were twelve recorded leprosy sufferers in Samoa, a small number considering the effort invested in setting up a station for their care and confinement. The patients were one German male from the village of Sanapu, accompanied by his Samoan "wife", one Half-caste from Apia, six Samoans from the villages of Vavau, Manono, Salani, Sataoa, and one from the district of Falealili, one Melanesian boy from Sinamoga and two Japanese Half-caste girls one of whom came from Satapuala.³³⁰ Some of their families had followed them to the leprosy station.³³¹ Despite the government's ideals of separation and isolation, the Samoan response was to remain close to their family members, even in death. As Trood had observed, "the Samoans have a strange fancy for burying their dead around their

³²⁹ Y. Monteiro, 'Prophylaxis and exclusion: compulsory isolation of Hansen's disease patients in Sao Paulo', *Historia Ciencias Saude - Manguinhos*, 10 (1), 2003, pp.95-121.

³³⁰ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³³¹ Letter from Broyer to Schultz, 20 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm.

homes".³³² Connection with family members was essential for Samoans so that even death could not part loved ones. Only information pertaining to the leprosy patients' race and village are recorded, while information on age or sex is missing, an indication of what was important for the government in determining their treatment.

Building Segregation

Progress towards the construction of the station was delayed as building plans were finalised between the government and mission. Bishop Broyer had started preparations in early 1912,³³³ and by mid 1913 staff had been selected and conditions of employment submitted to Governor Schultz. In September, Broyer informed the Governor that construction would soon begin.³³⁴ Sister Marie Clotilde of the T.O.R.M, who was based in Falefa, wrote to Broyer that: "The Leprosarium is advancing, there is a Samoan house that has finished and we said that the wood, plans, doors etc etc for the Sisters house have arrived."³³⁵ By early 1914, constructions at the leprosy station were completed. Its physical structures reflected the racial ideologies of German rule since accommodation for patients were organised by race: one section for "White" people and the

³³² T. Trood, *Island Reminiscences: a Graphic, Detailed Romance of a Life Spent in the South Sea Islands*, (Sydney, 1912), p.138.

³³³ Letter from Broyer to Schultz, 15 February 1912. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³³⁴ Letter from Broyer to Schultz, 9 September 1913. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³³⁵ Letter from Sr. Clotilde to Bishop Broyer, 15 March 1913. Micro-Ms-Coll-21, OMPA 36: Catholic Diocese of Samoa and Tokelau - (D.8) Correspondence Broyer with Religious Brothers and Sisters, Microfilm, ATL.

other for "Coloured".³³⁶ Facilities for patients also differed: the Europeans were given one house and the Samoans two, however unlike the European section which had a kitchen, bath, toilet facility and two water tanks, the Samoan section - with two houses and more patients - had only one tank system and one toilet facility.³³⁷ For the nurses, a residential house was built which included a kitchen, bath and toilet facility.

The government emphasis on maintaining a segregated policy echoed the United States policy in Hawai'i, which was "predominantly racial in its operation".³³⁸ Patients were racially segregated on Moloka'i into indigenous Hawaiians, part-Hawaiians and non-Hawaiians.³³⁹ German segregation was consistent with policies of segregation elsewhere, in Australia for example, fences were built and rebuilt at the Woogaroo asylum for the insane to segregate patients from the world outside and to maintain order within.³⁴⁰ Unlike the island of Moloka'i, Alia was an area within a village space, located on the mainland of Upolu, therefore boundaries such as fences³⁴¹ were required to limit the movement of patients thus ensuring safety for the wider public.

³³⁶ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa

³³⁷ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa

³³⁸ Edmond, p.136.

³³⁹ *ibid.*

³⁴⁰ M. Finnane, 'The Ruly and the Unruly: Isolation and Inclusion in the Management of the Insane', in Alison Bashford and Carolyn Strange (eds.), *Isolation: Places and Practices of Exclusion*, (New York, 2003), pp.89-103.

³⁴¹ Letter from Broyer to Schultz, 20 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

Rising Tensions and Circulating Rumours

Growing strain between the mission and government officials began to show early on, concerning the organisation of leprosy care and the increasingly negative reputation of the leprosy station. Quick to subdue hostilities, Bishop Broyer threatened the Sisters' resignation if the government refused to cooperate to ensure staff protection. By March 1914, Sister Marie Henry had moved to Falefa, waiting to establish herself at Alia along with one of the young Samoan girls. Some of the leprosy patients were staying with the T.O.R.M Sisters in Apia and needed advance warning once the move to Alia was confirmed. Sister Marie Christine waited in Moamoa (the Catholic base in Apia) while the two Samoan wardens had arrived in Alia in early March and were awaiting further instructions.³⁴²

Before the move, the Sisters spoke to Judge, Teklenburg who told them that the Samoan wardens would not receive their annual salary of 1200 Marks from the 1st of April, 1914. Broyer and the Sisters were concerned that the wardens would think the Catholic mission dishonest in their promises and seek to leave with their families. Emphasising the difficulty of finding replacements, Broyer insisted that: "These peddled stories a little everywhere in all of Samoa have made a stay

³⁴² Letter from Broyer to Schultz, 13 March 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

in the leprosarium, a very bad reputation."³⁴³ Warning Schultz, Broyer stated that the loss of the wardens would leave the Sisters with no choice but to resign and leave the responsibility of the leprosy station to "other people" than the Catholic mission. Moreover, this would happen if the government held the same opinion as the Judge who had said he "would be more comfortable seeing the leprosarium in the hands of the most skilled and the most disinterested than that of the Sisters".³⁴⁴

From the outset the Sisters were seemingly unpopular with government officials who were quick to point out the financial cost of the leprosy station, rather than understanding the details involved in the care of leprosy patients. As an example of "peddled stories" Broyer relayed to Schultz events relating to one of the wardens. In February 1914, the Governor had informed Broyer that the government would transport the two young wardens to Alia. However, on the day one of the wardens had not turned up as planned because his father-in-law had refused to accept him if he returned to the village - although the father-in-law had not opposed earlier - as "they had heard a lot of stories about the danger of contamination that would incur to all of the people who would stay in the

³⁴³ Letter from Broyer to Schultz, 13 March 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁴⁴ Letter from Broyer to Schultz, 13 March 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

leper's village."³⁴⁵ Unlike several others who had offered themselves and later refused, the young warden had not left as he wanted to fulfil his promise made to Broyer and was ready to leave for Alia.³⁴⁶ The father-in-law's change of heart following the alarming stories of leprosy was a sign of changing Samoan ideas and a shift towards a more popular belief in contagion.

The two Samoan wardens were Mr Savelio from the village of Levi, accompanied by his wife and three children, two girls aged 10-12 years and 2-3 years and one boy of eight months, and Mr Akeli from the neighbouring village of Leauva'a, with his wife and two girls, one aged 15 years and the other one month old.³⁴⁷ What would have inspired or compelled these wardens to move to Alia - along with their families - in the midst of changing Samoan ideas about leprosy? Payment for overseeing the plantations (a job known to Samoans) may have been an incentive plus loyalty to the Bishop indicates some affiliation to the Catholic Church. If tensions between the mission and the government occurred even before the Sisters and their staff had moved to Alia, the move itself would reveal even deeper issues of conflict.

³⁴⁵ Letter from Broyer to Schultz, 26 February 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepa Hospital of Samoa, Microfilm, ATL.

³⁴⁶ *ibid.*

³⁴⁷ As recorded by Sister Marie Henry, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

Fear of "Contact" and Lack of Funding

The standard of construction work at the leprosy station revealed the fear of contact held by workers, and lack of government funding. According to Sister Marie Henry, one of the workers had said: "It's difficult with this exaggerated fright to do serious work."³⁴⁸ In a letter to Schultz, Broyer expressed his disappointment after visiting the leprosy station in June, in particular at the appalling construction of apartments and water basins.³⁴⁹ The outside shower house and cement pool for the purpose of washing clothes had not been constructed properly, the current shower was too small and difficult to open and close, while the galvanised iron sheets had been badly placed so that when it rained, it rained more inside than outside. The bathroom, the most important room for disinfecting clothing - after the Sisters attended to the leprosy patients - needed major improvement. Broyer warned the Governor that if the government was not prepared to spend money on the shower then the Sisters:

despite their desire to continue to devote to this difficult work with the lepers, will be forced to present to me their resignation because they believe staying in Ali in these conditions exposes them unnecessarily, along with the indigenous families to contract the leper's sickness.³⁵⁰

³⁴⁸ Letter from Broyer to Schultz, 20 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁴⁹ Letter from Broyer to Schultz, 20 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁵⁰ Letter from Broyer to Schultz, 20 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

In their effort to secure some influence over their confined way of living, the leprosy patients used Broyer's status and visit to present practical suggestions for the leprosy station. Speaking to the Samoan patients over the fence, Broyer relayed to Schultz their requests: firstly, the construction of a cement pool for bathing inside their huts, a $\frac{3}{4}$ pipe from the stream to supply water to the pool, a tap for drinking water and a shower.³⁵¹ Although Broyer had told the patients that no worker wanted to work in their homes, they were prepared to do the work themselves provided the government supplied four or five barrels of cement and around 300 metres of $\frac{3}{4}$ pipes, as according to the people who knew the land in times of drought, the dyke in the stream was too low and needed to be elevated 50 metres higher because if the drought was a frequent occurrence water would not descend to the dyke. Sister Marie Henry advised Broyer that a drought meant none of the leprosy patients would get water in their houses but the construction of a cement pool and pipes would prevent the patients from descending on the rocks to cross enormous boulders up stream to wash themselves or to draw water to drink. Secondly, the patients wanted a third house for those who were very sick, particularly, those who were close to death. Thirdly, though against Sister Marie Henry's advice, as she wanted the patients to do some work, the patients asked that they be

³⁵¹ *ibid.*

served cooked food already prepared as they did not want to do any cooking.³⁵²

Along with the Samoan patients, the Bishop presented separately the German patient's request. In regard to his Samoan "wife" (whom he had not seen for a while) the German asked that she be released since she did not have leprosy.³⁵³ Broyer had explained to the German patient that the families of the leprosy sufferers had come to Alia on their own accord, implying the unlikelihood of any person leaving the leprosy station, but he promised to convey his request to Schultz. Secondly, the German wanted his own house with two bedrooms and was prepared to pay for it himself if the government was unwilling to do so. Broyer advised Schultz to send the necessary materials for the building and leave the work in the hands of Sister Marie Henry who would find two workers to carry out the work and live with the wardens while doing so. The Sisters would then take food to both the workers and the leprosy patients and the work would be done without "exaggerated haste", since the fear of leprosy had made the workmen work too fast and had resulted in the poor standard of construction work. As a European with money, this ensured for the German a reasonable state of living, particularly as he

³⁵² Letter from Broyer to Schultz, 20 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁵³ *ibid.*

was able to purchase his own list of personal and medicinal items which he paid for himself.³⁵⁴

Provisions

Food supplies were ordered monthly by the Sisters through the Catholic mission for each section of the leprosy station: European, Half-caste and Samoan people. More importantly, provisions had to be supplied from outside. Although food supplies were paid for by the government, it sought to reduce Samoan food expenses. Writing to the patients' families, Governor Schultz explained that the leprosy sufferers had been removed from their families because of the disease and were now under the care of the government. However, Schultz appealed to the families to continue their care of family members by contributing food supplies which would first be checked by officials (this raises questions about what food was actually given) before being given to the patients. The delivery of food was left up to the local authority and under the responsibility of the District administration.³⁵⁵ As a result, in July 1914 four of the patients received food from their families such as taro, a barrel of salt meat, pork, fish and doves.³⁵⁶ Schultz's letter contributes significantly to the understanding of leprosy care, which had been a family concern

³⁵⁴ Letter from Father Huberty to the District Commissioner, 12 or 22 May 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁵⁵ 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁵⁶ *ibid.*

before the removal of leprosy sufferers by the government to Alia, and although government care required continued family connections, non-contact with patients remained crucial. Contributions from families were used effectively to reduce expenses for the government who encouraged the mission to make sure leprosy patients would begin planting their own crops as it would further help reduce expenses.³⁵⁷

The leprosy station had been an expensive task from the outset, with the government paying staff and providing materials and furnishings including the cost of medicine. The Catholic mission also made contributions through items collected from Apia. In May 1914, Father Nicolas Huberty wrote to the District Commissioner on behalf of Sister Marie Henry concerning the possibility of providing a boat to transport goods collected from the Catholic mission to the leprosy station.³⁵⁸ One of the wardens, Mr Akeli, had travelled to Leauva'a at the beginning of May and was able to leave with the boat. Several days earlier, Father Huberty had given police officer Mr Pusch a list of provisions for the German patient and it was hoped everything could be transported together from Apia to Falefa.³⁵⁹ Boats for coastal communities were vital for transporting goods and people, as the isolation of the leprosy station meant greater dependence on water

³⁵⁷ Letter from Dr Schubert to Governor Schultz, Sister Marie Henry and Bishop Broyer, 20 May 1914 IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁵⁸ Letter from Father Huberty to the District Commissioner, 12 or 22 May 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁵⁹ *ibid.*

transport. Father Huberty had written to the District Commissioner since Schultz had earlier agreed that the government would transport goods to Alia.

Networks of Authorities

The colonial geographic connections from Europe to Samoa became more evident where the budget of the leprosy station was concerned. The colonial department in Germany wrote to Governor Schultz for an explanation as to why the original budget of 23500 Marks had been exceeded by 9500 Marks.³⁶⁰

Seeking the help of Dr Keller, the Medical Officer of the Imperial government, Schultz asked for a report stating that the supplementary buildings and other differences from the original plans were in the interest of the patients' health and the wider public, with the goal of effectively isolating and accommodating the leprosy patients.³⁶¹ Furthermore, the budget had been exceeded due to initial underestimations of the costs of building and furnishings and the increase in the number of patients.

Following Dr Keller's report, Schultz wrote to Broyer that the Medical Officer had examined the Samoan woman who had been living with the German patient and identified her as a leprosy

³⁶⁰ Letter from Governor Schultz to Dr. Keller, 26 June 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3 held in Nelson Library, Apia, Samoa.

³⁶¹ *ibid.*

patient.³⁶² In addition, according to Schultz, Dr Keller had carried out a meticulous examination of the leprosy station and noted in his report that following the works to be carried out, future improvements to the leprosy station would not be required. According to Schultz it was:

enough for the good of the sick and the wardens and that the plan of treatment will be given for the Sisters' convenience. I can therefore, hope that... the Sisters will no longer have any reason to express new desires in relation to their home.³⁶³

In agreement with Dr Keller, Sister Marie Henry approved the order to retain the Samoan woman at the leprosy station as she was "contaminated" though she had no visible signs of leprosy.³⁶⁴ However, unlike Dr Keller, Broyer insisted that the leprosy station required continued improvements, particularly the re-location of the Sisters' house from the slope: in time, Broyer argued, the Sisters would have difficulty climbing the hill to their home though they were happy with the proposed improvements.³⁶⁵

Sudden Changes

Not long after improvements were granted on paper, a significant change was made in the administration of the leprosy station. Some time in 1914, according to papers in the

³⁶² Letter from Schultz to Broyer, 26 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁶³ Letter from Schultz to Broyer, 26 June 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁶⁴ Broyer to Schultz, 11 July 1914. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - (D.12) Miscellaneous Papers, (Vo.1) Dossier Lepra Hospital of Samoa, Microfilm, ATL.

³⁶⁵ *ibid.*

German archives, the German leprosy patient was murdered, although details surrounding this event are not among the archive materials. Following the incident immediate changes were made to the administration of the leprosy station. Governor Schultz assigned the administration to Dr Schubert,³⁶⁶ the Deputy Officer of the Imperial District Administration, who informed Sister Marie Henry and Bishop Broyer of the changes to be made.³⁶⁷ The order for food would no longer be made through the Catholic mission but through the District Administration, in the hope patients could grow their own taro and bananas plus the additional contributions from their families in the hope of reducing catering costs.³⁶⁸ In order to determine a new monthly catering rate, Dr Schubert asked for the monthly accounts of food expenses since the establishment of the station. The changeover meant that the purchase, transport and accounting of food for the station were assigned to police officer Pusch under the supervision of Dr Schubert and the Secretary.

To Sister Marie Henry, Dr Schubert requested that all matters pertaining to the administration of the leprosy station be relayed to him. Furthermore, he stated that all orders of food, medicine, tools etc., were to go through the District Administration and not the Catholic mission. He advised Sister

³⁶⁶ Dr Schubert organised the beginning of a 'Leprosy Station' file and an inventory account which has been crucial for this chapter.

³⁶⁷ Letter from Dr Schubert to Governor Schultz, Sister Marie Henry and Bishop Broyer, 20 May 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁶⁸ IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

Marie Henry to report on the health of patients and important incidents that may occur at the station.³⁶⁹ On behalf of the Catholic mission Father Huberty acknowledged Dr Schubert's letter and wrote that the mission would submit everything concerning the administration of the leprosy station.³⁷⁰

Although Dr Schubert had informed the mission of the changes, two months later Governor Schultz himself wrote to Sister Marie Henry and Bishop Broyer in July asking if the Catholic mission could continue - until further notice - to obtain the goods ordered by the Senior Nurse for the leprosy station, although the transport of goods would remain under the order of the District Administration with all bills including goods purchased by the Catholic mission to be handed over to the District Administration.³⁷¹ With emphasis to Sister Marie Henry, Schultz explained that as details of expenses were checked by the audit office in Germany, he asked that household spending be limited and advised that after consultation with Dr Keller, the following catering rates had been set monthly for each person until further notice: for the nurses and white patients the rate was 150 Marks, for the Half-caste patient 90 Marks and for the Samoan orderlies, maids and patients 30 Marks each.³⁷² Personal items such as dental hygiene and other toiletry articles, clothing and tobacco were not to be

³⁶⁹ *ibid.*

³⁷⁰ Letter from Father Huberty to Dr Schubert, 25 May 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁷¹ Letter from Governor Schultz to Bishop Broyer, 29 July 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa.

³⁷² *ibid.*

purchased using official funds. Schultz asked Sister Marie Henry to instruct the Catholic mission not to charge non-refundable items to the government account.³⁷³

Correspondence between the government and the mission ended suddenly with the occupation of Samoa by New Zealand naval forces in August 1914. However, the administration of the leprosy station remained under the charge of the Catholic mission through the Sisters. The leprosy patients living at the station as recorded by the New Zealand Medical Officer, were: one German, one Melanesian, one British-Samoan Half-caste, and nine Samoans.³⁷⁴ The two Japanese Half-caste girls were probably labelled as Samoans.

Conclusion

Unlike the Three Power governments of the nineteenth century, German rule over Samoa enabled the establishment of a leprosy station with the help of the Roman Catholic Mission. The work of Sisters Marie Henry and Marie Christine of the Third Order Regular of Mary (T.O.R.M.) had been initiated and supported by Bishop Broyer who advocated on behalf of the Sisters and leprosy patients for improved conditions. Areas of disagreement soon developed during the establishment of the station, causing tensions between the government and mission. On several occasions, Broyer warned Schultz that the lack of improvement would result in the resignation of the Sisters who

³⁷³ *ibid.*

³⁷⁴ Report by Dr J. Armstrong, *AJHR*, 1924, A-4a, pp.7-8.

were concerned at the unnecessary exposure to leprosy for both themselves and their staff. The Sisters were concerned with the different measures involved in caring for the patients, such as required staff, water, construction of facilities, payment, food provision, transport and contact with leprosy sufferers. However, the government sought a quick remedy to remove and confine the patients in a designated area and although both groups agreed on the method of isolation, conditions pertaining to health and safety became an area of frustration.

The racial organisation of leprosy patients was an indication of their treatment: the Samoan patients had had to rely on the government to provide construction materials while the German patient, who had money, received backing from the Catholic mission to construct his own house. Although Sister Marie Henry contacted the mission for supplies, the government paid all the accounts and emphasised the need to be frugal with funds as the purchase of goods was charged to the administration account.

With the end of German Samoa and the beginning of the New Zealand military occupation, the isolation of leprosy patients remained the method of treatment, however this time it was implemented through the further removal of leprosy sufferers to the island of Nu'utele in 1918 and later their transfer to Makogai in Fiji in 1922.

Chapter Four

"CLEANSING" WESTERN SAMOA

According to the New Zealand *Handbook of Western Samoa* (1925), leprosy patients "were removed to the Leper Station in Makogai in Fiji, leaving Western Samoa practically clean of this disease."³⁷⁵ This chapter examines the British-New Zealand approach to leprosy care following the occupation of Samoa by New Zealand military forces in 1914 and the administration of Samoa as a Mandated Territory in 1920. It essentially re-evaluates the removal of leprosy patients to the island of Nu'utele in 1918 and later Makogai in 1922. As it had for the Germans, Samoa provided the opportunity to demonstrate British colonial power and New Zealand's ability to govern. I examine New Zealand health policies and their impact on Samoa, specifically the classification of leprosy as an "infectious disease", and the network and levels of authority involved in organising leprosy care and the implications for leprosy patients.

In four years, New Zealand managed to negotiate the transfer of patients to Makogai, in contrast with the unsuccessful appeals in the late nineteenth century for patients to be transferred to Hawai'i or Tonga. During New Zealand administration, Samoa would undergo a "cleansing process" not only from leprosy but also the remains of German rule.

³⁷⁵ *Handbook of Western Samoa*, (Wellington, 1925), p.92.

New Zealand Military Administration

On 29 August 1914 the New Zealand division of the Royal Navy left Wellington "on a wave of enthusiastic patriotism".³⁷⁶ Led by Colonel Robert Logan, it peacefully seized the western islands of Samoa. Logan assumed responsibility as Military Administrator, governing by 1918 "some 38,000 Samoans and another 1,500 Europeans, of whom over one-third were Germans".³⁷⁷ For the Chinese in Samoa, the impact of New Zealand administration was immediate, since from 1914 to 1920 an estimated 1,200 Chinese were sent home. These were Chinese labourers whose contracts had expired³⁷⁸ (or were about to), and their removal was partly influenced by Samoan attitudes towards the Chinese, particularly those who were involved with Samoan women.³⁷⁹

In 1899, New Zealand Premier Richard John Seddon had protested when Britain pulled out of Samoa, leaving the potential colony in the hands of the United States of America and Germany.³⁸⁰ New Zealand pushed for Samoa and other German colonies to join Great Britain, especially since New Zealand resented German intrusion in what was believed to be a British area of

³⁷⁶ M. Boyd, 'The Military Administration of Western Samoa 1914-1919', *New Zealand Journal of History*, 2 (2), 1968, pp.148-164.

³⁷⁷ D. Munro, 'Logan, Robert 1863-1935', *Dictionary of New Zealand Biography*, vol. 3, 1901-1920, pp.279-281.

³⁷⁸ B. Liua'ana, 'Dragons in little paradise: Chinese (mis)fortunes in Samoa, 1900-1950', *Journal of Pacific History*, 32 (1), June 1997, pp.29-48.

³⁷⁹ Boyd, 'The Military Administration of Western Samoa 1914-1919', p.154.

³⁸⁰ Boyd, 'New Zealand and the Pacific' in Keith Sinclair (ed.), *The Oxford Illustrated History of New Zealand*, second edition, (Auckland, 1996), p.296.

influence.³⁸¹ Although Logan viewed Samoans as children, the administration adopted a relaxed attitude, a vast difference from the more paternalistic German system. This *Laissez-faire*³⁸² position however, would later prove a great cost for Samoa.

In New Zealand at the turn of the century, the 1900 Public Health Act established the Department of Public Health, which emphasised measures of protection rather than care and treatment. Moreover, it centralised medical initiatives including the direction of health for the Maori population.³⁸³ Prominent Maori doctors and other leaders, such as Maui Pomare, Peter Buck and Apirana Ngata, campaigned for reforms in Maori health and their initiatives were largely received with a positive response from the Maori community.³⁸⁴ Although Public Health shifted to a state responsibility in New Zealand, and included health reforms for Maori, advocated by Maori, health care in Samoa initially remained largely the same as it had been under German rule, particularly as the colony was governed by an "inexperienced"³⁸⁵ military unit, who were the first real contact between New Zealand and Samoans.³⁸⁶ The only change at the Apia Hospital during military administration was the establishment of a female ward for Samoans.³⁸⁷

³⁸¹ Boyd, 'The Military Administration of Western Samoa 1914-1919', p.158.

³⁸² Boyd, 'The Military Administration of Western Samoa 1914-1919', p.153.

³⁸³ D. Dow, *Maori Health & Government Policy 1840-1940*, (Wellington, 1999), p.92.

³⁸⁴ R. Lange, *May the People Live: A History of Maori Health Development 1900-1920*, (Auckland, 1999), p.188.

³⁸⁵ Boyd, 'The Military Administration of Western Samoa 1914-1919', p.151.

³⁸⁶ M. Field, *Black Saturday: New Zealand's Tragic Blunders in Samoa*, (Auckland, 2006), p.42.

³⁸⁷ Report by Dr J. Armstrong, *AJHR*, 1924, A-4a, p.9.

Leprosy Station Lacking Provisions

New Zealand occupation interrupted proposed improvements for the leprosy station agreed in June of 1914 between Governor Erich Schultz and Bishop Broyer. According to the New Zealand Medical Officer, the leprosy sufferers living at Alia were one German, one Melanesian, one British-Samoan Half-caste, and nine Samoans.³⁸⁸ Retaining the arrangement with the German administration, the patients remained under the care of the Catholic mission, staffed by the Sisters of the Third Order Regular of Mary (T.O.R.M).

In August 1915, a year into military administration, provisions for the leprosy station became an issue. Commissioner of Police, F. Nash, wrote to the Sister in charge - following advice from the Principal Medical Officer - that a policeman would order one of the stores in Falefa to supply the station until provisions arrived from Apia.³⁸⁹ This arrangement had been approved by both Father Bellwald and Major Dawson and the order list would be checked with the traders account and given to Father Bellwald. Nash enclosed a letter ordering the *Pulenu'u* of Falefa to provide labour to transport the goods by land or sea to the leprosy station. The

³⁸⁸ *ibid.*

³⁸⁹ Letter from Commissioner of Police, F. Nash to Sister in Charge of Leprosy Station, 20 August 1915. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

repatriation of the Chinese had disorganised matters as no launch was available to transport goods.³⁹⁰

Following a visit from Sister Marie Christine to Apia, Bishop Broyer relayed the state of the leprosy station relating to the issues of a shed for a church service, the need for segregation between males and females, and water and food provisions, the latter essential for the leprosy station to function.³⁹¹ Over four months, the stream providing water had dried up, even high in the mountains, forcing the Sisters to travel over an hour to a little bay on the coast of Falefa to fetch water. One of the Half-caste patients who had recently died had had a terrible ulcer which attracted a number of flies. Without water patients suffered as their wounds could not be cleaned.³⁹²

In addition, food provisions for the leprosy station had not arrived from Apia for more than a month. The Samoan food had been exhausted and some patients had taken taro and bananas without the Sisters' permission. According to Broyer, the issue of transporting goods had negative implications for the Sisters who suffered attacks from patients due to the lack of

³⁹⁰ Letter from Commissioner of Police, F. Nash to Sister in Charge of Leprosy Station, 20 August 1915. Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

³⁹¹ Letter from Bishop Broyer to Robert Logan, 5 November 1915, Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

³⁹² *ibid.*

provisions.³⁹³ Broyer warned Logan that if conditions were not improved by 1916, the Sisters would resign. By November 1915, Logan informed Broyer that a new location had been sought to re-locate the leprosy patients, this time the island of Nu'utele in the Aleipata district.

Organising Removal to the Island of Nu'utele

Responsibility for the organisation of the leprosy station for both staff and patients clearly lay with the New Zealand administration. Logan wrote to Broyer concerning the removal of patients to another site:

It is my intention to remove the Leper Station from its present site to one which I am certain will prove much more suitable and this will overcome most of the difficulties which have been experienced in the past. When that is done, the question of separate enclosures for males and females will not be forgotten.³⁹⁴

Apologising for the shortage of water and provisions for the station, the administrator also expressed that "no one recognises more than I do the magnificent work which she [Sister] and her assistants are doing there".³⁹⁵ Logan's letter reveals a preventative approach towards leprosy, emphasising

³⁹³ Letter from Bishop Broyer to Robert Logan, 5 November 1915, Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

³⁹⁴ Letter from Robert Logan to Bishop P. Broyer, 9 November 1915: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

³⁹⁵ Letter from Robert Logan to Bishop P. Broyer, 9 November 1915: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

confinement to prevent contact with the public and the aim of controlling the leprosy population. The location of Falefa and the apparent lack of proper "enclosures" to ensure patients remained in the station, added more weight to the re-location to Nu'utele supported by medical authorities. On a visit to Alia, the Principal Medical Officer relayed to Logan his concerns:

the enclosure consists of only three strands of barbwire, which is no earthly use as a preventative either of ingress or egress: in fact, I understood from the Sister in Charge that to the best of her belief a Chinaman in the enclosure has got out from time to time and even gone in to Apia. This will of course be impossible in the new station, the completion of which should be expedited to the utmost.³⁹⁶

The Chinese man could have left the station for various reasons; perhaps to see friends or family, purchase goods, as a defiant gesture against his confinement or to maintain his sense of normality in the community. Whatever the reason, this report was likely to have prompted the administration to finalise the removal process. Evidently, the island of Nu'utele would become the enclosure, keeping patients confined and away from public and familiar places.³⁹⁷

In March 1916 the Chief Surveyor and Commissioner of Lands, Norman Macdonald, informed Broyer that on instruction from Logan, he would carry out a report on the condition of the

³⁹⁶ Memorandum from Principal Medical Officer to the Administrator of Samoa, 31 August 1919.

³⁹⁷ Details of how Nu'utele was acquired are not among the archives. I was told through an informal conversation with Fa'afetai Sagapolutele, a family member connected to the owners of Nu'utele, that Logan had purchased part of the island. 16 October, 2005.

leprosy station in order "to take immediate steps to ameliorate the unsatisfactory conditions now existing, modified by the consideration of an early removal of the station".³⁹⁸ In addition, Broyer's letter to Governor Schultz of 1914 would be used as a guideline for the works to be done. In reply, Broyer advised that Father Bellwald would accompany Macdonald on his visit to Alia in April.³⁹⁹

According to Sister Marie Christine, "all the sick were happy to go to Nu'utele," but recognised that the patients were incapable of re-building their houses because of their wounds, particularly as no-one was willing to work in their huts, an issue Sister Marie Christine hoped could be prevented on the new site.⁴⁰⁰ Meanwhile, although awaiting news on the proposed station, a European leprosy patient aged 20 years had arrived from Tutuila, American Samoa.⁴⁰¹ By now Sister Marie Christine was close to 50 years old and in several letters to Broyer, she urged the Bishop to indicate a time for her retirement since walking had become difficult because of an injured foot.⁴⁰²

³⁹⁸ Letter from Norman Macdonald to Bishop Broyer, 13 March 1916: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

³⁹⁹ Letter from Bishop Broyer to Normand Macdonald, 18 March 1916: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

⁴⁰⁰ Letter from Sister Marie Christine to Bishop Broyer, 6 September 1916: Micro-Ms-Coll-21, OMPA 36: Catholic Diocese of Samoa and Tokelau - (D.8) Correspondence Broyer with Religious Brothers and Sisters, Microfilm, ATL.

⁴⁰¹ Letter from Sister Marie Christine to Bishop Broyer, 22 October 1917: Micro-Ms-Coll-21, OMPA 36: Catholic Diocese of Samoa and Tokelau - (D.8) Correspondence Broyer with Religious Brothers and Sisters, Microfilm, ATL.

⁴⁰² *ibid.*

A year later, in November 1917, proposals were submitted for a leprosy station at Nu'utele.⁴⁰³ In mid 1918, Logan asked Father Bellwald to recruit four men to live on the island under the control of the Sisters and to suggest wages for their work. Although Logan approved the residence of a Catechist on the island the appointee would not receive payment from the administration.⁴⁰⁴ This was a contrast with German Governor Erich Schultz's earlier refusal to erect a house to accommodate visiting missionaries to the leprosy station in Falefa.

In June 1918, Logan visited Nu'utele along with Father Bellwald and Norman Macdonald.⁴⁰⁵ Although the patients had been removed to the island, continued improvements were needed such as a motor-boat for easy communication with the mainland (also useful for regular visits by the Chaplain), a poultry yard for the nurses, houses and a bathing place for the Samoan attendants, and furniture for the nurses homes. There was the possibility of re-using materials from Alia that could be transferred to the island.⁴⁰⁶ The move to Nu'utele was a

⁴⁰³ Proposals for Leprosy Station at Nu'utele, 17 November, 1917: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

⁴⁰⁴ Letter from Robert Logan to Father Bellwald, 31 May 1918: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

⁴⁰⁵ Letter from Robert Logan to Father Bellwald, 5 June 1918: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

⁴⁰⁶ Memo to Commissioner of Works, _ September 1918: Micro-Ms-Coll-21, OMPA 40: Catholic Diocese of Samoa and Tokelau - Correspondence with other

significant one, since the nineteenth century colonial and German governments had been unsuccessful in acquiring land from Samoans, particularly in the Aleipata district. As a new colonial power in Samoa, New Zealand was most likely successful in acquiring Nu'utele because it did not have a political history with the Samoans.

Epidemic Consequences

In the same year that the leprosy patients were removed to Nu'utele, the devastating worldwide influenza epidemic hit Samoa, killing 7,542 people.⁴⁰⁷ Tragically: "Western Samoa, in the worst single episode of the epidemic, lost 22% of its people within a matter of weeks".⁴⁰⁸ Following the epidemic, the *Fono a Faipule* had only 7 surviving members from a total of 31.⁴⁰⁹ In New Zealand, the Maori death toll was 2,160 from a population of 51,000, and Maori were seven times more likely to die from influenza than Europeans.⁴¹⁰ The New Zealand Administration - specifically Colonel Logan - were held responsible for their failure to quarantine the "Talune" which had left the ports of Auckland and Suva after being issued a clean bill of health.⁴¹¹ Moreover, Logan's refusal to receive help offered from American Samoa - which was free of the

Political Powers and Miscellaneous Papers, Inventory items D.11. 1-3; D.12. 1-3, Microfilm, ATL.

⁴⁰⁷ Boyd, 'The Military Administration of Western Samoa 1914-1919', p.161.

⁴⁰⁸ S. Tomkins, 'The Influenza Epidemic of 1918-19 in Western Samoa', *The Journal of Pacific History*, 27 (2), 1992, pp.181-197.

⁴⁰⁹ Field, p.50.

⁴¹⁰ G. Rice, *Black November: The 1918 Influenza Epidemic in NZ*, (Christchurch, 2005), second edition, p.159.

⁴¹¹ Tomkins, p.185.

epidemic - added to the grounds for his dismissal and growing Samoan discontent. Consequently, Logan blamed Samoans for the high Samoan death rate, stating that "when a person got ill, the rest closed all the shutters in a fale[house], wrapped up and lay beside the sick person".⁴¹²

The *Auckland Star* newspaper reported:

The worst was that no effort was made to isolate the infected districts from the others. Strange to say, the leper station at Neuatele[Nu'utele], which is only a short distance from the mainland, has not been affected.⁴¹³

Ironically, an effort had been made to quarantine leprosy patients, going as far as isolating them on Nu'utele, but the same effort for the general public against the influenza had not been made, with very severe results. This was a clear indication of the priority of leprosy on the administration's list and a sign of a strong belief in its contagiousness. Unlike the rapid and unexpected pace of the influenza epidemic, leprosy is both slow and visible.

New Zealand Military administration ended in 1919 following the end of the First World War. Through the League of Nations, Samoa was governed as part of the Dominion of New Zealand as a class "C" mandate in order to "promote to the utmost the material and moral well being and the social progress of the

⁴¹² Field, p.52.

⁴¹³ 'Epidemic in Samoa. No Proper Quarantine. Administration Blamed. U.S. Territory Immune', *Auckland Star*, 10 January 1919, p.4.

inhabitants of the territory".⁴¹⁴ Following the tragedy of the influenza epidemic and rising Samoan dissatisfaction, Logan was replaced by Colonel Robert Ward Tate who became the first civil administrator, arriving in Samoa in May 1920. Sadly, Bishop Broyer died in 1918, before the epidemic struck, and was succeeded by French national, Bishop Joseph Darnand who became the new Vicar Apostolic for Samoa until his retirement in 1953. Unlike Broyer's, Bishop Darnand's role in leprosy care was minimal.

Implementing Health Control

In New Zealand, the aftermath of the influenza resulted in the drafting of the Health Act of 1920, which "radically" restructured the Health Department into seven divisions: hospitals, public hygiene, nursing, child welfare, Maori hygiene, school hygiene and dental hygiene.⁴¹⁵ New Zealand, along with the world, was shaken by the influenza and sought to reform health care,⁴¹⁶ not only in New Zealand but also in its colonies.

In Samoa, the New Zealand civil administration had two goals, firstly to build a medical service that was accessible to all throughout Samoa, and secondly to develop preventive and

⁴¹⁴ D. Oliver, *The Pacific Islands*, (Cambridge, 1952), p.156.

⁴¹⁵ Rice, p.254.

⁴¹⁶ G. Rice, 'The Making of New Zealand's 1920 Health Act', *New Zealand Journal of History*, 22 (1), 1988, pp.3-22.

educational work.⁴¹⁷ In 1921 a Board of Health was established and Samoa was divided into seven areas, the Apia Hospital was enlarged and a well equipped laboratory installed. In addition - following German plans - Samoan girls and a few young Samoan men were taken in for training as nurses and Native Medical Practitioners (NMP's).⁴¹⁸ The move towards restructure would include the leprosy station at Nu'utele, especially since leprosy was categorised as an "infectious disease", which needed to be effectively and economically managed.

Medical and Missionary Disagreements

Concerns were raised about the issue of medical and missionary authority over the leprosy station. In a letter reviewing the situation at Nu'utele in 1921, the Auditor in Samoa informed the Auditor General in Wellington of the management of the station by the Catholic mission who were caring for the nine patients, six of whom were living in the station; two Half-castes, three Chinese, one Rarotongan and three Samoans living outside the site.⁴¹⁹ The two Sisters were each paid •40 annually by the administration along with three Samoan attendants who were each paid •5 per month. Food and medicine were purchased by the mission though paid for by the administration, with the mission receiving the cash discount, a result of an arrangement made with a permanent Medical Officer. During 1919

⁴¹⁷ Keesing, pp.379-385.

⁴¹⁸ *ibid.*

⁴¹⁹ Letter from Auditor of Samoan Administration to Controller and Auditor General in Wellington, 2 August 1921, IT 1 ex 8/8 pt. 1: Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

to 1920, the amount paid out for the upkeep of the station was •1196.9.6 and the Auditor raised concerns that the management was expensive, especially since it was the administration that was paying for the maintenance of the station.⁴²⁰

Relations between the New Zealand administration and the Catholic mission had become strained by 1921, and although the government acknowledged the expensive management of the station, there was a reluctance to disturb the situation, particularly as the mission threatened to withdraw care for the patients if the administration did not allow the continual purchase of goods without an order and for the mission to retain the cash discounts.⁴²¹ Vouchers were used for the purchase of food and medical supplies as well as for the payment of salaries for staff. The Treasurer explained to Colonel Tate that previously, the vouchers had been certified by the Chief Medical Officer, who had no hand in the regulation of supplies and was unwilling to sign vouchers. The payment of salaries for the Sisters and the three Samoan attendants was the responsibility of the administration, but regulations on the purchase of goods did not exist. Furthermore, the mission insisted the administration pay the full amount while they received the cash discount from the

⁴²⁰ *ibid.*

⁴²¹ Letter from Auditor of Samoan Administration to Controller and Auditor General in Wellington, 2 August 1921, IT 1 ex 8/8 pt. 1: Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

Burns Philp company,⁴²² an Australian firm specialising in retail and wholesale business which had opened several branch stores in the South Pacific.

The events in Samoa were relayed to New Zealand, and Tate advised Ernest Lee, the Minister of External Affairs, that the situation at the leprosy station was "unsatisfactory".⁴²³ The nuns who were caring for the leprosy patients at the station obtained supplies through the Catholic authorities in Apia. However, medical authorities complained that the management was extravagant and as they had no control they refused to sign vouchers which Tate had to sign himself. Tate communicated to Lee the strained relationship between the medical and missionary staff, though he recognised the government dependence on the mission until arrangements for the transfer of patients to Fiji were confirmed. Tate urged that a quick resolution be reached stating that if it was declined, the station at Nu'utele "must be reorganised" particularly since it is "probable that we might lose the services of the Roman Catholic Sisters".⁴²⁴ While the relationship between the administration and the mission remained on an unstable level, negotiations with Fiji began in 1920 for the removal of patients from Samoa to the Makogai leprosy colony, Fiji.

⁴²² Letter from Treasurer to Robert Tate, 14 October, 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴²³ Letter from Robert Tate to E.P. Lee, 13 November, 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴²⁴ Letter from Robert Tate to E.P. Lee, 13 November, 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

Nu'utele a Costly Endeavour

Nu'utele was far from being the more "suitable site" promised by Colonel Logan five years earlier in 1915. As an alternative, New Zealand Prime Minister, William Massey, urged Lord Liverpool, the New Zealand Governor-General, to communicate with Fiji on the matter of transferring the leprosy patients from Samoa to Makogai. The reasons given were the problematic isolation of Nu'utele:

The cost of maintaining this leper station is excessive...it is impossible to give the patients that skilled medical supervision and attention which the sufferers from this dread affliction receive at the very excellent institution established by the Fiji Government at Makogai.⁴²⁵

Nu'utele was seen as suitable in 1915 as it was off the mainland of Samoa, effectively implementing the concept of "out of sight and out of mind". However, the transfer to Makogai provided an opportunity for the New Zealand administration to, in the literal sense, "clean up" their image, tarnished by the 1918 influenza epidemic. Massey assured Cecil Hunter Rodwell, the Governor of Fiji, that the Samoan administration "will of course be glad to pay whatever yearly charge is made for their maintenance and treatment".⁴²⁶ However, a year later in 1921, Colonel Hutchen - one of the New Zealand officials in Samoa - complained to the New Zealand

⁴²⁵ Letter from William Massey to Lord Liverpool, 24 June 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴²⁶ Letter from William Massey to Lord Liverpool, 24 June 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

External Affairs Office that the longer the leprosy patients remained in Samoa, the more the expenses of the upkeep of the station increased, costing the administration •1200 per year.⁴²⁷ Hutchen hoped the cost of maintenance for the patients in Fiji would not exceed •500 per year.⁴²⁸ The lack of availability of transport to transfer patients indicated the heightened fear of leprosy, adding to the increasing expenses and an indication of the perceived stigma of leprosy.

Removal to Makogai

Although the transfer of leprosy patients to Makogai was initially a financial issue for New Zealand, the medical treatment of leprosy sufferers was also expressed as an important factor in the transfer. In reply to Colonel Hutchen, who urged the "expedient" transfer of patients to Fiji due to rising costs of caring for the patients, J. D. Gray, the Secretary to the Minister of External Affairs, commented on the transfer of patients to Fiji:

Apart altogether from the question of expense the change is absolutely necessary as a matter of common humanity, because the unfortunates have a chance of recovery under the treatment they get at Makogai.⁴²⁹

Perhaps this was a genuine concern for some New Zealand government officials, but others were not so convinced. Medical Officer of Health, Dr Thomas Ritchie, Chief Medical

⁴²⁷ Letter from Hutchen to J.D. Gray, 29 October 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴²⁸ *ibid.*

⁴²⁹ Letter from J.D. Gray to Hutchen, 11 November, 1921, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

Officer in Samoa⁴³⁰ - who accompanied the patients on the transfer trip from Samoa to Makogai - wrote to Colonel Tate to send an official visitor to Makogai each year as "such an arrangement would indicate that Western Samoa took some interest in its Lepers apart from signing a cheque each year for their maintenance."⁴³¹ Most New Zealand officials viewed their role as "Helpers" of those afflicted with leprosy. This idea played an important function in the negotiations with Fiji, which effectively meant the patients were helpless "Sufferers" who required care and treatment. The New Zealand administration had identified the financial cost of a leprosy station in Samoa, however they were prepared to finance the leprosy patients at Makogai, outside Samoa. Essentially, this was the important goal for the New Zealand administration, to remove leprosy - a disease that represented a backward society - from the new colony and to ensure a clean image of a "Western" Samoa.

Exaggerations and New Zealand Urgency

As a strategy for the transfer request to Fiji, New Zealand government officials were inclined to make exaggerations in the hope of removing leprosy patients from Samoa, including statements such as the "very excellent institution established

⁴³⁰ D. Dow, *Safeguarding the Public Health: A History of the New Zealand Department of Health*, (Wellington, 1995), p.154.

⁴³¹ Letter from Dr. T. R. Ritchie to Hutchen, 14 September 1922, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

by the Fiji Government at Makogai"⁴³² and "seven lepers and two contacts now in the charge of the Administration of Western Samoa."⁴³³ New Zealand emphasised that through the occupation of Samoa they had inherited everything under German rule, including the leprosy situation.

The Fiji proposal was a prime example of the benefits of British colonial power, since Britain had taken possession of Fiji in 1874, and thus had almost 50 years of governance and influence. This established British control in Fiji made possible an arrangement with the New Zealand administration for the transfer of leprosy patients from Samoa. By the 1920s, Makogai had gained a reputation throughout the South Pacific, and the New Zealand Governor-General "was eager that Samoa's leprosy sufferers should benefit from the care available at Makogai" in comparison to the costly maintenance of the station at Nu'utele.⁴³⁴ In 1921, other Pacific Islands sought agreement with the Fiji government to send leprosy sufferers to Makogai.⁴³⁵ Thus, in 1923 the Colonial Advisory Medical and Sanitary Committee in Fiji backed suggestions for the centralised care of leprosy sufferers at Makogai from British colonies in the Western Pacific.⁴³⁶ Though concerns circulated about the reputation of Makogai, it was believed that the

⁴³² Letter from William Massey to Lord Liverpool, 24 June 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴³³ Letter from C. H. Rodwell to Lord Liverpool, 29 July 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴³⁴ Sister Stella, *Makogai: Image of Hope, A Brief History of the Care of Leprosy Patients in Fiji*, (Christchurch, 1978), p.72.

⁴³⁵ J. Morris, *They Came to Makogai*, (Dip. in Social Science, University of Victoria, Wellington, 1956), p.9.

⁴³⁶ Stella, p.73.

centralised care of leprosy sufferers from British colonies "would enhance rather than harm" Makogai's reputation.⁴³⁷

In 1920 the New Zealand External Affairs Office, which strongly backed the transfer of patients, continued to push for the acceptance of the transfer request. Massey urged Lord Liverpool in June to write to the Governor of Fiji, "asking if his Government will be good enough to provide for, and to undertake the treatment at the Leper Asylum of Makogai, Fiji".⁴³⁸ In November, the Samoan administration sought confirmation from New Zealand on the transfer request, but no word had returned from Fiji on the decision.⁴³⁹ Again writing to the newly appointed Governor-General Lord Jellicoe in December, Massey urged him to send another cablegram on the topic of the transfer.⁴⁴⁰ Massey's persistence and involvement in recommending the acceptance of the Fiji transfer shows that leprosy was a pressing issue not only for the New Zealand government but especially for the New Zealand Prime Minister. Why did Massey push for the transfer? Perhaps the Prime Minister hoped to transfer New Zealand leprosy patients to Makogai (which indeed happened in 1925) if patients from Samoa were accepted.

⁴³⁷ *ibid.*, p.75.

⁴³⁸ Letter from William Massey to Lord Liverpool, 24 June 1920. Archive: IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922 (Y6/1920)

⁴³⁹ Letter from J. D. Gray to the Administration, 24 November 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁴⁰ Letter from William Massey to Lord Jellicoe, 9 December 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

Conditions of Acceptance to Makogai

On 15 December 1920, the Governor of Fiji C. H. Rodwell outlined the conditions under which the leprosy patients were to be transferred and accommodated at the Makogai establishment. Five points were emphasised: firstly, the seven leprosy patients in Samoa would be temporarily housed for three months until buildings were erected at a cost of •800, the expenses paid for by the Samoan administration. Secondly, the Samoan contacts were not accepted (these were Samoan people who were living with leprosy patients but did not have leprosy). Thirdly, the transport of patients was the responsibility of the Samoan administration, but if difficulties arose the government of Fiji could arrange the transport at the cost of the Samoan administration, if further notice was given. Fourthly, the cost of maintenance and treatment per year were calculated according to the nationality of the patient: Half-castes •70, Chinese •60, Samoan and Rarotongan •40. Fifthly, advance notice would be required for any further additional patients to be accommodated at Makogai as arrangements would need to be made for additional buildings.⁴⁴¹

The Fiji proposal was supported by medical authorities outside Samoa. Dr Robert Makgill from the New Zealand medical service

⁴⁴¹ Letter from C.H. Rodwell to Lord Jellicoe, 15 December 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

- who drafted the 1920 Health Act⁴⁴² - recommended the Samoan administration accept and pay the cost of erecting the buildings at •800.⁴⁴³ As the advisory officer, Dr Makgill relayed to the administration the issue of transport as he suspected the Union Steamship Company would not allow leprosy patients on board, suggesting that: "Perhaps a schooner with Samoan crew could be chartered for the purpose."⁴⁴⁴

In late December of 1920, Secretary J. D. Gray advised Ernest Lee, the Minister of External Affairs, to accept on the basis of the conditions outlined and their acceptability to the Samoan administration.⁴⁴⁵ Gray assured Lee that the medical authorities in Samoa would also be consulted if they considered the offer satisfactory,⁴⁴⁶ and Lee replied asking Gray to "hold over decision... until after the [Christmas] holidays"⁴⁴⁷ due to concerns over cost estimates. By January 1921, Lee approved the offer.

Following Lee's approval, Lord Jellicoe despatched the acceptance of the offer to Fiji - on behalf of the Samoan administration, the New Zealand External Affairs department and at the urging of William Massey - but advised that the

⁴⁴² Rice, 'The Making of New Zealand's 1920 Health Act', p.185.

⁴⁴³ Letter from Dr. Makgill to Samoan Administration, 21 December 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁴⁴ Letter from Dr. Makgill to Samoan Administration, 21 December 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁴⁵ Letter from J.D. Gray to E.P. Lee, 23 December 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁴⁶ Letter from J.D. Gray to E.P. Lee, 23 December 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁴⁷ Memo from E.P. Lee to J.D. Gray, 24 December 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

method of transport would be confirmed at a later date.⁴⁴⁸ In 1921, the request for the transfer and accommodation of leprosy patients from Samoa to Makogai was confirmed, but it would be at least a year before the leprosy patients were transferred.

Stigma and Fear

The acceptance of the Fiji proposal had taken place in 1921, with the matter of transport yet to be settled. However, the urgency of transferring patients and the lack of available transport soon became a mounting issue. As outlined by the Governor, Fiji was prepared to arrange transport for the patients, at the cost of the Samoan administration.⁴⁴⁹ Earlier, Dr Makgill had advised the administrator about the possible transport setback as the Union Steamship Company would be unlikely to permit passage for the leprosy patients. The suggestion of a schooner crewed by Samoans was a possibility,⁴⁵⁰ although there is no evidence of any follow through on this point. In terms of transport, the New Zealand External Affairs Office advised the administrator to

ask the Fiji Government to send their steamer right to Samoa at your cost... Both Dr. Makgill and the Fiji authorities say that there is absolutely no danger of infection if precautionary measures are taken... so far as

⁴⁴⁸ Letter from Lord Jellicoe to C.H. Rodwell, 21 January 1921, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁴⁹ Letter from C.H. Rodwell to Lord Jellicoe, 15 December 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁵⁰ Letter from Dr. Makgill to the Samoan Administration, 21 December 1920, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

a boat like the "Navua" is concerned, we would find it difficult to overcome the sentimental prejudice.⁴⁵¹

In October 1921, Colonel Hutchen from the Samoan administration informed New Zealand that the patients had not yet been transferred due to transport difficulties. As Dr Makgill had predicted, the Union Steamship Company had refused to carry the patients.⁴⁵² Hutchen hoped the "Tutanekai" (which was a New Zealand government ship) would call into Samoa on its way to Niue at the end of the year, possibly taking the leprosy patients to Fiji: "If the Government will not carry them it can hardly expect anybody else to do so. Unless the Government is likely to be [illegible] this seems the best way of getting rid of them."⁴⁵³ Hutchen argued that the delay meant the rising expense of keeping the patients at Nu'utele.⁴⁵⁴ Ernest Lee approved the "Tutanekai" calling into Samoa only, "if the ship is suitable, endeavour to stipulate transfer of lepers".⁴⁵⁵ On further advice to Hutchen, J. D. Gray explained that: "Unless you can get Burns Philp or Capt. Allen to do the work, I see very little prospect of any ship coming to your assistance from this end."⁴⁵⁶ New Zealand urgency regarding the removal of the leprosy patients the year before

⁴⁵¹ Letter from J.D. Gray to Administrator of Samoa, 22 December 1920, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁵² Letter from Hutchen to J.D. Gray, 29 October 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁵³ Letter from Hutchen to J.D. Gray, 29 October 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁵⁴ *ibid.*

⁴⁵⁵ Telegram from E.P. Lee to Samoan Administration, 26 November 1921, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁵⁶ Letter from J.D. Gray to Hutchen, 26 November 1921, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

seemed to diminish in the face of the lack of practical assistance for the Samoan administration. Their role was to conduct negotiations and secure a resolution of the Fiji proposal, but the issue of transport remained unresolved.

By February 1922, the Quarterly Report for the Health Department in Samoa recorded that due to transport delays the leprosy patients remained in Samoa, almost a year since the Fiji proposal had been accepted.⁴⁵⁷ Meanwhile, five additional persons afflicted with leprosy had been discovered, making a total of six leprosy sufferers, excluding the patients at the Nu'utele leprosy station,⁴⁵⁸ which was unable to house the new patients. Furthermore, additional expenses would be pointless as the patients were awaiting transfer to Fiji. The department recognised that they "could not be left at large."⁴⁵⁹ This official report reflected the New Zealand attitude towards leprosy patients and the urgent push for their removal to Makogai ensured their confinement away from both Samoa and New Zealand.

In order to discover any further leprosy sufferers, the health authorities sought to commence a medical survey on the bigger island of Savai'i.⁴⁶⁰ On reading the Quarterly Report from Samoa,

⁴⁵⁷ Extract from the Quarterly Report of the Health Department, 28 February 1922, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁵⁸ *ibid.*

⁴⁵⁹ Extract from the Quarterly Report of the Health Department, 28 February 1922, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁶⁰ *ibid.*

Ernest Lee enquired of Colonel Tate as to whether transport for the transfer of patients could be arranged, especially as additional cases had been discovered. Lee reiterated the fact that "there seems to be no possibility of arranging this transport at this end".⁴⁶¹ The Minister's letter revealed that communication between government officials in Samoa and the New Zealand External Affairs Office had broken down a year earlier.

Two months later on 10 May 1922, Hutchen informed the External Affairs Office of the arrangement with the government of Fiji for the additional leprosy sufferers to be accommodated in different portions of the hospital.⁴⁶² The Chief Medical Officer had recorded the "known" leprosy patients in Samoa as the following: two males and three Samoan females, two males and one Half-caste female, one Rarotongan male and three Chinese males.⁴⁶³ These figures indicated a growing number or at least an undiscovered number of leprosy patients in Samoa, adding to the seven patients to be taken to Makogai. In addition, and much to the relief of the New Zealand External Affairs Office, the Burns Philp Company had agreed to carry the leprosy patients to Fiji on the "Maota" in July.⁴⁶⁴

⁴⁶¹ Letter from J.D. Gray to Administrator of Samoa, 20 March 1922, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁶² Letter from Hutchen to E.P. Lee, 10 May 1922, IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927, Archives New Zealand.

⁴⁶³ *ibid.*

⁴⁶⁴ *ibid.*

Humanitarian Attitudes

Before the transfer of leprosy patients in 1922, Makogai Medical Superintendent, Dr Phillip Harper, appealed to the New Zealand Minister of External Affairs in 1921 for support towards the Makogai Christmas Day Fund to provide the 230 patients with gifts and prizes for the festive season.⁴⁶⁵ Dr Harper informed the government that one of the three European patients at the establishment was a New Zealander, and emphasised the expected eleven patients from Samoa, further strengthening support for the appeal.⁴⁶⁶ In response, Ernest Lee extended the appeal to the New Zealand public and the transport of donations and gifts were secured by the help of L. D. Nathan & Co. Ltd Shipping Company.⁴⁶⁷ The New Zealand Office informed the Samoan administration of the appeal and suggested that the people of Samoa might also want to make a contribution.⁴⁶⁸ Moreover, as the staff of External Affairs were contributing to the appeal, it was put to the Cook Islands administration that:

As your Department is also interested in the Pacific, I bring the matter under your notice in the event of your staff wishing to make any contribution.⁴⁶⁹

⁴⁶⁵ Letter from Dr. Phillip Harper to Lord Jellicoe, 7 August 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁶⁶ *ibid.*

⁴⁶⁷ Draft article for the 'Auckland Press' newspaper, 8 September 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁶⁸ Memorandum from J.D. Gray to Samoan Administration, 12 September 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁶⁹ Memorandum from J.D. Gray to Cook Islands Administration, 12 September 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, Archives New Zealand.

Alfred Nathan, director of L. D. Nathan & Co. Ltd, suggested to Lee that "the Agents of the various Overseas and Intercolonial Shipping Companies might be approached individually with regard to making contributions" as it was a worthy cause.⁴⁷⁰ Nathan assured the Minister that the articles and donations would be delivered to Makogai in November in the hope of arriving before Christmas Day. Furthermore, the gifts would likely be delivered "freight free" by the Union Company.⁴⁷¹ On receiving the donations, Dr Harper expressed heartfelt thanks for the gifts of "tobacco, cigarettes, pipes, fittings for model yachts, magazines and books of all sorts"⁴⁷² that had arrived four days before Christmas. Ironically, due to transport difficulties, while support and assistance for the appeal had been successful, the transport for leprosy patients from Samoa to Makogai continued to face delays.⁴⁷³ In addition, the appeal revealed the colonial relationships formed concerning the area of leprosy, which seemed to unite the British colonies in the Western Pacific.

⁴⁷⁰ Letter from Alfred Nathan to E.P. Lee, 13 October 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁷¹ *ibid.*

⁴⁷² Letter from Dr Phillip Harper to Governor-General, 28 December 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

⁴⁷³ Letter from Hutchen to J.D. Gray, 29 October 1921, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

Makogai: Solving the "Pacific" Leprosy Problem

In Fiji, at the start of the twentieth century, there were approximately 1500 leprosy sufferers out of a population of 100,000, who were perceived as a "menace" by the public - particularly by Europeans - these leprosy sufferers were isolated on the island of Beqa in 1900.⁴⁷⁴ Along with the fear of increasing numbers of leprosy sufferers and unhygienic conditions on Beqa,⁴⁷⁵ residents pushed for the government to further isolate leprosy sufferers in the interests of public health.⁴⁷⁶ In 1908, the Fiji government bought Makogai to establish a leprosy asylum, with a hospital included, staffed by the Roman Catholic Sisters of the Missionary Society of Mary because of their nursing experience.⁴⁷⁷

The transfer of leprosy patients to Makogai was an opportunity for New Zealand to distance the stigma and expense of leprosy from their area of governance. The earlier removal of patients from Upolu to Nu'utele in 1918 was an indication of how New Zealand viewed leprosy treatment, especially since a leprosy colony had been established in New Zealand on Quail Island in Lyttleton Harbour. Isolation and segregation were the approaches adopted, largely influenced by the International Leprosy Conferences of 1897 and 1909. Moreover, medical and

⁴⁷⁴ Morris, p.7.

⁴⁷⁵ *ibid.*, p.8.

⁴⁷⁶ Stella, p.29.

⁴⁷⁷ *ibid.*, p.38.

missionary authorities of the British empire were active participants and followers of leprosy in their colonies and would have expected similar leprosy control methods as carried out in the homeland.

The first trip to Makogai took place on 21 July 1922 and the second trip on 1 August. The *New Zealand Herald* applauded the marked improvements in Samoa, specifically the transfer of patients to Makogai, claiming that "the problem of the lepers... had recently been solved."⁴⁷⁸ It also stated that:

The present arrangement... would not only secure for the afflicted a better chance of recovery, but would also effect considerable savings on the former methods of treatment.⁴⁷⁹

Public opinion concerning leprosy in Samoa was benevolent, seeking to help leprosy patients who were perceived as both a social and financial "problem" since their presence in Samoa meant a physical reminder of a "backward" society. Dr Ritchie accompanied the patients on both trips to Makogai and described the journey to and from Samoa. Temporary partitions had been fixed on the "Maota" to prevent contact between patients and crew members, and the isolation and comfort of patients was satisfactory on both trips.⁴⁸⁰ The patients embarked with their luggage from Nu'utele and the "Maota"

⁴⁷⁸ Extract from the New Zealand Herald newspaper, 'Conditions in Samoa', 17 August 1922, IT 1 ex 8/12 pt.1 Medical - General, Samoa, Archives New Zealand.

⁴⁷⁹ Extract from the New Zealand Herald newspaper, 'Conditions in Samoa', 17 August 1922, IT 1 ex 8/12 pt.1 Medical - General, Samoa, Archives New Zealand.

⁴⁸⁰ Report by Dr. Ritchie to Administrator of Samoa, 1 September, 1922, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

sailed directly to Makogai, arriving on 26 July. The second contingent arrived on 8 August, after leaving Samoa seven days before, and on arrival the temporary constructions were taken down and given to the patients for their own use. The part of the ship used by the patients was disinfected before the ship left for Suva.⁴⁸¹ Dr Ritchie had carried out precautionary measures to ensure non-contact between leprosy patients and the crew.

Dr Ritchie reviewed the number of leprosy patients and nationalities admitted since Makogai opened in 1911, in a report for New Zealand's Division of Public Hygiene written in 1922. In eleven years, there had been a total of 757 persons: 267 Indians had been sent back to India, 164 patients had died, 56 patients had been discharged and 270 remained at Makogai.⁴⁸² The majority, 139 in total, were Fijian males, while across all nationalities males had the higher number of leprosy cases at 220 compared to 50 females. The large number of repatriated Indians had reduced the number of leprosy patients significantly. The categorisation of patients under "Polynesian" makes identification of patient nationalities difficult. In addition, it is unclear whether the discharged patients were "cured", along with the question of whether they were returned to their families or to a medical institution.

⁴⁸¹ *ibid.*

⁴⁸² Report from Dr T.R. Ritchie to Division of Public Hygiene, 14 September 1922, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

Arranging Segregated Accommodation

The housing arrangements were based on patient nationalities as it was an essential part of housing expenses for accommodation purposes at Makogai. The Governor of Fiji advised Lord Jellicoe that he "would be glad to know nationalities so that estimated cost of permanent housing can be furnished."⁴⁸³ The precise racial categorisation of patients implies hierarchy not only on a racial level but also an economic one, with the Europeans and Half-castes paying at a higher rate over the Chinese, in particular the Samoan and Rarotongan patients. The implication was that the economic status of the Samoan and other Islanders was at a lower level, whereas the Chinese who had been imported as indentured labourers were presumed able to afford a higher rate but not as high as the Europeans and Half-castes who were at the top of the hierarchy.

In May 1922, the known persons with leprosy in Samoa, including the new persons recently identified were: two male and three Samoan females, one Rarotongan male, three Chinese males, two Half-caste males and one female, a total of twelve patients.⁴⁸⁴ The housing arrangements applied to those who were able to live on their own outside of the hospital. Over half

⁴⁸³ Letter from Governor of Fiji to Lord Jellicoe, 1 March 1921. Archive: IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927 (Y32/1921)

⁴⁸⁴ Letter from Col. Hutchen to Department of External Affairs, 10 May 1922. Archive: IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927 (Y62/1922)

of the patients lived in the hospital and it was probable that at least some of the patients from Samoa would live in the hospital for their treatment.⁴⁸⁵

The three Chinese and five Samoan patients lived separately in the same type of house which included a veranda, each at the cost of •380.16.0. For the Rarotongan male and the two Half-castes, one house was erected at a lower cost of •285.12.4.⁴⁸⁶

The European male houses had one suite with two veranda rooms and one inner room, sharing the outhouses, these houses were available for one male European or male Half-caste of "good stamp and suitable physical condition". Two empty detached houses were available for three Europeans or Half-castes to be offered to those from Samoa.⁴⁸⁷ There were three houses available for the Chinese patients from Samoa, situated in the town named "Ra Lailai" where the Chinese and Rotuman patients were housed.⁴⁸⁸

The removal of leprosy sufferers from Alia in Falefa, to the island of Nu'utele and finally to Makogai in Fiji reveals an ongoing journey for those with leprosy. Always confined and separated, the leprosy sufferers and their moves remained under the radar of those in authority in Samoa, New Zealand

⁴⁸⁵ Letter from Col. Hutchen to Department of External Affairs, 10 May 1922. Archive: IT 1 ex 8/8 pt. 1: Medical - Leper Station Samoa and Fiji, 1920-1927 (Y62/1922)

⁴⁸⁶ Letter from W.C. Simmons to Hon C.S.?, 1 December 1921. Archive: IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922 (Y54/1921)

⁴⁸⁷ Letter from Dr. Phillip Harper to District Engineer, 18 November 1921. Archive: IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922 (Y51/1921)

⁴⁸⁸ Letter from Dr. Phillip Harper to District Engineer, 18 November 1921. Archive: IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922 (Y51/1921)

and Fiji. Unlike Falefa and Nu'utele which were within Samoa, Makogai was an extreme measure of treatment and care.

Conclusion

During New Zealand military and civil administration, leprosy care in Samoa was largely propelled by the stigma associated with leprosy and the fear felt about the spread of the disease which gave rise to the cleaning up process. In eight years, New Zealand re-located leprosy sufferers from Alia in Falefa to Nu'utele and later to Makogai in Fiji as the administration sought to rid Samoa of leprosy and what it represented.

The centralised care of Samoan leprosy sufferers shifted off-shore under the Fiji government, along with those of other island groups. New Zealand's role in Samoa and at home was the provision of finance to support the care and treatment of leprosy sufferers. The leprosy patients were ultimately "invisible" and "voiceless" during their confinement as missionary involvement in their care gradually decreased and was taken over by the administration. The arrangement with the Fiji government continued until the closure of Makogai in 1963 due to improved methods of treatment for leprosy and changing public opinion about the stigma associated with leprosy colonies. This was a far cry from the rationales which had earlier pushed for the removal of leprosy sufferers away from Samoa.

Conclusion

GATHERING STONES

This thesis examined the history of leprosy management in Samoa from 1890 to 1922. Although largely a narrative history, it considers a variety of issues: race, church and state, colonialism and indigenous relations, health and illness. As stated in the introduction, the history of leprosy management in Samoa has not hitherto been documented and this thesis opens up a new area of research relating to leprosy management in the Pacific. Moreover, it seeks to provide some insight into Samoan culture by looking at the way illness was managed.

In Samoa from 1890 to 1922, the leprosy sufferer and Samoans in general endured a cycle of exclusion. This was consistent with international policy on leprosy management at the time. Following the decision of the 1897 International Leprosy Conference, the principal method of leprosy control implemented in colonial and non-colonial contexts was the segregation and isolation of leprosy sufferers.⁴⁸⁹ However, as this thesis has shown, Samoan culture treated differently those with leprosy. Samoans emphasised the importance of maintaining kin relationships which in Samoan understanding is part of the healing process. The practice of close contact with the sick traditionally takes precedence over the emphasis of isolation because of a disease.

⁴⁸⁹ Pandya, p.175.

The complex political dynamics and cultural encounter involved in leprosy work in Samoa occurred against a background of European colonialism. Colonial medical development emphasised strategies to control leprosy and the leprosy sufferer in terms of race, rather than cure and treatment. The removal of leprosy patients away from both their families and Samoa continued throughout the periods of colonial administration and foreign control over Samoa. Moreover, the fear of contagion was propelled in part by the fact that leprosy was believed to be incurable and the mode of transmission was largely unknown.

Anxiety about leprosy was widespread within the European population in late nineteenth century Samoa following the death of Father Damien in Hawai'i in 1889. This European anxiety became inseparable from anxiety about race as Hawaiians became seen not just as a source of leprosy but as a threat to Europeans who might contract the disease from them. In the light of Father Damien's death, the expulsion of Hawaiian citizens was, according to the European government, the obvious means of curbing leprosy in Samoa.

After repatriating Hawaiian citizens from Samoa in 1891, the nineteenth century colonial Three Power governments of Germany, the United States of America and Great Britain sought to remove non-Hawaiian leprosy sufferers from Samoa to Hawai'i and Tonga. When this failed to eventuate, they sought to send leprosy sufferers away from the Samoan mainland to Rose island and

Nu'usafe'e. In 1912, Germany established a leprosy station in Alia in the village of Falefa, in collaboration with the Roman Catholic mission. New Zealand removed leprosy sufferers to the island of Nu'utele in 1918 and negotiated their removal to Makogai leprosy colony in 1922. During the three periods of colonial rule in Samoa, the colonial governments pushed for the isolation and exclusion of leprosy sufferers. This was carried out away from the Apia district where the majority of Europeans lived. Leprosy sufferers were separated from Europeans within the Samoan Islands and then removed off-shore.

In 1896 the "Isolation of people with leprosy" law was passed in Samoa. This legislation had come about as a consequence of conflicting views and understandings of leprosy control between the Samoan and European governments. In addition, the colonial Three Power governments could not agree on the appropriate method of leprosy control. Consequently, the regulation sought to establish some certainty by marking out a legal barrier to control those with leprosy. This had occurred even when the Three Power governments had evaded responsibility for the Samoans who were leprosy sufferers, by trying to send them to Hawai'i and Tonga. The confinement of leprosy sufferers was made possible across the colonial periods through negotiation with other colonial governments such as the United States in Hawai'i, and Great Britain in Fiji.

Underlying government and missionary approaches to leprosy care was the fear of contracting leprosy. This was the issue pushed mainly by the European public, and one which they insisted the German government had to prevent. The missionary and state alliance over the welfare of leprosy sufferers had some restrictions since the care of leprosy sufferers required a non-contact approach. For the German and New Zealand governments, the administration of Samoans involved the management of their health, and the physical construction of the leprosy stations at Alia, Nu'utele and Makogai reflected the racial ideologies that informed the administration of health. Furthermore, the identity of the leprosy sufferer underwent constant construction and re-construction as medical authorities influenced state policies for their confinement and exclusion on the basis that they were perceived to be a "danger" to the wider public.

Isolation proved an ambitious goal that required attention to details concerning provisions, housing, staff, location and medicine. These details were overlooked to a large extent by the colonial governments who were more concerned with limiting their financial burden. Isolation as understood by Samoans was a strange method of care, particularly for loved ones since maintaining connection with family and land was and remains an important cultural custom. For Samoans not even death can part connections with kin.

The association of leprosy with specific groups, people and places was evident in the nineteenth century when leprosy was internationally categorised in 1897 as a disease of "beggars and vagrants". This categorisation extended beyond class to racial boundaries as indigenous Hawaiians and the Chinese were perceived to be a source of leprosy and a threat to its potential spread. In Samoa, the medical metaphor of the "guest" and the "host"⁴⁹⁰ played out socially as it became difficult to distinguish between the two. Ultimately, the Samoans were both "guest" and "host", the first in terms of their undermined status in Samoa and the latter as perceived carriers of leprosy.

Even though leprosy reflected and participated in the divisions between the "colonised" and the "coloniser" in Samoa, the Samoans managed to retain power over ownership of their own land. This is significant since during the nineteenth century and German rule, a large part of Samoan land was owned by the German DH&PG firm. By 1889 the civil and foreign wars over the *Tafa'ifa* titles according to the Europeans had been curbed. The idea of kingship was abolished by Dr Solf in 1900 and traditional Samoan rivalry over the titles ended with the death of Mata'afa Iosefo in 1912. Ultimately, Samoan authority was largely excluded in the development of colonial responses to leprosy and used only as a last resort to support colonial objectives.

⁴⁹⁰ Robertson, p.5.

The events leading up to the sending of Samoan leprosy sufferers to Makogai reveal both a paranoid European climate of thinking and the changing Samoan responses to leprosy and the leprosy sufferer. In all colonial periods, the leprosy sufferer was targeted and excluded from a society increasingly aware of their presence and what it represented for them. The Samoan concept of *Asia*, the act of visiting was severely curbed with the isolation and segregation of leprosy patients. As a practice of maintaining connection and relationships with kin and land, methods to control leprosy through segregation and isolation hindered the important links that visiting in Samoan custom made possible. The colonial and foreign management of leprosy in Samoa affected traditional Samoan life, and this change was reflected in the way Samoans related to leprosy sufferers. The lament *Le Manutagi e* illustrates the power of the experience of separation from loved ones which came with European ideas of leprosy and its management.

Appendix

(1)

Expenses for Samoan food in July of 1914:⁴⁹¹

DATE	FOOD PROVISIONS	COST
2 July	120 taro, 12 baskets of bananas, 1 basket of leaves	37 Marks
9 July	120 taro, 12 baskets of bananas, 1 basket of leaves	37 Marks
16 July	120 taro, 12 baskets of bananas, 1 basket of leaves	37 Marks
23 July	120 taro, 12 baskets of bananas, 1 basket of leaves 50 Pfennig	36 Marks
28 July	400 taro plants	28 Marks
30 July	110 taro, 12 baskets of bananas, 1 basket of leaves	35 Marks
	300 taro plants	21 Marks
TOTAL		231 Marks 50 Pfennig

⁴⁹¹ July 1914, IGGA, IG53 (XI, Public Health), 2 a 'Lepers', Volume 2/3, Nelson Library, Apia, Samoa

(2)

Nationality	Sex: M = Male : F = Female	Number of cases
Samoan	4 M : 3 F	7
Chinese	8 M : 0 F	8
Rotuman	3 M : 2 F	5
Indian	9 M : 1 F	10
Polynesian	53 M : 4 F	57
Fijian	139 M : 37 F	176
Half-caste	2 M : 2 F	4
European	2 M : 1 F	3
TOTAL	220 M : 50 F	270

Table 1. Nationalities, Sex and Number of leprosy patients at Makogai for the year 1922 based on the report by Dr Thomas Ritchie, Medical Officer of Health.⁴⁹²

⁴⁹² Report from Dr T.R. Ritchie to Division of Public Hygiene, 14 September 1922, IT 1 ex 8/12 pt.1 Medical - General, Samoa, 1920-1922, Archives New Zealand.

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