

NARRATIVES AND DOCUMENTS

Cleansing Western Samoa: Leprosy Control during New Zealand Administration, 1914–1922

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ABSTRACT

When New Zealand military forces occupied Sāmoa in 1914, there were 12 recorded leprosy sufferers isolated in a leprosy station established by the Imperial German government in the village of Falefa. By 1918, the leprosy sufferers had been relocated to the island of Nu‘utele, off the east coast of Upolu. Four years later in 1922, the patients were transferred to the Fiji leprosy colony on the island of Makogai. Drawing largely on archival, song and oral records, this paper focuses on the years from 1918 to 1922 and examines the network of authorities involved in the care of leprosy sufferers and the policies of the New Zealand administration to keep Sāmoa ‘clean’ of the disease. This care and these policies led to the ‘Makogai solution’, which, as fragments of songs and oral histories indicate, was for decades to haunt those left behind in Sāmoa.

Key words: Sāmoa, leprosy, Hansen’s disease, New Zealand, Falefa, Nu‘utele, Makogai, isolation

In the early hours of Thursday, 21 July 1922, the first group of leprosy sufferers from Sāmoa embarked on the steamship *Maota* from the island of Nu‘utele, off the east coast of Upolu, where they had been living in isolation since 1918 (see [Figures 1–3](#)). The patients left with their belongings and were accompanied by Chief Medical Officer Thomas Ritchie and a small crew of Sāmoans. Under Ritchie’s guidance, temporary partitions had been fixed to the *Maota* to separate the crew from the patients. The ship sailed straight for the leprosy colony on Makogai Island in Fiji, arriving five days later on 26 July

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FIGURE 1: Nu'utele Island from Upolu, Sāmoa, 2006. Photo: Norma Akeli.

1922.¹ The second contingent arrived on 8 August. Following this trip, the partitions were taken down and given to the patients for their own use. Then the *Maota* was disinfected before departing from Makogai for Suva.² Back in New Zealand, the *New Zealand Herald* applauded the transfer of patients from Sāmoa to Makogai, claiming that ‘the problem of the lepers ... had recently been solved’.³ In a similar vein, the *Handbook of Western Samoa* (1925) reported that the leprosy sufferers ‘were removed to the Leper Station in Makogai in Fiji, leaving Western Samoa practically clean of this disease’.⁴ As these publications show, leprosy was highly stigmatized, a disease that required dramatic isolation and ultimately deportation in order to cleanse the nation. The following lament was composed in the 1960s by a man from the village of Faleula, whose brother was diagnosed with leprosy and taken to Makogai.⁵

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

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

¹ For a history of Makogai, see Sister Mary Stella, *Makogai: Image of Hope, A Brief History of the Care of Leprosy Patients in Fiji* (Christchurch: Lepers' Trust Board, 1978).

² Report by Dr Thomas Ritchie to Administrator of Samoa, 1 Sept. 1922, Archives New Zealand, Wellington (hereinafter ANZ), IT 1 ex 8/12 pt 1.

³ Extract from ‘Conditions in Samoa’, *New Zealand Herald*, 17 Aug. 1922, ANZ, IT 1 ex 8/12 pt 1.

⁴ New Zealand Government, *Handbook of Western Samoa* (Wellington: Government Printer, 1925), 92.

⁵ Pers. comm. Galumalemana Hunkin, 9 Mar. 2007 in Wellington, New Zealand.

Matua e, se'i ala maia po'ō fea le tama *Dear parents awaken and find the boy*
Po'ō moe po'ō tafao i le taulaga? *Is he sleeping or has he gone to town?*
Saili ane ma su'e atu i Vaitele *Search for him at Vaitele*
Ae leai ua te'a ese ma Aele *For he has gone from Aele*

E ui na maua lou tino i le ma'i *Even though you have this sickness*
Pe le o vai po'ō Ali'i foma'i *It may have been the Doctor's medicine*
To'aga pea ile tatalo to'atasi *Keep on praying*
E le pine ona maua lona tali *Soon your prayer will be answered*

As this lament and recollection illustrate, New Zealand's agreement, in 1921, to relocate leprosy patients from Sāmoa to Makogai had consequences for Sāmoan families as well as patients for decades to come. While the first leprosy patients were removed directly from Nu'utele to Makogai in 1922, soon after diagnosed patients were housed in the Apia hospital before transfer to Fiji. Vaiouga Levi, a Sāmoan medical doctor who worked with leprosy patients, recalled this scene at the hospital:

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.⁶

In presenting this archival, song and oral record, this paper retraces the nature of leprosy management under New Zealand's early administration of the country. Although the patients were first removed to Makogai in 1922, the transfer had been under discussion since 1920. Arrangements involving the New Zealand government, the administration in Sāmoa and the Fiji government had taken some time to negotiate, as had the acquisition of a vessel and crew to supervise and transport the patients. In the initial eight years of its administration, New Zealand had been able to relocate leprosy sufferers first to Nu'utele Island – something that had been unsuccessfully attempted by the colonial powers in the 19th century and the Imperial German government from 1900. The network of authorities who were party to the care of leprosy sufferers included government officials, medical doctors and missionaries. Influenced by colonial agendas and by the social stigma associated with leprosy, they all provided a strong rationale for the removal of patients offshore. While this policy reveals a continued cycle of isolation and exclusion, Sāmoan responses to the disease changed significantly under the new colonial regime, most noticeably through the acquisition of Nu'utele Island.

UNDERSTANDING LEPROSY IN 19TH-CENTURY SĀMOA

Historical understandings of leprosy in Europe were overlaid with moral and religious ideas of 'punishment' and 'uncleanliness'. This, together with emerging ideas about

⁶ Interview between author and Dr Vaiouga Levi, 15 Oct. 2005 in Apia, Sāmoa.

the disease and contagion in the 19th century, contributed to the misunderstanding of leprosy in the South Pacific.⁷ The first written observation of leprosy in Sāmoa was by missionary John Williams of the London Missionary Society (LMS) in 1830. He described the disease as ‘frightful’ where ‘the extremities are gradually eaten away till at times the poor unfortunate individual has neither toe or finger ear or nose left’.⁸ Fifty years later in 1884, LMS missionary George Turner observed that leprosy had, according to the Sāmoans, been significantly reduced.⁹ In the late 19th century, Methodist missionary George Brown recalled:

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.¹⁰

Several names were given to leprosy during this period, including *supe*, which Bolton Corney, medical officer in Fiji, stated was the Sāmoan term for the disease.¹¹ In the 19th century, LMS missionary and linguist George Pratt recorded leprosy as *lepela* in his dictionary, a transliteration of ‘leprosy’ which, in Sāmoan, refers both to the disease and the person afflicted.¹² Around the same time, German ethnologist and physician Augustin Krämer recorded *tofi* as the Sāmoan term.¹³ The definition of *tofi* in Pratt’s dictionary was to split up, to divide and to give inheritance or appointment. At least linguistically, it appears that by the 19th century, the Bible and/or European ideas about separation and isolation had influenced Sāmoan attitudes toward the disease and the person afflicted.

Nineteenth-century observations by Europeans provide insights into Sāmoan behaviour towards leprosy sufferers. Originally, as Brown observed, this was to remain close to the sick.¹⁴ Sāmoans in the early contact period associated illness with *aitu*

⁷ The Bible includes many references to ‘leprosy’, including Leviticus 13; Numbers 12: 1–10; Saul Brody, *The Disease of the Soul: Leprosy in Medieval Literature* (London: Cornell University Press, 1974), 11; Burnside Foster, ‘Leprosy and the Hawaiian Annexation’, *The North American Review* 167:502 (1898): 300–5; Pennie Moblo, ‘Blessed Damien of Moloka‘i: The Critical Analysis of Contemporary Myth’, *Ethnohistory* 44:4 (1997): 691–726.

⁸ John Williams cited in R. Moyle, ed., *The Samoan Journals of John Williams, 1830 and 1832* (Canberra: Australian National University Press, 1984), 234.

⁹ George Turner, *Samoa, a Hundred Years Ago and Long Before* (Suva: Institute of Pacific Studies, USP, 1984 [1884]), 137.

¹⁰ George Brown, *Melanesians and Polynesians: Their Life-Histories Described and Compared* (London: Macmillan, 1910), 182.

¹¹ Bolton Corney, ‘Leprosy Stones in Fiji’, *Folklore* 7:1 (1896): 5.

¹² G. Pratt, *A Grammar and Dictionary of Samoan Language with English and Samoan Vocabulary*, 4th ed. (Papakura: R. McMillan, 1984), 286.

¹³ Augustin Krämer, *The Samoa Islands: An Outline of a Monograph with Particular Consideration of German Samoa*, trans. T. Verhaaren, 2nd ed. (Auckland: Polynesian Press, 1994), 130.

¹⁴ Brown, *Melanesians and Polynesians*, 182.

(spirits), and thus sought to appease the gods to ensure safety and well-being.¹⁵ However the concept of isolation or separation in Sāmoan understanding, at least in the 19th century, was closely and painfully associated with banishment and punishment. This meant that isolation as a method to control leprosy directly contradicted Sāmoan ways of caring for the sick which often involved *fofo* (massage) and *tapu'aiga* (moral support) through prayers by family members in the home.¹⁶ European authorities used exile as a dreaded method for punishing Sāmoans. Prominent Sāmoans to endure this colonial penalty included *matai* (high chiefs) such as Malietoa Laupepa (banished in 1887) and Mata'afa Iosefo (banished in 1893), while the Sāmoan *tulafale* (orator) Lauaki Namulau'ulu Mamoe was removed to Saipan and sadly died in 1915 on his way home.¹⁷ As historian Peter Hempenstall writes: 'Deportation or its threat had been a powerful instrument in earlier times ... on a people for whom banishment from home and hearth was the severest punishment'.¹⁸ In 1839, Tuvai, after having admitted to killing crew member Mr Cavanaugh, was banished by Commander Charles Wilkes and Captain William Hudson – of the United States Naval Expedition – to another island. So painful was the thought of banishment that on board, Tuvai 'melted into tears, howled bitterly, and begged that he might be taken on shore to be put to death, in order that his body might be buried in his native soil'.¹⁹

After the establishment of foreign rule in 1889 in the Apia port town, leprosy increasingly gained the attention of colonial authorities. Attempts were made to remove leprosy sufferers to Tonga and Hawai'i, and to acquire offshore islands such as Nu'usafe'e and Rose Atoll for isolating leprosy patients.²⁰ Alarming for European residents, medical examinations revealed that some of those afflicted with the disease were European nationals. However, the firm 'no' from Tonga, and the lack of response from Hawai'i, along with delayed Sāmoan responses to acquire land for a leprosy station, saw the passing of the *Isolation of Leprosy Regulation* (1896).²¹ With German rule established in 1900 after the signing of the Tripartite Treaty in 1899 which divided Sāmoa between the United States and Germany, the question of leprosy care was again raised by residents.

¹⁵ Cluny Macpherson and La'avasa Macpherson, *Samoan Medical Belief and Practice* (Auckland: Auckland University Press, 1990), 39.

¹⁶ Macpherson and Macpherson, *Samoan Medical Belief*, 227.

¹⁷ See J.W. Davidson, 'Lauaki Namulau'ulu Mamoe, A Traditionalist in Samoan Politics', in *Pacific Island Portraits*, ed. J.W. Davidson and Deryck Scarr (Canberra: Australian National University Press, 1970), 267–99; J.W. Davidson, *Samoa mo Samoa: The Emergence of the Independent State of Western Samoa* (Melbourne: Oxford University Press, 1967), 84–7.

¹⁸ Peter Hempenstall and Paula Tanaka Mochida, *The Lost Man: Wilhelm Solf in German History* (Wiesbaden: Harrassowitz Verlag, 2005), 62.

¹⁹ Hempenstall and Mochida, *The Lost Man*, 168.

²⁰ See Safua Akeli, 'Leprosy Control in Samoa from 1890 to 1914', in *Measina a Samoa Conference Proceedings, Vol. 5*, ed. Lafita'i and Telesia Lafotanoa (Apia: Centre for Sāmoan Studies, National University of Samoa, 2011), 23–31.

²¹ Akeli, 'Leprosy Control', 23–31.

NEW ZEALAND MANAGEMENT OF LEPROSY: 1915 TO 1918

The interest of the New Zealand government in Sāmoa dates from the 1870s.²² In 1872, Julius Vogel, then postmaster-general but soon to be premier, expressed concern over Sāmoa's treaty with colonial powers *other* than Great Britain.²³ In the same year, the government sent William Seed, secretary and inspector of customs, to Sāmoa and other islands 'with the object of acquiring information respecting the trade that is springing up between those places and this country'.²⁴ Richard Seddon, premier 1893–1906, aspired for New Zealand to rule Sāmoa. This eventuated on 29 August 1914, when Lieutenant-Colonel Robert Logan, leading the New Zealand Expeditionary Forces, captured the western islands of Sāmoa from the Imperial German government. Under Logan, the military took immediate control of affairs related to communications, the economy, politics, education and health. This remained the status quo for the duration of World War I.

Prior to the occupation, the Imperial German government had established a leprosy station in the village of Falefa (Figure 2), having purchased the land from British Vice Consul Thomas Trood in 1912. However, this purchase had only been finalized after several unsuccessful attempts to acquire land from the Sāmoans.²⁵ In collaboration with the Roman Catholic mission under Bishop Pierre Broyer, patients at Falefa were cared for by German Sisters Marie Henry and Marie Christine of the Third Order Regular of Mary. Sister Henry, then 34 years old, was appointed senior nurse and could speak German, French, English and Sāmoan. Sister Christine spoke German, French and Sāmoan and was 42 years old. Both were to receive an annual salary of 800 marks.²⁶ The sisters were helped by Sāmoan attendants: Mr Akeli, with his wife and two children, and Mr Savelio, with his wife and three children. These men were responsible for maintaining the plantations, and each family was paid five pounds per month.²⁷ Two Sāmoan girls aided the sisters in their work with the patients.²⁸ Some of the patients' relatives had accompanied them to the station but Sāmoan attitudes towards leprosy and leprosy sufferers were changing under the influence of biblical and European tendencies to stigmatize the disease.²⁹ Mr Savelio withdrew from assisting at Falefa because his

²² *Appendices to the Journal of House of Representatives* (hereinafter *AJHR*), 1871, A-1, 44.

²³ *AJHR*, 1872, E-2, 6–8.

²⁴ Copy of letter from Governor G.F. Bowen to Earl of Kimberley, 5 Jan. 1872, *AJHR*, 1872, A-1, 44; *AJHR*, 1872, E-2, 8–15.

²⁵ 'Leprosy', *Samoaianische Zeitung*, 26 Feb. 1910. Available at the Imperial German Government Archive (hereinafter IGGA), Nelson Library, Apia, Samoa (hereinafter NL), IG53, XI, Public Health, 2a 'Lepers', Vol. 2/3.

²⁶ Broyer to Schultz, 28 July 1913, D 12, Misc. Papers, vol. 1, Catholic Diocese of Samoa and Tokelau, Oceania Marist Province Archives (hereinafter OMPA) 40, microfilm, Alexander Turnbull Library, Wellington (hereinafter ATL), Micro-MS-Coll-21.

²⁷ Broyer to Schultz, 28 July 1913.

²⁸ Broyer to Schultz, 28 July 1913.

²⁹ Broyer to Schultz, 20 June 1914, Misc. Papers, OMPA 40, microfilm, ATL, Micro-MS-Coll-21. cf. For the Hawaiian experience of leprosy care by relations see Kerri Inglis, *Ma'i Lepera: Disease and Displacement in Nineteenth-Century Hawai'i* (Honolulu: University of Hawai'i Press, 2013).

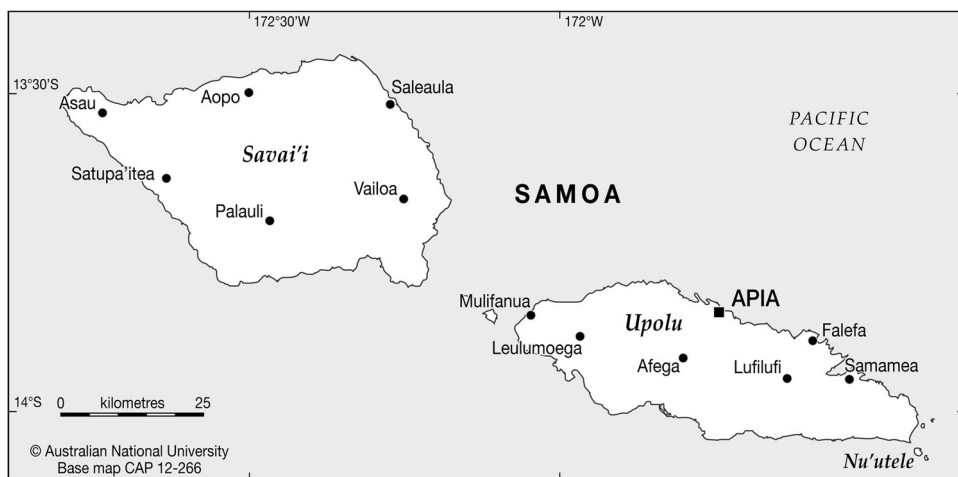


FIGURE 2: Locations of Falefa and Nu'utele Island. Source: Australian National University, CartoGIS CAP 12-266.

father-in-law refused to accept him on his return to the village. The stigmatization of leprosy had reached the villagers who 'had heard a lot of stories about the danger of contamination that would incur to all of the people who would stay in the leper's village'.³⁰

In response to Bishop Broyer's grievances over the lack of food supplies for the leprosy station in 1915, and his threat to withdraw the services of the sisters, Logan advised Broyer that the leprosy sufferers would be removed to 'a much more suitable site'. The new location was Nu'utele Island. Surprisingly, New Zealand was able to acquire the island for the establishment of a leprosy settlement. According to Logan, 'the use of the island for the purpose was given free of cost by the Chief Fiame and the natives for as long as there is a leper in Sāmoa'. Furthermore, 'they refused to sell it, as it is the land of their ancestors. The only stipulation they made was that the graves of their ancestors should be fenced in, and that when the last leper is cured the island should be handed back to them'.³¹ By contrast, the 19th-century colonial governments of Great Britain, Germany and the United States of America had failed to acquire the island from Sāmoan chiefs in the Aleipata district.³² Although documents which may shed light on reasons for this resistance have not been found, rationales for Sāmoan opposition were most likely influenced by conflict over land and title ownership and mistrust of the 'meddling' German government.³³

Between November 1915 and May 1918, negotiations and survey work were carried out for relocating the leprosy sufferers. Under Logan's instructions, four men

³⁰ Broyer to Schultz, 26 Feb. 1914, Misc. Papers, OMPA 40, microfilm, ATL, Micro-MS-Coll-21.

³¹ Anonymous, 'Finances of Samoa', *Colonist*, 13 Mar. 1918, 3.

³² 'Leprosy', *Samoanische Zeitung*, 26 Feb. 1910. Available at IGGA, NL, IG53, XI, Public Health, 2a 'Leper', Vol. 2/3.

³³ Malama Meleisea, *The Making of Modern Samoa: Traditional Authority and Colonial Administration in the History of Western Samoa* (Suva: Institute of Pacific Studies, USP, 1987), 70–3; Hempenstall and Mochida, *The Lost Man*, 54.

were recruited to live on the island to help the sisters, and the salaries of all would be paid by the New Zealand administration. Logan also permitted the residence of a catechist, although his payment was left to the mission.³⁴ The patients were relocated to Nu'utele Island between the end of May and early June 1918. Shortly after their arrival, the patients were visited by Logan, Father Bellwald of the Catholic mission and then by Norman Macdonald, chief surveyor and commissioner of lands, who had lived in Sāmoa for some years. Although the move had taken place, some amenities were still required, such as a motor boat to maintain contact with the mainland Upolu.³⁵

EFFECTS OF THE 1918 INFLUENZA EPIDEMIC

The quick development of and investment in infrastructure necessary for relocating the leprosy patients contrasted markedly with the government's poor response to the devastating influenza epidemic of November 1918.³⁶ No effort was made at that time to protect the general public by quarantine, with severe results. The rapid spread of influenza in Sāmoa and inadequate government intervention resulted in the alarming loss of 7,542 lives over a matter of weeks. Yet Logan blamed Sāmoan responses to illness for the high death toll, stating that 'when a person got ill, the rest closed all the shutters in a fale, wrapped up and lay beside the sick person'.³⁷ Regrettably Logan had ignored assistance from American Sāmoa especially since the influenza had bypassed the territory with no deaths reported due to effective quarantine measures.³⁸

Following Sāmoan discontent and public outcry about the administration's management of the epidemic, Logan was dismissed in 1919.³⁹ Ironically, the isolation of leprosy patients on Nu'utele effectively protected them from the influenza epidemic. The *Auckland Star* newspaper reported that:

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.⁴⁰

³⁴ Robert Logan to Father Bellwald, 31 May 1918, D 11, D 12, Correspondence with other Political Powers and Misc. Papers, OMPA 40, microfilm, ATL, Micro-MS-Coll-21.

³⁵ Memo to Commissioner of Works, Sept. 1918, Correspondence and Misc. Papers, OMPA 40, microfilm, ATL, Micro-MS-Coll-21.

³⁶ S. Tomkins, 'The Influenza Epidemic of 1918–19 in Western Samoa', *Journal of Pacific History* 27:2 (1992): 181–97.

³⁷ Michael Field, *Black Saturday: New Zealand's Tragic Blunders in Samoa* (Auckland: Reed Books, 2006), 52.

³⁸ John McLane, 'Paradise Locked: The 1918 Influenza Pandemic in American Samoa', *A Journal of Anthropology and Cultural Studies* 10:2 (2013): 30–51.

³⁹ McLane, 'Paradise Locked', 30–51. See also Vicki Luker, 'The Lessons of Leprosy? Reflections on Hansen's Disease in the Response to HIV and AIDS in the Pacific', this collection.

⁴⁰ Anonymous, 'Epidemic in Samoa. No Proper Quarantine. Administration Blamed. U.S. Territory Immune', *Auckland Star*, 10 Jan. 1919, 4.

The establishment of the isolation station on Nu‘utele clearly indicated the administration’s strong belief in leprosy’s contagiousness and the priority of leprosy control on the administration’s agenda. Yet, unlike the rapid and unexpected pace of the influenza epidemic, leprosy is a slow and physically debilitating disease. The tragic impact of the influenza epidemic on Sāmoa demonstrated the paradox of endeavouring to contain leprosy, which slowly affected a tiny proportion of the population, while neglecting to manage the contagious nature of the influenza, which rapidly had widespread, disastrous effects. This marked contrast most likely reflected the perceived idea that leprosy indicated a ‘backward’ society. Indeed these ideas were prevalent in other colonial settings. In addition to backwardness, in India leprosy was associated with poor diet, lack of hygiene and poor housing conditions.⁴¹ While these ideas circulated through colonial networks, just as important for New Zealand was its civilizing mission to modernize the country, as a reflection of their administration.

New Zealand’s military administration of Sāmoa ended in 1919. Through the League of Nations, Sāmoa was then governed by 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 inhabitants of the territory’.⁴² As civil administrator of the islands, Colonel Robert Ward Tate, a former barrister and solicitor, replaced Logan in the administrative centre of Apia in May 1920.

In response to the influenza epidemic among the population of New Zealand, the New Zealand government drafted the Health Act of 1920.⁴³ As a result, the Department of Health was restructured into seven divisions: hospitals, public hygiene, nursing, child welfare, Māori hygiene, school hygiene and dental hygiene.⁴⁴ The Samoa Act of 1921 established the foundation for civil administration within the mandated territory and, similar to the health reforms in New Zealand, had two main health goals: first, to build a medical service that was accessible throughout Sāmoa, and second, to develop preventive and educational work.⁴⁵ A Board of Health was set up, and Sāmoa was divided into seven health districts, while Apia Hospital was enlarged and a well-equipped laboratory was installed.⁴⁶ These health reforms influenced the administration’s plan to remove leprosy sufferers offshore to Makogai.

In 1924, Resident Medical Officer John Armstrong’s report on ‘Leprosy in Western Samoa’ noted, after examining the 19th-century and German records, that 44 leprosy sufferers had been discovered between 1892 and 1923. The nationalities of the

⁴¹ Jane Buckingham, *Leprosy in Colonial South India: Medicine and Confinement* (Basingstoke: Palgrave, 2002), 16.

⁴² D.L. Oliver, *The Pacific Islands* (Cambridge, MA: Harvard University Press, 1951), 141.

⁴³ G. Rice, *Black November: The 1918 Influenza Epidemic in New Zealand*, 2nd ed. (Christchurch: Canterbury University Press, 2005), 159; Raeburn Lange, *May the People Live: A History of Maori Health Development 1900–1920* (Auckland: Auckland University Press, 1999), 239–41.

⁴⁴ G. Rice, ‘The Making of New Zealand’s 1920 Health Act’, *New Zealand Journal of History* 22:1 (1988): 3–22.

⁴⁵ Felix Keesing, *Modern Samoa: Its Government and Changing Life* (London: Allen & Unwin, 1934), 379–85.

⁴⁶ Keesing, *Modern Samoa*, 379–85.

sufferers were: one Englishman, three Germans, one American, three half-castes (English-Sāmoan, German-Sāmoan, American-Sāmoan),⁴⁷ ten Chinese, one Cook Islander, one Chinese-Sāmoan Half-caste, two Melanesians and 22 Sāmoans. He also noted that the ‘German leper station at Ali [Alia], on the mainland of Upolu, was found to be unsuitable owing to escape being fairly easy and to lack of facilities for expansion’.⁴⁸

Discussions about the ongoing feasibility of the leprosy station at Nu‘utele began as concerns were raised about rising tensions between administrative and missionary authorities over its running.⁴⁹ The previous arrangement with the permanent medical officer ensured that food and medicine were purchased by the mission, though paid for by the administration, with the mission receiving the cash discounts.⁵⁰ These concerns were brought to light following the auditor-general’s review of financial transactions in 1921. His report concluded that the management of the station was expensive for the administration, because of missionary spending and the high costs of maintenance.⁵¹

The tense relationship between the New Zealand administration and the missionary staff over Nu‘utele continued. An impasse was averted by talks between the New Zealand government, represented by New Zealand’s governor-general, Lord Liverpool, and the governor of Fiji, Cecil Hunter Rodwell.⁵² New Zealand Prime Minister William Massey was keen for an administrative transfer to take place, as ‘the cost of maintaining this leper station is excessive’. Moreover, he argued that patients would receive much better care ‘at the very excellent institution established by the Fiji Government at Makogai’.⁵³ Far from being the more ‘suitable site’ suggested by Logan in 1915,⁵⁴ Nu‘utele Island proved expensive, and this cost subsequently became a key justification for the transfer.⁵⁵

REMOVAL TO MAKOGAI

Funding the Sāmoan patients at Makogai was an area of contention. Massey inadvertently relayed to Governor Rodwell in 1920 that the Sāmoan administration ‘will of

⁴⁷ The designation ‘half-caste’ is throughout this paper used to reflect the terminology of the period. For some of the complications and offence caused by the term, see Vicki Luker, ‘The Half-caste in Australia, New Zealand and Western Samoa between the Wars: Different Problem, Different Places?’, in *Foreign Bodies: Oceania and the Science of Race 1750–1940*, ed. Bronwen Douglas and Chris Ballard (Canberra: ANU E Press, 2008), 307–38.

⁴⁸ John Armstrong, ‘Leprosy in Western Samoa’, *AJHR*, 1924, A-4a, 7–8.

⁴⁹ Auditor of Samoan administration to controller and auditor general in Wellington, 2 Aug. 1921, ANZ, IT 1 ex 8/8 pt 1.

⁵⁰ Auditor of Samoan administration to controller and auditor general in Wellington, 2 Aug. 1921.

⁵¹ Auditor of Samoan administration to controller and auditor general in Wellington, 2 Aug. 1921.

⁵² William Massey to Lord Liverpool, 24 June 1920, ANZ, IT 1 ex 8/12 pt 1.

⁵³ Massey to Liverpool, 24 June 1920.

⁵⁴ Robert Logan to Bishop P. Broyer, 9 Nov. 1915, Correspondence and Misc. Papers, OMPA 40, microfilm, ATL, Micro-MS-Coll-21.

⁵⁵ Stella, *Makogai*, 72.

course be glad to pay whatever yearly charge is made for their maintenance and treatment'.⁵⁶ From Sāmoa, Colonel James William Hutchen urged the external affairs office to complete the transfer because the maintenance of leprosy patients in Nu'utele was costing the administration £1,200 per year, whereas he hoped the cost for patients transferred to Fiji would not exceed £500 per annum.⁵⁷ Although medical treatment was highlighted as an important rationale for the transfer, some government officials were not convinced. One was Chief Medical Officer Thomas Ritchie, who wrote to Colonel Tate, asking him to send an official visitor to Makogai each year. The reason for Ritchie's request was that 'such an arrangement would indicate that Western Samoa took some interest in its Lepers apart from signing a cheque each year for their maintenance'.⁵⁸

Strategically, the use of Makogai set an important precedent for New Zealand health officials, as the acceptance of patients from Sāmoa was extended to leprosy patients from Cook Islands and also New Zealand's own leprosy quarantine islands in 1925 (Figure 3). Located in the Lomaiviti group of islands, Makogai had been purchased in 1908 by the Fiji government for the establishment of a leprosy colony. Prior to the acquisition of the island, and due to public outcry, leprosy sufferers had been isolated on Beqa Island, south of Viti Levu, since 1900.⁵⁹ The British annexation of the Fiji Islands in 1874, and the fact that New Zealand was a dominion in the British Empire, enabled the transfer of Sāmoan patients to take place. Makogai's reputation throughout the South Pacific had increased since its establishment in 1911, and it soon became a centralized point for the care of leprosy sufferers from the British colonies in the Western Pacific. This central role for Makogai was supported by the colonial advisory medical and sanitary committee in 1923.⁶⁰

Conditions for the acceptance of the Sāmoa patients had been negotiated prior to their relocation. On 15 December 1920, Rodwell outlined the five conditions. Firstly, temporary housing would be made for the patients at a cost of £800, paid for by the Sāmoan administration until the buildings were erected. Secondly, Sāmoan contacts or people who were living with the patients and did not have leprosy were not accepted. Thirdly, although the Fiji government could assist with the transport of patients if required, transportation nevertheless remained the responsibility of the Sāmoan administration as did payment. Fourthly, the cost of caring for each patient was based on nationality – part-Sāmoans £70, Chinese £60, Sāmoan and Rarotongan (Cook Islanders) £40. Lastly, advance warning of more patients for relocation was required so that appropriate housing could be built.⁶¹ Dr Robert Makgill, who drafted the 1920 Health Act, recommended that the Sāmoan administration

⁵⁶ William Massey to Lord Liverpool, 24 June 1920, ANZ, IT 1 ex 8/12 pt 1.

⁵⁷ J. Hutchen to J.D. Gray, 29 Oct. 1921, ANZ, IT 1 ex 8/12 pt 1.

⁵⁸ Dr Thomas Ritchie to J. Hutchen, 14 Sept. 1922, ANZ, IT 1 ex 8/12 pt 1.

⁵⁹ J. Morris, 'They Came to Makogai: A Community Study', unpublished research report, Diploma of Social Science, Victoria University of Wellington, 1956, 7.

⁶⁰ Stella, *Makogai*, 73.

⁶¹ Cecil Rodwell to Lord Jellicoe, 15 Dec. 1920, ANZ, IT 1 ex 8/12 pt 1.



FIGURE 3: Image of Cook Island patient's room at Makogai, Fiji, date unknown. Sāmoan and Cook Islander patients were placed in the same category of care and accommodation at the facility. Photo: courtesy of Grace Hutton.

accept the conditions.⁶² By January 1921, New Zealand's Minister of External Affairs Ernest Lee approved the offer, and a despatch was sent by Governor-General Lord Jellicoe to Fiji.⁶³

Although the transfer had been approved, acquiring a vessel to transport the patients became extremely difficult. This was a strong indication that the stigma of leprosy remained and would be an obstacle for the transfer of patients to get underway. Makgill had cautioned that the Union Steamship Company was unlikely to carry leprosy sufferers.⁶⁴ By October 1921, almost a year after approval, still no boats were available to transport the patients. Hutchen, who was by now anxious, wrote to Lee's department: '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'. The 1922 February quarterly report for the health department in Sāmoa reported that due to transport delays, the leprosy patients remained in Sāmoa, now with an additional six.⁶⁵ Although transport was uncertain, the department recognized that the patients 'could not be left at large'.⁶⁶ The persistent view of leprosy patients as a 'menace to society' corresponded with the recognition that the patients required medical care, and urgently. Finally by May 1922, Hutchen confirmed with Lee's department that the Burns Philp Company had agreed to carry the leprosy sufferers on the steamship *Maota* in July.⁶⁷

⁶² Dr Robert Makgill to Samoan administration, 21 Dec. 1920, ANZ, IT 1 ex 8/12 pt 1.

⁶³ Lord Jellicoe to C.H. Rodwell, 21 Jan. 1921, ANZ, IT 1 ex 8/8 pt 1.

⁶⁴ Dr Robert Makgill to Samoan administration, 21 Dec. 1920, ANZ, IT 1 ex 8/12 pt 1. For a history of the Union Steamship Company, see Frances Steel, *Oceania under Steam: Sea Transportation and the Cultures of Colonialism, c.1870–1914* (Manchester: Manchester University Press, 2011).

⁶⁵ Extract from the quarterly report of the health department, 28 Feb. 1922, ANZ, IT 1 ex 8/8 pt 1.

⁶⁶ Extract from the Quarterly Report of the Health Department, 28 Feb. 1922.

⁶⁷ J. Hutchen to E.P. Lee, 10 May 1922, ANZ, IT 1 ex 8/8 pt 1.

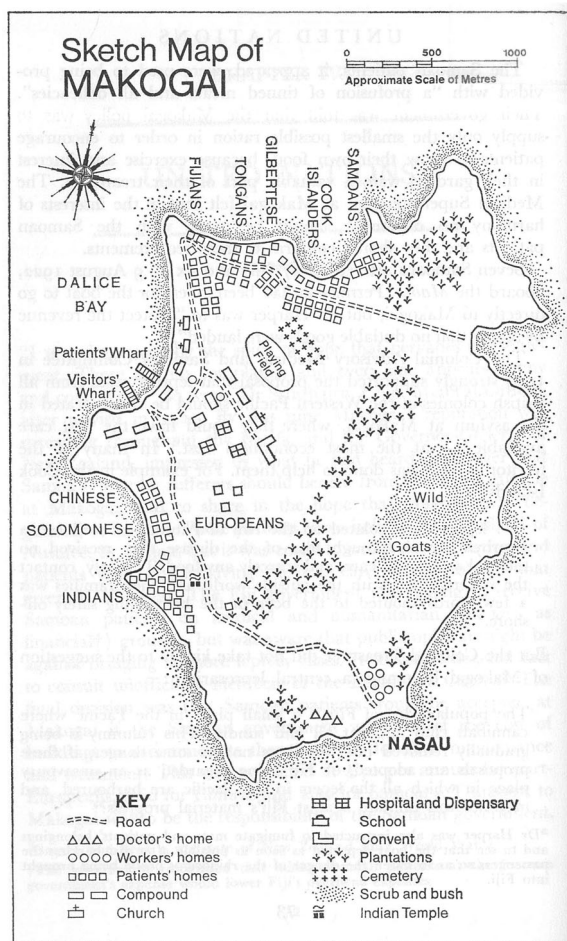


FIGURE 4: Map showing the organizing principles of race and gender on Makogai. Sister Mary Stella, *Makogai: Image of Hope* (Christchurch: Lepers' Trust Board, 1978), 74.

On their arrival at Makogai the 12 leprosy patients, consisting of two male and three Sāmoan females, one Cook Islands male, three Chinese males, two part-Sāmoan males and one female, were segregated into their accommodation. Race and gender were the organizing principles for housing and settlement on Makogai (see Figure 4).⁶⁸ The Chinese and Sāmoans lived separately in the same type of house, which included a verandah, at a cost of £380.16.0. The part-Sāmoans and Cook Islander lived together in one house at a cost of £285.12.4.⁶⁹ The European male houses had one suite with two verandah rooms and one inner room. With occupants sharing the outhouses, these houses were available for one male European or

⁶⁸ See Jane Buckingham, 'Indenture and the Indian Experience of Leprosy on Makogai Island, Fiji', this collection.

⁶⁹ W.C. Simmons to Hon C.S. [?], 1 Dec. 1921, ANZ, IT 1 ex 8/12 pt 1.

male part-Sāmoan of ‘good stamp and suitable physical condition’.⁷⁰ Two empty detached houses were available for three Europeans or part-Europeans who arrived from Sāmoa. There were three houses available for the Chinese patients from Sāmoa, situated in the town named ‘Ra Lailai’ where the Chinese and Rotuman patients were housed. These settlements were for patients who were able to live outside of the hospital.⁷¹ In September 1922, Ritchie reviewed the number of patients admitted to Makogai since 1911. He found that 757 people had been admitted, 267 Indians had been repatriated, 164 patients had died, 56 patients discharged and 270 remained at Makogai.⁷²

CONCLUSION

Prior to the transportation of leprosy patients to Makogai from Nu‘utele they were isolated at Apia hospital. Sāmoan leprosy sufferers continued to be treated at Makogai for the next five decades. The closure of the leprosy hospital on Makogai in 1969 was largely due to the availability of the drug dapsone to cure leprosy patients.⁷³ This cure made isolation unnecessary. Drugs were administered as an out-patient treatment, unless complications arose, in which case patients received treatment in hospital. Following the closure of Makogai, patients were transferred to the P.J. Twomey hospital in Tamavua, just outside of Suva.

The ongoing journey from Alia in Falefa, to the island of Nu‘utele and finally to Makogai demonstrates a cycle of confinement and separation for leprosy patients by those in government and medical authority. Unlike Falefa and Nu‘utele which were located within Samoa’s shores, Makogai was an extreme measure of treatment and care to ensure a ‘clean’ Samoa. Although small numbers of Samoans and the local community were afflicted with leprosy compared to the devastating loss of the influenza epidemic, the Samoan experience of deportation because of leprosy remains a haunting and stigmatized history of separation and loss.

⁷⁰ Dr Phillip Harper to district engineer, 18 Nov. 1921, ANZ, IT 1 ex 8/12 pt 1.

⁷¹ Harper to district engineer, 18 Nov. 1921.

⁷² Dr Thomas Ritchie to Division of Public Hygiene, 14 Sept. 1922, ANZ, IT 1 ex 8/12 pt 1.

⁷³ Mere Vakawaletabua and Iobi Batio, *A Short History of Leprosy Control in Fiji* (Suva: Pacific Health Voices, 2008), 1–5. Available online at http://www.pacifichealthvoices.org/index.php?option=com_content&view=article&id=50&Itemid=65. Accessed 31 Oct. 2012.

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