Leprosy Control in Sāmoa from 1890 to 1914

Safua Akoli

Abstract

Sāmoan ideas and responses to the faʻamaʻi lepela (leprosy sickness) were influenced by European medical and missionary understandings of the disease in the nineteenth century. The isolation of leprosy patients as a European method of treatment, conforming to the strongly held belief that leprosy, a visible and alarmingly incurable disease, required serious colonial management. The recommendation for isolation at the First International Leprosy Conference in Berlin in 1897, reverberated in Sāmoa. However, from a Sāmoan perspective, isolation was a severe form of punishment rather than a treatment. During the unsettled political climate of the late nineteenth century, the German colonial administration used isolation as a harsh punishment with the exile of major Sāmoan political figures. This paper examines the nature of leprosy control in the nineteenth century, and under German rule, including the establishment of a leprosy station in the village of Falefā in 1914. It argues that while Sāmoans were largely disempowered, they managed to deter attempts by the colonial governments to acquire land for the purpose of segregating leprosy sufferers.

Introduction

Le manutagi e ua tagi taʻamilo
Pei ose ta mai ose logo faʻailo
Maʻimau pe ana iai se televised
Poʻo pea nei o ioa atu lou tino

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

Amuia le lupe e fai ona apaʻau
Pe ana o aʻu e lele atu ma toe sau
Seʻi ou asia le atu Fiti ma Makogai
Aue Tasi e, ta fia ahu nei iai

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

Matua e, seʻi ala maia poʻo fea le tama
Poʻo moʻo poʻo tafao i le taulaga?
Saili aoe ma suʻe atu i Vaitele
Ae leai ua teʻa ese ma Aele

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

E ui na maua lou tino i le maʻi
Pe le o vai poʻo Aliʻi fomaʻi
Toʻaga pea ile talalo toʻaʻatasi
E le pine ona maua lona tali

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 a familiar part of the Sāmoan story of leprosy. When leprosy is mentioned among Sāmoan people, the conversation almost always leads to Makogai. Le Manutagi e was composed by a man from the village of Faleula whose brother was diagnosed with
leprosy and taken to Makogai. From 1922, during the New Zealand administration of Sāmoa, leprosy patients were isolated at the hospital in Apia and taken for treatment at the Makogai leprosy colony in Fiji. Although some returned on being cured, many patients died there. Sāmoan medical doctor Vaiouga Levi, who had been involved in leprosy care for a number of years, recalled this 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.3

Going back further, this paper examines the unfamiliar story of leprosy control in Sāmoa from 1890 to 1914. These dates span the time from when attention was first drawn to leprosy in the Pacific by the colonial governments of the United States of America, Great Britain and Germany in Sāmoa (following the death of Belgian priest Father Damien in Hawai‘i in 1889), to the eventual establishment of a leprosy settlement in the village of Falefē under German rule in 1914. This paper re traces the Sāmoan experience through the colonial management of the disease over these 24 years, and reveals the Sāmoan determination to resist European attempts to acquire land for the purpose of isolating leprosy sufferers.

Historical context

The history of leprosy is fraught and fragmented. From bibilical times to the present, the stigma associated with leprosy has affected the understanding of the disease and empathy toward leprosy sufferers (Gussow & Tracy 1970). Leprosy as it is now understood, is caused by a rod-shaped mycobacterium called Mycobacterium leprae, a slowly developing bacillus discovered by Norwegian scientist and physician Gerhard Hansen in 1870. Although Hansen identified the bacillus, it could not be destroyed. Hence the recommendation for segregation and isolation at the First International Leprosy Conference, held in Berlin in 1897 (Pandya 2003).

For centuries, the treatment of leprosy was primarily through the use of chaumopogra oil, extracted from the seed of the Hydnocarpus (Flacourtiaceae) tree and taken orally or applied topically to the skin (Lambert 1944). The oil was a healing method which had been adopted by European doctors, as it had been used in parts of Africa and Asia (Worboys 2000). By the 1940s, a more effective treatment was discovered called dapsone. Although largely effective and cheap, by the 1960s patients had become resistant to the drug, and multi-drug therapy treatment was recommended by the World Health Organisation (WHO) in 1981, where a combination of three drugs (Dapsone, Rifampin and Clofazimine) was administered to combat leprosy.

In the Pacific region during the late nineteenth century, the history of leprosy control measures was largely influenced by colonial military and economic objectives, as seen in Guam and Hawai‘i (Hattori 2004, Herman 2001, Moblo 1999). Recent studies of leprosy care in Fiji have incorporated oral histories as a way of understanding the experience of patients in isolation, away from their families and their homelands (Buckingham 2006, Madey & Thomas 1999). This paper reveals the dilemma and anxiety surrounding leprosy control in Sāmoa during the rise of colonial authority from 1890 to the outset of the First World War in 1914.
Hawaiian link

The story of leprosy control in Sāmoa finds its origins in Hawai‘i. By the late nineteenth century, Hawai‘i had become strongly associated with leprosy, due to its prevalence in the 1860s. Under King Kamehameha IV, the Act to Prevent the Spread of Leprosy was passed in 1865, which permitted the separation of government land to isolate leprosy sufferers for public safety (Cantlie 1897). On the island of Molokai, a settlement for leprosy patients was established near the Waikolu valley to ensure food provisions for the settlement.

The death of Father Damien (Joseph de Veuster) in 1889, an ordained priest who worked and lived among the isolated patients at Moloka‘i, had a great impact on the international community (Gussow & Tracy 1970). Damien’s death, because of leprosy, perpetuated the perceived link between leprosy and indigenous people, exemplified in European eyes his adoption of ‘native’ habits, and confirmed the belief that leprosy needed effective colonial management (Bashford 2004).

By the late nineteenth century, following the overthrow of the Hawaiian monarchy under Queen Lili‘uokalani in 1893, policies were implemented by the White Reform Party to isolate leprosy sufferers who were by this time mainly indigenous Hawaiians (Moblo 1999). Some of the leprosy sufferers included members of the Hawaiian royal family (Eynikel 1999). Some scholars have argued that leprosy was used as a colonial measure to push Hawaiians to the periphery, away from their lands (Herman 2001). By the time of the new colonial government, the number of indigenous Hawaiians isolated because of leprosy had increased. However, despite strict government measures to separate leprosy sufferers, some Hawaiians resisted much to the dismay of the Health Board authorities (Edmond 1997).

The introduction of leprosy in Sāmoa

The exact time of the introduction of leprosy to the Pacific region is unclear and varies from place to place. In some cases, leprosy was introduced by indigenous people travelling from one island to another as in the case of Niue.4 In other places such as Fiji and Tonga, the disease seems to have existed much longer since references to leprosy have passed into folklore (Beckett 1987, Gifford 1924). Microbiologist John Miles (1997) concluded in his study of pre-European material, that leprosy had been introduced to the Pacific in the second half of the nineteenth century.

In Sāmoa, leprologist Norman Sloan (1954) believed leprosy to have been introduced at around the turn of the twentieth century. However, missionary John Williams of the London Missionary Society (LMS) observed leprosy in 1832 (Moyle 1984), as did some of the missionaries in the mid to late nineteenth century (Turner 1984, Brown 1910). Medical officer for Fiji, Bolton Corney (1896) in the nineteenth century cautioned the accuracy of these observations as the term leprosy had been used in a haphazard way, though he recorded the Samoan term for the disease as supe. The closest Sāmoan term during that period was supa which referred to the damage of nerve and muscle function (Pratt 1911). By the late nineteenth century, lēpela, a Sāmoan transliteration of leprosy was commonly used, and referred to both the disease and the leprosy sufferer. Another term recorded for leprosy by Augustin Kramer (1995) in the same period was tofi, although supposedly leprosy had become rare by the time of his visit. Before 1890, however, it appears the leprosy sufferer remained close and in the care of family members (Brown 1910).
Colonial reaction to leprosy in Sāmoa

Responses to leprosy were immediate in Sāmoa following the signing of the Berlin Treaty between the three powers of Germany, Great Britain and the United States of America in 1889, and the death of Father Damien in the same year. European foreign control over Sāmoan affairs ended to some extent the Sāmoan civil wars of the 1860s and 1870s, which were partly fuelled by colonial objectives (Kennedy 1974; Gilson 1970; Masterman 1934). Once the European government was established alongside the Sāmoan government under Mālieotua Laupepa, who had recently returned from exile in the Marshall Islands, the first of the leprosy control measures were implemented, and directed at Hawaiian citizens living in Sāmoa.

Through the European government, a Proclamation was issued in 1890 under Laupepa which called for the expulsion of Hawaiian citizens due to the fear of the spread of leprosy. As a result, by 1891 Hawaiian citizens who did not have leprosy were repatriated under police supervision. The deportations centred around the port town of Apia, which under the Treaty was demarcated as the Municipal district, governed by a European Municipal Council. Apia was where most of the European settlers resided (Stevenson 1882) and was an important economic base. Attempts were made to prevent communicable diseases as seen by the 1892 regulation passed against contagious diseases and poor sanitation in 1894 (Keesing 1934).

The deportation of Hawaiian citizens in 1891 had taken place without medical examination, revealing a racially motivated policy, and the widely held belief associating Hawaii with leprosy. Although most of the Hawaiian citizens had been deported, by 1893 more leprosy sufferers were soon discovered, some of whom had undergone medical examination by the German health officer for the Municipal district, Bernhard Funk. To the alarm of European subjects, some of the leprosy sufferers were in fact Europeans. This discovery added to the European anxiety about the disease as legal distinctions became a grey area, particularly as to how the three power government would deal with European leprosy sufferers within the port town area.

From 1893 to 1896, the European government devised a series of offshore measures to control leprosy in Sāmoa. The first was an appeal made to Hawaii for the transfer of patients to Moloka‘i. Although the deportation of Hawaiian citizens had been successful in 1891, the new proposal received no response from the newly established European government in Hawaii. Thus, the European government sought another alternative and an appeal was made to the Tongan government for the transfer of leprosy patients to its leprosy settlement. This was unfavourably received and the government responded accordingly:

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.

As a result of the continued silence from Hawaii and the firm reply from Tonga, the European government in Sāmoa anxiously resorted to acquiring an island as a method of isolation within Sāmoan shores. Settlements on islands such as Moloka‘i provided a model, and the government sought rights over Rose Atoll in the far eastern islands of Sāmoa as a possible place of isolation.

Two diverging reports on the island were collected from the Municipal Council President, Erich Schmidt, and from a Mr Kennison. Schmidt’s more positive description of the island greatly differed from Kennisons. Kennison described the island as harsh
and flat, requiring about ten minutes to walk the diameter. There were only two palm trees that did not bear fruits and a number of other big trees "of a species that does not procure anywhere else in Sāmoa." 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, he advised that food provisions would have to be brought every second month or the leprosy sufferers would die. The details of the possible settlement exclude information as to whether the leprosy sufferers would be left to fend for themselves, or whether a person could be employed to maintain their care.

Unable to agree on funding for Rose Atoll, the government sought to acquire Nu'usafe'e Island in the Faleālili district, which belonged to the family of tulafale (orator) Meleiseā, as a possible settlement for leprosy patients. It was proposed that Meleiseā in return for supplying food provisions to the patients, would receive a daily payment of one shilling for each patient. However, the delayed response from the faipule concerning this matter further increased European anxiety. The government then began to pressure Laupepa and the Sāmoan government to indicate another area as a possible site of isolation. The continued delay may have been influenced by the ongoing civil wars and a growing distrust of the colonial governments. It is also possible that the faipule considered the method of isolation a foreign and unsatisfactory method of care, as in the Sāmoan understanding remaining close to the sick aided recovery, whilst isolation was connected with punishment and banishment.

Subsequently, the slow response from the Samoan government eventuated in the passing of the Isolation of People with Leprosy Regulation at the end of 1896. This legislative measure was a final attempt to deal with the threat of leprosy by the Three Powers before the signing of the Tripartite Treaty in 1899. This treaty resulted in the division of Samoa, with the United States taking the eastern islands and Germany taking the west.

German approach to leprosy care

The Imperial German government under Governor Wilhelm Solf established a healthcare infrastructure three years after the annexation of Sāmoa in 1900 under the Tripartite Treaty. A hospital was set up primarily for the care of Europeans and Chinese immigrants. Discussions around leprosy control had by now attracted public attention and in 1910, newspapers conveyed European concerns in regards to the isolation of leprosy sufferers, and dismay at resistance from Sāmoan chiefs in the Aleipata district at the government’s attempt to acquire Nu’utele Island. A key argument focused on the protection of colonial interests in Sāmoa. Growing public concern around leprosy in Samoa may have been influenced by the Second International Leprosy Conference which had taken place in Norway in 1909.

From 1912 onwards, discussions between the government under Governor Erich Schultz, and the Roman Catholic mission under Bishop Pierre Broyer, took place concerning the administration of a leprosy station. This was to be staffed by the mission. Roman Catholic missionaries, Sisters Marie Henry and Christine from the Third Order Regular of Mary, along with two Sāmoan assistants, Mr Savelio and Mr Akeli and their families, were to run the leprosy station. The Sisters were resolute in maintaining non-contact with the patients. With Broyer’s support, they emphasised this in the employment conditions outlined to the government, who were funding staff salaries and the care of patients. The German approach to patient care was applied to other German colonies such as the Cameroons. It also followed Great Britain’s model in Fiji, where Makogai
Island was purchased by the government for the establishment of a leprosy facility staffed by the missionary sisters in 1911.

The groundwork for missionary staff had been laid, and land was finally acquired in 1912 from British Vice-Consul Thomas Trood, who owned land in the village of Falefā. Broyer was a good friend of Trood, and the failed attempts since the nineteenth century to acquire land were finally overcome, albeit with the help of a European subject. For the purchase of land to isolate leprosy sufferers, the Colonial Department in Germany had delegated 1,500 marks.

Twelve patients were identified as having leprosy and were to live at the leprosy station: one German (accompanied by his Sāmoan wife) from Sa'anapu, one half-caste from Apia, six Sāmoans from Vava'u, Manono, Salani, Sātāoa, and one from the district of Faleālii, one Melanesian boy from Sinamoga, and two Japanese half-caste girls from Satapuala. One of the Sāmoans from Manono had been identified by a Sāmoan complainant from his village, who cited him as a danger to the public. The complainant had written to Governor Schultz to have him removed from the village. Despite growing stigma associated with the disease, some family members followed the leprosy sufferers to the settlement.

The leprosy station opened in early 1914, in spite of conflicting views between government officials and missionary staff around expenses, construction and care. The amount invested in the setting up of the leprosy station totalled 23,500 marks. This meant that the government had exceeded the delegated budget by 9,500 marks. As a way of reducing costs, Governor Schultz appealed to the families of the leprosy sufferers to continue their care by supplying food provisions. Food gifts included doves, taro and a barrel of salt meat. In addition, the patients were also encouraged to grow their own crops. However, food provisions were not the only issues. One of the major problems was access to water during drought periods, which meant patients and staff had to travel over an hour to collect water for washing patients' wounds and other uses. Other issues concerned the quality of construction of the facility, which had been rushed by workers due to the fear of leprosy. Broyer conveyed these concerns to Schultz following his visit to the leprosy station in June. Advocating on the Sisters behalf, Broyer threatened the resignation of the Sisters if changes to the station were not carried out immediately.

Although Schultz agreed to the changes, before any were made at the station, an incident took place around August of 1914, when a German patient was murdered. Information around the death is fragmented but before his death, the wealthy patient had asked to build his own house, and was able to purchase his own goods and medicine. As a result of the murder, administrative changes were made over the station. While the Sisters retained responsibility over the care of patients, Dr Schubert, Deputy Officer of the Imperial District Administration was assigned the management of food provisions and medicine. This change was short lived as by the end of August, the New Zealand Expeditionary Forces landed in Sāmoa at the outset of the First World War. When the military arrived the patients were recorded as: one German, one British-Sāmoan half-caste, and nine Sāmoans. Throughout the military occupation of Sāmoa, the leprosy station remained in Falefā until its relocation to Nu'utele Island in 1918.

Conclusion

Over the 24 years from 1890 to 1914, the movement of peoples associated with leprosy in Sāmoa became restricted, and very much influenced by the events in Hawai'i in the nineteenth century. The presence of leprosy sufferers, particularly in the port town of Apia, resulted in their exclusion to Falefā, then Nu'utele and finally Makogai in Fiji. The lament, Le Manutagi e illustrates the pain of separation, and articulates a continued
journey of isolation until improved treatment for leprosy sufferers became available in the mid-twentieth century, alongside changing public opinion about the stigma associated with leprosy colonies.

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Notes

1 Hunkin, Galumalemana Afeleti. 2007. Personal communication. 9 March.
2 The term 'leprosy patient' and 'leprosy sufferer' have been used interchangeably in this paper, to avoid the stigma associated with the term 'leper'.
4 Letter from W. E. Gudgeon to New Zealand Premier, 21 April 1903, AJHR, A-3, p.3.
7 Letter from C.D. Whitcombe to Erich Schmidt, 21 August 1896, Samoa – SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.
8 Letter from Friedrich Rose to Erich Schmidt, 5 November 1896, Samoa – SG/2/3e, Concerning leprosy 1891-1896, Archives New Zealand.

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