

# Reflections on a short history of epidemics in Samoa

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This paper considers 150 years of epidemics in Samoa and their impact on society and traditional beliefs. Although information on pre-contact health and health practices is limited to a few Eurocentric mission sources, it is clear that ill health was dealt with in ways that were socially effective, if not always effective in curing disease. Prognosis and healing supported traditional beliefs, promoted mutual support within the family, reinforced the relative rank of both the living and the dead, and provided a therapeutic interlude for the entire extended family in which transgressions could be confessed and grievances aired. Not only were illness and death the impetus for large social gatherings attended by family from all over the country they were also an effective way of rapidly spreading infection.

## 1830–1930 The age of epidemics<sup>1</sup>

Following contact, the experience throughout the Pacific was much the same as in Samoa, and in some societies, notably Fiji and Tonga, it was worse. Epidemic after epidemic of previously unknown diseases killed not only new generations of children but young and older adults (Table 1). In Western Samoa, following the arrival of the ship ‘Messenger of Peace’ which carried the European missionaries, Williams and Barff and six Tahitian teachers, the first epidemic of influenza broke out.

As Turner (1861:222) reports:

The natives at once traced the disease to the foreigners and the new religion ... ever since there have been returns of the disease almost annually ... in some cases it is fatal to old people and those who have been previously weakened by pulmonary disease. There was an attack in May 1837, another in November 1846, both of which were unusually severe and fatal ... In 1849 hooping cough [sic] made its appearance and a good many children died ... In 1851 another new disease arrived – mumps. It was traced to a vessel from California and soon spread all over the group. Scarcely a native escaped ... the universal opinion of the Samoan people is that the mortality is now greater among the young and middle-aged people than formerly”.

Mills (1839) writes that those who did not immediately succumb to these diseases were left with pulmonary complications and ‘vast numbers (were) taken off after the disease itself was removed’.

In 1893, Samoa ‘was in the throes of an epidemic of measles which prostrated the whole group ... the mortality was excessive’ (Collier 1893). Bleazard (1896:1) of the Methodist Mission reports that ‘This is the first experience of measles ... and it is exceedingly bitter. All are being, or have been, attacked and many have been carried off’ while Collier (1893:2) wrote ‘The death-rate is very high notwithstanding the precautions which have been taken to keep it down’. No sooner had the measles epidemic abated than an epidemic of diarrhoea and dysentery followed

resulting in the death of a great number of children (Bleazard 1896:1).

Not surprisingly, by the turn of the century population estimates show a marked decline and it was believed that Pacific Island people were doomed to extinction. In 1875, measles alone killed 40,000 Fijians.<sup>2</sup> In Fiji, ‘Whole communities were struck at one time ... there was nobody left to gather food or carry water’ (Thomson 1896 in McArthur 1967:76). Not only were populations thought to be declining, the general standard of health was considered by Europeans to be deteriorating. Worse was to come. The age of epidemics reached its peak in Western Samoa in 1918 with the influenza pandemic.

Table 1: Major epidemics in Western Samoa 1830–1930

Date	Disease	Source
1830	Influenza	Turner 1861
1837	Influenza	Mills 1839
1839	Influenza	Pratt 1849
1846	Influenza	Pratt 1849
1849	Whooping Cough	Erskine 1853
1851	Mumps	Turner 1861
1891	Influenza	Collier 1893
1893	Measles	Carne 1793
1907	Dysentery/Whooping Cough	McArthur 1967
1911	Measles/Dysentery	McArthur 1967
1915	Measles	McArthur 1967
1918	Influenza Pandemic	AJHR A-4 1923
1923–24	Dysentery	AJHR A-4 1926
1926	Whooping Cough	McArthur 1967

Note: This information was compiled by the author.

## The Influenza Pandemic

In 1918, the *SS Talune* arrived and a passenger carrying influenza was allowed off the ship. In a highly social and mobile society the disease spread quickly and six weeks later nearly one third of the population (7542 persons), had died (New Zealand Parliamentary Papers H31c3). Mortality was selective, affecting more men than women, and both ran higher risks of dying than children. Those with a tendency to obesity were particularly prone (Pirie 1963:78). Thirty per cent of all adult men and 25 per cent of adult women died. Within the male population, 45 per cent of Samoan *matai* (chiefs) and nearly 50 per cent of Samoan church leaders died. Goodall (1954:36) reports that ‘of 220 Samoan pastors in active service 103 died ... twenty-nine out of 30 members of the Council of Elders (*Au Toieaina*)

were among the casualties'. In addition 65 per cent of all Samoan Roman Catholic catechists died (Pirie 1963:78).

Whole villages were wiped out, houses fell into disrepair, plantations were overgrown and the death of nearly half the sacred and secular leaders threw surviving villagers into confusion. Neither belief in traditional religion nor Christianity were effective protection.

For Samoans it was this epidemic, not the Great War, which marked the watershed between two eras. The survivors were bereft not only of relatives, friends and leaders; they were bereft of confidence, and in many instances, of a faith equal to such a strain (Goodall 1954:362).

## Health responses to introduced diseases

Samoan perceptions of this sudden and continued influx of unknown and deadly diseases and the ineffectiveness of traditional healers to deal with it seems to have gone unrecorded, except for brief European comments of social disruption and demoralisation. I could find no mention of these events in Samoan myths or stories and family genealogies appear to have ignored the havoc this disruption must have caused in title succession. However, there was a dramatic increase in belief in Christianity and adherence to the London Missionary Society (LMS) and the Catholic Church. In addition, there was an upsurge in Samoan offshoots of different religious denominations and an increase in Samoan 'visionaries' and faith healers – a situation which continues today.

## The New Zealand response

Following the pandemic, for which the New Zealand Administration felt responsible, the New Zealand Government put considerable funding and effort into improving health with a particular focus on the health of women and children. In 1923, a system of community-based primary health care was established, based on New Zealand's health policy of equality of access and community participation in health care. In Samoa, the NZ Administrator, the highest ranking New Zealander in the country, adhering to Samoan etiquette, went on a ceremonial Samoan journey (*malaga*) to all villages in Samoa where he met the village *fono* (Council) to enquire about the health situation in the village and what the chiefs thought might be done about it. When some suggested that women be given information on how to care for children's health, he enquired if the *fono* would support the establishment of a women's health group or committee in their village. High ranking women could be trained in basic health matters and first aid and take responsibility for the health of the village women and children. This was accepted by all villages and young women from highly ranked families were trained in basic health care for women and children and travelled the country together with an American, and later a New Zealand, woman doctor<sup>3</sup> to establish the women's health committees. By 1925, all villages in Samoa had a Women's Health Committee presided over by the wife of the high chief and/or the wife of the pastor. For nearly 100 years the committees were visited regularly by a trained health

worker and later were responsible for ensuring children were fully immunised against diphtheria, pertussis, tetanus, polio, TB and measles.

## 2019–20 The measles epidemic

To a large extent the committees still function but for some time now have been known as Women's Committees to allow inclusion of other 'economic development' activities which often take precedence over health. This weakening of the committees and the decline in children receiving the security of full immunisation, together with the periodic emergence of 'faith healing' movements which discourage immunisation and other forms of modern medicine, are perhaps in part responsible for the 2019–20 measles epidemic that led to the death of 97 children. In an effort to halt the measles epidemic and aware of the strength of faith healing groups opposed to immunisation, the Samoan Parliament moved quickly and in late December 2019 passed the Infants Amendment Bill 2019 making it compulsory for every child in Samoa to be vaccinated against measles when they reached the eligible age of six months. It also required that each child being enrolled for school produce their vaccination and immunisation records with heavy fines for school principals who were lax in applying the regulation.

## Faith-inspired healing movements

Shortly after passing the Infants Amendment Bill, the government closed down Kangan Water, a group selling bottled water that was widely believed to have 'divine' healing properties. Radio New Zealand reported that Kangan Water was considered to be 'one of the most common home remedies...in Apia it was not uncommon to see queues of cars waiting to buy it' (RNZ 2020:2–6).

Belief in Kangan Water would seem to exemplify a continued need for healing beliefs outside the formal health system. The largest, best known, and perhaps the most disruptive, of these quasi-religious groups was Emanuelu. Based to some extent on American television faith healing programs, group healing was exemplified by chants, hymns, laying on of hands, sprinkling with blessed water, special incantations, prayers and speaking in tongues. Followers were encouraged to throw away their medication as Jesus would heal – to use medication or allow vaccination indicated lack of faith. Emanuelu became so popular it had groups operating in 27 villages, creating considerable disruptions and difficulties for the Department of Health and in particular for the immunisation programmes conducted by the Women's Committees. Emanuelu was eventually formally "discouraged" but as in the past, small religiously-inspired healers continued to emerge and gain followers.

## COVID-19

In the case of COVID-19, Samoa, with its large numbers of family members in New Zealand, Australia and the United States, many of whom return to Samoa for important family functions, could be considered at very high risk of another pandemic but to date there have been few cases. Perhaps it

is worth considering the security action of American Samoa in the great influenza pandemic when they isolated their islands by closing all maritime borders. They remained secure from the disease while Western Samoa lost nearly one-third of its population. As we now see with COVID-19 in Australia and New Zealand there is security in isolation.

## Notes

- <sup>1</sup> Much of the historical information in this paper is based on work I undertook for my unpublished PhD thesis, ANU, 1986.
- <sup>2</sup> Almost one-third of the population, <https://devastatingdisasters.com>
- <sup>2</sup> To find a woman doctor anywhere at the time was unusual, but to find two women doctors in Samoa at this time was almost unbelievable. They were Dr Mabel Christie, a very early NZ medical graduate, and Dr Regina Flood Keyes, wife of the American consul and former US Army doctor.

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