

VF ~~Vanuatu~~ Health
6131 - Vanuatu.

127

THE DEVELOPMENT OF MEDICAL AND HERBAL SERVICES
IN NEW HEBRIDES AND VANUATU

J. K. Laing

Sponsor: Malama Meleisea, Ph.D.
The Macmillan Brown Centre for Pacific Studies
University of Canterbury
Christchurch, New Zealand

THE DEVELOPMENT OF MEDICAL AND HEALTH SERVICES

IN NEW HEBRIDES AND VANUATU

For perhaps 5000 years peoples have inhabited the islands named by Captain Cook in 1774 the New Hebrides and which with the Torres and Banks groups today constitute the Republic of Vanuatu. These peoples suffered their injuries and illnesses to which they applied their own remedies, some of which as "Custom Medicine" persist in Vanuatu. It has now largely been replaced by Western scientific medicine and it is its development with which this essay is concerned.

Europeans first sighted and landed in the archipelago in 1606 when the Spaniard, Quiros, founded a settlement at Big Bay on the island he named Espiritu Santo but it was only a few weeks before the climate, sickness and the hostility of the native people forced him to withdraw. It was not until 1768 that Europeans again reached Espiritu Santo when Bougainville named the group of islands the Great Cyclades; but their real extent was not revealed to Europeans until Cook in 1774 spent from July 17th to August 31st visiting and mapping the archipelago. There was nothing to encourage further contacts until the chance finding of Sandalwood by Dillon in 1825, but not until the 1840's was this resource exploited in order to sustain trade with China. At about the same time a trade grew up in bêche de mer, while a few whalers began to visit these waters and even establish shore stations.

It was with the missionaries that such medical knowledge as then existed in Europe was first brought to the New Hebrides. Although at first they came to spread the Gospel of Christ and lacked any special training in medicine, many, if not most, had undergone some basic medical training and their wives brought care if not expert nursing skills to the peoples among whom they settled.

The first missionary to arrive was Rev. John Williams of the London Missionary Society (L.M.S.) who in 1818 went to the Mission in Tahiti, but from 1823 began to make missionary voyages to other islands. By 1839 he reached Erromanga in the New Hebrides where he, along with Mr. Harris, was killed while landing on the beach. His party had earlier landed three Polynesian teachers at Port Resolution on Tanna and two years later the Rev. A.W. Murray also of the L.M.S. returned to the New Hebrides bringing two more teachers from Samoa.

The first Europeans to settle following the Spaniards were the Revs. George Turner and Henry Nisbet who came to Tanna in 1842 but they too were driven out by the natives and had to be evacuated in 1843.

The first permanent European settler was not a missionary but the trader James Paddon, a trader in sandalwood, to whom in 1844 the chief on Aneityum gave some land and he remained for many years.¹ It was Paddon who then permitted some Marist priests to land on Aneityum in 1848² and later in that year another L.M.S. and two Presbyterian missionaries.³ It was particularly John Geddie of the Presbyterian mission who by spending the years from 1848-1872 on Aneityum contributed greatly to the care and comfort of the peoples of that island. Geddie came from Nova Scotia where he had married the daughter of a doctor. On his way to the New Hebrides (N.H.) he was delayed in Samoa, and while awaiting a ship to take him to N.H. stayed with Dr. Bullen, a medical missionary, and there gained some knowledge of tropical diseases and their management.⁴ Even before leaving Nova Scotia he recorded that for several months he gave his

¹ Van Trease, Howard, 1981. The Politics of Land in Vanuatu, p.14.

² Monnier, Father Paul. n.d. One Hundred Years of Mission. The Catholic Church in New Hebrides - Vanuatu 1887-1987, p.6.

³ Howe, K.R. 1984 Where the Waves Fall, p.297.

⁴ Miller, R.S. 1975. Mise Gete - John Geddie, Pioneer Missionary to the New Hebrides, p.26.

almost undivided attention to the study of medicine. He believed that a knowledge of medicine was valuable to missionaries not only for themselves and their families, but as a means of influencing the natives. By helping them with the diseases of their bodies he saw a means of reaching them with the Gospel.⁵

His own family was soon in need of his help when on June 5th 1849, alone he attended his wife during the birth of a daughter, the first white child to be born in the N.H.

Geddie was joined in 1850 at the mission by another pioneering Scottish missionary, John Inglis, who stayed to work there until 1877. Before leaving Scotland for New Zealand in 1844 to work as a missionary, Inglis had spent one year studying medicine at Edinburgh University. The mission field in the Manawatu to which he had been sent proved unsatisfactory so that Inglis then moved up to join Geddie in the N.H. As part of his missionary work there he attended the sick and did what little he could to prolong their lives.⁶

But besides bringing trade goods and the Gospel the first Europeans had also brought with them epidemic diseases which were previously not known to the New Hebrideans. Already they were exposed to malaria, yaws, elephantiasis and hookworm which doubtless produced a considerable mortality, to which were added accidents and injuries in the never ending warfare. Melanesian society was very fragmented and few persons could understand the language even of the people in neighbouring villages. Any person who did not come from the same village, cultivate the same piece of land or speak the same language, was accordingly treated as an enemy and liable to be attacked on sight. Even when this did not result in immediate death the sepsis of the wounds would usually overcome any "healing power of nature". Disease and injury were believed to have been caused by sorcery and could only be cured by propitiating the sorcerer if he could be found. Failing a cure, a sorcerer was accused, and he and his group attacked in retaliation for the death.

⁵ Ibid., p.16.

⁶ Inglis, John. 1887. In the New Hebrides, p.57.

With their basic medical training these early missionaries were at least able to ameliorate the plight of the people. Good nursing was preferable to segregation of the sick with its accompanying neglect and starvation, while improved hygiene and appropriate isolation would also help. But all their aid was unable to counteract the terrible effects of the new diseases being introduced and bringing with them a high mortality. It was soon realised by the natives that their sorcerers could not cure these new diseases, also that the sorcerers seemed unable to affect the health or wellbeing of the Europeans. Sometimes this led to the loss of power of the sorcerers over the people, but also to a dichotomy in the mind of the native. They came to believe that the powers of sorcery were effective against themselves but not against the Europeans while for European sicknesses they must turn to European medicine for a cure.⁷

The first recorded epidemics appeared on Aneityum in about 1836 and 1842 of which the first is said to have "carried off above one third" and the second a similar number of people. From then on at least forty-four epidemics have been recorded up till an epidemic of whooping cough in 1918-1919.⁸ Fortunately the N.H. was spared the ravages of the Influenza pandemic by the exertions of the Quarantine Officer of the time.

Inglis in his last report to the Synod in 1876, deploring the depopulation he had witnessed on Aneityum, wrote "I have as usual opened my dispensary daily and supplied medicine to all comers. I have attended, as far as lay in my power, to the wants of the sick; and my wife has supplied tea and other medical comforts to all within our reach, in many cases with very beneficial results. Beyond ordinary colds, there has been no sickness; there has been no epidemic during the year. Food has been plentiful and the public health has been generally good; yet without any assignable reason, the death rate for 1875 was

⁷ Lange, Raeburn Tapley 1982/83. A History of Health and Ill Health in the Cook Islands. Thesis, Department of History, University of Otago, p.376.

⁸ Miller, J.G. 1986. Live. Book 4, pp.30-32.

exceptionally high, and at the same time the birth rate was exceptionally low; the deaths being 46, about one third above average and the births only 21 being about a third below average.

The measles and subsequent epidemics from 1861-1866 completely disorganised society on Aneityum and left it in such an abnormal state that it has not yet recovered itself....

Aneityum could therefore be equal to India if we could shift the balance between life and death just one per cent - not a formidable undertaking, one would think, in these days when sanitary principles and sanitary regulations are accomplishing so much in arresting disease and prolonging life. One encouraging circumstance is that within the last few years there has been a slight increase in the female population."

The L.M.S. and the Presbyterian Mission were not the only ones to send missionaries to the N.H. We have already noted the arrival of Marist Priests and Brothers on Aneityum in 1848 although the next year Bishop Douarre recalled his priests to New Caledonia and in 1851 also recalled the Brothers and closed the mission.⁹ The Catholic Church did not re-enter the N.H. until they returned to Efate in 1887 under the protection of the French navy.¹¹ At no time did it build hospitals or appoint doctors although Nursing Sisters from Catholic Orders have served in the N.H. and the priests have given medical aid where they could in the same way as other missionaries.

The Anglicans were contemporary with the Presbyterians, Bishop Selwyn of New Zealand setting up the Melanesian Mission as a means of spreading the Gospel in the Pacific from a centre in New Zealand. He made his first exploratory voyage into the region in 1847 on H.M.S. "Dido", meeting the trader Paddon on the Isle of Pines and was encouraged by the apparent success of Paddon in dealing with the New Hebrideans who were generally

⁹ Inglis, p.331.

¹⁰ Monnier, p.7.

¹¹ Ibid., p.13.

regarded as being hostile to any visiting Europeans.¹² He returned in 1849 to gather boys from several islands planning to train them in Auckland. Promising or influential young men were to be trained and then to return to their island homes as evangelists and teachers, but no European missionaries were planted in Melanesia with them until 1869 when two priests were left for a while in the Solomon Islands and later on Mota in the Banks Group.¹³

From about 1867, however, the "Southern Cross" was taking about six clergy each year to the islands to remain for short periods in order to study language, translate Bible passages and Service Orders into Mota, confirm native converts as well as to doctor their sores and attend to other ailments.¹⁴

In 1888 Dr. Henry Palmer Welchman had gone to Santa Isabel in the Solomon Islands where he attended the sick,¹⁵ but his chief interest was in evangelisation and after ordination as a priest in Auckland rejoined the mission in 1896 to take charge of a station.¹⁶ As late as 1907 we read that the Anglicans considered that "medical missions as such had no place in Melanesia".¹⁷

It was not until the twentieth century that the Churches of Christ and the Seventh Day Adventist Church (S.D.A.) established missions and engaged in medical work in the N.H.

The first medical missionaries to be sent to the N.H. were Presbyterians, beginning with Dr. William Gunn being sent to Futuna in 1883 and serving there and on Aneityum until 1917.¹⁸ He was sponsored by the Edinburgh Medical Missionary Society

¹² Gutch, John, 1971. *Martyr of the Islands*, pp.37-39.

¹³ *Ibid.*, p.188.

¹⁴ Hilliard, David, 1978. *God's Gentlemen*, p.81.

¹⁵ Armstrong, E.S. 1900 *The History of the Melanesian Mission*, p.267.

¹⁶ Wilson, Ellen, 1935. *Dr. Welchman of Bugota*.

¹⁷ Hilliard, p.267.

¹⁸ Miller, 1986, p.20.

which provided several more medical missionaries for the N.H. At that time there were perhaps only five hundred persons on Futuna and Gunn was their teacher and evangelist as well as their doctor, but he extended his services to Aneityum in 1893. A steady stream of medically qualified missionaries followed; the next were Robert Lamb to Ambrym in 1893 where he worked until 1897 and James Sandilands who went to North Santo in 1896 and remained there until 1904, later working on Walo from 1912-1920. Dr. John Tait Bowie went to East Santo in 1897 but moved to Ambrym in that year to take over the hospital and medical work when ill health compelled Lamb to return to Australia. A Dr. J.F. Agnew was appointed but never commenced to work so that when J. Ewen Mackenzie came to East Santo in 1900 there were four doctors working for the Presbyterian Mission in the N.H.¹⁹ Until 1920 this Mission appointed in all twelve doctors.²⁰

It also built and staffed its first General Hospital on Ambrym in 1893 which remained the principal hospital for the mission in the group until 1913. In 1897 they had established a cottage hospital at Hog Harbour on East Santo and Dr. Sandilands at Big Bay, Santo, had a hut set aside for a dispensary in 1896.²¹

The need for this development in the work of the mission was pressing because in addition to the pre-European causes of illness and death, introduced epidemic diseases had had a devastating effect on the health of the people. Moreover, the Labour Trade affected both the health of the people and their numbers. During the days when sandalwood was being cut, natives from other islands were preferred as labourers by the traders for they were easier to control than local natives, so that as early as 1842 mobility among the islanders was noticeable. Some also would be engaged as sailors for the trading vessels particularly when they were moving around the archipelago; generally Loyalty

¹⁹ Ibid., p.165.

²⁰ Ibid., p.23.

²¹ Ibid., p.37.

Islanders were preferred for this as they were more prepared to work than most others, were eager to travel and so were used especially in the Labour ships.²² The Labour Trade replaced the trade in sandalwood when the sandalwood had been cleared out of Santo and Erromanga in the 1960's, at which time labour was becoming necessary to work the plantations of Queensland and Fiji. From 1863-1904 a total of possibly 40,000 people left the N.H. for Queensland or Fiji. Unfortunately, sickness took its toll of the labourers and about 10,000 of them never returned to their homes.²³ Not only were these lost from the population, but its natural increase was seriously impaired by the absence of the fittest of the young men for various periods with a disruption of traditional society. On their return they now frequently brought with them tuberculosis or leprosy to spread among their island community. These influences of epidemic disease and the loss of young labourers no doubt were the cause of the serious depopulation of Aneityum to which Inglis referred in his 1876 report to the Synod.²⁴ Similar observations had also been made by F.A. Campbell when he visited the N.H. during 1873.²⁵

While the Presbyterian Mission led the field in the development of medical services, its work was soon supplemented by the French. We have noted that the French Government encouraged and supported French Marist Missionaries here as they did elsewhere in the Pacific as an instrument of national imperial policy. French aspirations were watched with concern by the colonists of Australia who kept pressing the British Government to intervene in the N.H. but it would not move. Meanwhile from 1870 French interests particularly in the person and companies formed by John Higginson, began to buy large tracts

²² Howe, K.R. 1977 *The Loyalty Islands. A History of Cultural Contacts, 1840-1900.*

²³ Census 1967. *A Report on the First Census of the Population (Condominium of the New Hebrides)*, p.16.

²⁴ Inglis, p.331.

²⁵ Campbell, F.A. 1873 *A Year in the New Hebrides*, p.97.

of land, a few of which were developed into plantations.²⁶ The British Missionaries in the N.H. were also applying pressure on Great Britain to intervene to protect both British nationals and natives. Although it did not wish to take over the islands, Great Britain was determined no other power should either, and in 1878 an agreement with France guaranteed the independence and neutrality of the N.H., but left France as the dominant economic power there.²⁷

Increasing settlement exposed the inadequacy of the 1878 agreement and so in 1886 the two powers agreed to the setting up of a Joint Naval Commission to deal with disputes between their Nationals or with the natives.

Almost at once the French reacted to the killing of some Europeans by sending in military and naval forces to occupy Port Sandwich on Malekula and Port Havannah on Efate. The significance of this event for the medical history of the N.H. is that to these forces were attached naval and army surgeons leading to the establishment of a permanent medical presence so that in 1886 E. Davillé was stationed at Port Sandwich. Other French army or naval surgeons who served in the N.H. last century were F. Gaillard, E. Caillot, G. Martine and H. Hagen, three of whom worked also for the Compagnie Calédonienne des Nouvelles Hébrides and one for La Société Française des Nouvelles Hébrides.²⁸ In 1887 the agent in New Caledonia of La Société Française de Colonisation obtained from the Minister of the Colonies the services of Dr. Ormières who twice visited the French colonists

²⁶ Van Trease, pp.24-27.

²⁷ Ibid., p.37.

²⁸ (i) Bador, Jean-Luc. 1982. Histoire de Service de Santé Publique aux Nouvelle Hébrides de 1895-1979. Thesis Université Claude Bernard, Lyon I, p.27ff.
(ii) Chronology of New Hebrides. 1956. Journal de la Société des Océanistes number 12 December 1956, pp.6-61.
(iii) O'Reilly, Patrick. 1957. Hébridais. Répertoire biobibliographique des Nouvelles Hébrides.

in the N.H. in that year, and soon after the establishment of a hospital at Anabron some of the local military doctors worked in it. To Dr. Davillé is given the credit for advocating the value of quinine in preventing malaria which had always been a scourge especially of the Europeans living in the N.H.

These first French doctors were military officers stationed to attend to the armed forces serving there yet they also attended the French settlers but were not closely involved with the New Hebrideans in the way the missionaries were.

At the turn of the century the political situation was changing in response to an increase in European settlement. The proposal in 1886 to set up a Joint Naval Commission by the two rival powers eventually had led to a Convention being signed on November 16 1887 which came into effect in January of the next year when its regulations were issued. The Naval Commissioners were empowered to act only to protect the "life or property" of British or French subjects and it was in no way a form of government nor was sovereignty involved. These powers had already been used in anticipation by France to justify the landing of military forces and we have noted that with them French doctors entered the N.H.

But the Commission was not designed for other than dealing with land transactions and proved unable to control even these satisfactorily. It could do nothing to prevent the increasing violence as the New Hebrideans resisted the alienation of their land." As a result of further consultations between the two powers, in 1906 a new Convention established the Condominium of the New Hebrides. Under it two National Courts were set up each presided over by a British or French judge and a Joint Court with a presiding judge who was to be neither French nor British. A new protocol was drawn up in 1914 but with the outbreak of the Great War it was not ratified and so did not come into effect until 1923, then remaining the form of government that persisted

" Van Trease, p.41.

until Independence in 1980.

Although the Condominium was principally concerned in land problems and had the power to deal with crimes and various claims of the French or British nationals, it did have other functions which it promulgated through a series of Joint Regulations. Many of these were concerned with health such as one "to prohibit the unauthorised importation and sale of opium in the N.H." in 1908,³⁰ "to prevent the introduction of communicable disease in the N.H." in 1909,³¹ and "to prevent the consumption of alcoholic liquors by the natives of the N.H." also in 1909.³² In fact for many years regulations were being added or amended attempting to prohibit the use of alcohol by the natives of the archipelago. This remained a constant cause of complaint by the Protestant missionaries who kept reporting to the Government that French and other traders were illegally supplying alcohol to natives. In 1927 regulations were brought in to "control the work and training of native practitioners" (of medicine)³³ and in 1931 to "define the organisation and duties of officers appointed to the Condominium Medical Service and to control the administration of Condominium funds voted for native medical welfare."³⁴ This shows that after 26 years the administration had at last recognised that it had some responsibility to provide medical care not only for its nationals but also for the native people.

In 1938 it made "provision for the organisation of the public health services of the Condominium"³⁵ with regulations relating to appointments and duties. Also in 1938 it provided for the quarantine of animals from Australia "to prevent spread

³⁰ Gazette, New Hebrides Gazette. Joint Regulation (J.R.) number 3, 1908.

³¹ Ibid., J.R. No.4., 1909.

³² Ibid., J.R. No.7, 1909.

³³ Ibid., J.R. No.6, 1927.

³⁴ Ibid., J.R. No.14, 1931.

³⁵ Ibid., J.R. No.11, 1938.

of a Poliomyelitis epidemic."³⁶ It was not until 1956 that the first poliomyelitis epidemic did occur in the N.H.³⁷ but this was not affected by the Joint Regulation of 1938. However, these show clearly that the Condominium was cautiously and slowly entering into the provision of preventive and curative medicine although implementation of the provisions in a regulation was frequently not properly carried out. In practice all the Condominium health posts were filled by the medical officers of the national services who were otherwise often fully committed by other duties.³⁸

The entry of the Condominium Government into preventive medicine was encouraged and even speeded up by the visits to the group of Buxton and Lambert about 1930. Dr. S. M. Lambert from the Rockefeller Institute at the time was carrying out a campaign in the Pacific against hookworm disease which was very prevalent in the region. In the N.H. he surveyed its prevalence and treated as many sufferers as he could, but principally attempted to educate the people and their government in the safe disposal of faeces, in particular by the use of pit latrines.³⁹ His visits throughout were of great importance to the future health of the people and were recorded frequently in mission reports.⁴⁰ Gradually the need for continuing supervision became incorporated into regulations and standards for the care of latrines which

³⁶ Ibid., J.R. No.2, 1938.

³⁷ Mills, A.R. 1958. An Outbreak of Poliomyelitis in the New Hebrides (paper given at the Sixth International Congress on Tropical Medicine and Malaria, Lisbon, Sept. 1958).

³⁸ (i) Report Anglo-French Condominium 1955-56.
(ii) Gazette J.R. No.11, 1938.

³⁹ (i) Lambert, S.M. 1928. Medical Conditions in the South Pacific. Medical Journal of Australia Sept. 22, 1928, pp.375-376.
(ii) Lambert, S.M. 1941. A Doctor in Paradise, p.238.

⁴⁰ Bowie, F. Letter 8/8/25 to H.C. Mather. Archives Hewitson Library, Knox College.

appeared in some of the first Regulations." Lambert and his team had also concerned themselves with yaws and during his visit is said to have treated nearly 29,000 cases." Yaws was widely recognised as being one of the principal diseases of the N.H. Its treatment by intravenous injections of arsenicals proved very effective and in most reports from the Presbyterian mission stations during the 1940's we learn that on their ordinary tours the missionaries were injecting hundreds of the people with these drugs."

Dr. P.A. Buxton from the London School of Tropical Medicine was a specialist in the spread of diseases by mosquitos. His studies in particular covered the commonest of the diseases in the N.H., malaria and the also prevalent filaria. At the time of his visit in 1927 he found microfilarial worms in the blood of 100 out of 318 persons examined of whom only 19 had elephantiasis." Other investigators found a similar pattern. Although filaria has a variety of vectors throughout the Pacific, it was found in the N.H. to be spread only by *Anopheles faurati* so that measures to control this insect would benefit both malaria and filaria.

Malaria he found occurred on all the islands except Futuna. He concluded that "the severity of malaria on an island is one of the factors which determines the power of a population to recover from epidemics and from the Labour traffic." He also noted though that this could not be the only factor, for Futuna clearly was not the most populous or flourishing of the islands. Harrison working in north-east Malekula in 1933-34 noted that on small islands a mile or less across, health was much better and the anopheles mosquitos were often absent so that on these

⁴¹ Gazette, J.R. No.2, 1932.

⁴² Chronology, 1956 (refer 1925).

⁴³ Annual Report of N.Z. Church Area in the New Hebrides 1944-45. Hewitson Library Archives.

⁴⁴ Buxton, P.A. 1927. Researches in Polynesia and Melanesia, pp.227-237.

islands the population was increasing."

Lambert paid high praise to the Missions for their involvement in medical treatment and to some extent in health education and preventive medicine." By the turn of the century the Presbyterian Mission had spread its work into Malekula and Santo, in fact into nearly all the islands of the group except for Torres, Banks, Maewo, Aoba and Pentecost which by an agreement reached in 1881 were left to the Melanesian Mission.

On Pentecost by 1906 at Lamalaga the Melanesian Mission (M.M.) had set up a women's station to teach "obedience, cleanliness, thoroughness and good manners." At it were taught writing, reading and singing and the staff gave out simple medical treatments." The missionaries had established a reputation for being "able to cure all diseases instantly" despite their amateur medical knowledge," but a declining population at that time was very obvious.

In spite of a strongly held opinion in the M.M. that Medical Missions as such had no place in Melanesia" in 1911 Archdeacon Uthwatt went to Australia "to plead the cause of the Mission especially of the Hospital which it was proposing to establish at Hautabu in the Solomon Islands as a memorial to Dr. Welchman." In 1928 it opened another hospital at Fauabu on Malaita and in 1937 at Lolowai on Aoba in the N.H. to which it appointed a resident medical officer."

The Presbyterians had built their hospital on Ambrym in 1893 and although it had to be rebuilt soon afterwards following a

⁴⁵ Harrison, T.H. 1951 The New Hebrides People and Culture, in Scientific Results of the Oxford University Expedition to the New Hebrides 1933-34, p.58.

⁴⁶ Lambert, 1941, p.254.

⁴⁷ Hilliard, p.80.

⁴⁸ Ibid., p.169.

⁴⁹ Ibid., p.267.

⁵⁰ Southern Cross Log Oct 20, 1910, p.74.

⁵¹ Colonial Reports - New Hebrides. HMSO No.1889, 1937.

fire, it then functioned until it was completely engulfed in a massive volcanic eruption in December 1913.⁵² This time it was not replaced but during its 20 years of service it was the principal hospital for the mission in the N.H. To it was appointed Dr. Robert Lamb whose work for both natives and Europeans was such that great sorrow was expressed when in 1897 he was forced to leave Ambrym as he was by then suffering from tuberculosis from which he died ten years later. He was succeeded in 1899 by Dr. John T. Bowie who moved down from Hog Harbour where he had been working.⁵³

On Tanna a hospital was built at Leuakel in 1903 and flourished under Dr. J. Campbell Nicholson until he left in 1917 to join the armed forces. It was on Tanna that Nicholson for the first time in the N.H. did something to try to control the spread of leprosy by persuading the Tannese to form colonies where lepers could be isolated.⁵⁴ This hospital at Lenakel served as the principal one for the southern islands although Dr. William Gunn when he went to Futuna in 1883 had established a dispensary and a small hut which he used as a hospital.⁵⁵ Other small hospitals were provided by the Presbyterian Mission in 1902 at Wala and in 1910 at Nogugu in West Santo as well as at Big Bay in 1896.

It was at Port Vila, however, that was built what was later to become the main hospital in the group for the Mission and indeed for the whole of the N.H. Because of the growing importance now of Vila as the administrative capital the Synod in 1906 "considered the question of a Medical Mission at Vila", and despite support for this there was also dissent because of the proved value and success of the Ambrym Hospital and the realisation that there was no need for the Mission to have two

⁵² Miller, 1986, p.25.

⁵³ Ibid., p.47.

⁵⁴ Ibid., p.85.

⁵⁵ Ibid., p.37.

general hospitals.⁵⁶ Any hospital to be built at Vila should therefore serve only local needs. In 1910 the John Paton Memorial Hospital was built on Iririki Island in Vila Harbour and after the destruction of the hospital at Ambrym in 1913 steadily built up its position and reputation in the N.H.

The British administration did not appoint any European medical officers until 1952 or provide any medical services but it made its contribution to health care by way of subsidies to the Presbyterian and Melanesian Missions, usually appointing one of the mission doctors to act as its medical officers.

Not so the French administration which had at its disposal French military doctors who were also appointed to various civilian posts, the first of which have already been noted. By 1899 Higginson had provided for a small hospital at Anabron for the care of French colonists. Also at Anabron the Catholic mission had built an orphanage and owned a large tract of land, while some Missionary Sisters of the Society of Mary worked at the hospital when it passed to the control of the Société Française des Nouvelles Hébrides. Because of complaints and possible irregularities at the hospital it was taken over by the French administration in 1911.⁵⁷ At that time the Marist Sisters were put under the French government. Two years later this French hospital was moved into Port Vila where it remained as the General Hospital for the French administration in the N.H. right up until Independence in 1980.

In 1923 the French planters on Santo set up a hospital at Luganville and appointed a doctor to it, and after 1928 it too was staffed by Marist Sisters.⁵⁸ This was to become the second in importance in the N.H. for the French government.

On Malekula there had been an aid post since 1898 at the Catholic Mission at Port Sandwich served by Marist Sisters and in 1928 an Indochinese doctor was stationed there. At Norsup the

⁵⁶ Ibid., p.61.

⁵⁷ (i) O'Reilly, *Hébridais* (ref. Dubruel de Broglie).
(ii) Bador, p.27ff.

⁵⁸ Bador, p.27ff.

Compagnie Cotonnière des Nouvelle Hébrides had made a plantation in 1928 and it opened there a private hospital for its Indochinese workers. This hospital was to become the French hospital in 1932 and was staffed by military doctors.⁵⁹

By 1920 there ere eight French doctors in the N.H. for their colonists and in at least five places they were also attending the needs of native labourers. The Chief of the French Health Services was usually the Chief Medical Officer also at the French Hospital at Port Vila. In addition to the French doctors, some Indochinese assistants were being employed by the French.⁶⁰

The Catholic Mission never appointed any doctors nor built hospitals although Catholic Sisters worked at dispensaries in most places where the mission operated as well as in the French hospitals when they were built.

The outbreak of the Second World War in 1939 and especially after 1941 when Japan entered it had wide reaching effects on the N.H. With the fall of France in 1940 the formation of the Vichy Government and the setting up of the Free French Movement by de Gaulle there was immediately a struggle in the Pacific between these two rival movements for the control of the French Colonies. In the N.H. this was rapidly settled in favour of the Free French when the Resident Commissioner, Henri Sautot immediately aligned the territory with de Gaulle.⁶¹

Although there was no fighting in which the N.H. was directly involved apart from some minelaying in its waters and some small air raids, the N.H. became one of the principal forward bases for the American troops in the Solomons campaign. Bases were built on Santo and Efate and at a time when the native population for the territory was in the region of 100,000, around Luganville alone there were about 100,000 American and Allied

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Pacific Year Book, 1977, p.233.

troops stationed.

This had a tremendous effect on the New Hebrideans. They became accustomed to seeing material wealth such as they had never dreamed of. They saw black troops apparently as wealthy as the white troops and being treated as equals of the whites. Some New Hebrideans could work for the forces and the wages they could earn were so far beyond what had ever before been within their reach that they rapidly abandoned a subsistence existence and moved to regions where work was offered. In Santo and Efate the effects of the occupation became most obvious while many of the other islands knew of these happenings only by report.

The economic consequences were immense. Many New Hebrideans adopted a "consumer-goods" mentality especially those who then became and remained urbanised. Others could only dream of the day when an equal bounty would come to all and from this hope arose cargo cults and the nationalistic movement of Nagramiel on Santo and some northern islands. On Tanna John Frum existed before the war for a year or two but was greatly strengthened by these hopes. These were to become strong and significant in the movements towards independence which began to arise twenty to thirty years later. At the end of the War some equipment was handed over to the Condominium Government or to a few individuals but much was removed or deliberately destroyed leaving the people bewildered and resentful.

There were also medical and health consequences for the N.H. With the troops came doctors and nurses. Hospitals were built and some of their services spilled over to the New Hebrideans working for the Services and even to others. Reporting from Nguna in 1942/43 a missionary noted that with the increased spending power enjoyed by his people came an increased demand for medicines which especially at that time, were difficult for the Mission to supply.⁶²

Malaria was immediately a serious problem to the American troops as it had been from time immemorial in these islands

⁶² Crump, C.K. 1947. Report Nguna Mission Station 1942/43. Hewitson Library Archives.

especially to any Europeans or Polynesians who tried to live there. Consequently in 1943 they set up a Malaria Control Unit which attempted to control the mosquitos especially in the neighbourhood of their troops, but their efforts also benefited the natives living in those regions and indeed far beyond for the medical personnel frequently provided services to the natives.⁶³ This ceased with the War and by 1947 on Tongoa the mission was reporting the resurgence of malaria following the abandonment of the wartime malarial control programme.⁶⁴

The control of the anopheles mosquito would also have improved the situation with regard to filariasis, which is here transmitted principally by *Anopheles faurati*.

With help from the Lepers' Trust Board, Dr. Jean Davis of the Australian Presbyterian Mission carried out a leprosy survey of the N.H. in 1947-49⁶⁵ and among other matters reported on the prevalence of yaws which had become much easier to treat since the coming of penicillin about that time. By 1956 a campaign to eliminate yaws had been organised by the W.H.O. and this was carried on from 1956-61 proving most successful.⁶⁶ That its success was not complete though is highlighted by knowing that in 1989 there has been another campaign mounted in Tanna to try to eliminate the disease which has slowly reemerged there in recent years.⁶⁷ It is probably significant that in 1960 it was the people of Tanna who had been refusing to accept anti-yaws treatment.⁶⁸ The John Frum movement was still strong on this island and was concerned with a return to custom and a rejection

⁶³ Bador, Chronology.

⁶⁴ Crump, 1947.

⁶⁵ (i) Davies, E. Jean. 1951. Leprosy Survey, New Hebrides, (L.T.B. Archives).
(ii) Davies, E. Jean. 1954. Addendum to Leprosy Survey.

⁶⁶ Bador (section on Rural Health Services).

⁶⁷ The "Press" 1989, August 4,5.

⁶⁸ New Hebrides Condominium Advisory Council Report, Fourth Session, December 1960, p.82.

of any European institutions, and entry into John Frum villages was difficult if not dangerous to Europeans.

The survey performed by Dr. Davis was mainly to discover the prevalence of leprosy and decide how best to manage it. Neither the British nor French administrations considered the survey to be affordable but both the Presbyterian and Melanesian Missions were eager to see it go ahead and had persuaded the N.Z. based Lepers' Trust Board to underwrite the cost. The results of her survey have been dealt with elsewhere⁶⁹ but it led to the building of the St. Francis Leprosarium at Lolowai on Aoba. It had also led to the continuing interest and support of the Trust Board in the work to cure and control leprosy by both the Missions and the Government. Even more significant was when in 1948 the Trust Board made assistance available for the erection of clinics and dispensaries and the provision of public health workers throughout all the islands.⁷⁰

The other main public health measure in the 1940's was in the attack on tuberculosis. This disease was almost certainly introduced by the Europeans and the New Hebrideans who had no previous exposure to it or immunity of any kind fell easy victims. No effective treatment was available anywhere until the late 1940's; but even at that time its detection was not easy depending so much on skilled medical diagnosis, good laboratory services and Xray equipment, all three of which were sadly lacking in most parts of the N.H. and still are, while the treatment was expensive and could be introduced only slowly. However, by 1964 a Tuberculosis Control Campaign was set up by the W.H.O. under Dr. Leclercq in which all villages were visited, the people examined and sputum specimens taken. The results were such that by 1967 a mass B.C.G. vaccination programme was instituted leading to a great improvement in the situation. Even now, with a general improvement in laboratory and radiology

⁶⁹ Laing, J.K. 1989. Leprosy in the South Pacific and the Origins and Development of the Leprosy Trust Board. Essay, Department of History, University of Canterbury.

⁷⁰ Twomey, P.J. Letter 10/2/48 to all missions providing medical services. L.T.B. Archives.

services B.C.G. remains the main attack on the disease being given to all babies born in hospitals throughout the group and by Health Nurses to babies born in the villages.⁷¹ A secondary effect of the B.C.G. vaccination could be an improved immunity against leprosy which has been remarked on in the Solomon Islands.⁷²

These government campaigns did not diminish the efforts of the missions which continued to provide medical services for the people. Even after the formation of the Presbyterian Church of the New Hebrides in 1948, a mission hospital was built at Silimauro on Tongoa in 1953, a dispensary on Nguna in 1955, a hospital at South West Bay, Malekula in 1957 and also a hospital at Lenakel on Tanna in 1956. By now the Churches of Christ who were working on the northern islands had built a hospital at Nduindui on Aoba to which they appointed a doctor.⁷³

In medical services the role of the Condominium Government was mainly supportive usually supplying drugs free to those who ran the dispensaries, clinics and aid posts and by now they were also training dressers to work in them. Not only were New Hebrideans being trained as nurses and dressers but also men were being sent to the Medical School in Suva. The first of these was Daniel Kalorib who unfortunately did not complete the course but returned to the N.H. to resume working as a dresser. His cousin John Kalsakau was then sent by the Condominium Government and the Presbyterian Church and qualified as a Native Medical Practitioner (N.M.P.) in 1943, being the first New Hebridean graduate.

Even at the time of Lambert, Malokai a N.M.P. from Fiji assisted him in his work⁷⁴ and another Fijian N.M.P. Peni Tuidrake worked on Malekula from 1932-1935.⁷⁵ These proved they could

⁷¹ Bador, (section on Rural Health Services).

⁷² South Pacific Health Service Report, 1968/69.

⁷³ Bador, Chronology.

⁷⁴ Guthrie, Margaret, W. 1979. Misi Utu, p.18.

⁷⁵ Ibid., p.27.

handle modern medicine as well as any European Graduate given equivalent training.

By the mid 1960's the government-mission partnership was still unchallenged although there were new agencies in the health field. A representative Annual Report of the Principal Medical Officer of Health is that of 1966.⁷⁶ It shows how the various services had developed up till then, listing the existing agencies and their future plans. In addition to the National French Health Service and the National British Health Service, the Condominium had its own services, but these were principally in public health measures such as Tuberculosis control and B.C.G. vaccination. Besides these were the missions described in this report as Catholic and Anglophone and active in both health and medical fields. In addition there was the British Red Cross, the Urban Public Health Services, a Private Medical Service besides three dentists and one pharmacist.

Clearly the unwieldy nature of this arrangement had become apparent to many. On several occasions British or French services or individual doctors had commented on the support they had received from their opposite number. This was frequently necessary because each was filling several distinct positions. A mission doctor could at the same time be the superintendent of the Base Hospital, the Chief Medical Officer of the British Service, a chief or assistant for the Condominium Service and some of these duties could involve leaving the base and making a long journey to the outer islands.⁷⁷ Similarly the French doctors had several areas of responsibility or had to be relieved while they took a holiday.

There had, therefore, been consideration given to some rationalisation of the medical and health services particularly the duplication of Base Hospitals in Port Vila. But by 1966 any thought of having only one Base Hospital run conjointly by the

⁷⁶ Annual Report Health Services 1966. (Commentaries of the Chief of Services in Part 2.)

⁷⁷ Jamieson, T.J.K. Report to the Presbyterian Church of New Zealand on the Vila Mission Station 1948/49. Archives Hewitson Library.

two national services had been abandoned even though in 1958 the Presbyterian Hospitals had been taken over by the British administration."

The plan now was that from the Paton Memorial Hospital in Vila and from the Presbyterian mission stations over the next four years was to be developed a well organised Public Health Service. The French were to build a 120 bed hospital at Vila to replace the old one and to provide another 100 beds at their hospital at Santo, Tanna and at Lamap in Malekula. At that time they were employing six doctors, thirteen nurses from the Marist Sisters, twelve New Hebridean nurses and three laboratory technicians. The British for their part employed three doctors besides the three doctors working for the Anglophone Missions while another was about to come to Lenakel. Besides, the British had four Assistant Medical Officers (A.M.O.) twenty-three Australian Missionary Sisters, 146 New Hebridean nurses and 75 student nurses in training at Lolowai, Nduindui, Vila and Aore Hospitals. There were four New Hebridean doctors doing postgraduate training, three in New Zealand and one in Fiji. All the British hospitals, dispensaries and clinics with their bed states are listed and a similar inventory of beds available from the French. These were at Vila, Santo, Norsup, Lamap and Tanna and all projected increases in the next four years. The Norsup Hospital which had been abandoned for eight years was to reopen in 1967 and a list of secondary hospitals and dispensaries is given with the comment that these were insufficient in comparison with those of the British Service and the Anglophone missions. Services by Catholic missions were available mostly in Pentecost and Malekula and are detailed.

The Condominium personnel are listed as the Chief Medical officer who was also chief of the French National Service, his Assistant who was the Chief of the British National Service as well as three French Medical Officers to cover Northern, Central and Southern Regions along with two A.M.O.'s for Tuberculosis Control. They had eleven auxiliary nurses and dressers staffing

⁷⁸ Bador, pp.32-35.

nine widely scattered dispensaries.

By then the Condominium had control of Maternal and Infant Welfare and in addition to Tuberculosis Control it provided Malaria Control and supervised the work in leprosy."

Similar reports were made each year during the 1960's but few as exhaustive as this.

Despite the work of Dr. Lambert thirty years before, even in 1965-66 the proper disposal of faeces and the provision of a safe water supply was seen as the main problem in environmental sanitation. Again Tanna was a district where sanitation efforts were being resisted.⁷⁹ It was proposed to use three Assistant Health Inspectors from the British Service to supervise the building of water-sealed latrines of a proper standard. But even today in Port Vila there is no sewage system and all water closets empty into septic tanks while pit latrines persist leading to pollution in parts of the harbour. Over the years piped water has become available in the town although subject to problems during flooding in the catchment. Even in many villages water is sometimes piped from an unpolluted stream or well but in times of drought there are serious problems arising.

An important event in 1967 was the taking of the first Census ever carried out in the N.H. Enumeration was probably fairly complete and showed the population to be 72,000, the birth rate as 45 per 1000 and the estimated death rate as 20 per 1000. From this a rate of natural increase in population of 2.5% was estimated and so for the first time forward planning for health service requirements could be made. From the point of view of the historian, the Census contains a historical review of the islands from the first contact with the Spaniards in 1606 and the various estimates of population made since then. It lists all the recorded epidemics that had swept the group from the time the sandalwood traders first brought outside labourers to work there

⁷⁹ Annual Report Health Services 1966.

⁸⁰ New Hebrides Condominium Council Report, Fifth Session, December 1961.

in the latter part of the 1820's."

By 1970 the demand of the New Hebrideans for independence was becoming much stronger. It had been developing for many years, originating from and stimulated by land claims of expatriates. From this had arisen the John Frum movement about 1940-41 and Nagramiel in the late 1960's. On the centenary of the Presbyterian Mission in the New Hebrides in 1948, the Presbyterian Church of the New Hebrides came into being. The newly independent church proceeded to ordain some New Hebrideans as its ministers." To this Church were gradually transferred any acquisitions of land made by the Mission over the years thus returning it to New Hebridean control even if not to the custom owners. The better educated New Hebrideans, usually products of Church schools, began to go overseas, see nationalistic movements elsewhere and returning home plan for the day when the N.H. too would be independent.

With the creation of the indigenous Presbyterian Church of the New Hebrides some of the responsibility for education and medical care in the schools and hospitals set up by the mission was transferred to the new church, although this remained a shared responsibility for many more years." The Presbyterian form of Church government was also an ideal training for the Westminster form of national government and it is very significant that when the first independent government was formed in 1980 many Presbyterian ministers were among its leaders.

By 1973 the Presbyterian Church agreed that Independence for the N.H. must come and called on the Governments of Britain and France to recognise this and to grant self government as soon as

⁸¹ Census, 1967, pp.1-22.

⁸² Whimp, Neal. 1981. The Church in Vanuatu since 1945, p.3. Annual Lecture to the Presbyterian Historical Society 1981.

⁸³ Ibid., p.6.

possible in preparation for eventual independence."⁴⁴ This may have been evident to the British Government who had already been granting independent to its other colonies throughout the world and continued to do so. But the N.H. was not a British colony, rather it was an Anglo-French Condominium and the French Government was not moving along similar lines in the Pacific even though the African colonies had been granted independence.

Health Services were to become one of the battlefields on which the French and British strove for the loyalty and support of the New Hebrideans. It was no new struggle and had already been smouldering for 80-90 years. In fact it was the failure to resolve their rivalries which had led first to the formation of the Joint Naval Commission and eventually to the bizarre conception of a Condominium for a territory where sovereignty theoretically rested with the New Hebrideans yet whose rights, even if sometimes recognised, were never defined or upheld.

In both health and education Britain and France now suddenly began to expand their interests and contributions in order to win support from the New Hebrideans in the present struggle. French schools proliferated, providing education in the French language and fostering support for France and its interests. The same occurred to a lesser extent on the British side which had a head start on the French in both these fields, but the French rapidly caught up in the race. For nearly a hundred years they had enjoyed an economic predominance in the N.H., but in order now to woo the New Hebrideans they returned large tracts of "waste land", which they had previously claimed but never developed, to the custom owners.⁴⁵

In 1973 a confidential report to the (British) Assistant Secretary of Pacific Island Dependencies had given as the main cause for the lack of progress in community health and adequate supervision of the work in rural dispensaries, the absence of any coherent organisation to carry them out. He pointed the need to achieve agreement and if possible, co-operation between the three

⁴⁴ Ibid., pp.1-9.

⁴⁵ Van Trease, p.217.

separate Government departments supplying these services. At that time he was aware of a medical plan proposed by Dr. Greenhough, the Chief Medical Officer for the British Health Service for achieving this."

W.H.O. Reports of 1974 and 1976 on the Public Health Services noted that the Organisation of Health Services [in the N.H.] was unique. They recommended that the Condominium Service should be expanded and ideally should replace the existing French and British Services. It also considered the situation was further complicated by the presence of the Missions who were active in both health and in medical care, although it did not specifically recommend their absorption."

Although a W.H.O. Officer had co-ordinated the national yaws eradication campaign in the 1950's it remarked that 436 new cases of the disease were reported in 1976, and its continued presence in 1989 has already been noted."

Poliomyelitis was now recognised as a serious problem and for several years individuals had been vaccinated against it, but there was yet no mass vaccination of the children. New Zealand had sent a supply of the Sabin vaccine to the Vila Base Hospital and the W.H.O. recommended that as many children as possible now be vaccinated. This developed into a programme which today covers the whole country and all children receive this vaccine along with several other immunisations."

Some provision had been made by a regulation of 1965 for the reception and detention of persons of unsound mind into a Condominium Mental Hospital in Vila but the service was little more than custodial."

⁸⁶ Kilgour, John L. Letter 19/10/73 to Assistant Secretary Pacific Island Dependencies.

⁸⁷ W.H.O. Projects 1974: 1976. Development of Health Services, p.4.

⁸⁸ W.H.O. Projects Review 1977.

⁸⁹ Ibid.

⁹⁰ Gazette. Joint Mental Health Regulations No.2, 1965.

Despite the Malaria Control Programme which had operated for many years now malaria had remained the most serious public health problem in the territory, chiefly the result of inadequate spraying or environmental control since the end of the War. In addition the predominant parasite was not becoming increasingly resistant to chloroquin the usual preventive and curative treatment.

Although most surveys on nutrition had shown that in general the people were taking satisfactory diets, those of urban dwellers were more likely to be unsatisfactory because of a growing dependence on tinned imported foods with a corresponding movement from the more nutritious indigenous foods. The imported food were not only more expensive but also less nutritious. Part of the difficulty for urban dwellers is their inability to continue providing food from their own gardens, compounded by the inadequate supplies and high cost of foods in the town markets. These problems are frequently exacerbated by recurring hurricanes which make the gardens supplying the markets unproductive for many months and almost empty the market of supplies. The tendency to buy the more expensive imported foods is spreading also to rural areas although campaigns are mounted to try to persuade the people to continue to produce and consume the traditional foods.

In 1974-1976, however, a survey of children at Walo Rano suggested small but significant deficiency of protein to be present in the diets. In order to overcome this an experiment was set up to establish a dairy herd to provide milk for the school children in the hope that after leaving school they would continue to consume dairy products. It recognised, however, that there was a taboo against drinking milk in the N.H. After some initial resistance here the children began to accept the milk eagerly⁹¹ and today milk is widely used even if consumption is not as heavy as in New Zealand. The growing of beef cattle in the plantations also provides more meat although little of this finds

⁹¹ Raoult, A. 1974, 1976. Report on a Field Mission to Walo Rano to organise a survey. Vila Cultural Centre Library.

its way to the majority of the people and mostly goes to hotels in Vila and Luganville or is exported.

Most aspects of public health were now being addressed even if not always satisfactorily. In 1974 a survey of the teeth of school children was made which showed a low rate of carries in the outer islands but a moderate prevalence in urban areas. It is of interest that on Ambrym fluorosis of the teeth was noted but not elsewhere.⁹²

Various criticisms of the health services had been going on for a long time before those of 1974 and 1976 and there had been some reaction by both British and French Governments. In 1967 the French had recognised the necessity for it to improve the French Hospital in Port Vila "if it was to retain its status" in the face of the better services being provided by the British Government and the Protestant missions. Their report then considered that it would not only be undesirable but disastrous for them if they did not build a Referral Hospital despite the presence of the Paton Memorial Hospital in Vila. It recommended that the new hospital should be "100% better than the Paton Memorial Hospital." It noted that the Catholic Mission was providing 95% of the Community Health services for the French areas and recommended that the French services should integrate with the Catholic Mission services.⁹³ This would balance the recent integration of British Government and Anglophone Mission health services.

But instead of rationalisation, these changes led to greater duplication. Early in 1975 the new Paton Memorial Hospital now moved from Iririki Island in Vila Harbour to the town of Vila, was opened to serve as the Vila Base Hospital for the British Service. The French had rebuilt their hospital as the Georges

⁹² South Pacific Commission. Technical Paper 168 Part 1, 1974.

⁹³ Introduction to the Study of the Problem of the Principal Hospital of the French Health Services at Port Vila 1967. Vanuatu Archives.

Pompidou Hospital" and the wisdom of having two such base hospitals in Vila was openly questioned. A study of the future needs of these hospitals was entered into by a committee of one British and one French official. It found that the "difficulties in merging the two services would not be insurmountable" and prepared a possible structure for the integrated medical service of the future. Various alternatives for the use of the two hospitals were studied especially the view among most French speaking people that the (British) Vila Base Hospital should be reduced to the status of a dispensary. This was at once strongly challenged by the Medical Staff of the Paton Memorial Hospital and also by the Presbyterian Church of the New Hebrides." The staff reacted to a public statement by the Minister of Social Services in the recently elected Council that their hospital be reduced to a dispensary by claiming this contradicted the principal of human rights and believed a referendum should be held on which hospital was preferred by the people. Already they had carried out their survey which showed that 50,000 people opposed the move to close the hospital. They noted that the Paton Memorial Hospital ran a Preventive Health Service and a Rural Health Service and that it was 90% "localised" which made for pleasant communications and atmosphere between the patients and medical staff."

The Council of Chiefs went so far as to claim that the present Government of the N.H. was unconstitutional, while statistically the Vila Base Hospital (Paton Memorial) intake of sick patients far exceeded that of the French Hospital. Moreover, the "majority of the population preferred the Base Hospital" for it was easily accessible and contained all the necessary facilities, while most of the staff it employed were

" British Medical Department Annual Report 1977, p.2.

" Letter 21/2/75. British Resident Commissioner to Presbyterian Church of Vanuatu. Church Archives, Vila.

" Letter 1/12/78. Staff Committee Vila Base Hospital to Chief Minister New Hebrides Government. Church Archives, Vila.

New Hebrideans. The historic links of the Base Hospital with the Presbyterian Church, the denomination which numerically predominated in the N.H. was not matched by any such links of the Georges Pompidou Hospital.

The Chiefs were in complete agreement that the Vila Base Hospital should be retained as the Base referral hospital for the country."

Such were the national, sectarian and nationalistic rivalries which existed when on July 30 1980 the Republic of Vanuatu came into being under a government formed by the Vanuaaku Party which was generally seen as Anglophile and Francophobe. The transition to independence had been marred by a rebellion in Santo led by Jimmy Stevens and known to have been supported by some French and American interests and requiring the assistance of the Papua New Guinea Mobile Force to put it down.

The pattern for medical and health services which had developed under the Condominium and not yet showing much integration continued under the new administration. There were still insufficient Ni Vanuatu trained for all the tasks so important posts remained filled by expatriates from many sources. Doctors for the most part were drawn from English speaking Commonwealth countries and from France, although such Ni Vanuatu as had been trained held their positions or were further trained to take up administrative posts. To the ordinary person little would seem to have changed and probably it did not. Support from outside Vanuatu continued whether from the previous administering powers, from International Agencies or from other givers of aid for without this help these services could not have been maintained because of the fragile economy of the new state.

The objectives of the Government were defined in the First National Development Programme which among other matters, covered

" Letter 21/11/78. Secretary Malfatumauri to Chairman Presbyterian Church of Vanuatu. Church Archives, Vila.

the Health Services and this section has recently been reviewed."

It took the greater part of the first six years of independence to achieve unification of the previously fragmented services, but this has now been almost completed. In Port Vila the Georges Pompidou Hospital was closed and the buildings converted to house the Health Department and other government offices, along with a Dental Department and a School of Nursing. The old mental asylum attached to the Georges Pompidou Hospital has become the National Archives while recently a psychiatric wing has been added to the Vila Base Hospital using British Aid.

In 1986 throughout the nation there remained two Referral Hospitals, three District Hospitals, two Rural Hospitals, eighteen Health Centres, sixty-one Dispensaries and eighty-four Aid Posts. At these there were twenty-seven doctors and 418 other professional staff while administration for Central and District Services employed for doctors or dentists and fifty-five other professionals.

The Aid Posts are administered by local government councils and village committees and are not directly controlled by the Health Department. From the District Services come the Malaria Supervisors and the Tuberculosis and Leprosy Control Officers.

One of the highest priorities was given to the development of Primary Health Care, the First National Workshop on Primary Health Care being held in March 1984. From it came a paper on "The National Strategies for Implementation of Primary Health Care 1983 through 2000." It stated that the Republic of Vanuatu is fully committed to the worldwide social goal of "Health for All by the year 2000" through Primary Health Care. In it the Ministry of Health stated that the primary responsibility for maintaining good health rests upon the community and its people, with a partnership between the community and the government health service as the most effective means of achieving this.

The Ministry expressed concern over possible difficulties in erecting voluntary health care facilities without national

" The National Strategies for Implementation of Primary Health Care 1983 through 2000. 1984. The Republic of Vanuatu.

guidance and direction as there would be no way of supervising its quality or quantity."

This was not just a theoretical consideration. As long ago as 1953 the missionary stationed at Nguna wrote that the village dispensaries had been disappointing because even when they started with great enthusiasm their use then dwindled.¹⁰⁰ A non government research document also produced in 1984 had examined the use of health services. It came to the conclusion that ease of access was the most important criterion for the use of health services. The degree of isolation or conservatism of a community was highly significant, for those living in scattered homes were prone to use such services less than those grouped in large villages. Also operating were the amount of sickness and even more so the strength of customary medicine.¹⁰¹

Custom medicine was frequently being referred to in mission and other reports. A special survey in 1964 into the health of the peoples of South Malekula found medical care at both the Maskelynes and at South West Bay to be undertaken by a resident dresser under the supervision of the Presbyterian mission. On the Maskelynes there was no practitioner of custom medicine but at South West Bay where there was, the people preferred to go to the native herbalist and used the dresser only as the last resort. This may or may not have contributed to the respective death rates which were 9 per thousand on the Maskelynes and 20 per thousand at South West Bay, but other more important environmental factors may have been causing the difference.¹⁰²

The place in society of persons set aside for healing had

⁹⁹ Draft Second National Development Programme Chapter 22, Health Services. 1989 The Republic of Vanuatu.

¹⁰⁰ Report on Mission Station Tongoa 1953. Archives Hewiston Library.

¹⁰¹ Anthropologie Document de Travail No.3 No.1984. Office de la recherche scientifique et technique outre-mer mission Orstom de Port Vila. (Cultural Centre Library, Vila.)

¹⁰² Taylor, W. Norman and Rees, W.H. 1964. South Pacific Commission Technical Paper 143.

been studied in Melanesia by Rivers many years ago. He had found that disease was held to be the result of breaking a taboo imposed by the ghosts of the dead and was under their sanctions. Such punishment came directly from these higher powers without human intervention.

The human agent to mediate in this he named the "leech", who was regarded as a priest whose special privilege was to call on the higher powers to remove their penalty from the suffering offender. The "leech" would often have other functions such as rain making, making crops to grow or sometimes even producing disease.¹⁰³ His means for doing these things would vary. This was all seen as sorcery by early missionaries and challenged by them as was dramatically described by one of them.¹⁰⁴ With the coming of Western scientific medicine and its obvious efficiency under some circumstances, the people moved away from their traditional beliefs and practices but never entirely. Although one recent researcher considered the present day Healer or "Kleva" often to be a charlatan or "witch doctor" an examination of 180 species of plants used in custom medicine in the N.H. found 35 acted as vermifuges, 200 had nutritional value, 170 seemed to have only ritual or magic uses while the remaining 30 were not readily classifiable.¹⁰⁵ With the stimulus for planning health services that came following Independence it is significant to read of the proposal of the Superintendent of the Vila Central Hospital to the Director of Medical Services that Traditional Medicine and its practitioners should be covered by the same Health Legislation as was being proposed for Western Medicine. He felt there was an important place for village midwives who should be licensed and further trained. In the absence of any liaison between orthodox medical practitioners and

¹⁰³ Rivers, W.H.B. 1924. *Medicine, Magic and Religion*, p.6, p.36.

¹⁰⁴ Paton, James (ed.). Paton, John G., *Missionary to the New Hebrides Part 1*, 1889, pp.226-228.

¹⁰⁵ Cabation, P. 1980. *Researcher sur les plantes medicinale des Nouvelles Hébrides* (C.N.R.S. 1980, Paris).

the practitioners of custom medicine, both frequently treated the same patient at the same time and this was undesirable. He felt that the concept of integration of health services being planned and carried out should extend to the integration of traditional medicine into the future health service. This would require some new provisions in the proposed legislation.¹⁰⁶ That this was not done is clear from a notice posted in 1989 at the Vila Base Hospital stating that Klevas must not treat patients within the wards of the hospitals unless and until they had discussed the matter with the hospital doctor under whose care the patient had been placed.¹⁰⁷

It may be that custom medicine as practised in the 1980's has changed considerably over the years for official reaction to it had been in 1939 to entirely prohibit the practice of medicine by natives.¹⁰⁸

The strong nationalism that now prevails in the Vanuaaku Party, the present Government, supports not only a return to some use of custom medicine but also to encouragement of custom dancing and the use of Kava, all of which had been actively suppressed by first the missionaries and later the European administrators.¹⁰⁹

But all the planning and regulations apart, the predominant diseases in Vanuatu continue to be malaria, tuberculosis, respiratory and gastrointestinal illnesses, viral epidemics such as influenza and dengue, and various skin infections. However, with urbanisation and the changing dietary and work patterns of the people, a new group of diseases is appearing among the Ni Vanuatu. In 1985 a survey was made of Non Communicable Disease among adults in Vila, on Nguna and in Middle Bush, Tanna. This provided three groups, one urban, one rural and the other

¹⁰⁶ Letter Bowden, D.K. to Spooner 5/6/80 (Govt. Archives, Vila).

¹⁰⁷ Personal observation.

¹⁰⁸ Gazette. J.R. No.2, 1939.

¹⁰⁹ Ellis, Julie-Ann. Pacific Islands Monthly, May 1984, pp.31-32.

intermediate. They were surveyed for obesity, hypertension, diabetes and anaemia. For obesity there was a positive correlation with being urbanised while there were more rural people who were underweight. The prevalence of hypertension was low throughout but with a clear gradation from the highest readings in the urban population down to the lowest among rural dwellers. Diabetes also had a low prevalence being lowest in the rural group and highest in Vila. Anaemia, which everywhere was more common among women than men, had the highest prevalence in the rural group. The use of Kava, tobacco and alcohol was higher among men than among women, but less tobacco was smoked by male urban civil servants than in rural Tanna. The dietary patterns obviously differed and the lowest serum cholesterol levels were found on Tanna.¹¹⁰

These are disturbing findings as the "diseases of civilisation" are now being added to already existing high disease patterns among the Ni Vanuatu, and unless countered by preventive measures could throw heavy costs on the health system which is already unable to afford all the demands being made on it. It is encouraging to see everywhere in Vanuatu posters aimed at the people trying to persuade them to eat their traditional foods - fruit, vegetable crops and fish - rather than tinned and "convenience" foods, but it seems to be a losing battle as the diet of the westerners has some appeal for them despite its higher costs and the health hazards it carries.

The costs of medical services are currently such a concern within many "developed" nations that services are being heavily curtailed. The problem understandably is even worse in a "developing" country like Vanuatu and without outside aid it could hardly continue. In the 1986 Plans for Medical Services the source of funding for all aspects of services listed is given and shows major contributions from Australia, U.K., New Zealand, France, China, besides International Agencies such as W.H.O., U.N.F.P.A., U.N.I.C.E.F. and ORSTOM.¹¹¹ There are also other

¹¹⁰ South Pacific Commission Technical Paper 192, 1985.

¹¹¹ Draft Second National Development Programme.

bodies such as the Leprosy Trust Board which is currently sending \$100,000 a year to Vanuatu where it has been giving aid since 1943, at first for work among lepers but soon after made this available for any form of medical work.¹¹² With this abundant good will from so many sources and with a determination by the Vanuatu Government and people to practise their Melanesian Socialism and bring good health to all their people, we can only hope for their ultimate success.

¹¹² Leprosy Trust Board Annual Report 1988.

I wish to acknowledge assistance I have received from the following:

The Vanuatu department of Health, Port Vila.

The Archivist, Government of Vanuatu Archives, Port Vila.

The Archivist, Hewitson Library, Knox College, Dunedin.

The Librarian, Cultural Centre, Port Vila.

The Office, Presbyterian Church of Vanuatu, Port Vila.

Mr Reece Discombe, Port Vila.

Mrs. N. Harris, Leprosy Trust Board, Christchurch.