

The Effects of Elusive Knowledge: Census, Health Laws and Inconsistently Modern Subjects in Early Colonial Vanuatu

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In this article, I discuss two roles of documents in the creation and enforcement of public health laws in early colonial Vanuatu and their implication in colonial attempts to transform ni-Vanuatu societies and subjectivities. Colonial officials of the British-French Condominium based their projects on their admittedly partial knowledge in reports generated by experts studying depopulation. This knowledge, I argue, produced a 'population' by categorizing people according to their relationship with a reified notion of culture. The Condominium enforced health laws by sending letters to people categorized as Christian who would, the Condominium hoped, adhere to the regulations as self governing subjects. Officials would engage in persuasive conversations when they enforced the regulations in 'bush' villages. I conclude by reflecting on ni-Vanuatu knowledge of well-being and illness that could not be represented or documented and its centrality for subjectivities that might elude, if not subvert, the modern subject presumed by colonial strategies of governance.

❖ Key words colonial law; census; Vanuatu; biomedical knowledge; documents

A truly radical critique [of imperialism] needs to address the very concept of rationality, especially the built in tendency of that concept to present itself as outside and above historical contexts. Johannes Fabian (2000:4)

Introduction

The Resident Commissioners of the Condominium in Vanuatu² wrote the following joint letter after Merton King's return from the island of Erromango, where he was informed of the deaths of twenty people from meningitis.³

To the Chiefs and People of Erromango,

We have heard with much regret of the sickness which has fallen upon you and we are anxious that you yourselves should do all that you can to make an end of it. We therefore direct that all houses which have been occupied by people suffering from the sickness or in which some of your people have died shall be destroyed with fire and this must also be done to all the clothes and blankets belonging to these people whether they have died or become well again. By doing this you will check the disease and save your people from a great danger. Any person who disobeys or neglects this order after it has been made known on Erromango shall be punished by law and may be fined four pounds or may be put into prison for one month. We hope however, that seeing that which we order is only for your own good you will at once do as we have directed as is right and necessary for the safety and welfare of your people.

We are your friends,
Jules Repiquet,
Resident Commissioner for the French Republic
Merton King,
Her British Majesty's Resident Commissioner
Port Vila, New Hebrides ¹

In response to the epidemic, Dr. Nicholson, the Presbyterian doctor at the hospital on the island of Tanna, was sent to visit. Dr. Nicholson later sent drugs from the hospital on Tanna and gave the instructions that Merton King and Jules Repiquet included in their letter.

Seeing such a letter as a possible, let alone effective, means of conveying health regulations in Vanuatu implied quite a number of assumptions on the part of the authorities. The Commissioners' use of letters presumes that ni-Vanuatu would comply "for their own good" with their orders, orders that follow the logic of biomedical knowledge and practice and overlook local ways of making sense of the epidemic. For the letter to make any sense, ni-Vanuatu would not only have to adhere to Christian doctrine, but also accept a biomedical explanation in place of local rationale, in which serious illness and death were a consequence of sorcery or the violation of a taboo. Death by sorcery was often followed by accusation and violent reprisal.⁴ So, such a document implied that at least a partial transformation had taken place on two levels. The letter presumed cultural change to Christianity and an audience of self-governing modern subjects. Furthermore, the Chiefs, charged by the Resident Commissioners with informing their people of the order, were already playing a part of the rationalized form of colonial governance. In other words, these ni-Vanuatu were, it was hoped, modern enough to do as they were told. The letter can be read as a document intended to discipline,

one in a series of colonial missives that introduce and employ modern technologies for the formation of modern colonial subjects. As such, colonial agents accorded such letters a civilizing capacity that inhered to their materiality and discursive effects.

Such correspondence can be distinguished from other forms of health governance the Condominium employed in villages still considered to be 'bush'. There, officials sometimes took Christian ni-Vanuatu to engage in the 'art of persuasion'. The enforcement strategies presumed that people and villages could be classified according to their beliefs, and administered to accordingly. The colonial officials in Vanuatu were short on resources, but long on hopeful presumptions about the efficacy of their strategies, which were tailored to address distinct populations.

In this article, I describe how documents were part of colonial efforts to learn about ni-Vanuatu to stop depopulation as well as efforts to create and enforce public health laws in early colonial Vanuatu (1906-early 1940's⁵). I want to draw attention to the ways in which documents demonstrate the paradox of colonial success and failure and thereby reveal dimensions of modernity in Vanuatu. Contemporary ni-Vanuatu identify modernity by the period of time that began with the arrival of Christian missionaries and contrast it with *taem bifo*⁶. Aspects of modernity in Vanuatu have meant capitalist forms of exchange, Christian forms of religiosity, state governance and the "ideology of choice and the rupture of identity between persons and ancestral environments" (Barker 2006: 126).⁷

The beginning of my argument turns on the insight that the use of documents and associated enumerative strategies, while only somewhat effective in saving lives, did have other effects. The documents and the colonial desire for representation of a social whole, a 'population', replicated and naturalized subject positions of 'Christian' and 'bush' in Vanuatu. The documents are an example of the colonial technologies that Timothy Mitchell writes, "generate the modern experience of meaning as a process of representation" (1991: xiii). The processes of representation, exemplified in the depopulation reports and attempts at census, demonstrate Mitchell's observation that "the colonial-modern involves creating an effect that we recognize as reality, by organizing the world to represent it" (2000: 17). As well, the representational mode of modern knowledge "positions the person as the subject for whom the social world seems to exist as a view to be observed (...) [and] the modern individual came to be defined as the one who could occupy such a position of the disembodied observer of the world..." (2000: 20).

Enumerative knowledge in census and health reports are easily viewed as documentary locations where Michel Foucault's well rehearsed knowledge/power/subject nexus is produced. Modern power works through the production of new discourses and naturalizes new subjects (i.e. categories and kinds of people) through new kinds of knowledge. Bio-power, in particular, refers to "what brought life and its mechanisms into the realm of

explicit calculations and made knowledge-power an agent of transformations of human life” (Foucault 1990: 143). Further, “the transformations work at the level of the human body which becomes the object of self-discipline, and in the creation of a population which becomes the object of regulation in the name of health and welfare” (Petryna 2002: 13). Knowledge about people and their activities is therefore inseparable from the institutions that used the knowledge to govern human welfare (Foucault 1982). The discursive knowledge “produces ‘subjects’-figures who personify the particular forms of knowledge which the discourse produces” (Hall 1997: 56).

In the second aspect of this article, I problematize the instrumentality inherent to this view of documents and the creation of modern self-governing subjects. I do this by looking at what kinds of knowledge could not be represented in the documents as well as the difficulties the colonial officials had enforcing their laws and gathering census data. By treating the documents as objects with material and discursive properties and thinking about the trails that people took them on in colonial Vanuatu, I hope to interrupt a facile insertion of the Foucauldian triad of knowledge/power/subject to the topic of colonial documents and subjects. While Bernard Cohn found that “even the simplest of enumerative projects raised problems of classification” (1996:6), my emphasis will demonstrate documents as limited in the kind of subjects they can produce because of, at the very least, the limited form of knowledge of well being that can be recorded in and policed by documents. In Vanuatu, documents about depopulation reproduced modern social categories which became the objects of colonial health intervention. The letters sent to enforce health laws presumed a self-disciplined modern subject that would comply for their own good. But ni-Vanuatu knowledge about the depopulation problem was ontologically incommensurate. As it could not be seen, bought, shared or documented, it was therefore anathema to the scientists and colonial officials who were trying to identify, count and compare people living in Christian or traditional villages. The forms of knowledge the documents could not apprehend were central to indigenous ways of being in the world. So, while depopulation reports and census categories did succeed in creating modern subject positions in some sense, indigenous knowledge also interrupted the subject making possibilities of the health documents. There are more ways of being in the world than documents can contain. The material presence of documents does not produce subjects or meaning in deterministic ways. One way of demonstrating this, as Adam Reed (2006) insightfully does, is to look at alternative forms of document making. During the time period under consideration for this article, ni-Vanuatu defied colonial documentary technologies primarily by avoidance and their resistance did not take the form of developing an indigenous written documentary culture.⁸ This poses interpretive limits on my possibilities for analyzing documents and subjectivity during this era as the documents I used in this article were authored by colonial officials. I try to address this by considering what colonial officials

could not bring into colonial discourse and the limited success of letters as civilizing technologies. I raise questions about the limits of documents as discursive forms that can create subjects in and about Vanuatu. I reflect on the reasons why the material presence of documents was only partially successful for creating modern subjects and furthering modern projects.

The relationship between forms of knowledge, power and documents is thus examined here. The connection between knowledge and power is not limited to modern Europe. Lamont Lindstrom (1990) astutely analyzed indigenous forms of knowledge and their relation to discursive forms of power on Tanna, in southern Vanuatu. Tannese people know that manipulating knowledge makes people powerful, Lindstrom writes, because they control the circulation of knowledge through conversations. Knowledge, in the form of abstract representations of social life, though not written in documents, was also part of the workings of power in ni-Vanuatu societies. Using the illustration of the practice of sand drawing, Knut Rio (2007) writes that power on Ambrym, an island in central Vanuatu, was intimately related to achieving a “totalizing perspective” on social life. He continues that mastering “these designs [of sand drawings] is part of the assembly of men's powers—the power of *perceiving and representing totality*”... (italics in original 2007: 53). Because there is a concern for grasping a social situation in its totality, “the act of making all acts and events of a story into one comprehensible figure [diagram] is also part of this capacity of great men” (2007: 53).

For the great men on Ambrym, representing knowledge in the totality of a sand drawing was to achieve perspective on sociality, the better to participate in and facilitate relationships within their society (Rio 2007). As I will discuss later, ni-Vanuatu knowledge that specifically pertained to fertility and well-being did not circulate except to those who were allowed to know. For the scientists and the Resident Commissioners, representing a totality through scientific measurement meant objectifying and reifying cultural beliefs and practices into things that could classify governable, or as yet ungovernable, categories of people that made up a total population. Still, in most of their reports and correspondence, the scientists themselves lamented the efficacy of documents to accurately represent the population as well as the Condominium’s limited law enforcement. Ni-Vanuatu would not respond to census questions or written health ordinances in ways that showed they were becoming sufficiently modern to the Condominium’s satisfaction. The very ways that colonial authorities employed documents to improve ni-Vanuatu health reveals both their success and failure. The discursive knowledge of the documents did create governable subject categories. The materiality of the letters, that is, their effects as civilizing artefacts beyond their written content, presumed a modern self governing subject but the colonial officials would continually fall back on persuasive talk to enforce their laws.

Documents, Modern Selves and Cultural Practices

Document production began in Vanuatu when Presbyterians John and Charlotte Geddie brought a printing press to produce dictionaries, bibles and other religious texts in English and local languages in the 1850's (J. Miller 1985: 158). Though people around them, including missionary family members, were dying in large numbers, the missionaries created reading materials as key civilizing practices for their educational infrastructure. British and French bureaucrats later wrote copious letters, minutes, reports while sweating in colonial attire to send to the Residency on the other side of Port Vila (known as Vila), then a small settlement. These documents were not a matter of life and death, like food, water and medicine, but the presence of documents was of unquestioned importance for the making of modernity.

As I will show, the colonial forms of documentation pertaining to health had the implicit or explicit purpose of improving ni-Vanuatu societies. But although their discursive form prescribes new kinds of action when the difference that documents made in their material presence is considered, they illustrate mixed success. All things considered, the documents were probably most effective in legitimating the colonial presence to themselves. Writing documents asserted colonial superiority and gave agents a chance to make sense of the reality around them as they remapped the world through their words.

Depopulation Reports

From the 1850's into the 1940's, calamitous numbers of people died in ni-Vanuatu societies and fewer than expected children were born. Researchers, missionaries and colonial administrators framed this complex social and biological catastrophe as a depopulation problem. No Western authority fully understood the causes of the depopulation because they lacked census data they trusted, though most believed that diseases brought by Europeans were a central factor. Since then, social scientists have arrived at a similar consensus (Jolly 1998, 2001; McArthur 1974; Spriggs 1997). Pre-European contact numbers remain educated estimates (Spriggs 1997), but the decline was so significant that Deacon's characterization of ni-Vanuatu as "A Vanishing People" (1934) seemed a possibility to many, ni-Vanuatu and anthropologist alike.

Several authorities studied the depopulation problem.⁹ I do not attempt to evaluate which data was more accurate as this has been capably undertaken by others (e.g. Bayliss-Smith 2006; Gosden 2006; McArthur 1981; Ulijaszek 2006). What I am interested in, is the historically and culturally specific type of knowledge they all shared. It necessitated administrative action, elicited certain historically specific feelings from the intended audience and left

unquestioned the necessity of classifying ni-Vanuatu lives based on their relationship with a reified traditional culture or their degree of conversion to Christianity. Ni-Vanuatu employed in the labour trade were another category altogether. The colonial authorities and the scientists were primarily concerned about the labourers' exposure to illness abroad or how they were treated by their masters but their cultural beliefs were barely mentioned. Plantation owners were responsible for the medical care of their workers.

Researchers and missionaries used a common explanatory device for categorizing aspects of the depopulation problem; they examined and compared the circumstances in Christian villages and in traditional villages.¹⁰ Megan Vaughan (1991) analysed how a reified definition of culture was a crucial aspect of the representation and objectification of the 'African' in need of colonial medical intervention. In a similar way, I see the social categories in the depopulation discourse as powerful representational groupings that purport to categorize people based on their relationship with beliefs deemed to be traditional or Christian. Felix Speiser (1922) represented the problem by classifying factors as either 'internal' or 'external' reasons, which is another way of saying that traditional and non traditional ways of living are meaningful signposts for understanding depopulation. W.H.R. Rivers (1922) was preoccupied by "European influence upon native customs" (1922: 91), convinced that depopulation was due to "The Psychological Factor". He wrote, "[t]he new diseases and poisons, the innovations in clothing, housing and feeding, are only the immediate causes of mortality. It is the loss of interest in life underlying these more obvious causes which gives them their potency for evil and allows them to work such ravages upon life and health" (1922: 96). Patrick Buxton (1926, 1929) agreed with Rivers' premise- people were dying for lack of meaning in life. However, Buxton wrote that depopulation was "an extremely complex problem that results from many factors... [including] the simple ills of the flesh" (1926: 449). He arrived at this conclusion by comparing people living in Christian and traditional villages and found that people were dying in large numbers in both. The biologist, John Baker, found that death rates were higher and birth rates lower among people who lived in isolated traditional settlements than in Christian villages. He used the same method as the others, by comparing Christian and traditional villages on Santo (1929).

By focusing on how the complex problem of depopulation was represented, I am, in no way, trivializing the tragedies or implying that there was no reality to which the representations refer. Nor were the cultural changes or identities of ni-Vanuatu villages figments of the researchers' imaginations. It is also worth highlighting that all the researchers were alarmed. Rivers and Speiser, in particular, did want to protect indigenous people and their cultural practices; modernity had critics of various kinds, just as it brought an assortment of advocates. I examine, here, the effects of how the problems were documented. Though conflicting and inconclusive in content, all of the analysis in the reports turned on a notion of an identifiable

population with particular characteristics. The knowledge in the depopulation documents furthered the discursive categorization of villages as either traditional or Christian/civilized and the importance of these categories for administration. The reports, and the census data they required, were an aspect of how ni-Vanuatu were brought into the colonial “world on paper” (Hawkins 2002).

From 1906-1980, Vanuatu was jointly administered by France and Britain in a Condominium.¹¹ There were three streams of government, French, British and Condominium. Officially in charge were the Governor of Fiji and British High Commissioner, and the Governor of New Caledonia and French High Commissioner. Physically present in Vanuatu were the British and French Resident Commissioners (BRC and FRC), residing in Port Vila. District agents (DA's) were stationed in each region. The often ineffective governance structure entailed years of bickering and service duplication.

By 1930, the British High Commissioner in Suva asked BRC Joy in Vila to make recommendations on the depopulation problem. Having read many of the reports, as well as having organized some of the researchers' visits, BRC Joy wrote that a plan needed to start with “an increased and more efficient medical supervision of the native races. This could be effected by the establishment of medical posts in all the centres carrying a large native population”. In areas without a hospital, doctors would make periodic tours, administer treatments “and opportunity could be taken to lecture and instruct natives in simple hygiene and kindred subjects”.

Furthermore,

Education would also contribute to a large extent in breaking down that inherent fatalism and superstition peculiar to the New Hebrides which play an important part in the diminution of the native race. (...) With the creation of greater interest in life, which is possible with adequate medical and economic supervision, the disinclination to bear children and rear families would probably disappear....¹²

The people writing about depopulation tried to represent the problem through identifiable populations, but consistently complained about their inability to measure those populations. Still, predictably, their research resulted in a plan for increased colonial involvement while their knowledge transformed ni-Vanuatu knowledge about vitality to a folk category.

Producing a Census

In many colonial contexts, collecting census data and writing health reports, the creation and documentation of health knowledge about a population, were central to creating administrative structures and laws to govern well-being in centralized states. Roy Wagner argued that this was an effect of

colonial desire to “remove the most import ambiguity facing these outsiders- it makes ‘groups’ visible to people who simply cannot conceive of human sociality in any other way” (1974: 113). In this way, census also created collective identities because “census does more than simply reflect social reality; rather, it plays a key role in the construction of that reality” (Kertzer and Arel 2002: 2). Cohn saw census as an enumerative modality of knowledge that involved “the creation of social categories by which India was ordered for administrative purposes” (1996: 8). All of these insights would apply in colonial Vanuatu, where depopulation research and census data collection were made alongside attempts, however weak, at colonial administration of identifiable groups.

For decades, missionaries and later scientists and colonial agents, agreed on the need for census numbers. In the absence of an archipelago-wide census over a specific period of time, sporadic attempts were made to collect the data in various districts. Studying the desire for census data and practices aimed at acquiring it means a shift in orientation from viewing the documents as texts and a step removed from social life, to seeing them as part of modern social processes (Asad 2002: 77-78). I consider the documents as technologies that were part of (re)making a social world. As Talal Asad notes, reports like

the figures, and the categories in terms of which they were collected, manipulated and presented belong to projects aimed at determining the values and practices- the souls and bodies- of entire populations. Central to these projects has been the liberal conception of modern society as an aggregate of individual agents choosing freely and yet, in aggregate, predictably (Metz 1987). The construction of modern society (...) is also the construction of radically new conditions of experience. (2002: 83)

So, even though the reports themselves had copious self-professed limitations in the sense that they all say they needed more accurate census data, they were part of the reproduction of the social categories of modernity.

The documents about depopulation are important not just for the information they contain and the ways that they ordered the world, but also for the practices the scientists used as they interacted with ni-Vanuatu to obtain information. Gathering census data meant making modern subjects who would respond in trustworthy fashion. For example, according to Buxton, a government agent attempted a census on Tanna in 1919 and then repeated it in 1924. Though the agent found an increase in the population, Buxton could not take it seriously since “its inhabitants are still heathen” and the “first census was regarded with suspicion by the people in some parts of the island” (Buxton 1926: 444). Furthermore, ni-Vanuatu could still run into the bush when the officials arrived and “lacked the ability” (Buxton 1926: 444) to reply to questions with the accuracy demanded by the researcher.

Five years later, in 1931, the Crown Agents for the Colonies wrote,

To meet demands in this country [Britain], may we be supplied in due course with six copies of the census which we understand to be taken this year in the New Hebrides.¹³

The reply went as follows:

Census not contemplated for the present. Existing conditions rendering such an undertaking almost impracticable.¹⁴

Though a census was impossible, the British had already charged every biomedical practitioner with collecting data relevant to the depopulation problem. Bob Tully, an Australian hired by the Rockefeller foundation in 1929, often complained about the difficulties of gathering epidemiological data to get a picture of the population. For example, he wrote,

I presume that not a minute fraction of the causes of total deaths can be certified under the conditions. Such a condition of affairs as outlined here must allow for many cases of illness to be poorly diagnosed..... (I)t is difficult enough to determine the causes of death by bacteriological, pathological, microscopical and clinical findings without trying to be a 'long range' diagnostician, and determine disease conditions by symptoms described by Natives in 'Pidgin English'.¹⁵

Another difficulty Tully found was that “People living on Tanna do not know their ages”.¹⁶ To solve this problem, Tully gave them ages based on his own estimations. Baker dealt with the same problem by asking males when their facial hair¹⁷ had appeared, assuming this to mean fifteen years of age (1929).

In the 1940's, Fijian and ni-Vanuatu physicians' tried to deliver medical treatment and collect data but were hindered by ni-Vanuatu movement between villages and labourers working on plantations on other islands. Furthermore, practitioners might arrive only to find that people had temporarily abandoned their village and headed into the bush. Sometimes people prohibited the doctor from writing anything down about themselves. At other times, people refused to deal with the doctors, colonial employees that they were, because they were falsely worried about being charged taxes they did not want to pay.¹⁸

In 1941, colonial correspondence began again to collect more knowledge about the population. Cognizant that the decennial census of the British Colonial Empire was due to be taken, BRC Blandy wrote FRC Sautot to ask for cooperation by directing the French DA's and French missionaries to participate, even though “It is, of course, impossible to make an accurate

census of all parts of the group and we must rely greatly on estimates”.¹⁹ Soldiering on, Blandy wrote the following memorandum to all English speaking missionaries

(...) I have the honour to inform you that, though it has been impossible to hold a census throughout the British Colonial Empire in 1941, I consider it would be most useful to obtain such figures as are possible throughout the New Hebrides. I suggest therefore, that figures should be collected as far as possible throughout the first half of 1941. This is not a proper census, I fully realize the difficulties attendant on an enumeration of any kind under present circumstances in the New Hebrides. Estimates will be appreciated where precise figures cannot be given. The information to be arrived at should be as follows:

1. District, island, village
2. number of women and men
3. number of men, women and children over 15
4. notes on degree of civilization ‘bush’ ‘mission’
5. notes on education/literacy (if any)
6. notes regarding health, rises and falls of population, if known.
7. population absent, if ascertainable, should be separate. (...)
8. ‘foreigners’
9. Those employed on mission stations and their origins²⁰

Full of provisos in both his letter and requested categories, the British Resident’s hesitancy presupposed difficulties that missionaries would encounter in their attempts to gather census data. Nevertheless, the exchange still indicates what knowledge was deemed important for the administration and categorized people’s lives just as the depopulation reports did. The categories identifying ni-Vanuatu relationship with “civilization” were important because where health regulations were concerned, the colonial administration needed to rely on self-compliance, rather than forcible means. Compliance would be easier, they assumed, in villages where people were sufficiently changed (or “civilized”), had access to health care and education, and were inspired with hope for their futures, not the “fatalism” of their traditional beliefs.

All of the attempts to collect data would have involved somebody travelling throughout the archipelago, trying to create documents that listed identifiable characteristics about an identifiable population. As I have tried to indicate, their attempts to create such documents were foiled for several reasons. In order for the responses to the questionnaires to be deemed accurate, a certain way of being in the world of the counted was necessary. Achieving scientifically meaningful census meant forming a population that could be counted. The material presence of the documents and practitioners collecting data, was not enough to teach 'heathens' to consistently respond

accurately. Although colonial correspondence reveals that categorizing people was difficult as there was considerable fluidity in beliefs or 'degrees of civilization' (people were always converting and then "back-sliding") as well as physical movement between villages, the colonial documents still continued to enumerate people according to their degree of conversion to modernity. The representational categories that the documents required formed a population that could be acted upon but creating subjects who would respond in modern fashion took far more time and work. Still, the population categories were also embedded in public health law and governance.

Condominium Health Regulations

According to Sally Engle Merry, law "is both a system of meaning and an institutional structure backed by the political power of the state. Laws define persons and relationships, which create, if they do not already reflect, popular consciousness.... (A)t the same time, the state engages in a continual process of surveillance, judgement and punishment in order to produce compliance with its laws and categories" (2000: 17). I now discuss how the knowledge categories about people and population were present in the texts of the laws governing public health in colonial Vanuatu. I then look at how the authorities attempted to gain compliance. The Condominium, rather than the British or French residencies, presided over matters pertaining to public health. Regulations of the Condominium, known as Joint Regulations, had to be agreed upon by both the French and British. As in many colonial contexts, (for instance, Arnold 1993; Hattori 2004; Wallace 2002), controlling contagion to maintain public health was important for physical survival as well as ideological justification for colonial presence.

The 1909 Joint Regulation on Quarantine, to "prevent the introduction of communicable disease," (Her Britannic Majesty's Resident Commissioner and Resident Commissioner for the French Republic [BMRC and RCFR] 1973: 7) intended to address issues resulting from "the people trade" (Shineberg 1999). Though the death rates of indentured labourers in the Pacific fell from "grotesque to appalling" (Denoon 1999: 332) during the time period I am considering here, ni-Vanuatu working as labourers in New Caledonia still had high illness and mortality rates (Shineberg 1999).²¹ Hence, controlling their re-entry into the Port of Vila after their two or three year contract abroad was of concern for authorities. Indentured labourers from other islands within Vanuatu were also to be examined "as opportunity may offer" (BMRC and RCFR 1973: 17). The medical officer could order immediate repatriation if leprosy or TB was suspected. The recruiter, or his employer, would pay for the exam and the voyage (BMRC and RCFR 1973: 17). In 1919, a new regulation allowed passengers to come ashore and stay in a quarantine station until they were well rather than stay on the ship (BMRC

and RCFR 1973). Still, it was only 1928 when a quarantine station was ordered for infected Europeans (infected native labourers were to be sent back whence they had come). Construction began in 1929 but the structure, finally completed in 1930, was not usable for lack of furniture, kitchen or even an outhouse until 1932 (H.M. Stationary Office 1928, 1929, 1930, 1932).

A 1929 regulation created a Sanitary Commission which would “make inspections of the town in the interests of Public Health” and updated the “Conservancy Measures in Town of Vila” of 1914 (BMRC and RCFR 1973: 205). In 1931, the “Condominium Medical Service” Joint Regulation formulated the administrative structure for public health throughout the archipelago. In 1940, the Condominium wrote a regulation “To improve the general health of the native population and to prevent the recurrence of epidemic diseases”. The legislation gave DA’s the power to remove, rebuild or clear villages and dwellings to ensure they are kept free of “brush, rubbish, tins, coconut husks and shells, refuse, banana trees and other shade giving plants and pools of stagnant water”. The DA also could order the construction of latrines. After the completion of these latrines, it was “unlawful for any native to defecate at any other place within 200 yards of the border of the village”. The DA also could order that ni-Vanuatu sleep in beds, rather than on the woven pandanus mats most people used.

The regulations would be enforced by DA’s who would specify:

The person, persons, or class of persons to whom it is directed. The said order shall be communicated by the DA to the native or natives to whom it applies both orally and in writing in the presence of the Chief of the village concerned who shall be furnished with a copy of the Order and shall communicate the purport thereof to said native or natives as and when required.

Thereafter the native chief shall be responsible for the carrying out of the order by giving the necessary instruction to the native inhabitants concerned and the native inhabitants concerned shall be bound to carry out and comply with the order and the instructions so given. (...)

Each DA shall file for record duplicates of orders issued by him pursuant to this regulation, and shall send copies thereof to the Resident Commissioners and to the other Agent²² for the district. (BMRC and RCFR 1973: 355-357)

In 1941, the Condominium passed the Regulation, “To Provide for the Compulsory Medical Treatment of Natives”. Under it, “Any DA on advice of the Condominium medical officer can require any native, or body of natives, to undergo a stated medical treatment under the control of a CMO or NMP²³ (BMRC and RCFR 1973: 373). A specific regulation for plantation land was passed in 1942 “to facilitate malaria control” (BMRC and RCFR 1973: 435). It ordered plantation managers to dispose of coconut shells that created small water reservoirs where mosquitoes could breed.²⁴

In sum, the early and ongoing health priorities in the legislation were the protection of Vila.²⁵ There was no history of indigenous settlement in Vila prior to the Condominium, though there were large villages nearby. The regulations also reproduce colonial spatial divisions of town, village and plantation. Though all people living in Vanuatu during this time came under the Condominium's provisions, the legislation differentiates between different kinds of natives, those who lived in villages, and those who worked on plantations. This is not to say that the Condominium neglected the health of "native labourers", but that there was a discursive distinction between these two kinds of people. Consequently, these ni-Vanuatu were discursively positioned differently to the health discipline of the Condominium. Those living on plantations were the financial responsibility of their employer who was also responsible for enforcing public health regulations. Ni-Vanuatu living in villages were subject to laws pertaining to village clean-up, destruction or relocation and Chiefs were responsible for enforcements following receipt of a letter, material evidence of the colonial rule of law.

Enforcing Laws and Modern Subjects

When put into practice, the Joint Regulations demonstrate Annelise Riles' insight that "Laws and acts of law making take an expressive form when they mark groups" (2003: 192). Furthermore, she writes that beyond the meanings produced in the texts of laws, it is worthwhile to examine the documents and practices necessitated by the laws. From its early days, until at least the 1940's, the Condominium attempted to achieve compliance with health regulations in villages in at least two ways; in Christian villages, the Chief would be given a written ordinance, in 'bush' villages, persuasion would be used. Where plantation labourers were concerned, the Condominium did not make any special mention of how to encourage them to get medical aid. As they were already subject to other modern arrangements like indenture and later wage labour, which included violent discipline (M. Mitchell 2000), for the purposes of the Condominium they were already modern enough to be under control, and there was no other non-medical 'modernizing' incentive for Condominium officials to expend administrative time or finances to encourage labourers to adhere to laws.

I began this article with a letter that authorities hoped Christian ni-Vanuatu would obey. The Condominium had very little ability to enforce what regulations on health and hygiene that they did legislate, especially outside Vila, and so relied heavily on achieving self compliance. Beyond their content, the letters can be viewed as artefacts that aim to create and reward civilized self complying subjects. Nevertheless, I did not find references in the colonial archives that would attest to the letters' success. Moreover, at least until the 1940's, officials explicitly employed persuasive conversation for self compliance (but not letters) over force to expand colonial control in areas

neither plantation nor mission to facilitate cultural change. BRC Joy wrote,

It is in the interior of the larger islands that these areas exist and the difficulties of bringing them under administrative control are formidable. Complicated and expensive administrative machinery would be required if the present policy of gradual and peaceful penetration was to give way to rapid domination of these areas by conquest. The method adopted by the Joint administration to overcome such practices has been the establishment of liaison with uncivilized tribes through the unremitting activities of the Government Agents in conjunction with the help of more civilized surrounding tribes. By this means, numbers of the wild 'bush' natives and in many instances the chiefs, are persuaded to assemble with the agents at various accessible points as far inland as policy permits, with a view to gaining the confidence of the natives and of breaking down by persuasive means the barriers which prevent them from accepting the advantages of civilized influence. In adopting this method, the confidence gained by rendering medical aid has been extensively used. This attempt to civilise the wild tribes cannot be accompanied by any spectacular progress but though it be slow, it is nevertheless sure, and it is certain that time and patience will eventually bring these areas under the complete control of the administration and with it the disappearance of the more brutal customs and practices which prevail.²⁶

The BRC continued that direct enforcement would

only result in driving the natives into areas more difficult to access and perhaps back into the 'bush'. Here again, patience, persuasion and example are the best methods. It is for the forgoing reasons that my French colleague and I have postponed desirable legislative measures affecting native welfare, realizing that the premature introduction of penalties to suppress malpractices would not attain the object so much desired.²⁷

A decade later, DA Seago upon his first inspection of villages around Vila, accompanied by Dr. Frater from the Paton Memorial Hospital wrote that,

In the application of this Regulation I have purposefully confined myself to the most elementary questions affecting village sanitation. Nor have I been unduly severe or exacting in the execution of the orders issued. The Natives must be given time to become accustomed to the new order, and to realize, as I have so often explained to them, that the 'new law' is entirely for their own good and in the interests of the native population generally.²⁸

In another example, the British DA on Santo wrote the BRC because he

wanted to burn down infected houses. The Commissioner replied:

There is no native court to enforce regulations. It is for this reason that I have suggested that the regulation should be applied in the north by “kindness”. However, a general revision of the Protocol, now under consideration, should provide a general solution to this type of difficulty. In the meantime, unless you yourself can suggest some other solution, the art of persuasion must, I fear, take the place of the strong arm of the law.²⁹

In sum, the ways that health polices were enforced meant that the power of the Condominium was operationalized either through letters but more often through persuasive conversation³⁰ that relied on ni-Vanuatu to become self-disciplined subjects.

William Miles (1998) and Margaret Rodman (2001) have both commented that the squabbling between the British and French led to an ineffective colonial project. While I agree with their assessment, I want to suggest that there is another aspect of the Condominium’s weakness that can be understood by looking at the role of documents. In their ongoing attempts to enumerate people, report on the state of the population’s health and create and enforce health related laws, census collectors struggled, report writers disagreed and the letters to enforce health regulations were generally less effective than persuasive talk. If effective governance is in any way related to the creation of governable subjects through knowledge production and proliferation, knowledge that cannot be documented might be part of subjectivities that elude, if not subvert, colonial projects. Put another way, even if the researchers had all the answers to their questions, and the British and French agreed on everything, there were characteristics of ni-Vanuatu knowledge and subjectivities that could not be ascertained or governed. The reports rely on knowledge that can be documented and insist that health is a quantifiable and identifiable state that individuals in an identifiable population have or do not have. This is not necessarily to say that all of the scientists were wrong, and that ni-Vanuatu explanations were right but that the knowledge documented in the reports and laws precluded other forms of knowledge that were central to ni-Vanuatu ontologies. Furthermore, as Lindstrom writes (1991) about Tanna, powerful people know that knowledge can be kept in or out of circulation through conversations, not only documents.

On the Unrepresentable

What kinds of knowledge eluded colonial documents? Because ni-Vanuatu self representations are difficult to find in archival documents, I have tried to locate explanatory narratives that counter those that focus on the physical and

psychological factors of health that would respond to colonial intervention. Arthur Deacon's ethnography, written from fieldwork on Malakula in 1926-1927 is one such example.³¹ He wrote of Malakulan explanations for their societies' decline in vitality; the many deaths meant that knowledge of vitality was being lost and fertility rituals linking the living to the ancestors were no longer effectively practised. Others blamed the epidemics on sorcery caused by powerful men in a neighbouring village. Deacon wrote,

I am really feeling very depressed about the state of affairs here, there is simply no life left in the people (...) The death rate has been ghastly. [I]n a village of twenty people, nine died in a week. [I]n Telag district, (...) with a population of about 250, twenty two men died..... The present appalling death rate is a consequence of the lapse of the performance of the Nogharo ceremonies in this district, in itself a consequence of the disappearance of the Lembelag clan, with only one man remaining.³² The Nogharo were life giving ceremonies which occurred every eight years, the object of which was to 'make man', i.e. invigorate and increase the district.... On them depended the maintenance of the life of the district, the birth of children, the invigoration of adults, the power to resist sickness (magic). In the village where I am living, one died of dysentery yesterday, another last week. And so terribly many are the old men, the last men who 'know'. My best informant, Kukan, a fine old man, died of pneumonia following 'flu a month ago. At every turn it is 'the men who knew are dead'. (1934: xviii)

Deacon, a talented anthropologist, was unable to ascertain the knowledge that he feared would be lost forever. He wrote,

The rites of the Nogharo Nomur may, I think, be said to be the most impenetrable secret of Malakulan culture. No money can buy it or patience extract it. When I got to Lambumbu there were only two survivors of the Lembag clan, and they were too loyal to the past to betray their knowledge of this most sacred festival. After trying to evade and put me off in every conceivable way, one of them confessed very earnestly that he knew, but he could not tell me for if he did, he would be too afraid to conceal it successfully and if found out he would die. I suppose he put to death or poisoned [die as a result of sorcery]. He said it was not a matter of money at all. (1934: 655)

Deacon wrote a great deal about Malakulan preoccupations with sorcery. He observed that for Malakulans, sorcery constituted facts of life so central that Deacon called them "unthinkable to deny, inevitable, universal" (1934: 688). Recall the BRC's words about such intangibles as "the inherent fatalism and superstition peculiar to the New Hebrides which plays an important part

in the diminution of the native race". Rivers' claim of the importance of the "psychological factor" is not the same as saying that fertility rites "work". The reports discursively centre the physically or psychologically tangible aspects of health. On the other hand, as Deacon noted, ni-Vanuatu conventions about fertility knowledge precluded sharing it in any extensive way with anyone in a position to write a report about it (and many people within their own societies).³³

Deacon died on Malakula. The missionaries who nursed him wrote his mother that he died of blackwater fever. The (now Christian) elders in Southern Malakula told Crowley (2001) that Deacon had gone to a forbidden place in Lembelag and the old men resolved that he should die, as was the penalty for violating taboos. The elders told Crowley that the old men later changed their minds about killing Deacon. In Vanuatu, then as now, young people do not just die, but deaths occur by malevolent forces set in motion by specific practitioners at the behest of another person or as a result of transgressing taboos. Thus it was likely that Deacon's death was perceived as retribution for the knowledge he attempted to obtain (Crowley 2001).

Documents would have been useless to stop sorcery and the Condominium did not rely on persuasion or self governing modern subjects to prevent the violence that could erupt after accusations or the illness that occurred in its wake. Given their concern for law and order, Condominium officials might arrest accused sorcerers and take them to prison in Vila both for the future harm they might cause and for the protection of the accused.³⁴ For many ni-Vanuatu, this was a modern improvement they appreciated, as the men could be difficult to have around in the village (Rodman 2001).

Conclusion

Though researchers felt that proper scientific knowledge eluded them, the knowledge in the depopulation reports about Vanuatu did have effects. In the ways that they represented social and biological processes, they produced a modern population, "an effect we recognize as reality" (T. Mitchell 2000: 17), with people categorized in identifiable groups according to their relationship with traditional culture or Christianity. The Condominium wrote laws that presumed the same categories of people. Such regulations in Fiji made Nicholas Thomas conclude that "State power turned upon inscription, upon the absorption of events in a prodigiously dispersed writing machine" (1990: 152). Though considerably less elaborated than in Fiji, in Vanuatu colonial power in health projects circulated through letters and conversation. Hence, to be successful, the Condominium depended on ni-Vanuatu transformation to modern self-disciplined subjects rather than repressive force.

Gathering knowledge about a population and justifying, indeed compelling, state governance over health- biologically defined- is a colonial illustration of Foucault's notion of bio-power. The Condominium's

disciplinary techniques for enforcing health regulations which relied on self-compliance rather than the use of force, exemplify Foucault's notions of the way modern power circulates. The modern subject presumed by the documents, placed humans and illness solely in the material world. Indeed, in this sense, the Condominium shared the assumptions of Presbyterian missionaries who had been using biomedicine to gain converts since the mid 1800's. Protestant missionaries' work, "centres around the problem of constituting a human subject that is at its core independent of, and super ordinate to, the world of mere dead matter" (Keane 2003: 411).

The effectiveness of colonial documents and enforcement techniques depended on subjects (i.e. people) self-identifying with knowledge about disease aetiologies that were empirically visible and biological. Thus, the Foucauldian concepts of bio-power and self-disciplined subjects produced by medical discourse can only provide a partial explanation for how colonial health projects were part of social change in Vanuatu. The Condominium's very focus on creating this kind of modern subject was what made their project only partially successful. As they interacted with ni-Vanuatu in order to get census type data, the researchers and practitioners were frustrated by inconsistently modern subjects. Ni-Vanuatu complied at times and at others not, suggesting that documents as civilizing material were successful but not constantly so. As M. Jean Mitchell writes about contemporary Vanuatu, "kastom [sorcery] knowledge and practices, which are localised and intensely possessed of their own sensory and spatial effects, interrupt the totalizing strategies central to the making of the modern political subject" (2000: 190). Due to the kind of knowledge they represented, and ni-Vanuatu practices that controlled the transmission of indigenous knowledge of well-being, documents that circulated in the name of health improvement were only partial in their production of governable subjects in Vanuatu. Modernity meant being categorized and the categories of kastom and Christian definitely proliferated (as the voluminous literature of the politics of tradition shows), but that ni-Vanuatu knowledge and their experience as subjects were not limited to the oppositional categories that the documents produced.

However, documents, and the colonial desire for documentation, were part of a profound transformation in Vanuatu in the creation of a population that was modern enough to be counted.³⁵ Though different ni-Vanuatu accepted or rejected the categories of 'bush' or 'Christian', and ni-Vanuatu forms of knowledge eluded the subject-making strategies of reports and letters, like Sandra Bamford writes about the Kamea in PNG, I maintain that one of the impacts of modernity in Vanuatu is that "what appears at first sight to be a simple case of accommodation and resistance actually entails a profound conceptual shift" (2007: 178). Modernity meant being compelled to engage with the social categories of the reality documented in the census and assumed by the health laws and enforcement strategies. This is not to say that the outcomes of these classifications are all negative, for as Haidy Geismar (2005) adeptly shows, contemporary ni-Vanuatu artists were able to claim

ownership over indigenous art forms by articulating *kastom* knowledge with intellectual property laws. Still, as John Taylor (2003) eloquently cautions, ni-Vanuatu oral history narratives can all too easily be relegated to myth rather than real history, a lingering effect of colonial frameworks that privilege factual forms of knowledge and linear experiences of space and time.

I have one final point. While documents and the reality they represented are worthy of scrutiny for their role in modern transformations in Vanuatu, the volume of recommended changes for healthy populations that have not happened also deserves examining. Many contemporary ni-Vanuatu would appreciate the meaningful employment and health care the researchers recommended almost a century ago.

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Notes

¹ Western Pacific Archive, University of Auckland. New Hebrides British Services (NHBS) 107a 1913 April 13, 1913.

² The colonial name of Vanuatu was the New Hebrides. Indigenous citizens of Vanuatu are now called ni-Vanuatu. I use the contemporary names throughout.

³ NHBS 107a 1913 Merton King to Jules Repiquet April 10, 1913.

⁴ The island of Erromango, in particular, was rather infamous (Gordon 1863) as three Presbyterian missionaries were killed in conflicts over the cause of measles epidemics.

⁵ During the 1940's, American troops stationed in Vanuatu brought health care resources and then international organizations like the WHO changed the nature of the colonial system.

⁶ Bislama term for 'time before'.

⁷ For more on modernity in Melanesian contexts see Bamford (2007), Hirsch (2001), Knauff (2002) and Robbins and Wardlow (2005).

⁸ Some Christian ni-Vanuatu did record their experiences in missionary texts but the majority of the very few written documents in Vanuatu's many indigenous languages are bibles and hymnals.

⁹ For example, (Baker 1929; Buxton 1926, 1935; Durrand 1922; Lambert 1941; Pitt-Rivers 1927; Roberts 1927; Rivers 1922; Speiser 1922).

¹⁰ As Denoon (1999) and McArthur (1974) note, the researchers overlooked the health effects of the shift from dispersed kin groups to villages.

¹¹ The Condominium established a joint court, with jurisdiction in civil suits between British and French, to try offences by ni-Vanuatu against non-Natives and to deal with offences against the Conventions (Woodward 2002: 26). Offences committed by ni-Vanuatu against each other were eventually heard when native courts began hearing native disputes in 1914 (Rodman 2001: 29). They were run by ni-Vanuatu 'assessors' (Rodman 1982: 71-72). For more on colonial health infrastructure see Widmer (2007).

¹² NHBS 246 1930 BRC Joy to British High Commissioner.

¹³ NHBS 126 1931 Crown agents to BRC, April 7, 1931.

¹⁴ NHBS 126 BRC, July 8 1931.

¹⁵ NHBS 1/1 MP 187/1931.

¹⁶ "An epidemic will not cause sustained population decline unless it affects the age or sex structure of the population in specific ways" (Campbell 2006: 103).

¹⁷ He did not explain how he determined ages of females.

¹⁸ Western Pacific Archive, University of Auckland. Western Pacific High Commission 9/11 F 52/20 Vol II Report AMP Philip Ilo.

¹⁹ NHBS 27/4 1940 July 15, 1940.

²⁰ NHBS 27/4 1940 October 9, 1940.

²¹ During the 19th century, ni-Vanuatu labourers worked on plantations in Australia in atrocious conditions (Saunders 1976). In 1901, indenture in Australia ceased due to immigration laws, so ni-Vanuatu worked in New Caledonia or on other islands in Vanuatu.

²² There was a French and British DA in each district.

²³ NMP's, Native Medical Practitioners, were Pacific Islanders trained as biomedical practitioners.

²⁴ This regulation affected only the plantations on Efate and surrounding small islands.

²⁵ Only twenty-five British and less than a hundred French lived in Vila in 1907 (Rodman 2001: 33).

²⁶ NHBS 246 1930 BRC to the British Colonial Office. June 4, 1931.

²⁷ NHBS 246 1930.

²⁸ WPHC 52/146 Seago to BRC and FRC.

²⁹ NHBS 85/40 BRC To DA Santo November 4, 1940.

³⁰ There is some archival evidence that the DA's did use force at times. NMP's reported that people refused treatment because were afraid that their houses would be burned.

³¹ Rivers (1924) and Layard (1942) did know about indigenous knowledge of sorcery and its relationship to illness, but did not discuss them specifically as ni-Vanuatu explanations for the low birth rates and high death rates.

³² Only members of this clan could perform the ceremonies.

³³ Residents of North Ambrym attributed the depopulation (from 3,000 in 30 villages to 400 in four villages from 1910-1940) to an intensification of sorcery attacks (Rio 2002).

³⁴ E.g. NHBS 298 1935 Unrest at Aoba, Mission des deux délégués à Aoba, rapport Juin 1935 and Lambert (1941: 237).

³⁵ The first census was completed in 1967 (McArthur 1968).

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