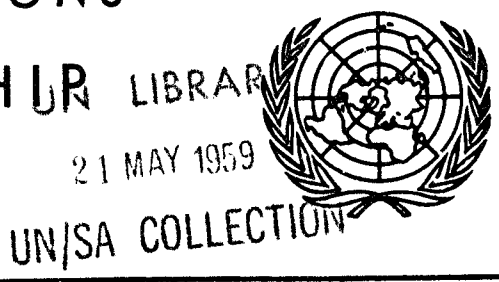




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PETITION FROM THE SAMOAN MEDICAL ASSOCIATION  
CONCERNING WESTERN SAMOA

(Circulated in accordance with rule 85 of the rules  
of procedure of the Trusteeship Council)

Note by the Secretariat: This communication was  
transmitted to the Secretary-General by the United  
Nations Visiting Mission to Western Samoa, 1959.

c/o Health Department,  
Moto 'otua.

14 April 1959

- The Hon. Chairman. <sup>1/</sup>
- The Hon. Secretary.
- The Hon. Members.
- The U.N.O.

Sirs,

I have the honour to submit herewith a refined draft in lieu of the original  
"rushed copy" submitted in the interview of our views and petition to the U.N.O.

In addition, I wish also to correct a mis-statement on the number of Nurses  
employed in the Territory.

Of the total of 214 Nurses employed including first aid and trainees, 149  
are lived-in in the Apia Nurse Compound, 12 are attending from their homes, making  
a total of 161 employed within the urban area, including 4 district nurses for the  
sub-urban areas.

As required, a copy of our submission will be forwarded in due course to our  
self-Government Committee for their information.

<sup>1/</sup> United Nations Visiting Mission to Western Samoa, 1959.

Further this Association will welcome with all due respect and appreciations any advices and reconstructive approach to their views and problems.

I have the honour to be

Your humble Servant,

(Signed) I. FAATIGA

(I.T. Faatiga)

Hon. Secretary

Samoan Medical Association

APIA GOVERNMENT HOSPITAL  
MOTO' CTUA,  
WESTERN SAMOA.

2 April 1959

The Hon. Chairman,  
The Hon. Members,  
U.N.O. MISSION.

As a body of Samoan Medical Officers, duly amalgamated as the Samoan Medical Association, we have great honour and respect to present herewith our humble application and views for your consideration and attention.

The 43 Fiji Med. School Graduates staffed the whole of the 15 Medical Outstation Hospitals in Western Samoa. The Apia Hospital with 250 beds employs 22 Medical Practitioners, 4 of them are Overseas Officers, including one N.Z. Samoan Scholarship doctor, and the remaining 18 are Samoan Medical Officers.

Refresher Courses Overseas or otherwise as a mean of furthering the experience and knowledge of all concerned, had become a pressing need in the past years, amongst the indigenous medical personnel in view of the following depreciated conditions and requirements:

(1) LACK OF AN UP-TO-DATE MEDICAL LIBRARY, to keep the medical personnel abreast of modern findings and the rapidly changing trends in Medical science. The last text books issued about 1952 were editions of 1950 and 1951, and had outgrown their value with many of the present findings.

Complex cases needing intricate studies and follow-up in the light of present knowledge and use of modern drugs are constant problems. Some of these cases found their way to Pago Pago and other overseas countries, where they were given satisfactory treatments, and sometimes publicly denounced the inability of the Medical Service in Western Samoa. With depleted finance no additional replacements of text books and other sources of medical literatures had been obtained.

(2) "THE LACK OF VISITS BY ANY CLINICIAN, GENERAL PRACTITIONERS", or otherwise from any of the world renown medical institutions, to give lectures or hold Clinical meetings with our present practitioners, has great need in Western Samoa, where the needed "peps" and the regular "boosterings" as done in other countries are essential insertions to keep up with demand for productivity by the public on the medical service.

Dr Gurd's recent visit held clinics in Apia Hospital, dramatised our great need for such service for many years.

Any service instituted by the U.N.O. to this direction will be more than welcome.

(3) OVERSEAS REFRESHER COURSES AND OBSERVATIONS: Deprived of the needed refitting, and reparation amenities, the unawareness toward an increasingly deteriorating medical service calls for an over-all revival in competitive encouragements and reformation in Overseas Refresher Courses and Observations amongst well informed, and up-to-date institutions.

Fiji had provided a few of these post-graduate courses which could be used as a common footing, but to a large measure, the preliminary standard of independent status are still relied on sending their Officers for overseas training and experience in N.Z., Australia, England, or employing Overseas Medical Officers.

Western Samoa on the other hand, with a financial developmental struggle could not recoup Overseas Officers readily in the same capacity to provide for a progressive stabilize medical service.

New Zealand had done much for other departments, and we could have been made to merge in with the Colombo plan counterpart beneficiaries. Overseas refresher leave had been recommended to our older members - based on salary level - and mostly amongst those with over 15 years of services. Unfortunately, it leaves our more versatile and adaptable younger graduates with no changes for further training and experiences.

With the recent financial crisis, the subsequent staff and salary retrenchment, with the Government straining its resources to urgent restorative developments - the uncertainty of future political relationship with New Zealand had given but despairing anxiety that our unsolved problems might never had the chances of a pathetic and sincere consideration.

Of the 41 permanent Samoan Medical Officers in the Service, 9 of them passed the age of 50 years, 11 passed 40; 15 above the age of 30 and only 6 at their late 20th. With no further recruitments from the Fiji Medical School for the past 4 years, and, with the present change in the normal medical course, there will be a disabling fall-out on local Medical Officers.

Meanwhile, the present increase of population from 36,726 in 1921 to over 102,000 in 1958 with the relative Hospital attendances of 52,000 to 205,551 in 1958, exclusive of home visitings and field works, the inevitable mounting tension of anxiety and uncertainty to an overstrained Medical staff had already showed signs of disastrous crippling.

With the precarious financial situation in obtaining overseas replacements, more of the responsibility will have to fall on the local officers.

It is but a far "cry from the wilderness" that we prostrated ourselves to appeal to the U.N.O. for a "hand-out" assistance, in getting some of our capable local officers for special post-graduate studies and general refreshing training or observations in some modern overseas institutions. This will help to restore the needed courage and confidence to weather the unpredictable storm ahead.

Although a good many will be fettered by family responsibility, a good number are willing to make the necessary sacrifice. The younger and more capable - could be encouraged to take up further special studies or otherwise for such needful training in getting for example, a proper Pathologist, Parasitologist, Public Analyst, Public Health Inspectors, and Sanitary Engineering, Research Officer, Physician Specialist, Surgeon Specialist, Ophthalmologist, Dentist, Dietitian, Anaesthetist, Pediatrist, Maternity, Diseases of the Skin, Heart Specialist, T.B. Specialist, Nose and Throat, Psychiatrist, Physiotherapist.

We have two newly N.Z. trained doctors who might be quite capable to take up highly specialized, post-graduate studies as in a Surgeon Specialist or Physician Specialist.

Outside younger and more proficient candidates could be reinstated where the direct "bodies" are inadequate.

Samoa's survival of the pioneering era and present transitional demand in view of international trends, and independent recognition, seemed to have proven that the costly repetition of employing "below-the-average" Medical Officers, when highly qualified Officers have still to be employed to retrieve the missing link, involved cumulative uneconomical hazards.

Any assistance by the U.N.O. in the form of fellowships, or so at this very critical period of doubtful suspense and uncertainty will be greatly appreciated.

(4) HOSPITAL AND THE NEEDS FOR MODERN FACILITIES: With the growing needs for Medical services, the people following self-help organizations initiated by some Members of this body had participated in the constructions of modern Western style new hospitals in place of the old bungalow type. Ten of these had been built; 5 in Savai'i and 5 in Upolu, - either with or without Government help. Staffing them and financing the requisite medical facilities, and personnel - had been a difficult problem to the Government, and in some hospitals, there are no beds, sanitary facilities, and even in toilets, the patients had to provide its own bed pan, and washing facilities in the hospitals.

The Apia Hospital, being the largest, is terribly in need of expansion. Although 250 beds had been put down as its normal capacity, the 4,707 Admissions last year (1958) would give an average of 392.25 cases per month.

In truth about 1 out of 6 cases had to be turned out every day, and, if all cases were admitted the true number of admissible cases should be well over 500.

This had created a most deplorable predicament to the Medical Officers, who behind the scene of chaos and bewilderments had to find strength in acting as public relation officer to soothe the not too frequent abuses by the ignorant public.

A long list of waiting cases for non-emergency operations or for diagnostic observations had to wait for months or even more than a year to find beds, which by next morning they had all been filled by emergency cases on the night. Some of these had to seek help in Pago Pago and elsewhere.

The total registered Tuberculosis cases in 1958 was 1,254, 85 of these cases were admitted on the beds available, and 1,158 were treated at home, with 247 new cases against 147 five years ago. The spreading rate could be partly attributed to the number of infected cases being turned out owing to the constant shortage of beds.

Thus the untold misery of humanity goes on amidst inadmissible scenes of pathos and tragedy. On the other hand, the existing equipments and facilities are next to primitive time, and had almost outgrown the repairable stages, this had ranged from sanitary amenities to sterilizers to broken-down ambulances, and etc..

At this stage, we plead for your help, financially or otherwise to replace a new modern Hospital in Apia with all facilities, a new sanatorium for T.B. and Leprosy, a detached public health division. Our Government had reached its tether, and may not at this transitional era be able to disentangle itself in its overall drive on economical enterprises and more immediate financial reforms.

(5) THE EMPLOYMENT OF OVERSEAS COMPETENT OFFICERS: For sometimes to come the medical service in Western Samoa in the role of Surgeon Specialist, Physician Specialist - will have to be relied on Overseas recruitments of highly competent officers. This had been handicapped where New Zealand whilst trying its best to recoup the same to fill in her own needs, and at the same time strived to get officers of similar capacity whose salary returns are often beyond the reach of the financial barriers of the Territory. Even with the help of the South Pacific Commission, it is doubtful whether the two officers and other leaving this year will have replacements in time. It is hoped that the U.N.O. will help in retrieving this precarious situation in good time this year.

Further, it has been said that Australia under the same circumstances had employed some of the proficient western refugees doctors who cannot scale the professional monopoly within the B.M.A. areas. In the same category, Western Samoa may find replacement, or, any where within the English speaking countries of the U.N.O. provided that there salaries are within the ability of our means.

(6) SECURITY OF EMPLOYMENT: (a) Medical and civil service. The insecurity involved in the Government service had been for many years attributable to the unstability of the terms and salary assessment to the employees. The age limits of 65 years is probably higher than most countries, yet the formula as advocated as fair relativity, had failed completely in its evaluating

dissection of the essence of efficiency, permanent and temporary, qualitative and quantitative in the realignments of the 8-hour to the 24-hour, as affecting the clerical technical, professional and other classes and the assiduous employees from those of a liability to the country.

To date - there had been more security offered for the overseas Officers of all classes than local who in many cases hold the same qualifications or do exactly the same work.

In the Medical Service, an X-ray Technician, who hold the same qualification as the previous one, could not be paid the same salary. The same had been done to 2 locally employed doctors and Samoan Medical Officers, who as 24-hour employees - are given less consideration than their overseas counterpart who have beside inducement allowances and other amenities covering even their children in the Territory, are also allotted furlough and refresher leave, representing the department and country amongst the South Pacific and other international organization, which only provided and added experience and required recognition to get better jobs in other areas, but depriving the Government of its money's value. These privileges are not being given to local officers readily in the same capacity.

(b) (i) Status of Salary - Grading for Medical Employees: Under the Public Service Regulation, Section 80 (e) the Fiji Graduated Medical Officers are graded under Division 3 or Intermediate Division, together with other non-professional members of the Public Service as a body employed "on semi-professional duties, other than those of a routine nature". This may bear a direct contravention to Section 29, Samoan Amendment Act 1956, and it does encourage that we should forego our ethical and legal obligations. It is only just and logical that we should be classed under Division 2 or Professional Division. In view of the fact that we are doing professional and technical works, and are holders of certificates to practice surgery and medicine, from the Central Medical School, Suva, a recognized Medical School in the Pacific. It is discouraging and discriminating to have our members not graded together with colleagues, who are graduated from other Universities, and who are doing practically the same duty in the service of the people.



In Fiji, their locally qualified medical Officers are being given a maximum of £1200-1400 overlapping two steps of the commencing salaries of their overseas employees. Being independent Medical Officers, our Samoan colleagues with higher skill and experiences with duly responsible duties should be given the same or higher equivalent, based on "one maximum" - so as to encourage others on competitive bases to get overseas training and experiences. With such indiscrimination in salary assessments, many of these competent officers with large family responsibilities had been forced to seek securities and maintenances in tradings, plantations, and other sources.

In the same way we advocate that our locally employed Medical Officers who are doing or expectant to carry out higher offices hold similar qualifications from New Zealand and Germany and others to come - should be given exactly the same equivalent in salary and other privileges as would be allotted to other overseas temporary employees. Being at world market level, this continued mistreatment will only rob them of patriotic spirit, to seek higher security services elsewhere. (ii) Creation of the Samoan Medical Council: It is timely that Samoa, being at the treshhold of self-governed, should have its own Medical Council. At present, according to the law, Section 13, Samoan Amendment Act 1951, only Medical Officers who are registered in New Zealand, are permitted to practice in Western Samoa, subject to fulfilments of the Public Service Regulations. To keep in march with the political transition, a Medical Council with all its rights should be established.

(c) General employment within the Government and industries, had undergone the same difficulties with much had been done, to protect and preserve the rights of the employer and little in the form of service securities for the employees. Similarly, many of the large profitting concerns had been employing workers for years on apprenticeship of 4/- or 5/- a week for an indefinite time and are still doing the same. This insecurity and discouragement had accounted for many dishonesties and criminal offences.

To protect the rights of the employees and labour population of the country it is hope that the U.N.O. will make the necessary reforms in setting a pattern for our Government to have public relationship officer dealing with this undue exploitation of the poor voiceless people and at the same time modelling the way for a Minister of Labour to see that the working classes will be duly represented in that they constituted the main force of the "understanding and educated population." This will restore the confidence and mutual fellowship with which the Government can depend on their mutual association and close co-operation in all matters.

(7) **ECONOMICAL DEVELOPMENT:** With the present set back in the financial outlook of our country, which had been already overstrain in trying to keep up with its present services, it is our humble wish that the U.N.O. will help us at this crucial crippling stage of transition as:

- (i) In granting us some measure of financial help to help our schools and the general improvement of education to world acceptable level, so that it will enable our Government to send some of our people straight to overseas universities without the hazards of spending a lot of money in other countries to cover the preliminary stages. New Zealand had done much along this direction but many of our pupils after years of staying away, had lost sight of their responsibility to out country.
- (ii) In helping our Government financially or otherwise in cultivating our resources, ie. the practical modelling of secondary industries to absorb the surplus of our products, trade training and other enterprises necessary towards the fostering of the incentatives and attainments of the growing population. To help our Government to get better markets for our exports and etc, overseas.

It is our belief that our Government had done so far creditably to attain in 13 years, what had caused the U.S.A., England, India, and other countries hundreds of years of civil wars and upheavals. New Zealand as one of the youngest of the mother nations had done much within her possible resources and, have taken this occasion to thank her and above all, the U.N.O. the only "God given Gift" to the freedom of common humanity.

Please we plead with tearful eyes and with all sincerity "to help us to our feet" so that we could share the common privileges and benefits of the liberty that you had helped to "unchain" from our shoulders.

With high expectations for your lenient considerations, we close with humble anticipations. Thank you.

We have the honour to be

Your humble Servants,

Hon. Member: D. DENEMIN

Hon. President: I. KESENE

Hon. Secretary: I. FAATIGA

For the Samoan Medical Association.

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