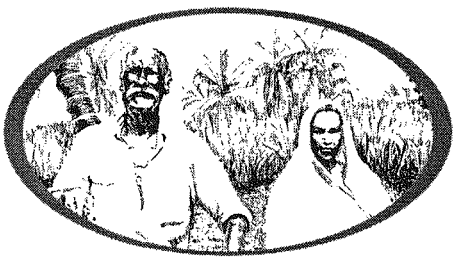
chapter 16



Death On Fiji Plantations, 1900-1909

Nicole Duncan

From 1900 to 1909, 1180 Indian indentured labourers in Fiji perished.[1] This number was extracted directly from the microfilm of the original unpublished record, *Register of Deaths of Indian Immigrants, 1879-1927*. The *Register* was used to catalogue the deaths of all Indians in Fiji, not just those serving under indenture. As this analysis covers the death of indentured labourers only, each entry was inspected to determine if the subject was firstly, an adult, which meant that he or she was over the age of twelve, and secondly, was working under indenture[2]. To facilitate the discovery of relevant trends and causal relationships, a record was made of each person's sex and age, date of arrival in Fiji, allotted plantation, cause of death and date of death.

To make the analysis manageable, information regarding the plantation, the duration of indenture and the cause of death was grouped into categories. The plantations were grouped according to geographic districts and the duration of indenture served up to the date of death was recorded in periods of six months or one year.

Causes of death were placed into categories of major factors, such as tubercular diseases or childbirth complications. As the cause of death was determined in the first decade of the twentieth century, each entry was initially defined as it was understood by the medical personnel of that time. The definition was then matched to the modern-day term in order to benefit from advances in the understanding of causes of diseases and other medical conditions. For example, 127 people died of 'phthisis'. This term is now defunct and used only informally to describe the state of physical wasting.[3] At the turn of this century, however, phthisis was understood to be a serious and deadly tubercular disease of the lungs, characterised by the occurrence of lesions[4]. Consequently, phthisis was grouped with tuberculosis and consumption.

A difficulty in grouping the causes of death arose from the manner in which this information was originally recorded. Sometimes as many as four causes of death were listed for each person, with no indication as to which was the major factor. For ease of analysis, it seemed reasonable to try to attribute death to only one cause. In some cases, this was relatively easy. For instance, 207 people had either exhaustion, debility or asthenia listed as one of several causes. All these terms mean 'a state of weakness', which would have resulted from either a primary cause and/or from being overworked. Hence, when any of these terms were shown as one of several causes of death, they were excluded as secondary in nature. When exhaustion, debility or asthenia was the only cause of death listed, they were placed into the category of 'Weakness'.

In other cases, it was more difficult to isolate the primary factor. For example, one person died of both pleurisy and peritonitis. Pleurisy is an inflammation of the area around the lung and chest, often linked with pneumonia, tuberculosis, bronchitis and pericarditis; peritonitis is defined as an inflammation of the membrane investing the abdominal and pelvic cavities caused by bacteria spread through the bloodstream. Both conditions appear to be secondary in nature, meaning they result from another affliction. In this case, pleurisy was chosen as the cause of death because the contamination of the lung and area around the heart would have more likely poisoned the bloodstream and hence diseased the abdominal area, rather than an inflammation of the abdomen causing an

infection in the chest. In other cases, the decision was purely arbitrary. For example, where dysentery and tuberculosis were listed as the causes of death, tuberculosis was taken to be the major factor, although affliction from dysentery can, and often did, result in death.

Besides the information extracted from the *Register*, use has been made of the *Annual Report on Indian Immigration to, Indian Emigration from, and Indentured Indian Immigrants in the Colony* for the years under study. The information contained therein provides insight into the manner in which the British authorities understood the conditions of indenture and explained the causes of death.

The Experiences of Indenture

Between the years 1900 and 1909, the number of Indians under indenture in Fiji rose steadily from 5,165 to 10,754.[5] During this time, however, over one thousand labourers died. Following is a discussion of the conditions in which the Indian labourers lived, worked and died.

Living Conditions up to 1908

Historians generally agree that life for the indentured Indian labourers in Fiji was extremely difficult. The 'lines' in which they lived were very cramped, with up to 50 people in one structure of 16 rooms or 80 people in 26 rooms. The rooms themselves were only 70 square feet in area. Within the lines, the Indians cooked, slept, and socialised, although these activities were hampered by the lack of privacy. Not only were the rooms small and attached to one another, but the walls also stopped short of the roof in order to allow for ventilation of the windowless structure. The need for ventilation in the sub-tropical islands of Fiji was often exacerbated by the fact that the labourers had to cook communally within their rooms, especially in the wet districts of Rewa and Navua. Within this humid, smoke-filled, enclosed space, an immigrant's personal problems, including infections, were known by and shared with their neighbours.

Living Conditions after 1908

Legislation was enacted by the Legislative Council in 1908 to improve the living conditions of the indentured labourers. In the *Annual Report* for 1908, the changes were described as follows.[6] Lines constructed after the passing of the Ordinance were to be enlarged, so that each room would extend over 120 square feet. Kitchens were to be constructed at a reasonable distance away from the lines. Drainage was to be improved and a specified area

around the lines was to be cleared for use by the occupants. The District Medical Officer was to ensure that a constant supply of pure water was provided at a convenient distance from the lines. The fact that such changes had to be required by law testifies to the debased conditions of the pre-existing lines.

The Labour

By 1900, the indentured labourers were working under a task system. The Indian government had intended this system to act as a means of controlling the amount of labour that could be demanded daily from each immigrant worker. The task was to be no more than an average person what could complete within six hours. Females were to complete tasks three-fourths the size of tasks given to males. Unfortunately, the Indian government had no control over the daily implementation of this system. It was to the advantage of the plantation owners and their overseers to set more onerous tasks and force the labourers to complete the work. Hence, studies of indenture in Fiji are replete with observations that the allocated work of digging and clearing drains or the planting, weeding, trashing, cutting and loading of cane was difficult to finish within the day.[7] The labourer had to face this situation each morning for five and one-half days a week, for fifty-two weeks a year, for five years straight.

The Hospitals

Well before the turn of the century, central hospitals were available for groups of plantations, while there were also hospitals nearby the sugar mills. Each facility was under the charge of the hospital attendant, generally a European, who did not necessarily have certified medical training. Male Indian attendants and nurses also assisted in care of the sick.[8] Although the hospitals were stocked with an adequate range of medicines, the hospital staff had only rudimentary medical knowledge[9] and were not trained in the art of nursing a person through an illness or injury. Many must have returned to the lines before recovery was complete.

The Indian Community

It is generally agreed that the extended family and caste ties which bonded Indian communities were broken during the journey to Fiji. In total, 10,873 or 24% of all Indian migrants came to Fiji in families.[10] The remaining 76% can be assumed to have travelled as individuals. The men and women who came as indentured labourers represented all stratas of rural and urban

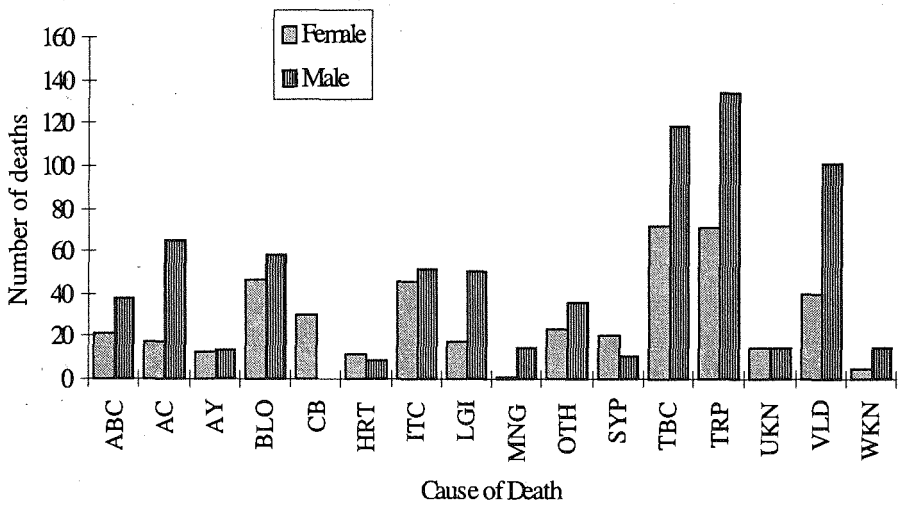
Indian society. When they arrived in Fiji, an effort was made, at the request of the plantation owners, to separate those migrants who came from the same district in order to prevent the formation of troublesome gangs.[11] As a result, the Indians in the lines most likely came from different castes and geographical regions, had differing religions, and generally lacked immediate family support. These conditions do not foster the creation of a strong community network. Added to this was the indifference with which the overseers semi-permanently separated families in order to meet the labour needs of the fieldwork.[12] It is not difficult, therefore, to imagine that when labourers fell ill or suffered from severe injuries, they were left to their own devices unless they had a loyal companion. Keeping in mind these general points regarding the lines, the labour and the community, I now turn to the analysis of the data.

Males and Females

The Indian Government specified that for every 100 men, the recruiters had to enlist 40 women. Planters complained that the women were not as productive, and therefore not as economical, as the men. Throughout the years of indenture, planters argued that the Indian Government should revoke this stipulation, but to no avail. Recruiters in India continued to encounter difficulty in enlisting women, but the required quota was always met. Be that as it may, 450 deaths, or 38% of the total 1180, were women, which is higher than the percentage of women emigrating as indentured labourers.

Attention was given, therefore, to the different experiences of each sex. A concise answer is not available, but the observations throughout this paper assist in determining the reasons for this disparity. Figure 1 gives a general overview of the causes of death by sex. Other than death arising from childbirth, deaths caused by syphilis or heart troubles were the only instances in which numerically more women than men suffered. However, equality in numbers is approached in cases of ancylostomiasis and intestinal complications.

Figure 1: Death Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Cause of Death and Sex



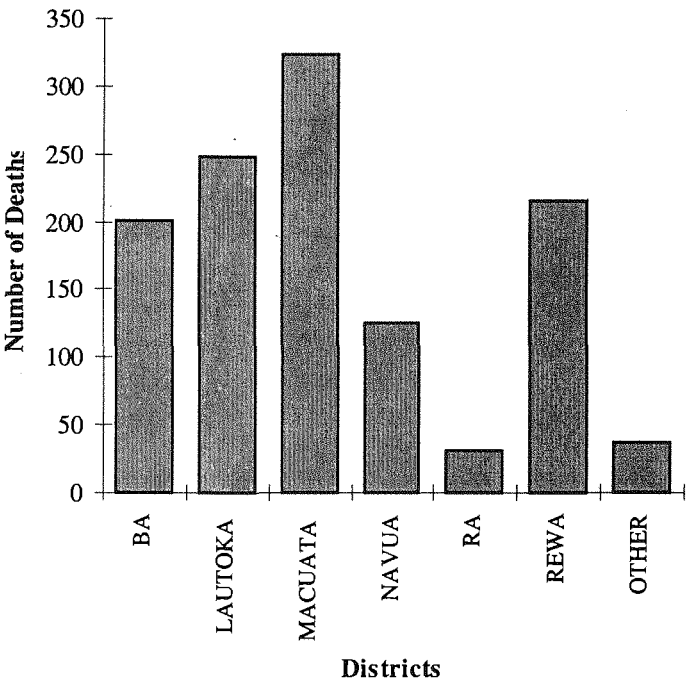
KEY

ABC: abdominal complications
AC: accident
AY: ancylostomiasis (hookworm)
BLO: infection of the blood or blood - carrying channels/organs
CB: related to pregnancy or childbirth
HRT: heart-related complication
ITC: intestinal complications
LGI: lung infection
MNG: meningitis
OTH: other
SYP: syphilis
TBC: tuberculosis
TRP: tropical disease
UKN: unknown
VLD: violence
WKN: weakness

Death in the Districts

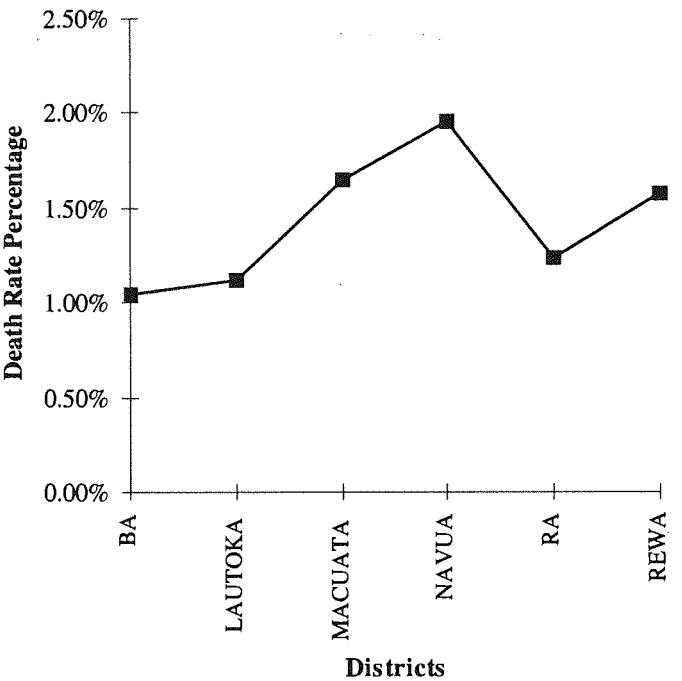
Figure 2 shows that most deaths occurred in the district of Macuata.

Figure 2: Deaths of Indentured Indian Immigrants



Within the context of average yearly indentured population by district over the 10-year period and the average number of deaths for each district, the death rate for Macuata reflects that it was a dangerous district, but Navua was the most dangerous area in which a labourer could work (see Figure 3).

Figure 3: Death Rate of Indentured Indian Immigrants, Fiji 1900 - 1909, by District



When discussing the districts, Gillion remarked that 'conditions at Penang were consistently good ...'[13] Penang is situated in the district of Ra. Of the 31 people who died in Ra, 28 were allocated to Penang. Ra did have the lowest number of deaths, but this study shows that both Ba and Lautoka had lower death rates than Ra, at 1.04% and 1.12% compared with 1.23%. Since Penang constituted a large portion of Ra, both geographically and in terms of population, it is doubtful whether conditions at Penang were relatively that good.

As noted above, Navua and Rewa are the wet areas of Fiji, with the other four districts enjoying drier weather conditions. The contention that wet areas were more dangerous is supported by the fact that Navua had the highest death rate while Rewa had the third highest, after Macuata. The danger of Macuata could have been due to its distance away from Viti

Levu, the main island of Fiji. Although Macuata had a resident inspector who monitored each plantation's compliance with the regulations governing indenture, the inspector was only one colonial official on an isolated island. Additionally, most of the plantations on Macuata were fairly new and therefore preparation of the soil was more demanding upon the labourers.

Table 1:
Deaths of Indentured Indian Immigrants,
Fiji 1900 - 1909, by District and Cause of Death

DISTRICT	ABC	AC	AY	BLO	CB	HRT	ITC
BA	14	17	3	14	3	5	8
LAUTOKA	14	17	1	24	4	5	**32**
MACUATA	**15**	19	**19**	**28**	**9**	5	20
NAVUA	5	6	0	14	2	1	12
RA	3	2	0	3	3	1	0
REWA	7	**21**	3	17	7	4	22
OTHER	1	0	1	5	2	0	3
TOTAL	59	82	27	105	30	21	97

DISTRICT	LGI	MNG	OTH	SYP	TBC	TRP
BA	14	4	7	4	**50**	21
LAUTOKA	16	1	14	4	40	36
MACUATA	**17**	3	14	**20**	39	**67**
NAVUA	11	1	8	1	17	27
RA	0	0	0	0	9	0
REWA	7	**7**	14	1	30	44
OTHER	2	0	2	1	5	10
TOTAL	67	16	59	31	190	205

DISTRICT	UKN	VLD	WKN	**TOTAL**
BA	10	27	0	**201**
LAUTOKA	1	**36**	3	**248**
MACUATA	7	33	**8**	**323**
NAVUA	1	13	6	**125**
RA	3	6	1	**31**
REWA	8	21	2	**215**
OTHER	0	5	0	**37**
TOTAL	30	141	20	**1180**

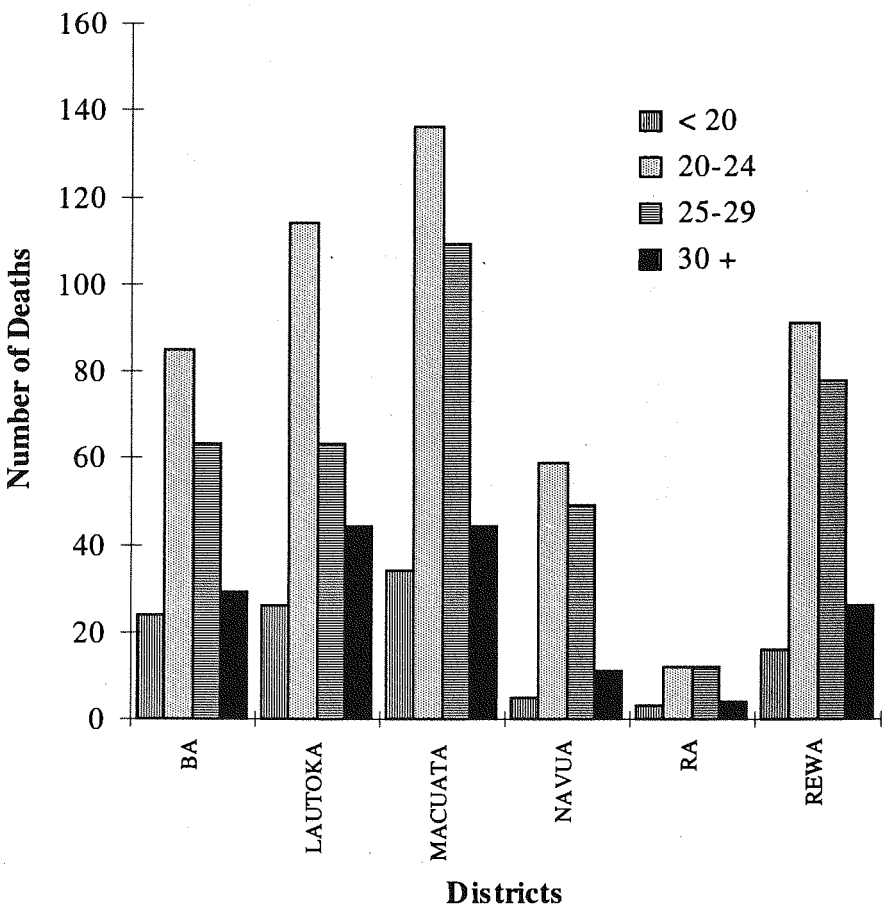
Because the large majority of the causes are medical in nature, it is not possible to attempt a deep analysis of them here. For now, no definite explanation can be offered as to why most cases of tuberculosis occurred in the district of Ba, which was third-largest in terms of population. It may

have been that the lines in Ba plantations were extraordinarily crowded, which would explain how tuberculosis, transmitted by inhalation, could cause almost a quarter of deaths there. If the living conditions were that cramped, it would be expected that tropical diseases, which are highly contagious, would have killed a large number of immigrants. But this study shows that tropical diseases such as yaws and dysentery killed only 10.5%. It is also interesting to note, and yet apparently unexplainable without further research, that the large majority of deaths by ancylostomiasis, a human parasite which feeds in the small intestine, occurred in Macuata. This parasite survives best in moist conditions and enters through the feet or contaminated drinking water. These parasites should have been more prevalent in a wetter area like Navua, where no cases were reported. What makes this pattern even more confusing is the fact that tropical diseases, which can be rampant in areas with moist weather conditions, accounted for over 20% of deaths in both districts, the single largest killer in each.

When deaths by district are sub-divided into the age groups at which the labourers died, an interesting change arises (see Figure 4). It is not surprising that the vast majority of deaths occurred among those aged between 20 and 29. The value of the indentured workers lay in their youth and strength. Therefore, recruiters concentrated their efforts on the young. Of those Indians who departed for Fiji from Calcutta, which constituted 75% of all indentured labourers, 68.7% were between the age of 20 and 30. When those between the ages of 10 and 19 are included, the percentage is 86.6.[14] Consequently, considering that indenture spanned a five-year term, the large majority of deaths took place among those over the age of 20 and under the age of 30.

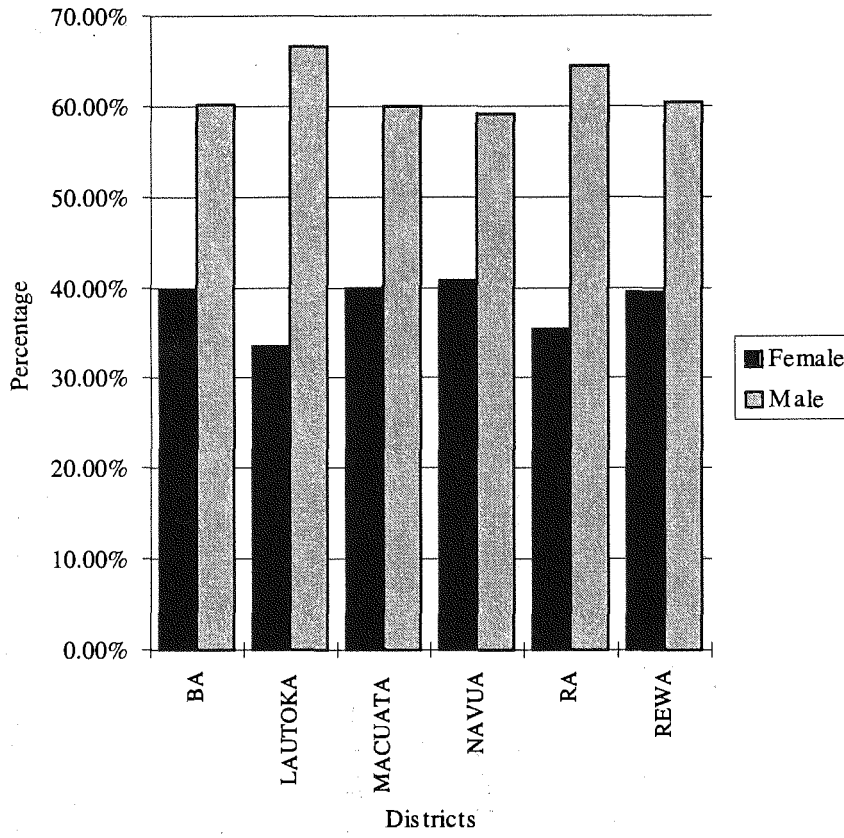
It has already been established that Macuata had the highest number of deaths. From Figure 4, it is noted that there is a larger discrepancy in Macuata between the total number of deaths of those aged 20 to 24 and 25 to 29 as compared with the differences in Navua and Rewa, the wet districts. For Navua, the deaths of those aged between 20 and 29 constituted 86.4% of all deaths there. In Rewa, the percentage was 78.6%, whereas in Macuata, those between 20 and 29 totalled 75.9% of all deaths. It is unfortunate that these statistics cannot be compared with the age distribution of the labourers in the districts. If that information were available, it could be determined whether these trends can be attributed to the fact that the wet areas had a younger indentured population or whether the younger labourers were assigned to the more treacherous work. As this information is not available, this pattern can only be noted for future reference.

Figure 4: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by District and Age Group



When the data on districts is correlated by sex, it appears that the percentages for each district do not greatly deviate from the overall female percentage of 38% of total deaths (see Figure 5).

Figure 5: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, Percentage of Sexes for Each District

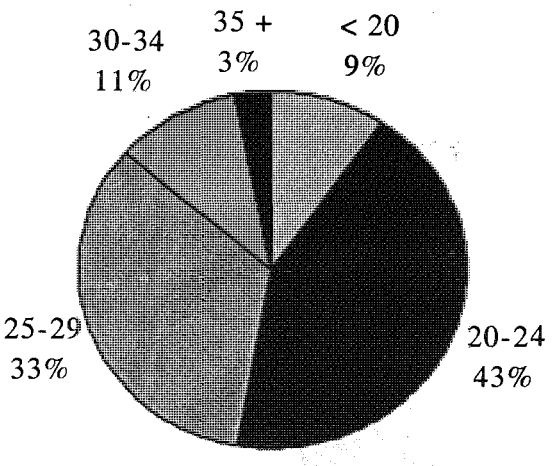


The most dangerous district for females was Navua, where women made up 40.8% of the total deaths. Lautoka appears to have been the least deadly district for females, where they comprise 33.5% of the total deaths. But these observations are subject to the distribution of the sexes among the districts, a topic that has not yet been researched.

Untimely Deaths

As argued previously, it was to be expected that most of the deaths fell within the 20 to 29 age range as that was the age of the majority of the indentured Indians.

Figure 6: Deaths of Indentured Indian Immigrants, Fiji 1900 - 1909, Percentage of Deaths by Age Groups

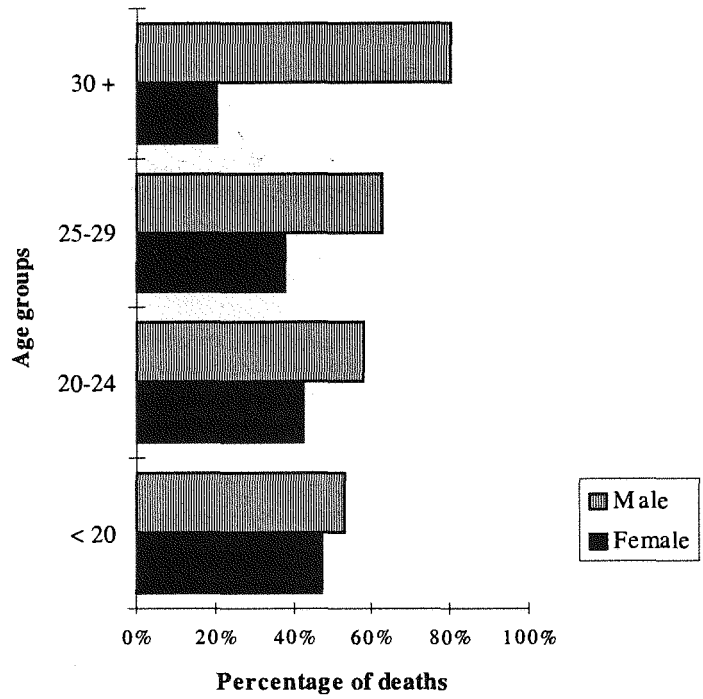


When each age group is considered individually and the percentage of each sex is calculated, a very interesting trend emerges.

For those aged less than 20, the proportions of death is almost equal between the sexes, where women constitute 47% of the total. The proportions rapidly diverge until for those aged over 30, females form only 20% of the deaths. Remember that about 30% of indentured labourers were women, while 38% of those who died during the sample period were female. Provided that the age distribution of the sexes was similar, this means, firstly, that young women were more likely to die than young men. Secondly, at older ages, death rates among males increased considerably while death rates among women decreased substantially. An explanation for these trends could arise from the allocation of labour. Younger women may have been subject to harder tasks than older women, who may have been taken out of the fields and employed as house servants for the plantation owner. Figure 8 details the causes of death for females under the

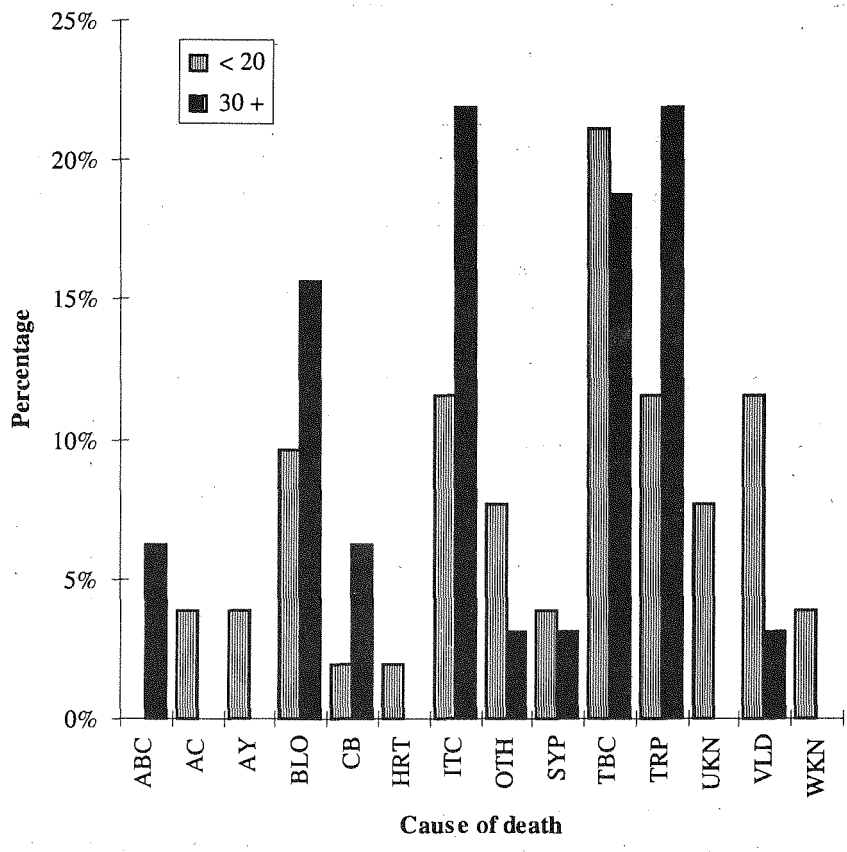
age of 20 and over the age of 30. The columns represent the percentages of females in the individual age groups that died from each cause. Meningitis and lung infections have been excluded as they did not cause deaths among females in these age groups.

Figure 7: Deaths Among Indentured Indian Immigrants, Fiji 1900 -1909, Percentage of Death for Each Age Group by Sex



Infections of the blood, childbirth, intestinal complications and tropical diseases were more dangerous for women over 30, while violence, tuberculosis and syphilis were more of a concern for females under 20. It is interesting that death from causes that connote troublesome sexual relations, that is violence and syphilis, occurred more among the younger women. That the younger women may have been worked to death is reflected in the fact that weakness brought about two deaths, while the older women seemed to have escaped this type of debility.

Figure 8: Deaths Among Female Indentured Indian Immigrants, Fiji 1900 - 1909, Percentage of Total Deaths for Each Age Group by Cause of Death



When the age groupings are cross-tabulated with the causes of death (see Table 2), the dominant trend prevails without any deviation, except to remind the reader of the fact that these people were so young. It is hard to imagine that the authorities could have been satisfied with weakness as a cause of death for 15 people under the age of 30.

Table 2: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Age Group and Cause of Death

AGE GROUP	ABC	AC	AY	BLO	CB	HRT
under 20	4	10	4	11	1	2
20-24	**30**	**39**	7	**50**	**15**	8
25-29	16	22	**14**	30	12	**10**
over 30	9	11	2	12	2	1
TOTAL	59	82	27	103	30	21

AGE GROUP	ITC	LGI	MNG	OTH	SYP	TBC
under 20	6	3	1	7	2	20
20-24	34	**34**	**8**	21	14	**78**
25-29	**37**	18	5	21	14	64
over 30	20	12	2	10	1	27
TOTAL	97	67	16	59	31	189

AGE GROUP	TRP	UKN	VLD	WKN	TOTAL
under 20	16	7	14	3	**111**
20-24	**84**	**14**	**63**	**10**	**509**
25-29	77	7	44	2	**393**
over 30	28	2	17	5	**161**
TOTAL	205	30	138	20	**1174**

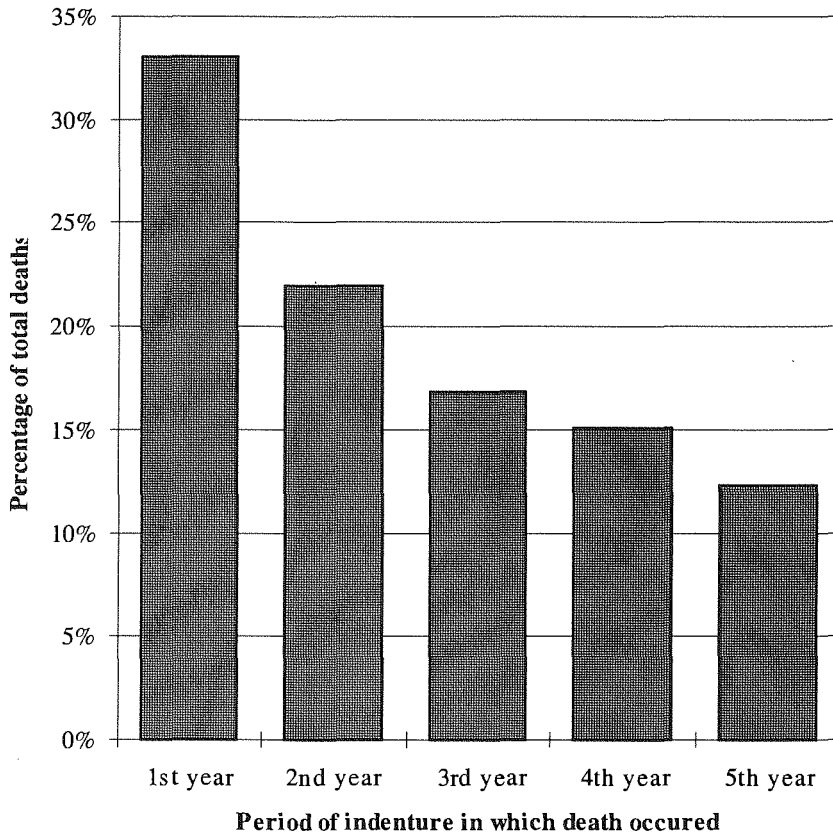
Note: the age of 6 immigrants was unknown.

The Expected Life-Span of Indenture

As it can be noted from Figure 9, 55% of all deaths occurred within the first two years of indenture. This may be explained by the fact that, by the third year, the labourer had learned of and adapted to the new ways of life that were demanded by indenture. As well, some resistance to infection may have developed. It is noted that 31% of the labourers reindentured themselves. In order to avoid skewing the numbers, these people have been treated as though their period of indenture began upon the date on which they entered into their new contract. However, it would be of interest to know how their life expectancy compared with those of similar age and sex in their first indenture. But such comparisons are not possible.

When the age group of the deceased is plotted against the length of indenture, a few interesting patterns emerge.

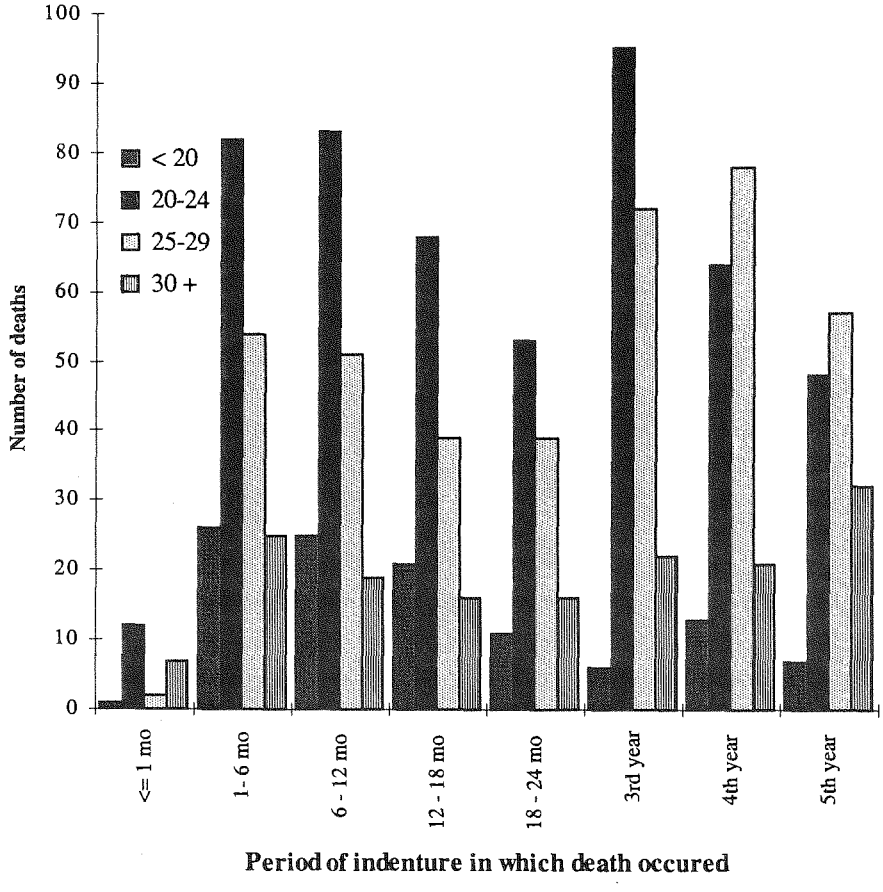
Figure 9: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, Percentage of Deaths for Each Year of Indenture



Not surprisingly, the majority of the deaths occurred in the age category of 20 and 29, but between 25 and 29 more die towards the end of their term of indenture. A pattern also emerges for those who died at an age under 20. For those under 20, the majority die at the beginning of their service of indenture, while in the fifth year, only a small percentage perished. This trend can be explained by the age at which they began their service in indenture. Between 1900 to 1909, a person was considered an adult and allowed to enter into indenture if he or she was over the age of 12. It can be

assumed, though, that the majority of people who began indenture at an age under 20 did so at an older stage, say at 18 or 19. An older person was more likely to be away from parental supervision and, therefore, targetable by the recruiters. Also, a young adult worker was a stronger worker. Therefore, assuming that the majority started indenture at an age approaching 20, by the fifth year of their indenture, they would have been in their twenties and out of the initial age category.

Figure 10: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Length of Indenture



The length of indenture served previous to death is correlated with the district to which the labourer was allocated (see Table 3).

Table 3: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Length of Indenture and District

INDENTURE	BA	LAUTOKA	MACUATA	NAVUA	RA	REWA	OTHER	Total
up to 1 month	3	4	5	1	1	7	1	**22**
1- 6 months	28	**51**	50	16	6	31	5	**187**
6 - 12 months	32	34	53	19	**7**	27	7	**179**
12 - 18 months	25	29	36	17	4	30	5	**146**
18 - 24 months	15	20	29	12	1	**34**	**8**	**119**
3rd year	**44**	45	47	**24**	4	29	4	**197**
4th year	31	27	**58**	21	5	30	4	**176**
5th year	23	38	40	12	3	25	3	**144**
Total	201	248	318	122	31	213	37	**1170**

Note: in ten cases, the length of indentures was unknown.

The data is spread fairly evenly among the districts; none appears to have been deadlier for a particular period of indenture.

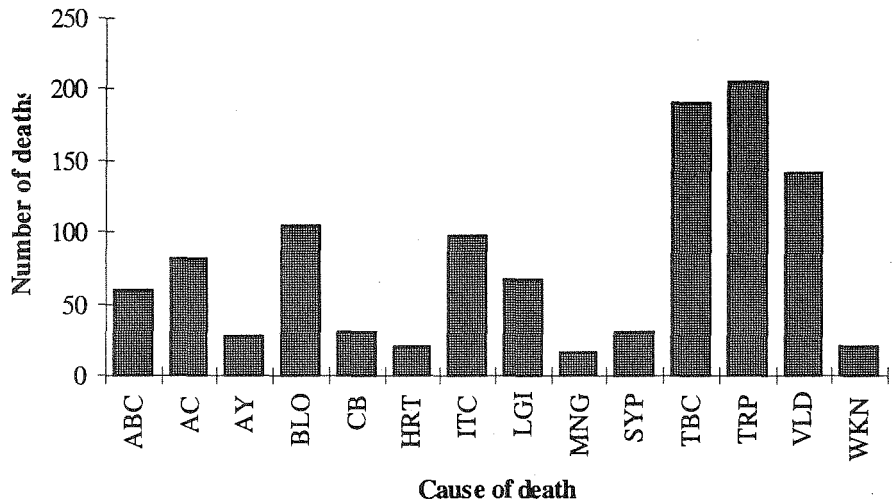
Death by Disease

As stated at the beginning of this paper, the causes of death have been grouped into major categories. A brief description of these categories is necessary for the ensuing discussion. Most of the groupings are self-explanatory as they have been confined to the affected areas of the body (see the key on page 296). For instance, abdominal complication refers to those diseases which affect the abdomen and pelvic cavities and their contained organs. Lung infections are those which inflame the lung or the chest area. Other categories are smaller for the causes cannot be easily grouped. For instance, meningitis has been isolated because an infection of the brain and spinal chord could not be linked with any other type of disease. It is possible that the causes could have been grouped in another manner which would have included meningitis, eg. by bacterial or viral infection. Yet for an historian with no medical training, grouping the causes by areas of the body was thought to be wiser.

One category that warrants more detailed explanation is tropical diseases which accounted for the largest number of deaths. This group includes those conditions brought on by bacteria transmitted either through flies or mosquitos or drinking water. The cause of most deaths in this group was dysentery, an infection of the intestinal tract which causes severe diarrhoea with blood and mucus. Diarrhoea also constituted a significant

part of this category, though it is recognised that diarrhoea is usually a symptom rather than a major factor. The potency of all the causes listed as tropical diseases is increased in crowded conditions with poor hygiene, two of the major problems of the lines. It is therefore not surprising that these diseases were the major killer.

Figure 11: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Cause of Death



We now turn to those causes of death which are non-medical and, therefore, more comprehensible to the historian, namely accident and violence. Before embarking upon more detailed discussion of these categories, it is worthwhile commenting upon the troubles that would have affected those afflicted with a disease. As explained above, the labour expected from the indentured Indian on a daily basis usually exceeded that stipulated by law. To ensure that the work was completed, physical force was often used. Gillion cautiously states that 'every effort was made to induce immigrants to finish their tasks. Lazy or weak ones were urged on by overseers and sirdars [Indian foreman]—not always a gentle matter and frequently accompanied by abuse'.[15] The laziness or weakness could have resulted from sickness, but that did not often save the labourers from the

'efforts' of the sirdar or overseer. As one labourer recalled, '[i]f you were sick the *sardar* would insist that you worked. If you insisted that you were sick you would get a beating for that'.[16] Beatings were a common experience of indenture, as recent interviews with surviving labourers has shown.[17]

Table 4: Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Length of Indenture Served and Cause of Death

INDENTURED LIFE	ABC	AC	AY	BLO	CB	HRT	ITC
up to 1 month	0	1	0	1	1	0	1
1- 6 months	**11**	9	7	15	**4**	1	18
6 - 12 months	10	13	3	15	3	5	**22**
12 - 18 months	9	8	1	15	5	3	10
18 - 24 months	7	12	0	10	3	1	10
3rd year	8	**19**	3	19	7	3	20
4th year	6	8	4	19	7	**6**	10
5th year	7	11	**9**	10	0	2	6
TOTAL	58	81	27	104	30	21	97

INDENTURED LIFE	LGI	MNG	OTH	SYP	TBC
up to 1 month	1	1	2	1	0
1- 6 months	**20**	**4**	12	**8**	11
6 - 12 months	8	2	4	6	29
12 - 18 months	6	0	10	2	20
18 - 24 months	4	0	4	4	25
3rd year	10	3	8	5	**37**
4th year	9	3	10	3	36
5th year	9	3	8	2	31
TOTAL	67	16	58	31	189

INDENTURED LIFE	TRP	UKN	VLD	WKN	**TOTAL**
up to 1 month	5	1	6	1	**22**
1- 6 months	**42**	3	18	4	**187**
6 - 12 months	29	2	22	**6**	**179**
12 - 18 months	30	6	19	2	**146**
18 - 24 months	22	6	9	2	**119**
3rd year	30	4	19	2	**197**
4th year	24	4	**25**	2	**176**
5th year	23	2	20	1	**144**
TOTAL	205	28	138	20	**1170**

Note: in ten cases, the length of indentures was unknown.

A sick worker had three alternatives. The first was to check into the hospital, in which the best care was likely not offered, and it can be assumed that many were sent back to the lines still suffering from the complaint. Secondly, the labourer could refuse to work in order to rest in the lines, and hence suffer a beating. By refusing to work, the immigrant would lose his or her pay for the time spent out of the fields. Thirdly, the worker could return to the field and most likely suffer from both the physical exertion of the labour and the blows from the overseer or sardar, for a sick person can rarely equal the pace of a healthy one. That being the case, the ill labourer would not be able to finish the assigned task and would therefore be paid less. This situation would be manageable if the labourer had access to some savings. If not, recovery would be hampered by a lack of adequate food.

None of these conditions can be considered conducive to full recovery. The statistics on death from disease testify to this. And, as shown in Table 4, suffering from disease did not attack only those in the first months of their indenture. Disease was a deadly circumstance which preyed on the labourer for the entirety of their service.

Accidental Death

Accident was used as a catch-all category, incorporating death caused by burns, drowning (when the drowning was not a suicide), choking, being struck by lightning and injury through a work accident. Considering the randomness of causes under this heading, correlation of the data did not produce any significant results by district, age or sex. Yet accident is thought to be worthy of comment because it appears that 7% of all deaths were caused mainly through carelessness or unsafe living and working conditions. These types of injuries suggest that the authorities were either unaware of, or indifferent to, the need for safety. For instance, the *Annual Report* for 1900 noted that two indentured men were struck by lightning while working in a field during a heavy thunder-storm.[18] Many deaths resulted through such behaviour, and yet no effort was made to withdraw the labourers from the fields during thunder-storms. In the *Annual Report* for 1904, the author remarked that two women were crushed and killed when the water tanks that supplied water for the lines fell on them. These women had been washing clothes when the rotted supports for the tanks collapsed.[19]

Death by Violence: The Indiscriminate Nature of 'Sexual Jealousy'

When considering the ratio of females to males, J. W. Davidson, an Inspector of Immigrants, stated,

> [s]uch a disproportion of the sexes is favourable to the prevalence of those sexual complications and grievances which account for the majority of the homicides, and perhaps also of the suicides, that have to be recorded annually, not to mention many violent assaults.[20]

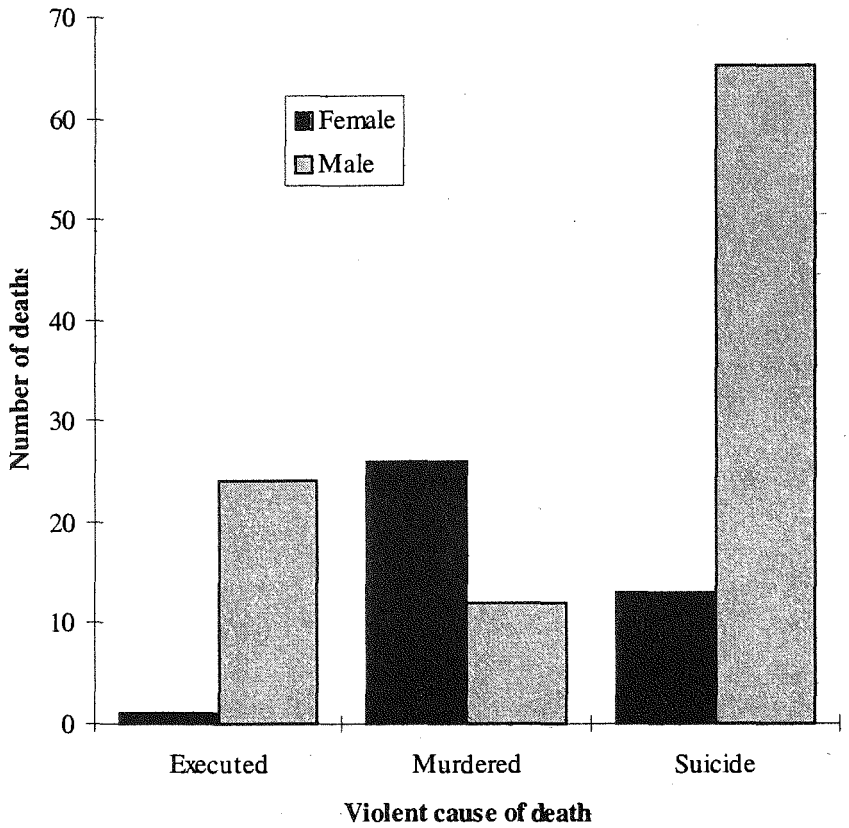
He remarked that these 'sexual complications' resulted from the wantonness of the Indian women, who made themselves available to males of every race. Blanket statements such as this are common in the reports where the officials were called upon to explain the unusually high rate of violence among the indentured labourers. These statements placed the blame for the majority of violent deaths, which constituted 12% of all deaths, upon the shoulders of the apparently 'wanton' Indian women. The indiscriminate way in which the phrase 'sexual jealousy' was used by the authorities warrants more detailed attention in the statistics gathered from this study.

Murder

Due to the inherent link between those executed for murder and those who were murdered, these causes of death will be discussed together. Of the twenty-five labourers who were executed for murder, only one was female. Consider, then, the circumstances in which a labourer was found by the courts to be guilty of murder and then punished by death to be a predominantly male experience. Women found guilty of murder, usually received life sentences as punishment.[21]

In the majority of execution cases, the male had killed a female labourer. This correlates with the information in Figure 12, where the majority of murder victims was female. Yet more precise explanations of this pattern are plagued by the vague nature of the relationship between the murderer and his victim. For instance, the *Annual Report* of 1907 recorded that three Indian male immigrants were sentenced to death for murdering Indian females. No further detail is offered, other than to state: '[t]he motive in two cases was the usual one—jealousy'.[22] It is not possible to deny that many of the murders were committed in circumstances heightened by feelings of sexual jealousy. But there are two main problems with the use of the phrase 'sexual jealousy'. Firstly, sexual jealousy is not a complete explanation, although it may have been used as such; sexual jealousy is purely a motive.

Figure 12: Violent Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Cause of Death and Sex



Secondly, the unfortunate outcome of attributing murder to 'sexual jealousy' is that it reflects poorly upon the females, as if the women were entirely to blame for the arousal of male passion. V. Naidu, in his study of the violence of indenture, remarked that '[w]omen were murdered for infidelity'.[23] This begs the question: in whose opinion was the infidelity believed to be committed? B. V. Lal has made the important point that indenture fostered a freer society which focused upon the financially independent individual.[24] Women were a part of this new atmosphere, one in which they could earn and spend their own money and command a choice of male partners. It is not doubted that some women abused this situation and intentionally incited jealousy, but others, heartened by these

new circumstances, may have been searching for another man who was not as violent as their present partner. Unfortunately, these women and sometimes their new companion then fell victim to the violence from whichthey thought they had escaped.

Some of those executed for murder directed their deadly attentions upon their immediate authorities, namely the European overseers and the Indian sirdars. As noted above, these authorities often used physical violence to force labourers to complete their tasks. Most likely, the labourers did not appreciate these efforts. John Burton, who published his study of Fiji in 1910, remarked that the 'Oriental has somewhat primitive and summary ideas of justice, and cannot understand our calmer and slower methods'.[25] It has since been established that the Indian labourers did understand the legal system, and also understood that the law consistently operated to the benefit of those in authority.[26] In an unsupervised, violent atmosphere where no other avenues were sympathetic to them, it is not surprising that the labourers used violence in retaliation.

Overseers and sirdars were also attacked to avenge assaults upon the Indian women. Much attention is given to the fact that there were never many more than 40 Indian women for every 100 Indian men. Single male overseers are rarely entered into this equation. Both the overseers and the sirdars had such control over the labourers that they could force the indentured women to submit if their sexual advances were rejected. Some then paid for this abuse with their lives.

Table 5: Violent Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by District and Cause of Death

DISTRICT	Executed	Murdered	Suicide	**Total**
Ba	1	9	17	**27**
Lautoka	7	8	**21**	**36**
Macuata	**12**	7	14	**33**
Navua	0	7	6	**13**
Other	3	1	1	**5**
Ra	0	1	5	**6**
Rewa	2	5	14	**21**
Total	25	38	78	**141**

Note that Macuata accounts for a relatively high proportion of those who were executed for murder. Only further study can determine whether

this figure was due to either a lack of control by the plantation authorities or an overwhelmingly active judicial system. It was only towards the end of the period under study that judges appeared to take note of the cycle of violence that ruled the plantations. In 1909, the Chief Justice presided over a murder case in which a sirdar had 'taken or enticed' a woman away from her partner, and then murdered her. The Chief Justice 'commented strongly on the conduct of [the] plantation sirdar ... as pointing to the necessity for steps being taken to prevent such cases of scandalous oppression'.[27] It would be interesting to study the next ten years of indenture to determine whether these comments were taken seriously by other authorities.

Suicide

As Lal has given detailed attention to this topic in his article 'Veil of Dishonour: Sexual Jealousy and Suicide on Fiji Plantations', this section will concentrate mainly on comparing the findings from this study with his assertions. Differences in numbers are bound to arise as Lal has studied suicide among all Indian immigrants, not just those under indenture, and for the much larger period from 1884 to 1925. Therefore, only general trends will be compared.

Firstly, Lal has noted that suicide accounted, on average, for only 5% of all deaths of indentured Indians from the turn of the century onwards.[28] For the ten years under study, the average number is slightly higher at 6.6% of total deaths. Secondly, as noted from the above table which identifies the sex ratio among deaths by violence, the majority of suicides was committed by males. Lal notes that the rate among adult males was twice that among women.[29] In the sample studied here, 83% of the victims of suicide were male. This discrepancy may be explained by a higher suicide rate among unindentured women, information about which is not available. Lal also remarked that most of the immigrants who committed suicide did so in the prime of their life, meaning between the ages of 20 and 30.[30]

This trend is reflected in the findings of this study, but note here that 53.8% of suicides were committed between the ages of 20 and 24, whereas only 20.5% were committed by labourers between the ages of 25 and 29.

In Lal's study, it was observed that a quarter of all suicides were committed within the first six months of arriving on Fiji.[31]

Figure 13: Violent Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Age Group and Sex

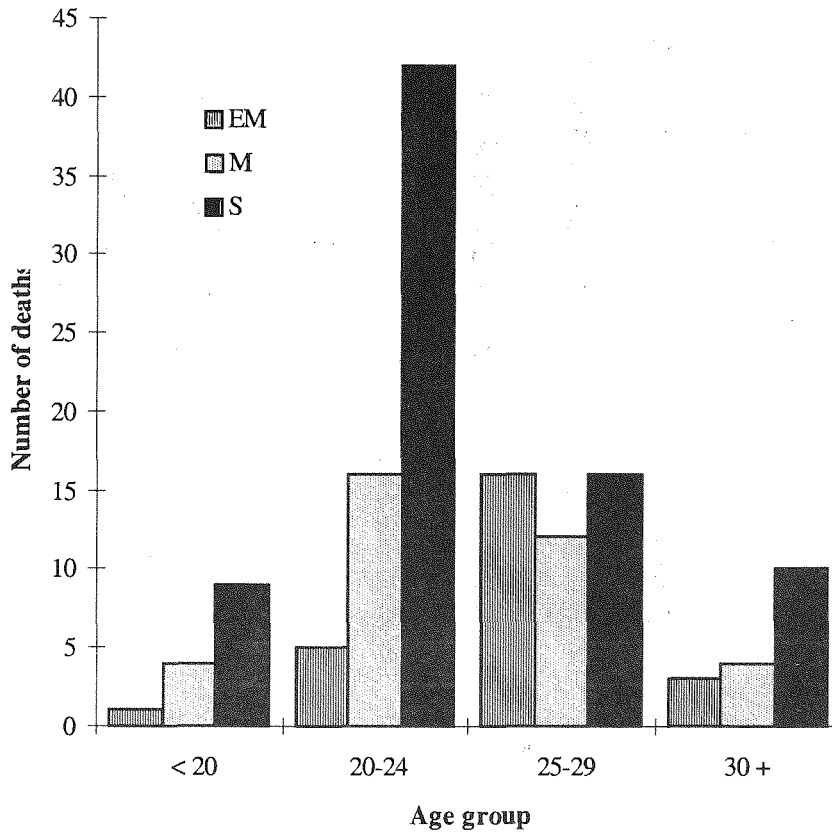
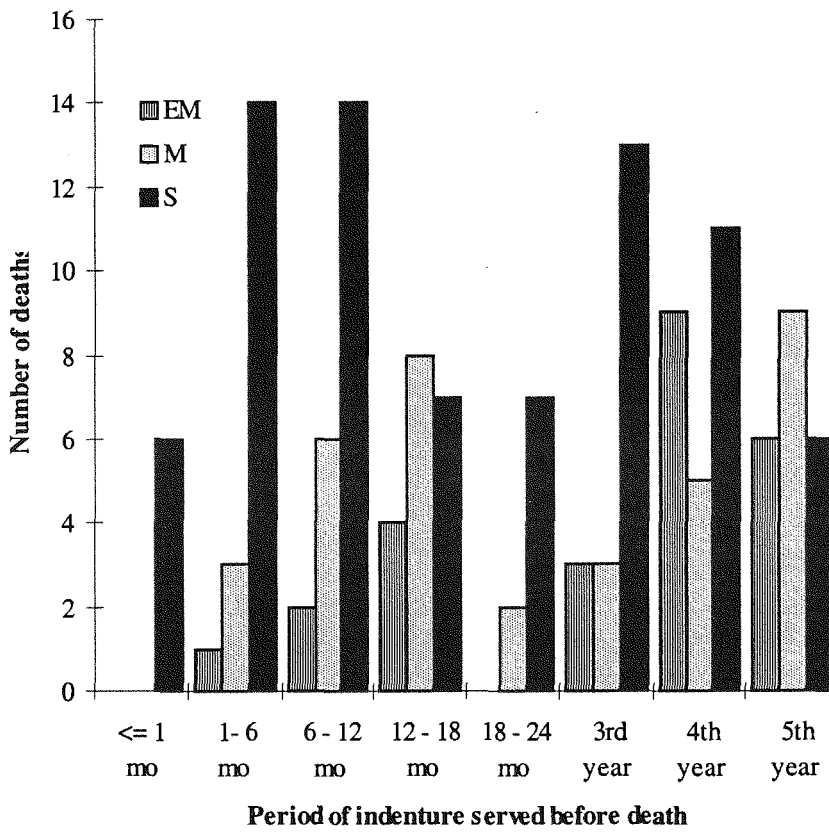
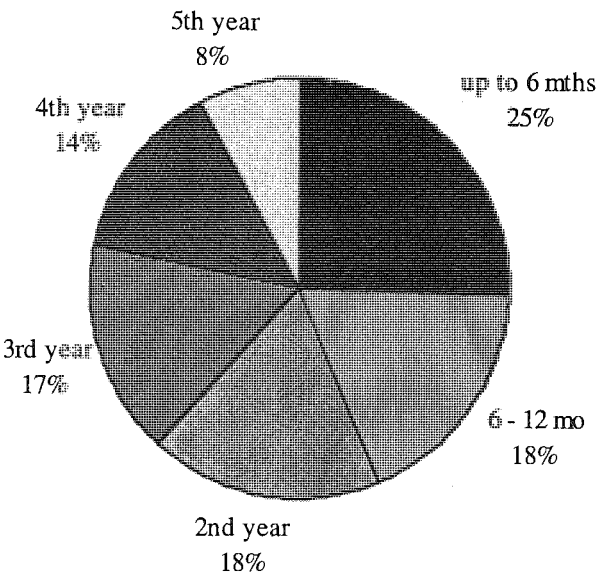


Figure 14: Violent Deaths Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Length of Indenture Served Previous to Death



The percentage of the suicides committed in each period of indenture is not easily discerned from this graph. Figure 15 provides a clearer picture.

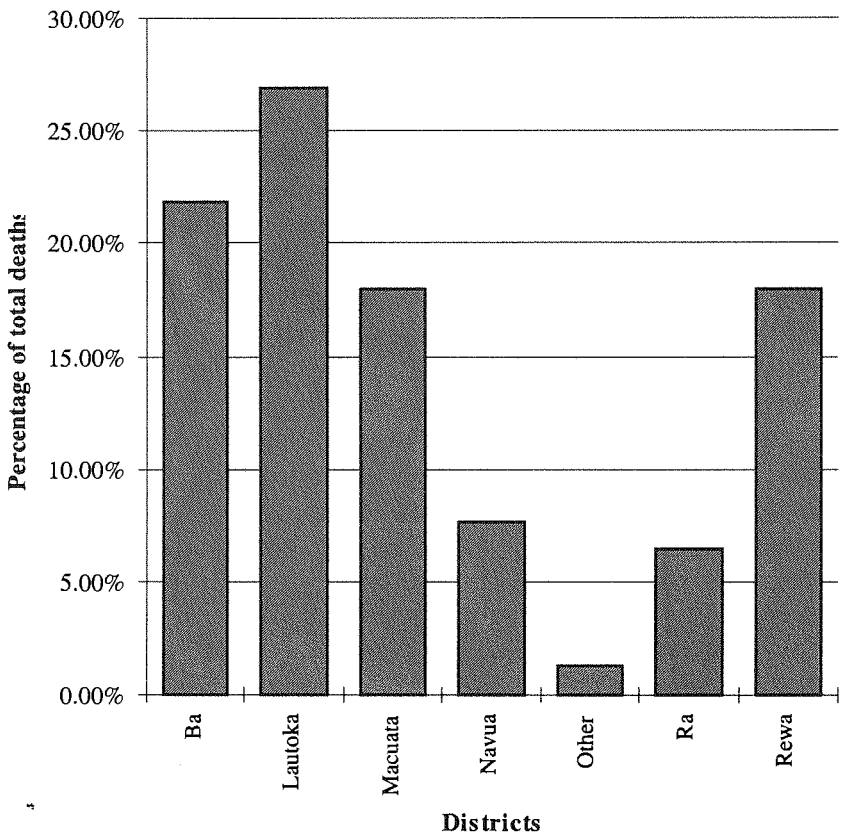
Figure 15: Death by Suicide Among Indentured Indian Immigrants, Fiji 1900 - 1909, by Age Group



Exactly 25% of all suicides were committed within the first six months of indenture.

Lal also commented that the Colonial Sugar Refining Company plantations in Ba, Lautoka and Macuata were notorious for ill-treating the indentured labourers, reflected in the fact that these three areas accounted for 43.6% of all Indian suicides.[32] This trend is reflected in Table 5 as these districts have the three highest numbers of suicides, but the percentage rate is considerably larger.

Figure 16: Death by Suicide Among Indentured Indian Immigrants, Fiji 1900 - 1909, Percentage of Deaths by Suicide



Ba, Lautoka and Macuata accounted for 66.6% of all indentured Indian suicides. But this percentage is not noteworthy as 72.7% of the indentured population was allocated to these three districts.

Overall, the results of this study strongly support Lal's statistical findings. Sadly, it does appear that for many indentured labourers, the horrors of life overwhelmingly outweighed the terrors of death.[33] This situation was sympathetically explained by one labourer who managed to overcome his suicidal urges, '[t]here were times when our work became so tough that we thought death would be easier than some of the things we had to endure'.[34]

Conclusions

'The state of health of ninety percent of those working under girmit [indenture] is miserable'.[35] It is strange that such an opinion, though exaggerated, could be held when it is remembered that the success of the system of indenture was totally dependent upon the performance of the labourers. By paying for the journey from India, the planter had already invested in the labourer before he or she was allocated. Allowing the indentured labourers to suffer and die from the stresses of plantation life seems not only callous but uneconomical. As indenture lasted for five years, some might argue that the planters overworked the labourers to ensure that they received their money's worth. This explanation could have some support if the majority of labourers died in the latter years of indenture, which is not the case. But it does raise the question as to the value of the labourer to the planter and the management of the planter's investment. By 1900, most of the smaller planters had failed in competition with the main sugar-cane producing companies, such as the Colonial Sugar Refining Company. Did these larger producers view the labourer as an expendable commodity which could be literally worked to death?

Eleven hundred people perished in what is considered to be the better years of indenture. This study has analysed these deaths at both a general and detailed level. It was shown that female labourers suffered disproportionately and died at a greater rate at young ages. Navua was the most deadly district in which a labourer could work, while the largest percentage of deaths was caused by tropical diseases, such as dysentery and typhoid. The majority of labourers died between the age of 20 and 29, while over 55% of the deaths occurred in the first two years of indenture. The alarmingly high rate of deaths linked with murder shows that the lines on Fiji plantations generated a very destructive atmosphere, while the suicide rate, especially among men, indicates that the Indian communities were not able offer enough support to those individuals who found the strains of indentured life to be unbearable. Overall, it can be concluded that indenture, as it was practised in Fiji between 1900 and 1909, was a scheme based largely on survival of the fittest.

Endnotes

1. This number is subject to the errors of the author of this study and of the original recorder.
2. Indenture was indicated by a name under the heading 'Employer'. Persons were excluded if they were 6 months beyond their five-year indenture period. It was rare that an indenture was extended beyond 6 months, so this selection was rather conservative.
3. Macpherson, G. (ed.), *Black's Medical Dictionary, 37th ed.* A & C Black (Publishers) Limited, London, 1992.
4. Fowler, J. K. (ed.), *A Dictionary of Practical Medicine.* J & A Churchill, London, 1890.
5. This information is taken from Appendix 3 of the *Annual Report on Indian Immigration to, Indian Emigration from, and Indentured Indian Immigrants in the Colony*, 1900 and 1909.
6. *Annual Report*, 1908, p. 27.
7. Lal, B.V., 'Kunti's Cry: Indentured Women on Fiji Plantations', *The Indian Economic and Social History Review*. Vol. 22, no. 1 (Jan-March 1985), pp. 68-69.
8. *Fiji's Indian Migrants*, p. 106.
9. Prasad, S., *Indian Indentured Workers in Fiji.* The South Pacific Social Sciences Association, Suva, 1975, p. 12.
10. Lal, B. V., *Girmitiyas: The Origins of the Fiji Indians.* The Journal of Pacific History, Canberra, 1983, p. 118.
11. Lal, B. V., 'Murmurs of Dissent: Non-Resistance on Fiji Plantations', *The Hawaiian Journal of History*. Vol. 20 (1986), pp. 190, 192.
12. Lal, 'Kunti's Cry', pp. 64.
13. *Fiji's Indian Migrants*, p. 103.
14. Ali, A., *The Indenture Experience in Fiji.* Bulletin of the Fiji Museum, Suva, 1979, vii.
15. *Fiji's Indian Migrants*, p. 112.
16. As quoted in Naidu, V., *The Violence of Indenture in Fiji.* World University Service, Suva, 1980, p. 46.
17. The reader is referred to the transcripts of interviews conducted by Ahmed Ali and published in *The Indenture Experience in Fiji.*
18. *Annual Report*, 1900, p. 19.
19. *Annual Report*, 1904, p. 18.
20. *Annual Report*, 1902, p. 19.
21. *Annual Report*, 1905, p. 23.
22. *Annual Report*, 1907, p. 24.

23. *Violence of Indenture*, p. 71.
24. Lal, B. V., 'Veil of Dishonour: Sexual Jealousy and Suicide on Fiji Plantations', *The Journal of Pacific History*. Vol. 20, no. 3 (July 1985), p. 142.
25. Burton, J. W., *The Fiji of Today*. Charles H. Kelly, London, 1910, p. 270.
26. Lal, 'Murmurs of Dissent', pp. 199 - 209.
27. *Annual Report*, 1909, p. 22.
28. Lal, 'Veil of Dishonour', p. 135.
29. Lal, 'Veil of Dishonour', p. 136.
30. Lal, 'Veil of Dishonour', p. 146.
31. Lal, 'Veil of Dishonour', p. 147.
32. Lal, 'Veil of Dishonour', p. 149.
33. Lal, 'Veil of Dishonour', p. 155.
34. Ali, *The Indenture Experience*, p. 35.
35. Sanadhya, T., *My Twenty-One Years in the Fiji Islands*. J. D. Kelly and U. K. Singh (eds.), Fiji Museum, Suva, 1991, p. 69.