SEMAPHORE

NEWSLETTER OF THE SEA POWER CENTRE - AUSTRALIA

ISSUE 6, MARCH 2006

THE RAN AND THE 1918-19 INFLUENZA PANDEMIC

Media reports surrounding the dangers of a new influenza pandemic often refer to the global outbreak of 'Spanish flu', which struck suddenly at the end of World War I. But none have yet recalled how the crisis brought about Australia's first overseas humanitarian assistance operation. Today, in the wake of tsunamis, earthquakes and cyclones we have grown used to the international relief efforts of our service personnel. However, 90 years ago it remained a novel expedition, but one that nontheless remained as fundamentally dependent upon maritime capabilities as many still are today.

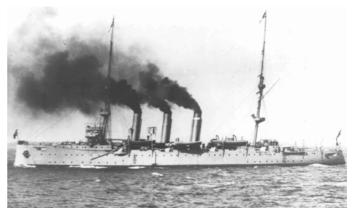
Between April 1918 and May 1919 influenza, or its secondary complications, caused up to 50 million deaths, far more than had been killed in four years of war. Many died within the first few days of infection, and nearly half of these were young, healthy adults. The speed with which it spread has been described as 'Perhaps the most extraordinary feature of this extraordinary pandemic...', for the easy transfer from shore to ship and ship to shore, meant that even communities isolated by sea were vulnerable. A rigorous maritime quarantine policy reduced the immediate impact in Australia, but by the end of 1919 the nation had still suffered more than 11,500 deaths.

The ships of the Royal Australian Navy (RAN), dispersed as they were around the world, were certainly not spared. The pandemic occurred in waves and the cruisers operating with the British Grand Fleet suffered several outbreaks in 1918, with up to 157 cases in a single ship. Outbreaks in the Mediterranean were even more severe with the cruiser HMAS *Brisbane* recording 183 cases between November and December 1918, of whom two died of pneumonia. In all, the RAN lost some 26 men to the disease. When the cramped mess decks and poorly ventilated living spaces of early 20th century warships are recalled, it is perhaps remarkable that the toll was not greater. The saving factor was largely the ready availability of professional medical treatment.²

Some of the most virulent outbreaks occurred in the islands of the South Pacific, where among the indigenous populations few escaped infection. The disease arrived on the regular cargo vessel SS Talune, which had sailed from Auckland on 30 October 1918, knowingly carrying sick passengers. Successively calling at ports in Fiji, Samoa, Tonga and Nauru, the steamer's visits were marked by the first cases of influenza appearing ashore a few days after her departure. With local authorities generally unprepared, the infection spread uncontrollably; a situation aggravated both by the shortage of suitable drugs and the fact that local health workers were among the first to fall. Hardest hit was the former German territory of Samoa, where inept New Zealand administration resulted in no attempts at patient isolation and the rejection of medical assistance offered from nearby American Samoa.3 With the forced closure of government institutions and stores, few people being in a fit state to

assist with the distribution of food and medicines, and a growing number of uninterred dead, the Samoan situation rapidly became critical. On 19 November the military governor in the capital of Apia telegraphed Wellington for help, but had his request turned down on the grounds that all doctors were needed in New Zealand. Australia offered the only alternative source of aid.

The Commonwealth Naval Board was already aware of the developing regional crisis. The sloop HMAS *Fantome*, stationed at Suva in Fiji for police duties, had reported her first cases of influenza on 11 November, and soon had more than half her ship's company incapacitated. More importantly in terms of an effective Australian response, of all government departments, only the RAN had suitable assets at immediate readiness. On 20 November the Board began gathering a joint relief expedition from among the available naval and military medical personnel, placing it under the command of Surgeon Temple Grey, RAN. The Commanding Officer of HMAS *Encounter*, Captain Hugh Thring, RAN, was then ordered to embark the expedition at Sydney and proceed at the earliest possible date to Samoa.⁴



The Second Class Cruiser, HMAS Encounter (RAN).

Even today the speed of *Encounter's* response must be admired. Her sailing orders were telegraphed from Melbourne on Friday 22 November, and throughout the next day and night the cruiser's ship's company worked tirelessly to get in relief stores. Without any information from Samoa as to specific requirements, Thring loaded almost 150 tons of cargo ranging from blankets and tents through to drugs and dry provisions, expecting that these would meet any emergency. The weekend created further difficulties as shops were shut and some items not in stock had to be purchased. Nevertheless, on Sunday forenoon the medical teams embarked, the last of the stores were in by 1550, and ten minutes later *Encounter* sailed from Sydney.

Encounter was not a modern ship, but she had led an active service life, most recently involving convoy escort and patrol duties in the Malay Archipelago and Australian





waters. Just the previous month she had suffered 74 cases of influenza while operating out of Fremantle, and now, as a precaution against further infection, all members of her crew (over 450) were doubly inoculated. *Encounter's* normal passage speed was only 13 knots, but this had to be regulated by coal consumption and navigational requirements. Without modern navigational aids, it was sometimes necessary to arrive at certain points in daylight, while fuel replenishment, and hence range, relied on an efficient logistics system. A coaling stop in Suva would be necessary, but naval stocks there amounted to only 300 tons, so the Naval Board arranged for a rendezvous with a collier. This vessel could not, however, reach Fiji until at least 5 December.

Arriving in Suva on 30 November Encounter took on half the available coal and, 'almost more important', 39 tons of water.5 With influenza still prevalent, Thring implemented a strict quarantine enforced by guards placed on the wharf. The ship's company completed all coaling, rather than the native labour normally employed. As no one could return from ashore Thring communicated by letter with Britain's resident High Commissioner for the Western Pacific, C.H. Rodwell. The news was not good. The Samoan epidemic showed no sign of abating, with deaths in Apia reaching 50 a day. Moreover, a message from Tonga indicated that conditions there were at least as bad while the facilities for coping with it were worse. On his own initiative, Thring extended Encounter's mission to include Tonga, but to avoid further delay, landed a nineman team under the senior Army surgeon, Major Alexander, to take immediate passage in SY Ranadi. Unfortunately, the yacht broke down soon after sailing and was forced to return to Suva.

Sailing from Suva on the evening of 30 November, Thring called for 80 volunteers from his own ship's company should it prove necessary to provide greater assistance ashore. Despite the dangerous and unpleasant nature of the work, and the fact that any party landed would be left behind - missing their first peacetime Christmas at homeall the officers and most of the ratings volunteered. It would be difficult to find a more telling example of the Australian Navy's tradition of 'service before self'.

Encounter anchored off Apia on the morning of 3 December. The harbour was small for a ship of her size and, when combined with a considerable swell and strong winds, made unloading extremely hazardous. Although the ship rolled through more than 20 degrees, within six hours the landing party (6 surgeons, 18 medical orderlies and 3 naval sick berth ratings) and their stores were safely disembarked. Ashore Surgeon Grey and his teams immediately set to work, yet the scale of the disaster remained daunting, and for many of those afflicted help came too late. A Sydney newspaper reported that the Australians 'with their motor trucks are doing wonderful service day after day gathering up the dead, who are simply lifted out of their houses as they lie on their sleeping-mats. The mats are wrapped around them, and they are deposited in one great pit.'6 Made worse by the deaths caused by exhaustion and starvation, the twomonth epidemic eventually killed 25 per cent of the total Samoan population, and often more than half the male adults in individual communities. Economic and social collapse followed.7

Meanwhile Encounter had proceeded direct to Tonga

reaching the capital, Nuku'alofa, on 5 December. Here the British Consul advised that, although subsiding, the epidemic had struck down 95 per cent of the indigenous population and left 10 per cent dead. The situation in the outlying islands was just as bad. Thring attempted to get *Fantome* to bring out Major Alexander's party, which had been doing good work in Fiji, but the sloop had experienced a fresh outbreak of influenza and remained unfit to go to sea. Rodwell had no other craft available for the task

Thring landed his last surgeon together with five orderlies and the remaining drugs and stores, but there was little more he could do. Yet even this small contribution was of great relief to the European and indigenous community. In thanking Thring for *Encounter*'s 'timely aid', the Consul remarked: 'Though conditions had greatly improved before the party arrived there was still a good deal of work to be done of a nature that required professional skill and knowledge'. The party, he added, 'has been indefatigable... in efforts to eradicate the disease'.⁸

With *Encounter* running short of coal, Thring sailed for Suva on 7 December. Arriving two days later he received orders to return directly to Sydney. *Encounter* reached Sydney on 17 December and was immediately placed in quarantine. Only one member of her crew had shown any signs of illness during the voyage, and as testament to the effectiveness of the prophylactic and quarantine measures employed, none developed influenza.

Thus ended Australia's first overseas relief expedition. One which, although unusual for the times, foreshadowed the now regular employment of the RAN's assets to provide humanitarian assistance and demonstrate national interest in regional affairs. Indeed, in the context of the maritime doctrinal concepts of flexibility and adaptability, it should be noted that Thring's orders were not restricted to providing medical aid.9 Preserving order in the Pacific was among the many subsidiary duties undertaken by the early RAN, and warnings of trouble brewing among the inhabitants of the Gilbert and Ellice Islands (now Kiribati and Tuvalu) had been received by the Naval Board in the weeks before the expedition. While in Suva, Thring took care to discuss with Rodwell how best a warship might support his authority. On this occasion no immediate assistance was necessary, but Encounter's mission might easily have been extended to provide presence elsewhere, and back this up with a large landing force if necessary. It remains a poignant reminder that by their nature, seaborne forces possess a variety of characteristics and attributes which are not necessarily present in other tools of government foreign policy.





A. Butler, Official History of the Medical Services 1914-18, Vol. III, Problems and Services, Australian War Memorial, Canberra, 1943, p. 101

Butler, Problems and Services, pp. 394-5.

New Zealand formally apologised to Samoa in 2002.

^{4 &#}x27;Sailing Orders', HMAS Encounter file, SPC-A.

^{5 &#}x27;Report of Cruise to render assistance in the influenza outbreak', 14 December 1918, HMAS *Encounter* file, SPC-A.

⁶ Sydney Daily Telegraph, cited in Dr Seini Kupu, Pacific Public Health Surveillance Network Influenza Guidelines, Secretariat of the Pacific Community, 2005, p. 37.

⁷ H.J. Hiery, *The Neglected War*, University of Hawaii, 1995, pp. 172-5.

³ Letter, British Agent and Consul Tonga to Thring, 12 December 1918, HMAS *Encounter* file, SPC-A.

⁹ Royal Australian Navy, Australian Maritime Doctrine, Defence Publishing Service, Canberra, 2000, p. 50.