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**Pacific regional seminar on the implementation of the Fourth International  
Decade for the Eradication of Colonialism: advancement of the Non-Self-  
Governing Territories through the coronavirus disease (COVID-19)  
pandemic and beyond**

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**BY**

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## **COVID-19 in Pacific Non-Self-Governing Territories: Towards a 'new normal'?**

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### Abstract

An initial overview of trends in the experience of COVID-19 in the six Pacific NSGTs (Guam, American Samoa, Pitcairn, Tokelau, French Polynesia and New Caledonia) emphasises the diversity of contexts, outcomes and possible futures. Guam experienced COVID-19 early, but subsequently the Pacific NSGTs either quickly closed borders (not feasible for most NSGTs) or, more hesitantly, developed vaccination programs with external assistance. The consequences of COVID-19, whether it was present or absent, included deaths, social isolation (which raised tensions in some NSGTs), impossibility of medical referrals, economic decline (not only in tourist-oriented economies), breakdown of supply chains (for foods and medicines), and some return migration to rural livelihoods. Outcomes varied according to policies and practices, but also according to geography (especially airline connections), budgets, significance of economic sectors, the role of a military presence and demography. Management of the pandemic provided an intermittent focus for dissent from pro-independence groups. The experience of COVID-19 enabled some focus on the possibility of establishing a future 'new normal', in economy and society, with a greater emphasis on human resource development, a more resilient health care system, greater self-reliance (especially in food security) and a more sustainable blue economy.

## **COVID-19 in Pacific Non-Self-Governing Territories: Towards a 'new normal'?**

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The experience of COVID-19 in the six Pacific NSGTs (Guam, American Samoa, Pitcairn, Tokelau, French Polynesia and New Caledonia) is examined in relation to health, economic development and governance trends and emphasises the diversity of contexts, outcomes and possible futures. As elsewhere, the arrival of COVID -19 drew attention to the relationships between health status and development, and the weaknesses of local health care systems. The NSGTs all experienced problems but, like many other islands, mostly avoided early arrival of the pandemic.

### Early Responses

Early in 2020 COVID-19 emerged as a global pandemic. The Pacific NSGTs (and other Pacific island states) reacted swiftly to close their borders against transmission. That was crucial with unfamiliarity with pandemics, scarce skilled human resources, distance from administrating authorities – all with their own immediate priorities. Pacific NSGTs had minimal health emergency preparedness, and are vulnerable to external shocks because of their small size and less diversified economies. Closed borders enabled some time to spread of information and develop strategies for management.

The quick closure of borders, and their isolation, enabled both Pitcairn and Tokelau (like a few other remote islands and NSGTs) to be and remain virus free. Tokelau particularly retained its strong border policy so that it took almost a year before Tokelauans overseas were allowed to return home. The larger NSGTs never definitively closed borders, having repatriation flights, cargo shipping and occasional fishing vessels.

Some borders were more porous. Guam was constitutionally unable to close its 'border' and control migration with the United States; it became probably the first Pacific island to be infected, with COVID-19 spreading from a US naval vessel. By March 2020 five people had died; at the end of 2020, Guam had the highest mortality rate of any Pacific political entity. French Polynesia had similar problems through regular transport linkages with metropolitan France (with the virus arriving via an infected politician returning from Paris), and by later opening early, through dependence on tourism for income and employment. Here too, the military was a vector for transmission. By contrast, American Samoa, without a military presence, and with memories of the 1918 pandemic, was initially able to exclude the virus. The virus first appeared in NSGT urban centres – Hagatna, Papeete and Noumea – that were air and sea transport hubs, before spreading to more distant places. In April 2020 the French Polynesian Government stopped all Air Tahiti flights to other islands. With most populations being in cities, outer islands were spared until relatively late.

### **Table One. COVID in the Pacific NSGTs**

#### Health Status

Guam and French Polynesia were badly affected by the first wave in 2020 and, alongside New Caledonia, were affected by the Delta wave in 2021. Community transmission occurred

in all three NSGTs. Case and death rates were particularly high in French Polynesia (Table One). Current case numbers remain high although the mortality rate has declined.

Few data indicate who (and where) the victims were. Late in 2021, 96% of the 129 dead in New Caledonia had been unvaccinated. Some 56 percent were indigenous Kanaks (compared with their being about 40% of the New Caledonian population), and 22 percent were Wallisians and Futunians. In French Polynesia the incidence and severity of COVID-19 was greatest amongst relatively poor and older Polynesians, because of underlying factors (NCDs, especially diabetes), overcrowded housing and cultural traditions in extended families. In Guam a higher incidence of severe cases probably occurred amongst the indigenous CHamoru population. The higher incidence of COVID-19 amongst indigenous populations was of obvious concern.

### Response

The NSGTs were not well equipped to cope especially when numbers spiked. French Polynesia and New Caledonia had inadequate numbers of specialist nurses and several hundred health workers were sent from France. All NSGTs received invaluable advice and technical assistance from administering authorities. As the virus spread, the NSGTs adopted the same practices and strategies of quarantining, isolation, mask wearing, social distancing, hand washing and sanitising as elsewhere. Vaccination was strongly recommended - and especially appropriate in small densely populated islands, as in Tokelau, where social distancing is difficult.

In the French-administered NSGTs after a spike in cases a French vaccine pass was introduced and unvaccinated people were excluded from restaurants, kava bars and inter-island travel. In September 2021, the New Caledonian Congress passed a law making vaccinations mandatory, but its application was repeatedly deferred. Several thousand people marched to the Congress building protesting against both compulsory vaccinations, the health pass and mask wearing obligations in schools.

Especially in the French-administered NSGTs adequate vaccination rates have yet to be achieved. Low rates may be greatest on outer islands. Tension between individual rights and collective responsibility and welfare was, as elsewhere, a common theme. Opposition to and fear of vaccination exists, alongside some opposition to mandatory vaccination, even amongst health staff. In American Samoa in April 2022 nursing staff at the only hospital were placed on leave if not fully vaccinated. In French Polynesia both hesitancy and complacency kept vaccination rates low. New Caledonia's vaccination mandate, and restrictions limiting the size of meetings and upholding mask wearing, were criticised by civil society groups. In Guam, CHamoru regarded themselves as indigenous people with strong collective responsibility whereas those who proclaimed 'it's my right not to wear a mask' were seen as more characteristic of an 'American individual mentality'. This was underpinned by tensions between health care and economic development. The highest vaccination rate is in Guam (and in Pitcairn) where it was encouraged for health and economic reasons.

The focus on COVID-19 distracted from and displaced concern for other health issues. Patients were less willing to visit hospitals (for fear of contagion) and reliance on referrals

became more difficult in the absence of international flights. Some residents may have reverted to 'traditional' health remedies.

### Issues

Generally the NSGTs welcomed the assistance of the administering powers in providing physical and human (and moral) support, but some tensions occurred as assistance seemed belated and differences of opinion appeared. Both collaboration and tension over COVID-19 policies and practices marked relations between New Caledonia, French Polynesia and France and within both NSGTs.

In New Caledonia the disproportionate ethnic distribution of victims (whether a function of differential vaccination rates or medical or social factors) was an underlying source of tension. From as early as January 2020, Kanaks consistently argued, mainly through the pro-independence group, Front de Libération Nationale Kanak et Socialiste (FLNKS), and the Kanak Customary Senate (an advisory body for Kanak leaders to provide advice on legislation proposed by the New Caledonian Congress), for stronger borders than France was willing to implement. They also opposed the rotation of public servants, gendarmes and others, and inadequate quarantine measures. After the President of the largest pro-independence party, Union Calédonienne, threatened to withdraw ministers from the New Caledonian Congress, France accepted stronger border controls. Within New Caledonia in 2020, Kanak groups established various roadblocks to prevent travel from Noumea, while customary authorities in Lifou and Ouvea (Loyalty Islands) banned domestic flights and ferry services. With some memory of early twentieth century epidemics, Kanaks were more concerned about the impact of COVID-19 than European French.

Tensions and differences increased when the Minister for Overseas Territories, Sébastien Lecornu, brought forward the date of the critical third referendum on New Caledonia's political status to 2021 (originally scheduled for 2022). Independence leaders stressed the severity of COVID-19 in Kanak communities, cultural grieving customs and the effect of campaigning on health measures. FLNKS sought postponement and called for a boycott. The referendum and boycott went ahead with support for independence thus falling to 4% (in a 44% turnout) compared with 47% in 2020.

Late in 2020, a spike in deaths in French Polynesia brought criticism from a pro-independence leader, Eliane Tevahitua, accusing the French Polynesian President, Edouard Fritch, of mismanagement of the crisis. After workers in the French Polynesian public service were mandated to be vaccinated in September 2021 opposition to mandatory vaccination took a similar form to that in New Caledonia. Hundreds took part in anti-vaccination rallies in Papeete, organised by the group 'Don't Touch my Family', with another rally in the Marquesas. The pro-independence party, Tavini Huiraatira, joined weekly protests against the law. While the Tavini membership was divided on vaccinations, the party used the protests to demand the territory's sovereignty and oppose any plans by France to explore or mine the seabed, insisting that being on the UN decolonisation list meant that French Polynesia's natural resources belonged to the indigenous people and not to the administrative authority.

### Economic Development

COVID-19 has had a massive economic impact on the economies of the NSGTs (except for Tokelau, with no tourism industry), and to a lesser extent American Samoa. Elsewhere a collapse of tourist incomes and employment accompanied COVID-19. Incomes and employment collapsed. Hotels, restaurants and other tourism suppliers laid off many workers, especially women. Only New Caledonia, and less so French Polynesia, were large enough for domestic tourism. The loss of cruise tourism was a blow to Pitcairn and some outer islands.

All the NSGTs were anxious to restore tourism as soon as feasible. French Polynesia made the literally fatal mistake of opening too early in 2020, with visitors from US and France, precipitating a spike. Guam developed a limited niche in 2021 through a short-lived vaccine tourism (AirV&V) initiative, targeted at Taiwan (China Province), South Korea and Japan. Eased restrictions were marked by a spike in cases, emphasising that tourism was unlikely to revive soon. Guam never effectively re-opened for tourism. High COVID case numbers in Asia prevented tourism from its three main sources.

Pitcairn is currently preparing to receive visitors again after its two-year border closure. Pitcairn's supply ship will carry a limited number of fully vaccinated visitors. Regular passenger services between French Polynesia and Pitcairn may start later in 2022, with cruise ship visitors still later.

Since detection of its first COVID-19 cases in September 2020, New Caledonia has been in some form of lockdown. After a brief 'travel bubble' with Vanuatu, in mid-2021 all international passenger flights were suspended. The borders remained closed, other than for returning residents, until March 2022 when New Caledonia opened for non-French travellers.

After the harmful experience of 2020, French Polynesia re-opened in 2021 for travellers from the US and France, but closed later in the year after France had a spike in case numbers. Of all the NSGTs French Polynesia has come closest to re-establishing the tourism industry, and has sought a different structure with limited overall numbers and banned mega cruise ships. As intermittent openings and closures suggest, future development is uncertain, and as dependent on circumstances in potential markets as in the NSGTs.

Beyond tourism, economic activity in the NSGTs exemplifies service economies. Military expenditure fell but survived in Guam hence that support for the economy remained. Since much employment in several NSGTs was in the public service, and supported externally, employment levels did not decline as fast as in neighbouring independent states. Remittances from diasporic residents appear to have held up and all administering authorities provided stimulus and support packages of some kind. Unemployment increased in Guam, reaching 16% in 2021 (compared with 4% in 2019). A similar trend was likely in the French administered NSGTs, with unemployment highest among indigenous populations.

Limited physical communications and weakened supply chains hampered development. Delays and restrictions reduced access to goods (and increased costs). Outer islands in both American Samoa and French Polynesia experienced some negative effects from fractured

domestic transport systems. Domestic flights were reduced and disrupted. Tokelau experienced reduced maritime contact with Samoa, slowing the flow of goods and building materials to Tokelau, so that construction of its first airstrip, intended for 2019, failed to get underway

Overall problems were more significant in outer islands, as employment was lost, communications worsened, internal remittances declined and greater pressure placed on resources as some urban migrants returned. However, reverting to a more subsistence-oriented economy was easier there.

Social consequences were evident but often intangible. The pandemic heightened uncertainty and was a psychological blow to lives and livelihoods. Indigenous populations, such as CHamoru, Kanaks and Polynesians, were more likely to have to, and be able to, cope with 'returning' to a more local subsistence orientation. No available data suggest any rise in domestic violence and theft as has occurred elsewhere.

### Conclusion

COVID-19 exposed weaknesses in health, economic and social systems worldwide. The Pacific NSGTs were similar but outcomes varied, according to when borders were closed, but also according to geography, budgets, economic sectors and demography. No Pacific NSGT was unaffected. The pandemic demonstrated that health was the foundation of socio-economic development. Realistically tourism, the key source of economic development, will not be close to previous levels for several years, affected by factors inside and beyond the NSGTs. That suggested the value of economic diversification. Too early opening of Pitcairn will pose an existential threat for a small, aging population with minimal health resources.

Unemployment levels are likely to remain higher and incomes lower than in pre-pandemic times, as economies remain weak. Global issues continue to disrupt supply chains, requiring greater self-reliance and subsistence – not necessarily welcomed. Global health issues and local cultural and economic factors were and are intertwined. That suggests the continued need for financial support from administering authorities, with more migration to metropolitan states.

Intermittent border closures and provision of health equipment and personnel refocused attention on relations and responsibilities between the NSGTs and the administering states, most obvious in the French territories. A widespread recognition existed that without considerable external support survival would have been difficult. The pandemic distracted from a focus on evolving political and constitutional issues, as in Tokelau (where the draft of a new vote on independence was delayed 'until the pandemic passes') and more especially New Caledonia. In both New Caledonia and French Polynesia, some attitudes to the management of COVID-19 followed pro-and anti-independence positions, which in turn reflected longstanding social and ethnic divisions. Political debate and economic uncertainty have favoured the status quo. Both in economics and politics there was little sign of any 'new normal'.

**Table One. COVID in the Pacific NSGTs. April 2022.**

	Total Cases	Deaths	Total	Cases/l mill	Deaths/l mill	Pop'n	Full Vacc
		End 2020	Deaths				Rate
New Caledonia	60,457	16	312	208,164	1074	290,430	66%
American Samoa	5,564	3	20	101,215	364	54,970	84%
Guam	40,189	120	354	234,312	2069	171,520	95%
French Polynesia	72,621	77	648	255,865	2283	283,830	80%
Tokelau	-	-	-	-	-	1,390	71%
Pitcairn	-	-	-	-	-	46	90%

Sources: WHO, Worldometer, Radio New Zealand, United nations, covidvax.live. Despite these multiple sources no data here can be regarded as entirely reliable. Data were rarely systematically collected in difficult times, various problems exist with reporting and testing. Case numbers and deaths attributable to COVID-19 must be regarded as only approximations.