

Preliminary Survey Finding of The Built and Living Environment In Camp 5, Pulau Jerejak Settlement

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Graphical abstract



Abstract

The purpose of this research is to study the historical development of Camp 5, a leper camp on Pulau Jerejak. Pulau Jerejak Leper Settlement was operated from 1871 until 1969. During this period, six camps were built scattering around the island. One of the most important camps was Camp 5, completed in 1936. The camp was planned against the conservative idea of prison-like strict segregation. Camp 5 was planned in such a way that leprosy patients could freely conduct socio-cultural events, practice their faiths, establish their own families, be appointed as inmate workers, and et cetera. The houses were planned in clusters with well-planned agriculture plots and socio-cultural facilities. The layout plan of Camp 5 is important to suggest how leprosy patients could have been segregated more humanely. Today, most of the structures in Camp 5 are in semi-ruined conditions. Besides, there is lack of information can be used to reconstruct the planning of the settlement for the purpose historical research. Therefore, this research was conducted using three methods; archival research, interview and field works. The preliminary findings of the research enable researchers to discuss the theoretical discourse and provide historical lessons of modern segregations in dealing with diseases.

Keywords: Jerejak; camp 5; leper settlement; leprosy patients; segregation; leprosy malaysia

Abstrak

Tujuan kajian ini adalah untuk mengkaji perkembangan sejarah Kem 5, yang merupakan salah satu kem di Pulau Jerejak. Penempatan pesakit kusta Pulau Jerejak dibuka pada tahun 1871 sehingga 1969. Pada masa itu, Pulau Jerejak mempunyai enam kem. Kem 5 merupakan salah satu kem yang terpenting, yang mana siap dibina pada tahun 1936. Kem ini telah dirancang tanpa mengikut teori pengasingan (segregation) yang ketat atau tanpa kebebasan seperti kehidupan di penjara. Sebaliknya, pelan Kem 5 direka untuk membolehkan pesakit-pesakit kusta bebas melakukan kegiatan sosio-budaya, mengamalkan kepercayaan mereka, mendirikan keluarga dan mendapat pekerjaan masing-masing. Rumah-rumah di Kem 5 telah dibina secara berkelompok dengan kemudahan sosial dan budaya masing-masing. Setiap rumah bagi pesakit-pesakit kusta mempunyai kawasan lapang untuk bercucuk tanam. Perancangan Kem 5 adalah fakta sejarah yang penting untuk menunjukkan bagaimana pesakit-pesakit kusta boleh dikuarantin dengan lebih fleksibel. Kini, kebanyakan struktur di Kem 5 telah hampir musnah. Selain itu, maklumat yang sedia ada tidak cukup untuk menyokong kajian ini. Oleh itu, kajian ini dijalankan menggunakan ketiga-tiga kaedah, iaitu penyelidikan bahan arkib, temu bual dan kajian di tapak. Kajian ini membolehkan penyelidik membentangkan wacana teori-teori tersebut dan memberi pengajaran-pengajaran sejarah yang berkaitan dengan teori pengasingan (segregation) moden apabila menangani penyakit baru.

Kata kunci: Jerejak; kem 5; penempatan pesakit kusta, pesakit kusta; pengasingan (segregation); penyakit kusta malaysia

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1.0 INTRODUCTION

Pulau Jerejak is located in the south east coast of Penang Island (5°24'00"N 100°14'20"E)⁵. The island was not only used as a leper settlement, but also as a quarantine station, tuberculosis sanatorium and prison^{4,6}. There were six leper camps established

on the island throughout 1867 to 1969. Each leper settlement was named as camp. The latest camp was Camp 5, completed in 1936. Camp 5 was built based on the idea of a long-term human settlement. It was equipped with basic social amenities. Corresponding to Sungai Buloh Leper Settlement, this revised modern leper settlement provided a more humane environment for

its residents, emancipating from regimented and prison-like institution planning. In 1969, the leper settlement on Pulau Jerejak was closed and the leprosy sufferers in Camp 5 were resettled to Sungai Buloh Leper settlement. Parts of the existing buildings of Camp 5 were surrendered to a prison institution. In 1993, the prison institution was closed and the buildings in Camp 5 were left abandoned until today.

The leprosy patients living on Pulau Jerejak were a lively community; the result of transforming a passive into an active and productive living environment. The story of Pulau Jerejak is worth to be studied as important historical lessons and fill the gap in the planning history of Malaysian medical institutions. Besides, the finding of this research can help the State Government to identify the historical structure, remnant and area of Camp 5 that need to be protected and conserved for the sake of next generations.

So far, there are only a few studies which reported on Pulau Jerejak's built environmental history⁷. Joshua Raghavar (1983), who wrote a book "Leprosy in Malaysia: Past, Present, and Future" on the history of leprosy in Malaysia, has provided important background of the island but does not deliberately reveal the exact conditions of the settlement for researchers to interpret. Besides, most of the Camp 5's remnants are overgrown by thick jungle and many buildings have collapsed. It is also urgent to start immediate study on the historical development of Pulau Jerejak because the numbers of surviving leprosy patients whose oral evidence are primary sources of the research are decreasing. This notion also pushes the need of reconstructing the historical landscape of Camp 5.

■ 2.0 LEPER INSTITUTION IN PULAU JEREJAK

A Lepersettlement is a planned human settlement for leprosy patients to receive medical care from the government. The policy of compulsory segregation of leprosy patients has been rigorously implemented in British Malaya since 1850s¹. In 1871, the leper hospital in Pulau Jerejak began operation. It was expanded in 1880 to become the main collection center of the leprosy patients from the Straits Settlement⁶⁻⁷. In 1890, Pulau Jerejak expanded its role to receive leprosy patients from the Federated Malay States, Perak and Selangor. In 1924, Hydnocarpus oil treatment was started in Pulau Jerejak and it successfully controlled the disease². Thus, Dr. Traverse, the Selangor State Surgeon at the leper asylum in Kuala Lumpur, suggested the need to change the way leprosy sufferers were segregated from strict segregation to voluntarily segregation. The purpose was to encourage leprosy patients to seek for medical treatment in the early stage of their disease¹. One of the strategies of this new approach was transforming the leper hospital into a leper settlement by providing a better accommodation and socio-economic facilities⁷. Camp 5 leper settlement only catered for able-bodied leprosy patients who could conduct their daily activities independently^{2,5}. The houses in Camp 5 leper settlement were planned in clusters with some social clubs located among these houses. In comparison with the other leper camps on the other side of the island, they were merely in the form of hospital complex which lacked of consideration of socio-economic activities.

■ 3.0 RESEARCH METHOD AND SETTING

This research was conducted using three different research methods; archival research, oral interviews and site inventory. The chronological developments of Camp 5 leper settlement was constructed by referencing collected archival materials such as the

Straits Settlements Annual Departmental Reports and the Proceedings of the Straits Settlements Legislative Council from 1927 to 1937, Government official correspondences, Government Gazettes, old newspapers, old images and maps, etc. These archive materials were collected from Public Record Office in U.K., Singapore NUS's Central Library, Singapore National Library, Singapore National Archive, Arkib Negara, etc. These materials had provided valuable official information about the development of the island.

To further verify the development of the island, semi-structured interviews had been carried out by interviewing ten persons who have background of Pulau Jerejak. Four of them used to stay at Camp 5 Leper Settlement and six of them used to stay at other camps of leper settlement in Pulau Jerejak. The interview transcripts were motivated by the research questions such as "What was the settlement comprised of?" (Buildings, facilities and their location), "Did the planning change?", "How did the leprosy patients experience their lives in leper settlement?" and et cetera. A big site model was made and large plans were drawn to ease the interviewees to recall their memories living in the settlement. They were also asked to identify the buildings in Camp 5 leper settlement from the model. Since most of the interviewee's mother tongue languages are of Hokkien dialect, interviews were carried out by using similar dialect. The first interview was conducted from 16th April 2014 to 17th April 2014 and the second interview was done from 16th May 2014 to 18th May 2014. The main challenge of these interview exercises was that most of the interviewees were old and their memories had been fading, therefore some answers given by the interviewees seemed to be evasive. Repetitive explanation were necessary in order to get clearer information.

In the meantime, site inventories were done to identify Camp 5's planning layout and remnant structures that remained on site. Ah Hei, one of the interviewees, who once worked as a former dispatch boy of the settlement, was invited to join the fieldwork because he is familiar with the contexts of the island. With the help from Ah Hei, many old building remnants which were overgrown by forest could be discovered, identified and indexed, as shown in Figure 1. After the layouts of the settlement and plans of the buildings were reconstructed based on above three methods, photos taken from the sites were shown to the interviewees in the second interview for further clarification.

■ 4.0 RESULTS

The results were presented through different overlapping dimensions: 1) the current condition of Camp 5 after the settlement was closed and 2) the chronological developments of the settlement. The chronological developments were divided into two phases. The first phase began from 1930s until 1940s, where the settlement started with basic amenities. In 1940s to 1950s, the settlement was closed due to World War II. The second phase began from 1950s until 1960s, where better amenities were improved upon the complaints and requests made by the leprosy patients.

1) The Current Condition Of Camp 5 Leper Settlement

Camp 5 was initially planned in 1927 but only started to be constructed in 1931. It was built on a 14-acre of land. During the 1930s – 1940s, only shelters, basic treatment facilities and small social clubs were provided in the settlement. Today, a big portion of the Camp 5 leper settlement is covered by jungle where the remaining buildings are seriously dilapidated. The boundary of Camp 5 starts from the first old house located near to the nearby

resort till the area around the guard house of Buddhist temple, as shown in Figure 1. Currently, it is found that there are eighteen remnant buildings in Camp 5 and many unknown remnant buildings are still covered by jungle and hard to be discovered. Six of them were built after 1969 and functioned as police quarters. Among the twelve remaining buildings in the leper

settlement, nine were used to house leprosy patients. From the data collection, seven of the houses are Type 1 and only two are Type 2. Type 1 houses are larger compared to Type 2 houses. The remaining three buildings are a community hall, a Catholic Church and a Buddhist temple. All the locations of the remaining buildings found are indicated in Figure 1.

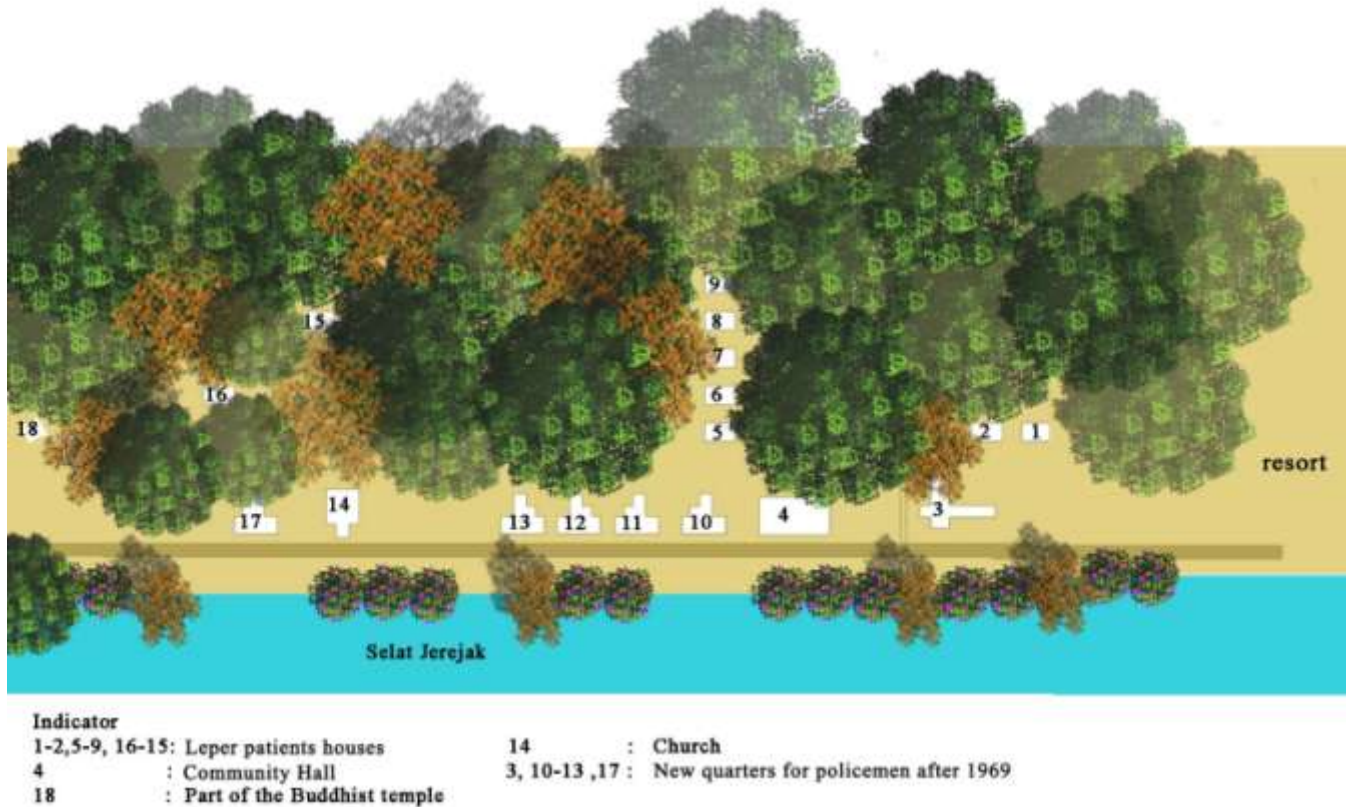


Figure 1 Current condition of Camp 5

2) The chronological development of the settlement

The first batch of building completed in Camp 5 in 1936 was patients' houses. The houses were arranged in 17 rows⁷. Each row had about 4-6 houses, having two types of houses as shown in Figure 2. There were two units of the first type (Type 1), which were semidetached houses, and each unit could accommodate a maximum of three persons. From the collected data, it was found that Type 2 houses catered for the Settlement's hospital workers. Both types of house had provided an empty compound for domestic gardening⁷. Both house types had shared toilets, bathrooms and kitchens. According to the interviewees, the Chinese married couples stayed at the houses in the 1st to 4th row, the 5th and 6th row of houses were for Indians and Malays, while the last 5 rows, 7th to 11th were for Chinese males only, as shown in Figure 3. The races and gender distributions of housing area in Camp 5 were Chinese males.

Since Camp 5 was established, leprosy patients in Camp 5 were provided with necessary items and diet. Before reservoirs were built on Pulau Jerejak, clean water was supplied by boat from Penang Island and in later period 1950s-60s, water was

supplied by water pipes from Penang Island. Electric supplies were provided to Camp 5 and the settlement was lit up by street lighting until 10pm.

Medication and treatment have been the main purpose why the settlement was established. Since 1920s, effective treatment had greatly decreased the mortality and physical disability rates². Many able-bodied leprosy patients were allowed to work as well. They usually worked as general workers such as grass-cutters, carpenters, dhobies, while the educated patients served as teachers, overseers and dressers. Poultry farming, vegetable and fruit plantations activities had grown rapidly since the 1930s⁹. Lands surrounding the Camp 5 were cleared for the purpose. Fishing was important to supply source of protein. Some of them even provided boat service for patients to Penang Island.

The female leprosy patients usually helped prepare meals for the lepers who were unable to cook for themselves. Activities such as gambling, Chinese brass bands were the main social activities in Camp 5⁸. There were several small social clubs based on racial, linguistic and religious basis housed in small huts of the settlement¹¹.



Figure 2 Type 1 house (top right) and its layout (top left). And Type 2 house (bottom right) and its layout (bottom left).

From 1948 until 1960, better amenities were provided for the settlement. The leper settlement in Pulau Jerejak was temporarily closed right after WW2¹. The settlement reopened in 1948¹². After that, the leprosy patients started to strive for better facilities for the purpose of better living condition.

Leprosy patients in the settlement shared many common aspects irrespective of race and religion. They loved to watch movies. Movie watching was held in an outdoor space and its screening schedule usually was subject to the weather condition.

Thus, in 1956, the patients proposed a community hall for the purpose¹¹. In 1961, Wong Pow Nee, Penang's first Chief Minister, presented a projector to Camp 5¹⁰. The community hall cost \$810,000 and the official opening was inaugurated by the chief minister in 1962. The hall was multi-purpose, which functioned as library, indoor sport, cinema and relaxing space¹¹. From 1962 onwards, leprosy patients could watch television in the community hall. Besides the community hall, leprosy patients in Camp 5 also could watch movies in the newly established Tuberculosis sanatorium, located at the eastern side of the island, or the cinema at Sungai Nibong at Penang Island.

During the 1950s and 1960s, more religious buildings such as a Buddhist temple and a small Catholic chapel were built. The first Buddhist temple was built in the early 1950s by venerable Ben Dao from Ang Hock Seng Temple, Penang. Later, a Catholic Church was proposed in 1962 and built in 1964 near to the mosque in Camp 5. This was the second church built in Pulau Jerejak. The first church was built in Camp 1 at the eastern side, far from Camp 5 at the western side of the island. Therefore, the Catholic patients requested to build a new chapel in Camp 5. The state government approved the construction of a \$16,000 chapel to serve 22 Catholic inmates in Pulau Jerejak in 1962 and completed in 1964¹⁰. Mortuary practices were conducted by religious teachers outside this island. In 1961, upon request from the Chinese patients, the cemeteries on the island were located at a better location following Chinese geomancy principal by facing the sea. The Chinese believe that the right position of cemetery will bring good luck to their family members¹⁰. In order to support the patients, open day started to be organized from 1964 to allow the public visit this leper settlement and to buy some agriculture products and artisan works produced by the patients.



Figure 3 The planning layout of Camp 5 leper settlement and its surrounding context during the period of 1960s

5.0 DISCUSSION AND CONCLUSION

By illustrating the chronological development of Camp 5 leper settlement, one is able to imagine the built and living environment on the island, issues they faced and changes made to make the island a better place to live in. To emancipate from the rigidness of segregation, the houses were planned in clusters in order to make the living environment more homely and more comfortable. From 1948 until the 1960s, more socio-cultural facilities were provided. The historical development of Camp 5 leper settlement in Pulau Jerejak is an important reference for the development of leprosy and medical institutions in Malaysia. The findings can help the policy makers to identify the historic buildings and sites in the island for conservation purpose. From this research, we found that Camp 5 leper settlement is an important typology of modern leprosy institution; illustrating how unfortunate leprosy patients were humanely rehabilitated by providing better planning, facilities and socio-cultural programs. Further research on the built and living environment in Camp 5 leper settlement can be further explored since many historical remnant structures of Camp 5 still remain on site.

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