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## **PRELIMINARY FINDINGS FOR PULAU JEREJAK LEPER SETTLEMENT: RECONSTRUCTING THE BUILT AND LIVING ENVIRONMENT OF CAMP 5**

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### **ABSTRACT**

The purpose of this paper is to share the historical development of Camp 5, a leper camp on Pulau Jerejak. Pulau Jerejak Leper Settlement was operated from 1871 until 1969. The settlement has been an important collection center for leprosy patients in British Malaya before Sungai Buloh Leper Settlement was built in 1930s. During this period, six camps were built scattered around the island. One of the most important camps was Camp 5, completed in 1936. The camp was planned against the conservative idea of strict segregation where leprosy patients were segregated rigidly in prison-like environment. Camp 5 was planned in such ways where leprosy patients could freely conduct social-cultural events, practice their faiths, establish their own families, appointed as inmate workers, and etc. The houses were planned in clustered manner with well-planned agriculture plots and socio-cultural facilities. The planning layout of Camp 5 is an important historical clue to suggest how leprosy patients could have been segregated more humanely. Today, most of the structures in Camp 5 are in semi-ruined conditions. The available information is insufficient to support the current research. Therefore, this research had to rely on three methods; archival researches, interview and field works. Archival materials such as governmental annual reports and old illustrations will help to reconstruct its chronological developments, and the indexed remnants from the field works will be used to analysis and overlay with its chronological developments. Interviews are crucial to obtain deliberate information to reconstruct the previous living and built environment of Camp 5. By understanding the segregation idea implemented in Camp 5, researchers may be able to interpret and argue the theoretical discourse of modern segregations in dealing with diseases and suggest some historical lessons.

**KEYWORDS:** Jerejak Island; Camp 5; leper settlement; leprosy patients; interaction ;socio-economic

## **INTRODUCTION**

Jerejak Island is located at 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 used to serve as quarantine station, tuberculosis sanatorium and prison [4, 6]. There have been 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 long-term human settlement. It was equipped with basic social amenities. This revised modern leper settlement is a more humane and prominent model of leper settlement. However, there are only few studies which reported on Jerejak Island's built environmental history [7]. Thus, the present research focuses on the historical development of Camp 5 leper settlement particularly on the built and living environment aspect. Thus, this research aims to share the historical development of Camp 5 leper settlement in Jerejak Island. The cured leprosy sufferers in Camp 5 were moved to Sungai Buloh Leper settlement after the leper settlement on Jerejak Island was closed in 1969. A prison was established at the same year and Camp 5 became part of it. The buildings in Camp 5 were abandoned after-the prison was closed in 1993. The buildings in Camp 5 leper settlement were abandoned after the prison was closed in 1993. However, this prominent model of leper settlement did not attract any attention of researcher to record the history of the building development. There was even a big threat of decreasing surviving leprosy patients and old remnant buildings. The leprosy patients were a lively community rather than segregated in prison like environment. The transformation of leper settlement from a passive living environment into an active and productive living environment is worth studied as it is an important history of leprosy. The inventory can be used to propose to the state government and help in conversing the designated historic area.

## **LEPER INSTITUTION IN JEREJAK ISLAND**

Leper settlement 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 1850s [7]. In 1867, the leper hospital in Jerejak Island began operation. It was expanded in 1880 to become the main collection center of the leprosy patients from the Strait Settlement [6,13]. In 1890, Jerejak Island expanded its role to receive leprosy patients from the Federated Malay States, Perak and Selangor. In 1924, Hydnocarpus oil treatment was started in Jerejak Island and has successfully cured many leprosy patients [2]. Thus, Dr Traverse, the Selangor State Surgeon in the leper asylum at Kuala Lumpur suggested to change the strict segregation to voluntarily segregation. The purpose was to encourage leprosy patients to seek for medical treatment in the early stage of their disease [1]. This new approach was implemented by changing the leper hospital into leper settlement by providing better accommodation and socioeconomic facilities in order [7]. Camp 5 leper settlement was 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 cluster manner with some social clubs located within these houses while the remaining camps on the other side of Jerejak Island were more rigid and lack of consideration of socio- economical activities.

## **RESEARCH SETTING AND METHODS**

This research was conducted using three different research methods; archival research and field works, including oral interviews and site inventory. The chronological and historical developments of Camp 5 leper settlement was reconstructed by referencing from collected archival materials such as the Straits Settlements Annual Departmental Reports and the Proceedings of the Straits Settlements Legislative Council from 1927 to 1937. Both 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 with ten persons. Four of them used to stay at Camp 5 Leper Settlement in the island and six of them used to stay at other camps of leper settlement in Jerejak Island. The interview transcripts were motivated by the research questions: how did the leprosy patients experience their lives in leper settlement? What were the requests by the leprosy patients? How the planning changes? Besides, they were asked to identify the buildings in Camp 5 leper settlement. A big site model was made and large plans were drawn to ease the interviewees to recall their memories living the settlement. Since most of the interviewee's mother tongues are Hokkien dialect, interviews were carried out by using similar dialect. The first interview was conducted from 16<sup>th</sup> April 2014 to 17<sup>th</sup> April 2014 and the second interview was done from 16<sup>th</sup> May 2014 to 18<sup>th</sup> 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 which given by the interviewees seemed to be evasive. Few times of explanation were needed in order to get clearer information.

Meanwhile, site inventories were done by identifying the old remnant structures remained and their layout. Out of ten former leprosy patients there is only one settler named Ah Hei, a former dispatch boy of the settlement, joined the fieldwork because he is familiar with the contexts of the island. With the help of Ah Hei, many old remnants which were overgrown by forest were discovered and identified and indexed, shown as in Figure 1. The layouts of the settlement and plans of the buildings were sketched from explanation, based on living environment from interviewees and fieldwork. Taken photos from the field work were shown to the interviewees in the second interview for further clarification.

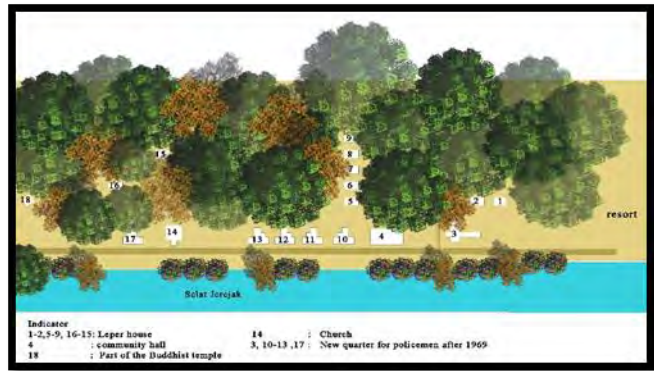
## **MAIN RESULT**

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 1942s whereby the settlement started with basic amenities. The second phase began from 1948s until 1960s whereby the settlement was closed after World War II and better amenities were improved upon the complaints and requests made by the leprosy patients.

### **1) The current condition of Camp 5 leper settlement**

During the period of 1930s to 1940s, only shelters, treatment, opportunities and minor social clubs were provided in the settlement. Camp 5 was initially planned in year 1927 but

only started to be constructed in year 1931. It was built in a 14-acres land. Today, a big portion of the Camp 5 leper settlement is covered by jungle where the remnant buildings are seriously dilapidated. The boundary of Camp 5 starts from the first old house near 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 exposed and many unknown remnant buildings are still covered by jungle and hard to be discovered. Six of them were built after year 1969 and function as policemen quarters. Among the twelve remnant buildings for leper settlement, nine were used to house leprosy patients. From the data collection, we found seven houses left are Type 1 house and only two are Type 2 houses. It is believed that Type 1 houses were larger constructed in Camp 5 compared to Type 2 houses. The remaining three buildings are community hall, Catholic Church and Buddhist temple. All the locations of remnant buildings found are indicated in Figure 1.



**Figure 1:** current condition of Camp 5

## 2) The chronological developments of the settlement

In this period from 1930s until 1942s – settlement improved with basic amenities, basic amenities including shelter, medical care and some socio-economic activities were provided in the settlement for the leprosy patients. In 1936, Camp 5 was built completely in 17 rows [8] and each row contained about 4-6 houses, in which two types of the houses were shown in Figure 2. The first type of semidetached houses was designed whereby each house had 2 units, maximum 3 persons in one unit. From the collected data it was found that Type 2 houses were catered for the workers in hospital. Both types of houses had an empty space for gardening [7]. They shared toilet, bathroom and some of the socio-cultural facilities. According to the interviewees, the married couples stayed at the houses in the 1<sup>st</sup> to 4<sup>th</sup> row, 5<sup>th</sup> and 6<sup>th</sup> row of houses for Indians and Malays, while the last in the 7<sup>th</sup> to 11<sup>th</sup> row of houses were for males only, as shown in Figure 3. From the races and gender distribution of housing area in the settlement, it is obviously shown that most of the leprosy patients in Camp 5 were Chinese males.

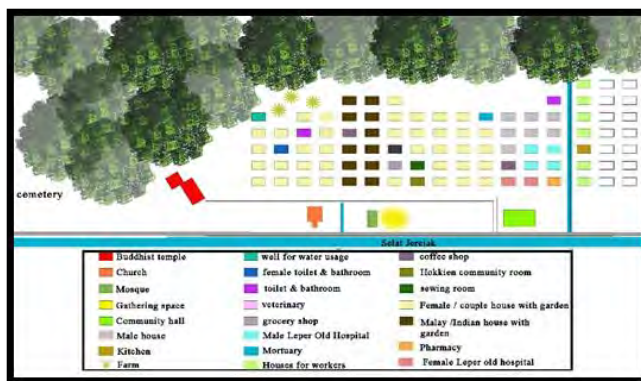


**Figure 2.** Type 1 house (top right) and its layout (top left) and Type 2 house (bottom right) and its layout (bottom left)

The leprosy patients in Camp 5 were provided with necessary items and water was supplied from Penang Island. Electric supplies were provided to Camp 5 together with lamp poles until 10pm. Besides that, medical care was also provided for leprosy patients. Effective treatment had decreased the mortality rate in Jerejak Island from huge percentage during mid-1920s until

1942s on 9 to 13% [2]. The cured leprosy patients were allowed to work as well. They usually worked as artisans, wood-cutters, dhobies, and the educated patients served as teachers, overseers and dressers [10]. Poultry farming, plantation and particularly fishing activities had grown rapidly since 1930s [10]. Some of them on the other hand provided boat service to Penang Island. The female leprosy patients usually helped prepare meals. Some activities such as gambling, Chinese and brass bands were the main social activities in Camp 5 [9]. There were several small clubs based on racial, linguistic and religious basis housed in small huts and wanting in space [13].

In this period from 1948s until 1960s, better amenities were provided in the settlement. The leper settlement in Jerejak Island was temporarily closed right after WW2 [1]. The settlement reopened in 1948 [14]. After that, the leprosy patients started to strive for better facilities to serve the purpose of recreation and healthy diversions. They shared many aspects irrespective of race and religion alike. They also love to watch movie but the movie watching was held in outdoor space and it was subject to the changing of weather. Thus, they requested to have a cinema and proposed all community clubs on 1956 [12]. In 1961, Wong Pow Nee presented a projector to Camp 5 [11]. Then, the community hall was completely built, costing \$810000 and the official opening was inaugurated by the chief minister, Dato Wong Pow Nee in 1962. The hall was multi-purpose, which functioned as library, indoor sport, cinema and relaxing space. [12] From 1962 onward, leprosy patients could watch television in community hall. The leprosy patients in Camp 5 could either watch movie at the community hall, Tuberculosis sanatorium which was located at the eastern side of island or the cinema at Sungai Nibong, Penang.



settlement and its surrounding context during the period of 1960s

During 1950s to 1960s, more religious buildings such as Buddhist temple and small Catholic chapel were built. The first Buddhist temple was built in early 1950s by venerable from Ang Hock Seng Temple, Penang. Later, Catholic Church was proposed in 1962 and built in 1964 near the mosque in Camp 5. This was the second church built in Jerejak Island. 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 inmates 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 Jerejak Island in 1962 [11]. Mortuary practices were conducted by religious teachers outside this island. Upon request from Chinese in 1961, the cemeteries on the island were located facing to the sea in order to bring good luck to their family members [11]. Open day started to be organized from 1964 to allow people visiting this leper settlement.

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## 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, the issues they faced and, thus, the changes made to make the island a better place to live. To emancipate from the rigidness of segregation, the houses were planned in cluster manner in order to make the living environment homier and more comfortable. From 1948s until 1960s, more socio-cultural facilities were provided to reinforce the internal conformity among leprosy patients. The historical development of Camp 5 leper settlement in Jerejak Island is an important reference in the history of leprosy. This history of leprosy would help for the decision makers in buildings and site conservation of the leper settlement in Jerejak Island. From this research, we found that Camp 5 leper settlement is such a prominent model of leper settlement with cluster type housing and all the socio-economical facilities and its brief chronological development. Further research on the built and living environment in Camp 5 leper settlement can be done since many unknown historical remnant structures still remained in this leper settlement.

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