
Remove the Wounds in the City: Policy for Lepers in Surabaya in the 19th Century

(Menghapus Luka di Kota: Kebijakan bagi Orang Lepra di Surabaya pada Abad XIX)

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Abstrak

Artikel ini bertujuan untuk membahas tentang pengobatan penderita kusta (lepra) di Surabaya pada abad XIX. Diduga wabah penyakit kusta saat itu cukup banyak menyerang masyarakat di Surabaya yang melibatkan persekusi dan penganiayaan dari pemerintah. Untuk mencapai tujuan penelitian ini, digunakan metode kualitatif dengan pendekatan *longue duree*. Hasil penelitian ini menunjukkan bahwa pemberantasan kusta di Surabaya pada saat itu tidak dilakukan secara paksa oleh pemerintah pusat. Kebijakan isolasi paksa bagi penderita kusta di Hindia Belanda juga tidak didasarkan pada kebijakan resmi pemerintah. Penelitian ini mengungkapkan bahwa pemerintah kolonial Kota Surabaya mengeluarkan penderita kusta dari kota tanpa paksaan, dan lebih memilih untuk merawat mereka di beberapa tempat yang dipilih secara khusus. Dengan demikian, dapat disimpulkan bahwa kebijakan pemberantasan yang dilakukan oleh pemerintah kolonial terhadap penderita kusta di Surabaya bukanlah dengan pengasingan paksa.

Kata kunci: kebijakan, orang lepra, pengasingan paksa, Surabaya

Abstract

This article aims to discuss about the treatment of people with leprosy (leprosy) in Surabaya during the nineteenth century. It is assumed that leprosy epidemic at that time significantly attacked people in Surabaya, involving persecution and maltreatment from the government. To pursue the aim of this study, qualitative method was used together with *longue duree* approach. The results of this study showed that eradicating leprosy in Surabaya at that time was not conducted coercively by the central government. The policy of forced isolation to isolate people with leprosy in the Dutch East Indies was also not based on any official government policies. This study revealed that the colonial government of Surabaya city removed leprosy sufferers from the city without coercion, and preferred to care for them in some places specifically chosen. Hence, it can be concluded that eradicating policy conducted by the colonial government for lepers in Surabaya was not with forced exile.

Keywords: forced exile, lepers, policy, Surabaya



INTRODUCTION

The practice of forced exile or deletions of people in pre-urban areas in Southeast Asia, including Indonesia (Dutch East Indies), was not a new nor foreign policy. For Indonesia, this policy has actually existed and lasted for long time. Even the City of Batavia (Jakarta) is one of the towns in the Indies during that time which was considered the site of the earliest evictions against those who were suspected to have leprosy. Proof for this was revealed by what Hendrik E. Niemejer wrote about the expulsion carried out by the masters toward most of the slaves in Batavia in 1680. In addition to the reasons that many slaves were old and sick, apparently the expulsion of these slaves also was caused also by the worries of the employers if they will be infected by a plague of the leprosy disease that was developing and infecting many slaves at that time (Niemejer 2012, 314; Dorssen 1897, 6).

However, this policy was not able to drive all of the lepers away. It is evident that not all former slaves were willing to relocate or leave the city, let alone be exiled in to government-owned sites or homes made for exiles. Many of those apparently preferred to live in the city though only to become thieves or beggars. The lack of success in “evicting” or dealing with these people/the lepers in the city, especially in Batavia (Jakarta), throughout this period has sparked speculation among governments why the above methods were not able to “erase” them from the city. And, if this problem was left alone, then it is not impossible that they would also disrupt the security and order of the city. This is also one of the reasons why the government move was then willing to “take care” (keep) them in the city. This governmental move was quite risky, besides having to provide a large enough cost for their maintenance, the government was also still responsible so that they did not cause disruption in the city.

According to the notes of the May 29, 1855 Commissarial letter, no. 5255, the government should at least pay the maintenance cost of approximately 10 guilders each year. Also, it took no less than 50,000 guilders to finance clothing, food and shelter. (*Besluit* July 5, 1855/ Commissarial May 29, 1855, no. 5625; *Besluit* April 26, 1853). Maintenance or maintenance efforts by this government also apparently did not make leprosy patients can be “safe” in the city, in fact there were still leprosy patients who could still travel freely everywhere in the city. The strong suspicion is that this is a reaction to the government’s elimination of stigma if leprosy was no longer considered a contagious disease (*Bijblad* 29 September 1869). It may also mean that they were deliberately “left free” by the government due to the government’s inability to “nurture” them appropriately. While this assumption has not been proven to be true, the action by allowing leprosy/lepers to go about freely raised new difficulties for the government.

Moreover, at the same time the statement came out from the Berlin conference of 1897 which called leprosy as a contagious infectious disease (Theunissen 1936, 3-4) The official statement of the Berlin conference of 1897, which was eventually allegedly the reason for the colonial government to strictly supervise all patients, especially by issuing a policy of forced isolation “for all leprosy sufferers in the Indies” (see Bergen 2017, 164; Algemeene Secretarie serie Groote Bundel terzijde gelegd Agenda (MGS), 1890-1940, no. 4114, (BGD; 1870-1891-1901,1921, De Maatregelen ter bestrijding der lepra in Nederlandsch Indie, 1901-1903). Although technically it looked easier, but in fact this policy actually raised many questions mainly related to the effectiveness of forced isolation. In their letter of confirmation from one of the questions raised by the ministers in charge of education, religion and small craft (OED) to the governor general contained the review about the reactivation of forced exile for the person/people with leprosy in the Dutch East Indies. Apparently, the policy of forced exile has been considered by the colonial government to be one of the “best medicines” for leprosy patients throughout the Dutch East

Indies since 1891. It is not known exactly why the colonial government or in this case the Governor of Jenderal called the forced isolation as “the best medicine” for the time being. It may be related to government sanctions against lepers who were considered to have "violated" the previous relocation efforts or because this policy was considered better in the sense that it was cheaper than previous government policies.

Although considered as the “best medicine,” there were still many people who actually disagreed with this government plan, especially from some circles of doctors. They considered that this government decision was only one-sided. The government should be able to cooperate with their respective regional heads on this new policy in order to avoid prejudice toward the government if leprosy patients must be willing (mandatory) to be exiled (isolated force). Even if they are unwilling, the consequences they will receive are permanent isolation. In addition, doctors also recommended that this isolation should be applied to all types of leprosy patients to reduce transmission. The doctors also recommended it was sufficient to use the initial registration of leprosy patients who consulted with a doctor before being taken/forcibly exiled by the government. This step was considered important to be able to control the development of leprosy patients who will be alienated, such as health development or supervise (control) if there are (leprosy patients) who fled or died. Just as the recommendation of the Director of OED, Van Der Wijck recommended that leprosy patients should be listed first to make a report or special note which will then be attached to the list of leprosy registers. According to Van Der Wijck this action was also intended as a precaution if something occurs with them during isolation.

Apparently, the same opinion also came from Colonel Freytag. It is not mentioned in the source of who this Colonel Freytag was, but some of the names appearing in the 1900s newspaper sources are explained that Colonel Freytag was a minister working within the *Leger des heils*/Salvation Army). According to Colonel Freytag, the government's forced isolation plan will be difficult to implement, especially if it is used for those (lepers) who are already at dangerous levels. Freytag also pointed out that in 1891 when it was found there were about 9000 leprosy patients in the Dutch East Indies from whom there has also not been any action from the government, while the disease continues to spread. An earlier official letter dated November 12, 1842 no 3179 even precisely ask if forced isolation (mandatory isolation) at this time is actually not urgent to do. This is after he sees if there was no actual "crime" caused by lepers. Likewise, the rate of transmission of leprosy that was not much as much thought so far. According to him, there were cheaper actions that can be done by the government without having to make sufferers leprosy suffer and that was first, openly submit themselves to every church council in the Dutch East Indies regarding the number of leprosy patients at that time, including the number of new patients. Thus, everyone will know how many leprosy patients there were at that time. Including also determining from the beginning what was being called leprosy, considering at that time patient were developing various types of skin diseases, not leprosy.

Through this initial knowledge it was expected that there will be control efforts not only from the government, but also from the population. Many proposals, offers and actual feedback were given to the government so that the government was willing to “cancel” the plan. One of them was the input provided by Van der Wijck who also proposed the establishment of a leprosarium institution. According to Van der Wijck in these leprosaria, it will be easier for the government to monitor the lepers and leprosy patients will also be preserved. Similarly, he proposed to reactivate the role of the “doctor Djawa” to conduct strict supervision to the leprosy patients who had been replaced by the foremen. Some sources had even mentioned that the leprosy patients were more often under the supervision of the foreman than cared by doctors. As mentioned in

one source on Surabaya City, leprosy patients were often only shared and supervised by the foremen, including when treatment was only done once month while visited by a doctor, the rest of the time they will be handled by a *Mantri*, if the doctor is absent.

METHOD

The method that is deliberately used in this article is the *longue duree* method with the intention that a complete and comprehensive picture can be obtained regarding the issue of leprosy in the city of Surabaya in 1830-1940. This method model not only uses a long period of time, but as mentioned by the Annales school, this method provides flexibility in the use of various approaches in viewing an event.

RESULTS AND DISCUSSION

In a letter written by the Regent of Surabaya, Kromojoyodirono on 18 April 1847 addressed to the resident master of Surabaya he reported on the cost incurred during the maintenance (maintenance) on people / patients in the city of Surabaya at this time. (*Besluit*, 14 April 1849, no. 5). As mentioned in his letter, the Regent of Surabaya had paid a lot of money to maintain 250 leprosy sufferers including the construction of shelters in two places: Perring, Kabupaten (afdeling) Gunungkendeng (125 guilders) and in Prambon village (afdeling Rawapulo) 250 guilders for four houses / loos. This cost did not include monthly foreman pay and the cost of feeding the leprosy patients they maintained (treated). The purpose of this letter was certainly not merely as a notice to the colonial authorities if they have already paid a large fee just to care for the sick leprosy. It still showed they were well maintained, indicating that not infrequently they took from the tax money belonging to the small people that includes taxes and rice fields taxes. (*Besluit*, 14 April 1849, no. 5). More than that, actually this letter was also as information to the colonial government if there has been an effort or maintenance steps (care) for leprosy sufferers. The colonial government did not need to worry anymore about their real existence because it has been handled by the head of the region, in this case the regents in the district of Surabaya. Despite these large cost demands, nevertheless, the large cost demands of the regional heads made the colonial government forced to find another way out so as not to spend so much money for expenses just to nurture such people. Until finally the colonial government found a way to send leprosy sufferers to the territory (afdeling) Bawean. Apparently, the policy of “sending” the lepers to this region also had a reaction from the indigenous people in Bawean because they were forced to “hide” from the relocated leprosy patients. They were worried about their villages that were used as a residence for people like them (letter 17 August 1847). Bawean residents were willing to accept them provided there was a guarantee from the colonial government as well as the local government that the lepers were not harmful or contagious. If a person was contagious, they should be cast away from Bawean Island.



Figure 1. Bawean and East Gili Island circa 1850's
Sources: www.digitalcollection (Leiden)

The anxiety of the population in Bawean seems to be the reason for the Bawean regent, in Purbonegoro to immediately make a separation between the indigenous population and the "lepers." The Bawean Regent even planned to place them in isolated place if they could get permission from the colonial government at that time. Even the bupati has provided a place he thought was "proper" for them (lepers) with cheap houses and dwellings of bamboo roofed *gedhek*. (*Besluit*, 14 April 1849, no. 5). This proposal seemed to have started since 1835. Even then the colonial government also agreed to bring all leprosy sufferers to Gili/Gili Lor as a place to nurse (treat) those who were infectious. According to the same source (Letters 17 August 1847, no. 23/11) it is also explained that Bawean's location is actually a place of separation, while maintenance was provided in Gili. There in addition to existing buildings as a place of maintenance, leprosy patients could also receive food aid, which was very little from the government. Apparently, the existence of leprosy patients in the Gili region received attention from the public health office in Batavia (Jakarta) who then made a kind of regulation on what should be done for the maintenance and care of leprosy patients in Gili. One such of regulation was about the form of buildings that had been rarely noticed by the government (both local government/colonial governments). Similarly, it prescribed the presence of the head of the foreman and the head of the warehouse and his aide who had the task to supervise the patients. The warehouse head was also divided between the head of the men's barn and the head of the women's warehouse. This arrangement was because the sufferers had begun to be separated during in Gili. It is no wonder this was a problem also for the government, especially concerning the lack of food. From the same source, it explained they got only a small quota of rice, wheat, oil and firewood (Letter 17 August 1847). The cost every day no less than nearly 7, which was a very large amount for that time. Therefore, there was no other way to assist the resident in Bawean since very large amount was needed, while the funds provided by the government (Gubernemen) were very little than to issue a policy of planting various crops and raising livestock that can be used to meet their daily needs. Starting from corn, cotton, chili, peanuts, and raising goats (Letter 17 August 1847)

But apparently their presence in Gili did not last long. This is evident from the certificate issued by the Public Health Service (*volksgezondheid*) Surabaya on May 20, 1848 no 72 stating that the island of Gili under afdeeling Bawean already was considered less secure (not safe). There is no explanation for the cause of this insecurity. Whether this is related to the location of P. Gili that is close to the sea, so resident feared it will cause pollution in the seawater. Or there was also actually anxiety from the Surabaya Public Health Service if leprosy patients would run away. While not proving this assumption, by the head of the Public Health Service, in this case Bleeker sent word through a letter addressed to the commissioner dated December 30, 1848 no.242 regarding the proposed consideration for the transfer of leprosy patients from there. By the head of the health service, it was proposed to return them to afdeling Bawean. This "repatriation" policy that preceded the emergence of new difficulties for the colonial government. The government was forced finally to find another place to care for leprosy patients after they were no longer allowed in Bawean Afdeling.

The first offer came four months before the move to afdeling Bawean. The first place offered based on a letter from the public health service no.104, dated 31 August 1848 was in the village of Nganaman district of Gunung Kendeng district of Surabaya. The initial recommendation given by the Surabaya public health office was that this place was good, had little influence and was separated from the other neighborhoods. In addition, this area also had many homes, although only from bamboo that can be used for temporary residences by leprosy patients. Similarly, there were a large number of banana tree plants that can be utilized by residents later,

especially as a staple food substitute for rice. This offer was ultimately the way for the leprosy people to come “back” into the city again. What the colonial administration wanted, that is to remove them from the city did not seem to be possible. This was seen when there was information from a priest named JFG Brumund who came to the city of Surabaya and found if at that time (1854) in Surabaya there were some parents who were “paralyzed and disabled”. They were according Brumund in a loos or warehouse and there was no doctor in it. There was only one warehouse keeper in charge of watching them. The location of the place of “care” or commonly people call the Hospital Pegirian “can indeed be achieved no less than half an hour from downtown Surabaya. But it is different from the condition of a hospital, because this place is more impressively quiet, because it is surrounded by a high wall (JFG Brumund, 1854: 186; Liesbeth Hesselink,2002.:104) There were strong suspicions since the existence of the “hospital” or maintenance in Pegirian was still associated with the release of a government decree (*Besluit*) dated 14 April 1840.no 15 concerning the establishment of leprosy maintenance institutions in the western part of Java and in the eastern part of Java.

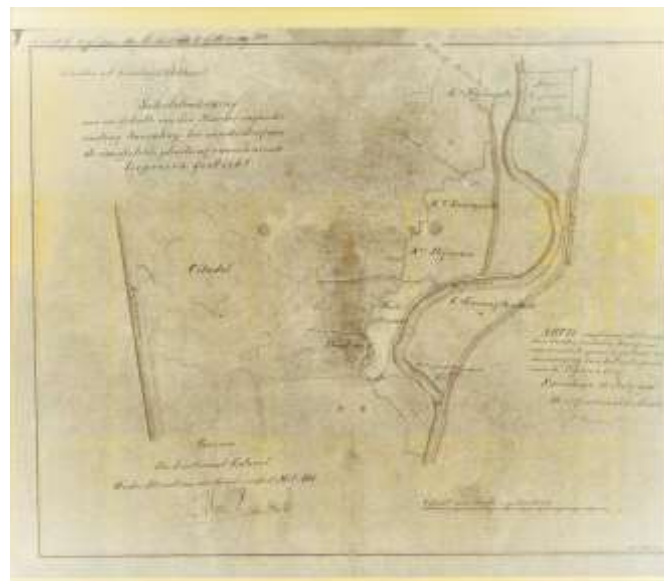


Figure 2. Map of Pegirian 1856

Sources: Inventaris Archives Residency Surabaya (Jakarta, ANRI)

According to a brief explanation in the decree (*Besluit*) it is said that in the western region there has been a “hospital” for maintenance of people/leprosy sufferers in the area near the Tjitarum River. Hence, it should be with those in the eastern part of Java. Even after the “Pegirian Hospital” (located near Surabaya’s Kalimas river) both were still subject to the colonial rules since both of these institutions were under the supervision of military doctors. This decision was certainly closely related to what is in this Decree and to what is in the government decree (*Besluit*) dated 20 August 1853 no. 14 together with a decree (*Besluit*) on 5 July 1853 stating that under all conditions any person or leprosy sufferer in Surabaya must be detained. (Bijblad 425). Apparently, there was a very strong concern from the government regarding the existence of leprosy patients in Surabaya, so even though it was done in a questionable way it was be done by the government to give inappropriate (detainment) treatment to leprosy patients, because they felt increasingly “uncomfortable” with lepers living in the city. In this way, they were assured by the government that they could leave the town or otherwise die by themselves. Maybe this appears to be not very humane by letting them go, but the government had also begun to be apathetic their existence. This is seen from the many considerations of the government when the offer of

transfer of people with leprosy to some other places in the city of Surabaya. such as when there was an offer to move them to Tawang Sari only. But this offer is also still a consideration by the government, especially if This is seen from the many considerations of the government when the offer of transfer of people / leprosy to some places in the city of Surabaya. such as when there is an offer to move them in Tawang Sari only. But this offer is also still a consideration by the government, especially if then the government must spend additional lot of funds for their care. Therefore, it is not surprising that the government could only a small allowance to “help” patient with of leprosy, while the rest were left alone (as seen in the table) (Brumund, 1854, 106)

Table 3. Table of Lepers in “Pegirian Hospital”

Years	Growth		Child		Total
	Men	Women	Men	Women	
1861	-	-	-	-	43
1869	-	-	-	-	36
1877	8	9	2	1	20
1885	-	-	-	-	-
1887	10	20	31	-	34
1889	7	3	23	-	25
1890	5	9	1	-	16
1892	3	8	1	-	12
1896	7	13	1	-	21
1898	8	12	-	-	20
1901	6	10	-	-	16
1903	4	9	-	-	15

Sources: J. F. G. Brumund, Berigten omtrent de Evangelisatie van Java Medegeedeeld door predikante te Soerabaia, 1854.

The above number is actually not all of the leprosy sufferers in the city of Surabaya at that time. These totals were only the numbers taken from lepers who happened to be followers of the Javanese Christian religion. There is strong suspicion that they were ultimately better cared for than others less fortunes.

CONCLUSION

Handling leprosy in the city Surabaya was not as a policy or program from the central government. Even for the policy of forced isolation as the goal of removing people with leprosy in the Dutch East Indies, it was never found in the policies of Surabaya during this period. There was a policy of its own which seems to be done by the colonial government of Surabaya city to remove leprosy sufferers from the city. This was not done through coercion, but in fact the city government of Surabaya preferred to care for them in some places that they specifically choose. In other words that they were deliberately separated the lepers from other societies. This separation required that Surabaya city authorities often had to move the lepers from one place to another just to avoid the reaction of the residents and complaints from the irrigation service in relation to the concerns of environmental pollution (water) by those leprosy sufferers. This concern was because most of their maintenance sites were always near the river. It is not a coincidence that many places of maintenance (separation) for their exclusions from others were always near a river. There were possibly other reasons for the government at that time for choosing such a location. There is a possibility this is related to the funds that were needed to dispose of the lepers' bodies after death.

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