

SURVEY OF LEPER COLONIES IN
KYONGSANG NAMDO PROVINCE, KOREA

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[*South Korea has a population of about 29 million. Kyongsang Namdo in the extreme south is the second largest province, with a population of about 3 million. The Pusan institution has 1,800 patients.*]

The Provincial Government plan for leprosy control in Kyongsang Namdo amounts to the removal of all outlying rural colonies and their concentration in one place: that is to say Sachon (14 in Map). In consideration of this plan 22 colonies (including the Sangai Won Leprosarium) were visited during the latter part of May and the early part of June. The following points came under review:—

(a) Whether the situation of a colony was consistent with the desired objective of segregation of the afflicted.

(b) Whether the tenure of land occupied or farmed by the colony was secure and unencumbered and whether each colony had enough land to offer isolation and full employment to those of its inmates capable of work, so keeping them from wandering and at the same time offering some prospect of self-sufficiency.

(c) Whether any colony approved along the above lines was recognised by the Provincial Government and at the same time accepted by the local people.

(d) Whether as part of a future Korea Civil Assistance Command (KCAC) Provincial plan for the improvement of medical services to an approved colony there was any likelihood of finding a local doctor who would be interested and capable of being trained in BCG immunization, curative and prophylactic sulphone therapy.

(e) Whether, in view of an AFAK project for the building of a preventorium, co-operation was likely in obtaining the separation of the non-infected children from their parents.

OBSERVATION AND DISCUSSION

The location of all the rural colonies visited (excluding the Sang Ai Won) was by and large one which did not satisfy the requirements of proper segregation; all were too close to towns of local importance and there was clearly an intermingling between those who were diseased with those who were healthy often for no other reason than the piecemeal ownership of land and the



necessity for its cultivation. Thus a field owned by the colony might be some way away, while more commonly, another immediately adjoining the colony would be farmed by an outsider.

The maldistribution of land and its evil consequences was illustrated in such colonies as Haman, Ilbansong (Chinyang Gun) and in Sachon. Apart from this, however, the customary proximity to main roads opened up obvious opportunities to those who wished to leave the colony and engage in trade or in begging, and (except at the Sangai Won) over this there appeared to be little or no control. Lack of control was especially conspicuous at Chinju, Masan and Tongyong and infective persons encountered on the streets of these cities in some cases admitted that they had come from the local colony.

The plan for the concentration of all rural colonies clearly will not succeed unless the project is tackled with sympathy and intelligence (which has not distinguished past schemes) in such a way as will ensure the co-operation of those immediately concerned. Adequate land, adequate housing and opportunities for treatment, would without doubt be a powerful incentive to bring about this end.

However there is still another aspect of the problem which must be clearly realised by the authorities and that is that anything from a third to two-thirds of the inhabitants of any colony are people from the immediate locality who, desirably or otherwise, still retain family ties.

Another matter is that each colony other than those with a non-infected superintendent had its own very tightly knit governing body which, in consideration of a newcomer for admission, viewed what he or she had to offer both in physical fitness for productive work and property which could be shared to the common good. In spite of what government officials might hold to the contrary, it is this body that makes the final decision. Thus in the well-organised colonies, numbers are self-limiting in accordance with the land actually farmed.

The question of land, its encumberment and its suitability for building and for cultivation was, except where it was adequate in extent (Miryang) and owned outright, a matter of urgency and concern to nearly every colony. This could be well understood as past experience had shown that there could arise from this cause alone a build-up of government pressure and local resentment that had at times led to eviction. The most recent incident of this sort happened in Ulsan in October, 1953, when the whole colony was removed to Sorokto. To give other examples springing from the

same causes, the Sang Ai Won leases 450,000 pyungs of what was formerly Japanese property, however, of this only about 10,000 pyung or approximately 8 acres are under cultivation. The rest is at present lying fallow, being reserved by the government for afforestation. The colony in Masan occupies land which is owned by the Home Affairs Ministry who are at present threatening proceedings to regain its possession.

Although the occasion was one unsuited to clinical examination, the impression gained was that approximately one-fifth of those seen had the disease in a lepromatous form. Except at the Sang Ai Won there were comparatively few older patients with burned out disease and by far the largest number were between twenty and forty years of age. In this group partial loss of the extremities and contractures of the hand appeared to be particularly conspicuous. Some eye complications were also observed and blindness amongst the older members of any particular community appeared by no means uncommon.

Although it was quite evident that statistics relating to non-infected children were fallacious, nevertheless enquiries were volunteered in two colonies, i.e. Ilbansong (Chinyang Gun) and Miryang, as to whether the Government had any homes for the non-infected, and hence it is believed that the value of the statistics of non-infected children is that they indicate the number whose parents would be willing to give them up.

Another observation of some importance, which was undoubtedly related as much to the bitter experience of war as it was to the ignorance and superstition of the surrounding people, was the conspicuous number of non-infected adults in these colonies. Their presence there was attributable to three main causes shared in common and one peculiar to the Dae Myung Won Colony in which the majority of inmates were war veterans. Most commonly where women were involved they had accompanied an infected spouse into the colony. Next in frequency, where there were young men they had usually been picked up by the Police for drafting into the Army and then had been found to have the scars of old wounds or of burns which had been mistaken for the lesions of a Hansen's disease.

The situation in the Dae Myung Won was that here the patients being veterans were of a social status requiring servants. Orphan girls from Pusan had been procured to supply this need. Finally there were the disabled veterans who were usually amputees and easily passed as patients. Having no homes they were glad of any asylum.

In the older colonies of Kumhae (21) and Haman (18) there were also non-infected adults who had been born in the colony and had lived there all their lives.

Generally the non-infected group was welcome in various ways, especially in dealings related to the sale and barter of goods. They acted in the absence of a non-infected superintendent as liaison with the outside world without attracting unwelcome attention.

In nearly every colony visited the most conspicuous building was the church. This often stood out in contrast to the miserable shacks which served as the dwelling places of those whose physical needs were with touching devotion clearly subordinated to the urge for spiritual comfort.

In nearly every place visited there was a strong local resentment to the presence of a colony. Agitation usually took the form of petitions addressed to the Minister of Health and lodged with the Myun office for transmittal. Complaints were diverse, but amongst those which were common was that a colony was disposing of its produce on the open market or that its presence was "responsible for a poisoning of the water supply which would ultimately lead to the infection of everybody living in the neighbourhood" (Miryang). In regard to the colony living on Taema Island, the complaint was that "they were a menace to shipping" and further "that they were selling fish." In all statements a vestige of truth was blended with a miasma of superstition; though in a governmental connection it must be mentioned that it is clearly a perverse and nonsensical situation where two colonies (Kumhae and Chanyong) pay taxation to the Myun. This is collected annually in grain from the farm land of each colony.

"Recognition" of a colony in this province is a term of moot significance. An observed fact, however, was that independent of their status and of the amount of their own agricultural produce, every colony received a standard ration of grain of three hops per person per diem and this turned out to be another local cause for resentment.

All colonies also received relief aid goods, which included an admittedly meagre distribution of first aid medicines.

Surprisingly the Taema Island Colony (20) now comes within the classification of a non-recognised institution. It is to be recollected that in 1952 this island was especially selected as a place suitable for development as Sachon has been to-day.

In addition the Dae Myung Won (19) is not recognised and although there is no known intention of evicting its inmates, attempts to come to terms with this colony and to improve its

accommodation under the AFAK programme proved to be premature because of a refusal on the part of the Government to give certain guarantees required of them. On the other hand Miryang (3) the best situated and organised colony in the province, although "Recognised," is at present in immediate danger of eviction, as also is Changyong (4).

The position of Changyong (4) is in other respects peculiar, for this colony for no apparent reason other than the influential patronage of a certain member of the church, receives consignments of sulphone drugs direct from the Ministry of Health.

The Sang Ai Won (1) is financed from a budget provided by the Provincial Government which is matched by a grant from the Ministry. This budget, however, is irregularly paid and, apart from grain, it is evident this Leprosarium relies mainly on the largesse given in kind by local American Army and Air Force Units and also on CRIK supplies.

It is of interest that an item on the budget provides for the purchase of medicines, but during the period of the past six months no satisfactory statement could be given as to how this has been spent. In the same period KCAC has donated sufficient sulphone drugs to treat 168 persons, including dressings and injections. The Ministry's contribution is unknown.

The paid staff amounts to seven persons, including a superintendent and a doctor appointed by the Ministry of Health. An attempt to improve the facilities of the Leprosarium in equipment and accommodation under the AFAK scheme resulted in a very careful study by two medical officers of the Maintenance and Supply group at the K-9 Air Base. Lists were prepared to include an X-ray set, a generator, anaesthesia apparatus, operating instruments, autoclave laboratory equipment, hospital furniture and materials to build a 20-bed ward. However, the matter progressed no further as at that time the ROK's Army admitted their intention to dispossess the Leprosarium of its site and buildings and it would seem now, that the opportunity has been lost.

CONCLUSIONS

All colonies fell far short of providing a geographical environment or a community discipline, conducive to the ideal of segregation. On the other hand the majority could be reasonably accessible to medical services if these were available. In some cases, indeed, there were local doctors who with training and encouragement might also be entrusted to take over their medical care.

In matters relative to patient welfare some were far better off than others and this applied particularly to those where a non-infected superintendent had been attracted to the work, i.e. Miryang, Haman and Kumhae.

The Miryang colony was particularly fortunate in its endowment of land. By the deed of gift by which this colony and the Dae Myung Won (Pusan) received their property, it is clear that there are persons of affluence who are interested in the humane aspects of this important public health problem. In other ways the Miryang Colony was quite outstanding and illustrated the superiority of private over government sponsored enterprise. Personnel acting as dressers and compounders were commonly unsuitably chosen. No attention was paid to the form in which they themselves had the disease.

Medical services were either lacking or inadequate. Discounting the tenuous influence of the profession, however, there was a lack of simple medications and injections and of the semi-skilled technical knowledge of the dresser and the compounder. At present the most serious obstructions to the attainment of higher standards of medical care are the ignorance of the care of paralysed and anaesthetic parts and of prescription for common intercurrent ailments.

It is, however, clear that before deciding either on the maintenance of the status quo (i.e. rural colonies and national leprosaria) or of falling into line with the Provincial Government's plan to abolish all rural colonies, the following must be decided:

(1) Do certain colonies actually coincide with areas in which the disease is hyperendemic?

(2) If so, have these colonies been brought into existence to meet a local need or are they on account of the laxity of control over the goings and comings of the infective persons concentrated in them responsible for the creation of such areas of hyperendemicity?

Finally, one matter was most noticeable in regard to the general standard of life maintained in the majority of the colonies. With the possible exception of Masan, Tongyong and Ulsan the economic level of these communities was higher than that of the war refugees living in the large cities and this in itself may well account for a proportion of the non-infected adults.

SPECIFIC RECOMMENDATIONS

It is believed that immediately KCAC can play a role of but small influence, for its present relation to the Province is con-

ditioned by what in a material sense it has to offer. First and foremost, therefore, the formation of a Provincial Leprosy Control Committee is essential for the safeguarding of the rights of the rural colonies and the health of the public. This panel would advise the Provincial Assembly, who are responsible for the approval of plans, concerning the continuance and recognition of the rural colonies.

It is believed that there are a sufficient number of interested persons outside the Provincial Government to serve in this connection. Their first consideration should be as follows:

(1) In detail:

(a) The removal of the Masan Colony (17) to a place which has sufficient land and is a safe distance from the city.

(b) The removal of the Tongyong Colony (16) and its fusion with the Kosong Colony (15) with the taking in of additional land to make this plan feasible.

(c) Reconsideration of the present plight of the Ulsan Colony (2) with a view to getting back for them the land or its value which they lost when they were evicted and evacuated to Sorokto in October, 1953.

(2) In principle:

(a) The building of local preventoria for each approved colony in the same way as has been done for the Taejon Colony by provision of the Pierce Baby Home.

(b) Organisation of medical treatment for approved colonies to ensure that all non-infected children in these places are put on to suppressive sulphone therapy and BCG immunised.

(c) A general tightening up of control over the comings and goings of infected persons by the appointment of a non-infected superintendent to each approved colony.

The position of the Committee would be immeasurably strengthened if they were recognised as being the trustees of any monies donated towards leprosy control by foreign agencies or missions.

Money is immediately needed for the purchase of land. In some of the better colonies land, because of its outside ownership, is interfering with the proper segregation of the colony. This situation could be adjusted if quite small sums of money were made available for land purchase. (Average cost of marginal land is H. 30 per pyung non-irrigated, H. 50 irrigated.)

Apart from this it is most important that there should be a recognised agency for the disposal of grain and livestock presently produced in excess of the needs of some of the larger colonies and

being sold on the open market. Miryang and Haman are cases in point. Redistribution of this grain to those colonies which are food-deficient would be ideal. If this were achieved through the use of transportation there would be a considerable saving to Government, however, this would obviously never work out in practice unless there was something to offer for what was removed. This would amount to the introduction of those very things which all the more prosperous colonies are either purchasing locally or exchanging for their own surplus agricultural produce.

EPILOGUE

The firm establishment of the Sang Ai Won Leprosarium, and its proper reorganisation so as to provide departments for specialised treatment of lepromatous cases, for orthopaedic surgery, and for training of workers, should be recognised as the key which opens the lock to proper leprosy control in this province. Unfortunately this key cannot be forged without impetus from the Ministry of Health.

At present every patient has a justifiable and irrefutable complaint in that no proper treatment is available. It is not a particularly hopeful sign that the attitude of the many querulous persons who were encountered on this survey, is one which will call for sympathetic long-term re-education; that is to say if and when the affected community as a whole is to make the best of what can be made available to them in the regimen of property, controlled therapy involving the use of sulphone drugs, and the services to which reference has already been made.