

KIULUNGKIANG MARRIED LEPERS' SETTLEMENT

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Early in 1932 we decided to allow married lepers who came to us for care to start a village of their own, in which they might lead as normal lives as possible. The next step was to allow other lepers to marry as they chose and move from the parent colony to this new village. Since a number of people have taken a kindly interest in this work, a review after two years' trial may be of value.

The reason for this lack of orthodoxy in the management of leper colonies was the fact that too many of our patients were leaving the colony. One group of those departing was made up of people who came to the colony already married but were not allowed to live together there. The other group was composed of those who sneaked off in pairs to become husband and wife and live elsewhere. This tended to defeat our aim of reducing the incidence of the disease, so we decided to see if we could hold these two groups. Accordingly, permission was given to start a self-supporting village near the parent colony, which should continue to be related to it medically and spiritually but not economically. Those who were to live there would be treated for leprosy and for any other medical conditions just the same as other patients, but they were to receive no financial support. These fundamental conditions have been adhered to.

Any couple desiring to get married must satisfy a committee of their peers that they are in fairly good health and have a reasonable chance to make good at self-support. Once married they build a modest house, mostly from materials which may be had for the taking from the nearby jungle. They have a garden to work and a rice field to clear, fence, and plant. They all acquire chickens, and at some houses there is a pig, or a few ducks.

The present population is forty-seven couples; of these thirteen came to the colony as man and wife, ten came back after leaving the colony and twenty-four were married by the minister. The status of these married patients remains as it was in the beginning of the experiment. That they are not ostracized from the central colony is shown by the fact that of the three medical assistants two are married, and in the church they are represented by two elders and two deacons. During the two years one man has died and one ran away with an unmarried woman patient. In both cases the widows were taken back into the mother colony.

The total juvenile population for the period is thirty-one. Of these, six were brought to the colony and twenty-five were born there. Two babies have died, seven have been adopted by friends or relatives and there are seventeen awaiting adoption. Five have not reached the age of one year, at which age they are supposed to be given up by their parents. To date we have not detected signs or symptoms of leprosy in any of these children, but doubtless some of them are infected.

Our plan calls for a separate home for these children, where they will be cared for by untainted people. It is hoped that this home will be a clearing-house for babies wanting parents and parents wishing to adopt children. We anticipate no difficulty in placing them after they have been weaned and have made the break from the breast to a more varied diet, for the practice of adoption is very common here. The establishment of this home has been unavoidably delayed, but it will be started in the very near future.

One would like to be able to report definitely whether this experiment is really successful or not, but it has been in existence for so short a time that we shall have to content ourselves with rather broad generalities, giving our impressions rather than accurate data. First, we have been greatly surprised that there has been only one request for a return to the mother colony. This was made by a couple who came to the village already married, but since it seemed to be more a case of incompatibility than of inability to make ends meet the committee refused their request, and they seem to be getting along all right now. There have been no requests for financial aid although we have heard hints to the effect that a little would be acceptable. The houses built by these people compare favorably with the average Tai house of the country.

Physically they are about like the other patients, some improving, some seemingly standing still. One man died, as was said, and another had a severe and prolonged relapse lasting over three months. One man—who has been married fifteen years—is gradually losing ground, but all the others seem to be either stationary or gaining. We are disappointed in that all are not too faithful in coming for treatment; some do very well but others miss a good deal, in this respect falling far below the patients in the mother colony.

Not being content with our own impression we called a conference of these married people and asked them to state frankly how they were getting on. Their spokesmen said that none had actually been going hungry, but that they could easily use more money if they had it. One of the older men said that he believed he would not do it again. Another asked whether, should anyone find it impossible to make a living, he might be received again into the parent colony; he was told that such a case would be handled on its merits.

A phase of this matter which should be considered is the saving of money made possible by the number of people taken off the payroll by their joining the self-supporting group. In prosperous times this would not loom so large, but during the past two years it has been a very great help to our finances.

In conclusion we may say that two of our objectives have been well realized. First, we are holding a group of people that we were losing before. Second, they are more successful in becoming self-supporting than we thought they would. The fact that new people, having observed the experiences of the others, are continually applying for permission to marry shows that they are not afraid to try it too. Whether the experiment will prove to be a success in the long run remains to be seen, but at present we see no reason to discontinue it, and shall go forward as helpfully and as open-mindedly as we can.