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# EDITORIALS

*Editorials are written by members of the Editorial Board, and occasionally by guest editorial writers at the invitation of the Editor, and opinions expressed are those of the writers.*

## Rehabilitation in Strength

It has long been recognized that the problems of leprosy are fraught with emotion both on the part of that segment of society that can be characterized as being leprophobic as well as that portion which is vociferously leprophilic. Under such circumstances, "principles" of leprosy treatment and control have a tendency to become dogma and dogma not infrequently closes minds to variant problem approaches.

Thus, the statement that leprosy institutions, i.e., leprosaria, should not be placed on islands grew out of a response to society's use of this device to cast out and segregate those with leprosy. The principle became a virtual dogma and when the Hay Ling Chau Leprosarium in Hong Kong was first mooted strenuous objections were made to creating the institution on an island. This went so far as to actually attempt to conceal knowledge of the island's exploitable water supply in arguing that it did not have enough water to support the proposed institution. Nevertheless the institution was eventually located on an island, conflicts between the institution and a fearful populace were avoided, the problem of drug control was facilitated, a beautiful attractive community was created unfettered by encroachment pressure from burgeoning population and industrial needs, and the institution came to stand as a marvel of island development and of happy, integrated village life and activity to thousands of visitors who saw it every year. This came about, in part, because, as was pointed out in the early debates regarding the island location, much of Hong Kong is built on islands and the placing of a facility on an island in this milieu need not *ipso facto* be regarded as ostracism. There is something attractive about living on an island and this was exploited while overcoming the acknowledged and inevitable disadvantages accruing from difficulties such as those of providing adequate transportation. Indeed, the development of the island institution became a source of great pride and a stimulus to social consciousness for the many who participated as members of the Hong Kong Auxiliary of The Leprosy Mission. About three years after the institution was begun the Governor of Hong Kong took pleasure in twitting its director by noting that while Hong Kong at that time was restricted to about two hours of water supply a day, Hay Ling Chau had its own 24 hour supply.

The application of dogma may need to be critically evaluated in the light of social realities and factors of local milieu.

There is another dogma which is currently in vogue relating to rehabilitation of leprosy patients. This holds that the rehabilitating patient should be individually rehabilitated into existing community facilities, be these job opportunities or debilitation care facilities such as training centers for the blind and other remedial or care facilities provided by society. The concept of rehabilitation villages for persons recovering or recovered from leprosy was mooted, especially in the 1950's, but has largely fallen into disrepute reflected by dogmatic statements to the effect that such centers should never be employed.[1] This happened in considerable measure because such villages in many instances became *de facto* centers of segregation, often with miserable conditions prevailing. Nevertheless, perhaps the principle should be regarded as a tool in rehabilitation thinking rather than being accorded the status of dogma. In this light, despite the following discussion, we are in broad agreement.

An obvious difficulty in the individual rehabilitation into society is the weakness of the individual standing alone, often displaying various residual stigmata of leprosy and not infrequently partially disabled by them. In many instances no amount of reconstructive surgery can fully overcome the handicap or disguise the past disease history. In some instances sheltered positions in government or benevolent industry protects against the weakness of the individual, but rarely does the individual in such positions provide significant contribution toward changing society's attitude toward leprosy and its victims.

For the past decade, through repeated visits from dead of winter to the heat of summer, we have observed the development of portions of the leprosy village rehabilitation program in Korea.[2] In the more successful of these attempts one finds a remarkable picture of rehabilitation in strength that deserves serious thought.

When we first saw some of these villages, they seemed merely an expedient extension of the leprosarium concept requiring much community subsidy and continuing the tradition of segregation, albeit somewhat modified. Despite recognizing the necessary expediency created by a large rehabilitation problem derived essentially from therapeutic success, the concept did not seem very attractive. Time and the evolution of at least some of these villages has added a broader dimension and revealed unexpected potentialities. A recent 1,000 km rather strenuous trip, often requiring the use of the four wheel drive capability of our vehicle through *Kang Won* province, in the company of a mobile leprosy clinic team,[3] provided opportunity to evaluate two such villages in tandem with a previous recent visit to another similar village lying closer to Seoul. The mobile team has responsibility for providing medical service to the villages as well as making periodic trips on pre-arranged schedules through the countryside where leprosy patients meet it for periodic evaluation at scheduled roadside points. This scheduling is worked out by a devoted, intelligent cured leprosy patient who spends his time maintaining contact with these patients in their homes throughout the district, utilizing public transport and his own feet for this purpose.

*Kang Won* province lies in the mountainous area between Seoul and the east coast. An area of stupendous beauty, it is financially poor with sweet potatoes as a major crop so that colloquially it is spoken of as the "potato-rock" area. The southwestern corner is occupied by the district of *Won Ju Kun,* having *Won Ju* (population 127,700) as its chief city and district capital. Apart from *Won Ju* the district has a population of 78,693 (1973). The two rehabilitation villages, *Tai Myung* and *Kyung Chun,* each lie within three kilometers of *Won Ju.*

*Tai Myung* Village was established in 1953 as a segregation center for soldiers afflicted with leprosy. As such it was closed to their relatives and associates. As a result a second, immediately contiguous community grew up and in about 1969 the two communities were merged and the whole complex came to be regarded as a "rehabilitation village." The original number of patients was 178 but at the present the village has a population of about 1,030 including rehabilitated leprosy patients, relatives, children and

[1]Int. J. Lepr. **8** (1940) 523; **21** (1953) 378; **22** (1954) 90; **23** (1955) 61; **28** (1960) 1.

[2]The STAR (1973) 14; IJL **42** (1974).

[3]Dr. Joon Lew and team from the World Vision Leprosy Clinic.

other associates. The village has its own school and engages in agricultural activities but has as its chief industry poultry and pig raising. In 1972 it reported having 300,000 chickens and 700 pigs but the impression was given that this may be somewhat underestimated and that in 1973 the actual poultry population was 600,000.

*Kyung Chun* Village had its origin in 1953 through active collaboration between Dr. Murray (Canadian Presbyterian Mission) and Dr. Joon Lew (Yonsei University Medical School). With funds available a then undesirable tract consisting of hills with small interlying valleys was purchased and 181 ex-leprosy patients moved thereon. Gradually relatives and others joined them till at the present time there are 900 inhabitants. Despite this, the village is labor-short and hires from 40 to 50 day laborers to help in its industries. In addition to some agricultural activities, these consist again primarily in chicken (150,000 reported in 1972) and pig (500 in 1972) raising together with some cattle raising. In addition to maintaining its own church and school, the village is struggling with the problem of handling and caring for severely crippled aging expatients.

Both villages operate under their own elected management, the leading figures of which are former leprosy patients. In neither case were outside "expert" managers employed. Rather, the patients were taught how to care for their animals and poultry. They developed their own cooperative marketing organization and purchased the necessary trucks on a share basis. They have, of course, had the benefit of advice from Korean antileprosy forces, but, apart from the provision of medical services, are independent.

In the early days of both villages there was a great deal of opposition from nearby inhabitants with threatened incipient conflict. In these situations the rehabilitees were assisted. They were advised to seek opportunities for undesirable community services. They, for example, voluntarily undertook to maintain and repair segments of the gravel and dirt public roads accessible to them. When they heard of deaths of indigents in their general area, they often undertook the chore of providing burial. Through efforts such as these, as well as avoidance of conflict wherever possible, the rehabilitees gradually achieved, in their district, a reputation for being good industrious citizens.

We interviewed the alert publisher of a local newspaper in the county center, *Won Ju.* He stated flatly that these rehabilitation villages had astonished the county by their leadership, self-respect, and economic growth to the point where at the present they are unquestionably the economically most successful villages in the county and not infrequently act as money lenders to others.

Following previously published studies[4] of social reaction to leprosy in the Orient, we have often thought that there are three key concepts to be vitiated if the attitude toward leprosy is to be effectively combatted in this area, namely the deeply held concepts that leprosy is incurable, that it is an inherited disease and that it is venereally associated. When queried along these lines as to county attitudes toward leprosy the publisher acknowledged that these had been prevailing leprosy-related concepts in the past. However, in his judgment, the people of the county knew now, from personal observations, that leprosy is curable and that children of the rehabilitated expatients, as well as the rehabilitees who still have active leprosy under treatment, do not contract the disease. He further noted that the county had observed that leprosy is not venereal since they had had the soldier patients in their midst. These men had consorted with prostitutes and had relations also with other women and no one had contracted leprosy as a result.

There are presently about 80 rehabilitation villages in Korea, all receiving some guidance or support from government and private antileprosy agencies. Not all are as successful as the examples noted here. Some, by virtue of poor land resources or location, inadequate motivation, too high a proportion of severely debilitated rehabilitees, or other factors, are far from being successfully self-sufficient and require varying degrees of financial aid. Quite likely a number of these conform to the conditions seen elsewhere that have led to disparagement of the concept of rehabilitation villages. Nevertheless,

[4]Leprosy in Society. I. "Leprosy has appeared on the face." Lepr. Rev. 35 (1964) 21-35. "II. The pattern of concept and reaction to leprosy in Oriental antiquity." Lepr. Rev. 35 (1964) 106-122.

approximately 30 villages have achieved notable self-sufficiency in many instances and in some there has been significant integration of the rehabilitees with the general population. In these connotations it is significant that in a third rehabilitation village near Seoul, where the village inhabitants are predominantly rehabilitated leprosy patients, contiguous villagers have made overtures toward intermarriage with children of the rehabilitees.

It seems likely that the rehabilitative successes here noted have benefitted from the striking economic advances achieved during recent years in South Korea, but it is significant these rehabilitees have been able to participate in this bonanza and in some instances to have greater participation than contiguous competing villages. It does not necessarily follow that the village rehabilitation concept will be equally successful in other societies and other geographic settings. Likewise, it seems equally evident that failure for any reason in other areas does not warrant dogmatic pronouncements against the concept. Properly evaluated and applied weakness can be turned into strength through group rehabilitation.

It must be noted that the described need for rehabilitation villages in this context arose out of the previous practice of leprosarial segregation and treatment of patients. Now that outpatient treatment is the procedure of choice for most patients it can be hoped that similar need can be avoided in most countries with respect to the generation of patients now under care.

—OLAF K. SKINSNES