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History of Leprosy Disease in The Onderafdeeling Rantepao-Makale in 1924-1936

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ABSTRACT
A disease epidemic is a health problem that impacts the survival of humanity and several other sectors such as social, economic and political. Lack of knowledge about the importance of a clean lifestyle can affect the higher rate of disease spread. Some historical records inform us that several diseases have been endemic in the Dutch East Indies, such as leprosy, bubonic plague, malaria, Spanish flu, cholera, smallpox, and others. Leprosy is an ancient disease that is highly feared by the world community, not only because the disease is considered a curse from God, but also the social and psychological impact of the negative stigma given cannot be removed to the sufferers. This article aims to reveal the history of the leprosy epidemic in onderafdeeling Rante pao and Makale by looking at the impact of Dutch East Indies colonial government policies in controlling the spread of leprosy and the role of Zending organizations in efforts to eradicate leprosy. The results showed that the outbreak of leprosy in the onderafdeeling of Rante pao and Makale made the colonial government try to control the spread of the disease through cooperation with the GZB missionary organization which did have a spirit of service mission to preach the gospel in the fields of education and health. The establishment of Leprazorie, which was initiated by mission doctors through the GZB institution, became a tangible manifestation of the seriousness of the government and Zending organizations to provide care for people with leprosy. The process of care and treatment of leprosy for sufferers centered in Batulelleng Leprazorie gave them a glimmer of hope about the meaning of life. This happened because of the intense assistance from the missionaries who showed that the teachings of love they taught were in accordance with their actions. So that not a few of those who still follow traditional beliefs voluntarily confess the Christian faith through baptism.

KEYWORDS
leprosy, leprazorie, zending, Toraja

1. Introduction

Leprosy, an ancient disease, has been mentioned in ancient literature. Its origin and spread cannot be accurately determined, but it is believed that leprosy appeared in several regions simultaneously (Santacroce et al., 2021). In a Jewish theological perspective, leprosy is referred to as Tsaraath in the context of the Old Testament books. It is then often associated with the uncleanness that results from human sins. In addition, leprosy is also seen as a form of divine punishment or curse for those who commit sins. Leviticus chapter 13 states that a person who shows signs of leprosy should be taken to a priest, who has the authority to diagnose the condition. If proven, the person affected by leprosy was declared unclean. Throughout history,

individuals affected by leprosy have faced widespread mistreatment and stigmatization. This mistreatment has taken many forms, including social exclusion, derogatory nicknames, destruction of property, expulsion, termination of employment, torture, and even execution (Trautman, 1984). The term "leprosy" is mentioned many times in the Bible, with a total of 68 mentions. The Old Testament uses the term 55 times, while the New Testament mentions it 13 times. The exact meaning of leprosy in the context of the Bible is still a matter of debate. However, it is believed that these references most likely include a variety of infectious skin diseases, as well as problems such as mold and mildew on clothing and walls. Some interpretations suggest that Hansen's disease, a modern form of leprosy, may have been referred to in the New Testament, along with other infectious skin diseases (Gillen, 2007). Leprosy, also known as Hansen's disease, has great significance in Islamic traditions. The terms *Judham* and *Baras* are used to describe leprosy in these traditions, although the modern understanding of the disease makes it difficult to distinguish between the two due to its various types and divisions (Hasnain,2020). The three major religions (Islam, Christianity and Judaism) share the view that leprosy is a dangerous disease that can be easily transmitted through close physical contact, further stigmatizing those who have it. The term leprosy comes from the Latin word "lepra", meaning "scaly", and is caused by the bacillus Mycobacterium Leprae. The disease was discovered by Norwegian physician, Dr. Gerhard Armauer Hansen in 1873, and is often referred to as Hansen's disease in honor of its discoverer (Grzybowski & Nita, 2016).

In Indonesia, leprosy has existed since the 17th century with the establishment of a rehabilitation center in Batavia, precisely in the angke area outside the walls of Batavia by Dr. Willen Ten Rhijne (Dwikurniarini & Mutiara, 2018). In addition, in 1655 a leprozerie was established in the kepulauan seribu (Jakarta Bay) as a shelter for people with leprosy (Tim Penyusun Sejarah Direktorat Jenderal PP & PL, 2007). Batavia became an area of spread of this disease because of the position of the city which was quite busy with trade so that human mobility was very high, especially the presence of foreigners coming from Europe, the Middle East, South Asia and East Asia. In various historical records or archives that the outbreak or epidemic of leprosy in Indonesia began in the 20th century, namely 1920 to 1940 where high cases of leprosy were found in various regions. In the object of the author's research on the history of leprosy in *Onder-afdeeling* Rante Pao- Makale is also a place with a very high number of leprosy patients. In a report written by Dr. L. Buitelaar that the living conditions of the Toraja people, most do not practice clean and healthy living behavior. This situation causes leprosy to develop easily, such as on dirty clothes and not using soap in cleaning themselves. This condition causes them to suffer from scurvy and many wounds on the skin that can be a place for leprosy bacilli to enter (Buitelaar, 1935). The area included in the government of *Afdeling* Loewoe at least in 1929 recorded 139 sufferers, this number puts *Onderafdeeling* Rante Pao-Makale as the area with the highest number of leprosy sufferers (Knap, 1929). The bad predicate for leprosy sufferers in the *Afdeeling* Loewoe area made them exiled by their families and let them live on the move in forest areas far from residential areas. Seeing the fact of the large number of lepers in the Rante Pao-Makale *onderafdeeling* made the Dutch East Indies government try to carry out various treatments for lepers, the government collaborated with a missionary organization (GZB, Gereformeerde Zendings Bond) which at that time carried out religious, educational and health services for the ethnic Toraja population. Several experts were sent by the GZB to Toraja such as health worker Dr. L. Buitelaar, during his time as director of the Zending hospital (now Elim Rantepao Hospital) who reported on the development of leprosy patients in the Sa'dan Toradja area in 1935 until the establishment of a quarantine or *Leprazorie* in Batu lelleng Village, Rante Pao. From the previous explanation, the author chose this research because the leprosy outbreak in Onderafdeling Rante Pao-Makale was a fairly large case in the *Afdeeling* Loewoe area so it is interesting to know how the government's strategy at that time in handling leprosy cases and what factors caused the increase and outbreak of leprosy cases.

2. Research Method

In scientific rules, the method is related to the workings or procedures to be able to understand the object that is the target of the science concerned. In the science of history, the research method is different from the research methods of other sciences because the studies carried out in historical science are studies that have occurred in the past.

According to historian Kuntowijoyo, there are five stages in historical research: topic selection, source collection, verification of historical criticism, interpretation (analysis and synthesis), and writing (kuntowijoyo, 2005). Topic selection relates to the researcher's reasons for raising the topic (in the form of intellectual closeness and emotional closeness). Source collection relates to the collection of data and information. Verification of historical criticism relates to testing the validity of a source. Interpretation (analysis and synthesis) relates to finding and connecting meanings between facts, while writing relates to the research report. The implementation of these stages of work in this research will be explained further in other parts of this research. As a scientific study whose discussion focuses on the past, the writing in this research uses the historical method, which is a method specifically used in historical writing through certain stages. At the stage of collecting historical sources, researchers will make observations by collecting primary sources such as Dutch archives through the Delpher site, especially the archives of the Zending organization during the mission service in Toraja. second, collecting secondary sources which include books or journals related to the title of this research. in addition, researchers conducted interviews with Toraja church leaders who knew the GZB mission service in Toraja which was centered in Rante Pao.

3. Result and Discussion

From this study, researchers can provide an overview of the factors that influenced the development of leprosy in *onderafdeeling* Rante pao- Makale, the Dutch colonial government's policy in dealing with the spread of this disease, and the role of zending organizations in suppressing the development of leprosy in Toraja in 1924-1936.

3.1 The beginning of leprosy in the *onderafdeeling* of Rante pao- makale

The outbreak of disease in the Dutch East Indies began with the rapid development of shipping and trade in the 16th and 17th centuries in Southeast Asia, which Reid calls the Age of Trade or the Golden Age. Of course, this made the archipelago a destination for traders from all over the world to come to Indonesia in search of the most sought-after commodities at the time, namely spices. Their arrival also led to a fairly close interaction between foreign traders and local Indonesian communities. This interaction also led to the emergence of various diseases that came from outside, especially at that time the commodity that was also most in demand besides spices was slaves. One example in Reid's notes in the South Kalimantan area, precisely in Banjarmasin, many of the pepper planters employed there were male and female slaves from Makassar (Reid, 2011). This indicates that slaves also played an important role in trade as their labour could be used to manage spice production in various regions of Indonesia. In addition, slaves became the most profitable commodity in the trading era. In the Toraja region, slavery was often practised by the Bugis and Makassarese from the 16th century to the 18th century. Especially, when the demand for labour in the fields increased in the 19th century. The increase in slavery practices also coincided with the collapse of coffee prices in Batavia and the Dutch market (Bigalke, 2016). The mobility of slaves is one of the triggers for the spread of various diseases. The spread of this disease was also influenced by the poor environmental sanitation patterns in the Dutch East Indies region in the early 20th century. Environmental conditions in the Dutch East Indies region in the 20th century, especially in village areas, the population did not have good knowledge of how to make good sanitation, this can be seen from settlement patterns that do not have adequate waste disposal and adequate air ventilation in their buildings. P.J. Kooreman, a first class controller of the Home Government for areas outside Java and Madura, published in *De Indische Gids* magazine in 1883, reported that in the Sulawesi area, especially in the settlement pattern of the Bugis-Makassar community with a collection of 5 to 40 houses with irregular positions, all in the form of houses on stilts and in between the houses there are buffalo pens and dirty puddles appear.

Underneath their houses are often used as a place to store farming equipment and horses, so they are never cleaned. On the upper floor of the stilt house, apart from being used as a place to rest, cook, they also defecate through the cracks in the floor (Kooreman, 2019). This illustrates that awareness of the importance of a clean lifestyle was not well applied at that time, in the early 20th century. The 1920s was a time when skin diseases were rampant in Toraja. Even when Europeans came to Toraja, they rarely found Torajans with clean skin, only skin riddled with itchiness. There are five recognised types of skin disease: *Re'pe'* which is common scabies, *kele* which is contagious scabies, *karre'* which means ringworm, sisik which is scaly disease and *golen* or leprosy. Leprosy is the most feared

disease because there is a local belief that anyone who steps on land that has been travelled or occupied by leprosy sufferers will contract the disease. so, sufferers often experience discriminatory actions from the general public ranging from being ostracised to being killed. Many people also believe that people who die from leprosy will be with the spirits of people who commit suicide (Mentuyo) and people who die in war and will not go to heaven (Pokken, 1920).

In 1924 the Rotterdamsch nieuwsblad newspaper informed in an article titled *Een vreemde ziekte in het Toradjaland* that in the Toraja region several strange diseases appeared, including malaria, frambusia and leprosy (Rotterdamsch nieuwsblad, 1924). Several reports by researchers and missionaries inform us about the social conditions and behaviour of the people living in the Rantepao - Makale onderafdeeling who pay little attention to clean living behaviour such as their houses not having latrines, keeping buffaloes and pigs very close to the house, the habit of slaughtering animals during traditional ceremonies so that animal excrement and blood are scattered in the yard. A missionary named Van de Loosdrecht in his letter dated 25 August 1914 describing the living conditions of a village chief named Pong Maramba' who was very influential because of his vast customary territory in the Rantepao area which was also part of the zending mission area wrote that Toraja houses are generally well built, standing on tall poles and made of wood. The space at the bottom of the house is used as a pen for buffaloes and pigs. This kind of house utilisation is not good for health and is not comfortable for the inhabitants. The statement proves that there is a lack of attention to clean living behaviour from the people in the Rantepao onderafdeeling. This is important because hygiene is one of the factors that affect the quality of human life. Leprosy transmission is also believed to occur during major traditional events in Toraja, where many people flock to attend the event and interact with leprosy sufferers directly.

3.2 Toraja people's opinions on modern health in the early 19th century

The Toraja people generally believe in *aluk todolo*, which is why *Puang Matua* has passed down the rules of human life, what can be done and what is forbidden (*Pemali)*. For this reason, all aspects of life are always linked by a vertical relationship with the creator. Especially when calamities come to life such as contracting a mysterious disease they always connect it with spiritual conditions or superstitions that they have committed a serious offense or pemali so that God has punished them through the presence of disease. In another sense, they strongly believe that the pain suffered is not due to the medical condition of the body but because of the will of *Deata* or spirits that enter the body and want to kill it. That is what *aluk todolo* believes requires worship to the creator and ancestral spirits so that the mistakes they make can be forgiven and the calamities they experience can be stopped. The presence of zending with a public health service mission is not without challenges. One of the challenges they face is that most people who still adhere to old beliefs prefer to go to a shaman (*To Ma'dampi*) for treatment rather than to a medical service. *To Ma'dampi* or this traditional healer is the means of treatment when sick, a figure who is believed to be able to cure various diseases through his concoctions and mantras so that the evil influences in his body can be released because he thinks that the illness suffered is due to God's anger at them (J. Belksma, 1920). For example, before the colonial influence a disease outbreak occurred in most parts of Toraja. The smallpox epidemic suffered by the people was believed to be spread by disease spirits called *Poeang Maroeroe'* (in Makale language), *Datoe Maroeroe'* (in Rante pao language), or *To Mangambo'* (sower) who sowed smallpox on people (Veen, 1931). The community's fear and resistance to medical care has been a major obstacle to disease control, particularly in the treatment of leprosy. Over time, the community's trust in medical services increased when many of them experienced recovery after being treated or hospitalised (Van der Klis, 2007). The increasing number of patients recovering in hospitals made medical services more popular and accepted by the Toraja people (Goslinga, 1937a).

3.3 Leprosy control policy in the onderafdeeling Rante pao – Makale

There have been ups and downs in the period of leprosy control in the world, due to the lack of knowledge about the disease, resulting in policy changes in its handling. In the Dutch East Indies, from 1666 - 1865, leprosy control policies were carried out through exile or forced banishment of sufferers. In 1865, the policy changed when the government decided that leprosy was not contagious and not dangerous, so the movement of lepers was not legally restricted. It was only 23 years later after the discovery of the leprosy bacteria by Dr Armauer

Hansen (1874) through the international leprosy conference in 1897 with the decision that leprosy was a contagious disease, that the policy of isolation through leprazorie was reaffirmed. The Dutch East Indies Government through a government decree dated 23 October 1907 No. 40 BB 6758 on the need for compulsory or forced treatment of leprosy sufferers to be isolated in special leprosy hospitals, and the need for the government in each region to widely announce that leprosy was a contagious disease and revoke the regulation dated 22 September 1865 No. 11 which declared leprosy as a non-contagious disease (Hermans, 1924). At first, the Dutch East Indies Government was not very active in eradicating the spread of leprosy, and it was practically left to the private sector, especially zending organisations. J.B Sitanala, who became the head of leprosy eradication in the Dutch East Indies in 1932, abolished the system of forced exile for lepers in leprazorie and tried to adopt the Norwegian way of eradicating leprosy by conducting three control measures, namely first conducting assessment, treatment, and separation. The Norwegian way of dealing with leprosy is explained in an archival document entitled Lepra Bestrijding Een Kritische Beschouwing written by J.S Hollander, that the Norwegian System was the right step. The principle of the Norwegian system was isolation, but not isolation solely through isolation in leprosy hospitals. Under certain conditions, Norwegian law allowed isolation in one's own home (Hollander 1932:89).

The exploration stage aims to obtain data on the population identified as infected with leprosy, as well as to obtain information on the views and attitudes of the population towards leprosy so that treatment mapping can be carried out. The treatment stage is where patients whose clinical and social conditions are known can have their treatment methods determined. Sometimes certain patients are still given the freedom to live in their neighbourhoods but must take medication, so many polyclinics are set up by the government near residential areas to make it easier for them to access treatment. The third stage, forced isolation, aimed to separate leprosy settlements under certain conditions from their families, sometimes by building small houses in their yards, and even leprosy hospitals established by the government were still open to them voluntarily if they wanted to be treated intensively (Indonesia, 1978:55). To run and succeed the leprosy control programme in the Dutch East Indies, the government regulated it in a draft leprosy regulation that clearly contained the stages of handling leprosy patients, the requirements for the establishment of leprosy hospitals both from the government and from private institutions (for private institutions had to obtain direct permission from the Governor General), additional facilities for leprosy patients, and the penalties imposed on violators of the regulation (Smits, 1907:28). The socialisation step was the initial process in running this programme, which was called the notification or announcement of leprosy (Leprabericht) to the public, of course not limited to the natives (inlanders) but also to Europeans or in other words all citizens of the Dutch East Indies. In the treatment stage, there were differences in treatment by the government towards indigenous and European patients. European patients were isolated in military hospitals while indigenous patients were isolated in special indigenous hospitals or in leprosy barracks.

The massive spread of several diseases in Onderafdeeling Rante pao- Makale in early 1925, especially leprosy, was not accompanied by the seriousness of the government at the time in taking strategic action to control the spread of these diseases. The lack of seriousness was evident when the area with a population of around 150,000 people did not have a health expert in the form of a doctor assigned specifically to this area (De Locomotief, 1925). It is of course a very sad state of affairs that a large number of diseases are spreading in an area with a large population but the area has no health professionals. This condition is considered strange "Vreemd" by some people. The government saw it as something less urgent. The following years saw a surge of leprosy patients, culminating in 1935 with the establishment of a special leprosy hospital or leprozerie that marked the Rante pao-Makale Onderafdeeling as an area with a high leprosy epidemic that needed serious treatment. Actually in terms of nutrition, Toraja has many sources of nutrients that are very high because of the well-managed rice fields so that the results are in the form of the best quality rice with high vitamin content before cooking they pound it first into rice, besides rice most Torajans also consume a lot of several types of vegetables and also fresh rice field fish.

At that time, leprosy was known in the local language as "*Golen*" or "*Tarimpopo*" to the Toraja people, both terms having different meanings although the disease is substantially Leprosy. *Golen* for the local people is the initial condition where red

patches and pigmentation marks appear on the skin, while *Tarimpopo* is the condition of leprosy that causes body parts such as fingers and toes to become severely damaged or missing. Dr Buitelaar, a missionary doctor assigned to Toraja, learnt of the condition when he was examining leprosy patients in Rante-pao and asked one of the patients about his condition and to his surprise the patient stated that it was tarimpopo not golen, both terms being two different conditions. Dr Buitelaar further classified leprosy into two types, namely neural leprosy (zenuwlepra) and cutaneous leprosy (huidlepra). A health report entitled *De Leproserie te Tobemba* by C. Reeling Knap *in Zuid-Palopo* found that on 28 February 1929, there were at least 139 registered lepers in the Rante-pao-Makale Onderafdeeling (Knap, 1933:866). In 1936 there were 204 leprosy patients consisting of 55 women and 149 men in the Rante-pao-Makale Onderafdeeling, among the 200 patients, there was one Chinese and the others were Toraja (G. Kollf & Co, 1936:67). The information presented certainly shows that there had been an increase in the number of registered leprosy patients, but this number could have increased significantly because there had been transmission in the neighbourhoods of the patients, which was not recorded in the official local government registers. Buitelaar therefore assumed that the number of registered lepers would need to be multiplied by three to get close to the correct figure, according to his estimate there were around 700 lepers in the Rante pao- Makale onderafdeeling.

The leprosy management policy in Rante pao-Makale was not much different from Dr. Sitanala's program, so there were no significant differences in the policies implemented by the mission doctors in this area. As noted earlier, there are generally three stages involved in controlling leprosy: exploration, treatment and quarantine or separation. The exploration stage is carried out by medical personnel by traveling around the village using horses considering the access is quite far, besides that the majority of the population lives in hilly areas to search for and collect data on residents who have symptoms and signs of leprosy and collect medical history (Waterson, 2001). The registration is important information for follow-up for residents who should be treated next. Treatment therapy is done by injecting aethylester and giving Oleum chaulmoogra oil (Buitelaar 1935:1222). Before the construction of the hospital for leprosy initiated by the GZB mission doctors, there were already eleven polyclinics in the onderafdeeling Rante pao- Makale that were spread across various areas built by the government. So the mission doctor's hope to collect data on lepers would be greatly helped if the nurses from the eleven polyclinics participated in the leprosy exploration program in each of their duty areas. The challenge the nurses face is that they do not have enough clout to directly enumerate people in these areas without prior coordination and socialization from the government (bureaucracy), which is important to avoid resistance to the medics from the villagers. Given that the psychological state of people suffering from leprosy is not ready if at the examination stage they are allowed to receive intensive treatment so that they have to leave their families and there is a fear of some of them if they die without a close family by their side or in exile. The difficulties experienced by nurses in various regions in collecting data led the mission doctor representing the GZB in charge of the onderafdeeling Rante pao- Makale to coordinate with the local government, in this case the controleur or kontrolir as the head of the government to order the head of the district (*To Parenge'*) to submit a report on the number of lepers in each region, *To parenge'* then gave orders to the village heads so that in the end several lists were obtained showing which villages had lepers and the names of the sufferers. This work was not done without obstacles in the field, which occurred when the rulers of the area or village were unable to collect data because many of them did not know how to read and write and lacked knowledge of the use of Malay language (Buitelaar, 1935).

Figure 1 *House model for lepers in Toraja style. Photo by L. Buitelaar*

3.4 Establishment of a specialized leprosy or leprazorie hospital in Batu lelleng

Previously, treatment of leprosy patients was carried

out at the government general hospital "Hospitaal Rante-Pao" (now Elim Rantepao Hospital) since its establishment in 1929, but in 1935, Dr Jouke Johannes Joachim Goslinga, a mission doctor sent by the GZB, made an agreement with the local government to establish a special hospital for leprosy patients in Rante pao to treat leprosy patients intensively and assist the government in controlling the leprosy epidemic in the Rante pao Onderafdeeling. Rante pao- Makale (Waterson 2001:26). The quarantine or isolation stage for leprosy sufferers was carried out with the establishment of a leprazorie building in Batu lelleng since June 1934 as well as a marker of serious efforts by the government in collaboration with Christian mission organizations (GZB) in handling the control of the leprosy epidemic in the Rante pao- Makale onderafdeeling area. The Leprazorie was then inaugurated on Sunday, January 13, 1935 which was attended by the government and missionary conferences as well as the general public, present were the controller of Rante pao- Makale, Mr. Twerda, Dr. H. v.d. Veen, Dr. L. Buitelaar, Dr. J.J. Goslinga, Mr. Barkay as construction supervisor and almost all missionary teachers as well as many Toraja, Ambonese, Manado, and Chinese people (Van Dijk, 1935).

The construction of the leprazorie took approximately six months. The management of the special hospital was under the direct auspices of the missionary conference in Rante pao. Before the service of Dr. J.J.J.Goslinga there were at least 3 missionary doctors who had carried out their services in the Rante pao- Makale Onderafdeeling, namely Dr. Thilo Simon who worked from 1926-1930 from Germany, Dr. David Esser from South Africa who played a role in building bamboo houses located not far from the regional hospital, specifically helping to deal with lepers who had been collected by him since 1932, the last was Dr. L. Buitelaar who initiated the establishment of a leprazorie in Batoe lelleng in Toraja style (Balkenende, 1930) The Toraja traditional building model was chosen so that the sufferers would not psychologically feel like outcasts during the quarantine process and would feel at home or familiar. There are 14 cottages made to accommodate leprosy patients (De Standaard, 1939). Each cottage can accommodate 4 to 5 lepers (De Locomotief, 1935). At the beginning of its construction, 10 cottages were built with 60 patients, later a church and 4 cottages were added, increasing the number of people treated to 114 (GZB, 1939). M. J. A. Oostwoud Wijdenes in an article entitled *Tocht Door De Toradja Landen* reported the same thing that in Rante pao there was a hospital and a leprozerie which was quite famous with the characteristics of the Toraja house in the construction of the building (Oostwoud Wijdenes 1935:147). The aim is to turn the leprosy into a village-like condition, so that patients feel at home during the quarantine process in the sense of giving people the idea that they are not in a hospital or leprazorie but in a village (Goslinga, 1936). The construction model of the houses is Toraja style. The houses, as required by custom, face north. The house has one bedroom with a terrace at the front. Each house can accommodate four people. In addition to the hut or house building devoted to leprosy patients, the leprazorie complex also has several other supporting buildings such as buildings devoted to the care of patients who need direct and intensive treatment, churches, kitchens, elderly patient care buildings, special nurse houses consisting of three rooms and a terrace, wells and toilets (2 houses for 1 toilet). In the intensive care building (polyclinic) for leprosy patients who are at the infectious and incurable stage of the disease, there are inpatient facilities for six patients. This building consists of four rooms. At the time of leprazorie's opening, the influx of lepers to leprazorie was so heavy that within a month all the places were filled. As a society engaged in the agricultural sector, they cannot be separated from agricultural and plantation life. The agricultural sector is the main source of livelihood for Torajans apart from raising buffaloes and pigs. This habit also allows those who seek treatment at the leprazorie to do farming and gardening activities, for those who can still move or whose illness is still in the mild category.

At that time, the land around the leprazorie was not fertile enough to grow rice, although fertilisers were tried but were unsuccessful. This condition only allowed lepers to do farming or gardening such as growing vegetables, corn and tubers (Goslinga, 1938). Some visitors who came to see the condition of the leprozerie praised the neat impression created at the location. From the information previously presented, it can be concluded that leprosy patients during the quarantine process are active in productive activities and support their lives a little by cultivating land through gardening. In addition, this activity will slightly relieve the loneliness of those who are far from their hometowns and

families. The outbreak of several diseases due to poor sanitation or hygiene factors, especially the emergence of leprosy in the Rante pao- Makale onderafdeeling, has changed the lifestyle of the Toraja people to always maintain personal hygiene

and the environment because of the adverse effects including death. This situation is very close to the community because they have witnessed it themselves and even some of them have experienced it. In those two years there were at least two patients who died, an elderly woman and a man who later developed uncontrollable nosebleeds. A man named *Kapala Lajoek* suffered from a particularly severe form of the disease as his legs and hands were deformed by the leprosy bacillus that paralysed both organs. The medics' efforts reassured him that he would not die as his heart and lungs were still normal, but he had to be patient in his treatment so that his illness would not worsen (Goslinga, 1938).

3.5 The Role of Zending Institutions in Helping the Government Control the Spread of Leprosy in the Onderafdeeling Rante Pao- Makale.

The purpose of the zending mission's arrival in the Toraja region was not only to spread the good news of God's salvation. They also provided health and education services to the local population based on the teachings of love. This is clearly stated in the three main points of the GZB mission in Toraja, namely introducing Jesus Christ as the Lord and Saviour of mankind, educating the mind by establishing schools, and conducting health services (Taruk 2013:39). The early 1900s was a very difficult time for the government, especially in the Rantepao-Makale Onderafdeeling area due to disease outbreaks that plagued the population. The arrival of zending mission organisations could help the government in controlling disease outbreaks, one of which was leprosy.There are differences in the treatment or views of Torajans in different areas for those who are declared lepers. Some have expelled them from the village and even killed them because they are considered disgusting and dangerous, but in certain areas the community treats lepers well by giving them space to live in the community. Over time, people began to understand that lepers should not live with their immediate family to avoid transmission, so it is better for lepers to be separated from the environment but still provide attention by providing enough food supply in isolation. The construction of huts in isolated areas was done by the community for lepers as a good solution before the establishment of the leprazorie in Rante pao. Two transmission factors known to Torajans are close physical contact and contamination of well water with lepers.

Figure 2 Left: Deed of appointment as Mission Doctor in Rante Pao (Sulawesi) signed on 4 April 1934. Right: Wedding photo of Dr Jouke Johannes Joachim Goslinga and Johanna Jacoba Gerritsen, 29 March 1934). Source: https: //www.ringelgoslinga.com/aluk-to-dolo/fotos.

Dr. Jouke Johannes Joachim Goslinga and Dr. L. Buitelaar in the 1930s were delegates from the GZB (Gereformeerde Zendingsbond) serving as medical personnel or mission doctors who were very instrumental in handling various diseases commonly suffered by the community, especially leprosy in Onderafdeeling Rante pao - Makale, which has a large number of sufferers and requires intensive treatment considering that this disease can be transmitted to the closest people. In its annual report, the GZB reported that the Rante-pao Onderafdeeling had a well-equipped hospital and leprazorie with competent medical personnel. Dr. Goslinga provided good care for the leprosy patients. In Rante pao- Makale 700 leprosy patients were registered. They come from various places or villages and often have to accept the fact that there is no longer a treatment center that can accommodate them.

Health services carried out by the GZB organization are a form of service that only began in 1925 when the arrival of a missionary (zendelingdiacoon) named H. Pol (Goslinga, 1939). Previously, since its presence in 1913 in Toraja, the organization prioritized services in the field of education, by opening schools in several districts. Health workers such as doctors and nurses are crucial figures in the successful handling of disease cases in an area. The entry of Christianity brought by mission organizations from the Netherlands in 1913 to Toraja was an important beginning for the

community to recognize the importance of education and health, several zending figures both in the field of education, evangelism, and health services such as A.A Van de Loosdrecht, Johannes Belksma, D.J. Van Dijk, D.C.. Prins, P. Zijlstra, Harm Pol, H.C Heusdens, H.J Van Weerden, Dr. Henk Van der Veen, Dr. J.J.J Goslinga and Dr. L. Buitelaar. Their ministry also had an impact on the emergence of experts from the local or indigenous community both in the field of church services as pastors, the field of education as teachers and the health sector as medical personnel who later played an important role in assisting mission doctors in handling various health problems in Toraja. A native who becomes an expert is certainly very influential because they have an emotional connection with the local population. The construction of Leprazorie in various regions, especially in South Sulawesi in 1935, marked the importance of leprosy control efforts by the government. In 1935 there were already leprosy villages in the newly built and functioning moena and Boeton island areas, then in Pare-pare, Rappang, Rantepao, Madjene, and Paloppo.

A young native man from Saluputti village, Makale Onderafdeeling named Fritz Basiang (born in 1905 to a father named Ne' Pilo and mother named Lai' Kanan) who initially worked as an assistant in the Rante pao controller's office writing letters, answering telephones, and helping to count the silver money used to pay Dutch employees, who later in 1928 became an assistant to a surgeon in charge of the Rante pao hospital, Dr. Simon, a German national. Basiang's introduction to the medical world began with his meeting with Dr. Simon, who was in charge of the Rante Pao hospital. At that time, as assistant controller, Basiang often delivered letters from the controller to Dr. Simon so that the interaction made Dr. Simon very familiar with him. Once Dr. Simon opened the opportunity for all young people in the entire Rante pao district to be trained as medical personnel, the training attracted Basiang to join him. his high dedication to the medical field and his tenacity made Basiang a medical personnel who was relied on by Dr. Simon until at one time Basiang accompanied Dr. Simon to Germany. the political situation in Germany during World War II so that Dr. Simon could not continue his duties in Rante pao and had an impact on Basiang who had to return to the Dutch East Indies. In 1933 Basiang returned to Rante pao and took charge of the Rante pao hospital that had been built in 1929. Upon his return to Rante pao, there was a spike in leprosy patients that year and the government, in collaboration with mission organizations, made efforts to control leprosy. In 1935 Basiang assisted Dr. Goslinga's health services. Actually, apart from Basiang, there were also Toraja youths who were successfully recruited by Dr. Simon in assisting his medical services, namely La Oepa and Johannes Toemang (Goslinga, 1939).

Basiang played an important role in collecting data on leprosy patients by travelling to different villages on horseback. The visits made by medical officers to different villages impacted on the way Torajans viewed medical services. They became accustomed to western medicine and were no longer afraid to seek treatment at hospitals. A local medical officer who in the zendeling records played an important role in the health services at the Batu lelleng leprozerie was an orderly or nurse named Laoepa (Laupa'), who was also a good Christian and faithful in his service. In addition to providing treatment, he also always accompanied leprosy patients to activities such as cultivating fields or gardens and ensured they were always active or working despite being physically and spiritually ill because of the stigma attached to them (Goslinga, 1938). According to Laoepa, physical activity can provide many benefits such as helping their healing process in addition to the use of medication. Laoepa's role in motivating the lepers during the quarantine period at the Batu lelleng leprozerie more or less provided a good condition for the patients not to just sit and sleep lamenting their fate in the huts where they temporarily lived, but they had to rise from the downturn of their health conditions and be productive in living their lives. The attitude shown by the zendelings and medical personnel at the Batu lelleng complex made the lepers feel the impact of excellent service and created a close emotional bond, they were served physically and spiritually in the midst of the suffering they experienced due to this dangerous disease. Before the baptism, an evangelist serving in the leprazorie named F. Ramboe gave a short sermon with a calm and honest delivery encouraging the sufferers who were in pain and alienated from their environment that being in this place was indeed sad but God always loved them (Gerritsen, 1938). Filippus Ramboe (a native of Toraja) was an evangelist specially assigned to provide spiritual care to the lepers at Leprazorie Batu lelleng, he led a communal meal service every morning and often visited the sufferers in person in

each quarantine hut (Goslinga, 1937). The strengthening and assistance provided by the Zendelings and nurses must have been felt directly by the sufferers of this disease because the sermons of love that they always listened to were directly proportional to the actions of the medical staff and evangelists who always accompanied them in the midst of their exclusion by society, so that not a few of them were interested in becoming Christians.

4. Conclusion

The rapid development of world trade, especially in the Southeast Asian region in the XV- XVII centuries, not only had an impact on the flow of people and the valuable commodities they carried in shipping and trade interactions, but these activities also had an impact on the most important thing about humans themselves, namely health. Trade interactions in coastal areas allow close contact which causes various infectious diseases to begin to emerge until they turn into epidemics. Of course, this condition can threaten human safety because infectious diseases are deadly. One such infectious disease is leprosy. Leprosy, which originated from trade contacts in coastal areas, spread to the Toraja region in the highlands. Trade activities, especially the mobility of traded slaves and their introduction to strangers, became one of the factors of the leprosy epidemic in addition to poor sanitation conditions that contributed to the spread of leprosy. The construction of the Leprazorie in the Rante pao-Makale Onderafdeeling was a sign that the leprosy epidemic in the area was quite high and needed to be addressed in controlling the disease. This made the government consider it necessary to collaborate with a Dutch church mission organisation, the Gereformeerde Zendings Bond (GZB), whose mission was to provide three services: spirituality, education and health. The government's efforts to succeed the leprosy control programme in various regions in the Dutch East Indies were certainly directly proportional to the church's mission in the health sector. The construction of the Leprazorie in Batu lelleng was a tangible manifestation of the efforts to overcome leprosy in the Rante pao-Makale Onderafdeeling. Within the complex, several cottages were built that resembled traditional Torajan houses so that those quarantined could feel at home. Activities within the compound include medical treatment, maintaining cleanliness around the compound, compassion services (morning services and visits), gardening, and carving Torajan carvings on wood and making sarongs that can be traded to visitors and the surrounding community. The existence of this leprazorie cannot be separated from the role of the zendelings who always provide spiritual assistance and monitoring as well as treatment for leprosy sufferers. The assistance service was carried out because the lepers in the complex experienced two heartbreaking conditions. Firstly, the suffering experienced due to leprosy made their physical condition worsen until they experienced disability and even led to death. Secondly, they are mentally fragile due to their illness and the stigma attached to leprosy. The good assistance they received from medical personnel and evangelists became a new spirit for them not to dwell on the suffering of their condition, but to always put hope in the Creator and be full of gratitude that in their midst there are still people who can love them. Many of them were then willing to become Christians.

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