

JEREJAK ISLAND : Health quarantine centre



# Location plan of Jerejak Island

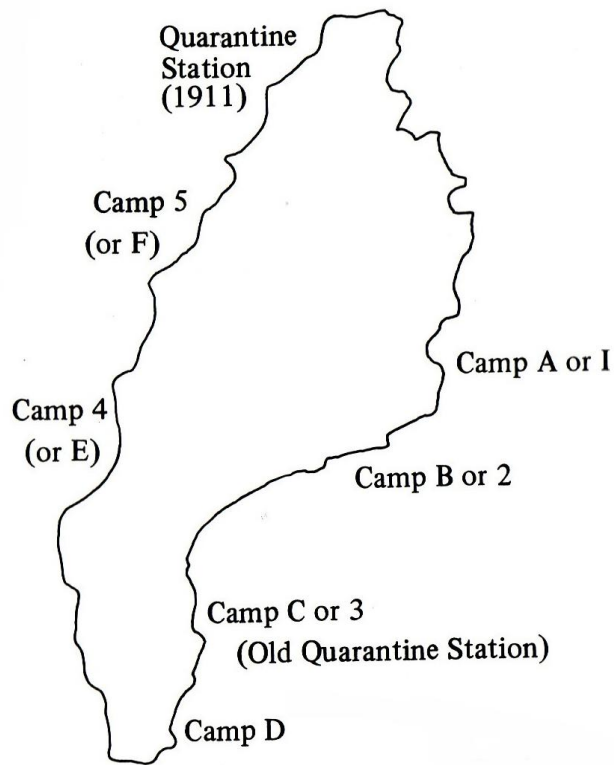


YEAR	HISTORICAL EVENT
1786	Francis Light first arrival in Jerejak Island
1872- 1960	Opening of Leprosarium
1930	Establishment of Tuberculosis hospital
2000 till now	Jerejak Rainforest Resort



Pulau Jerejak in 1923 (*International Leprosy Association, 2006*)

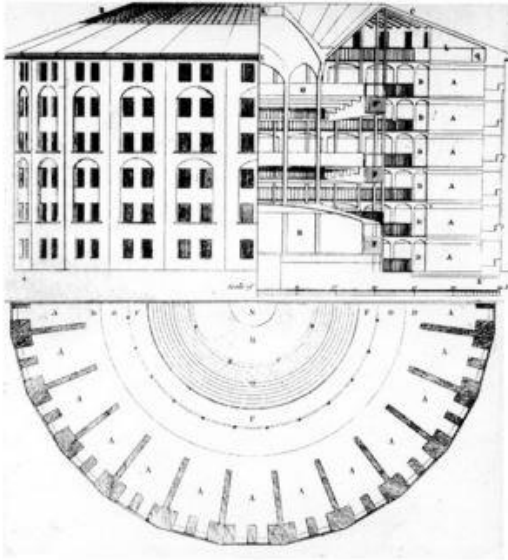
## Health quarantine centre



1925-1940	2013
Camp A	Demolished.
Camp B	Demolished and the land is converted into shipyard.
Camp C	Demolished and Tuberculosis ward (from 1930) still remaining.
Camp D	Demolished.
Camp E	Remaining of base structure (Leprosarium); all the camps further apart were demolished and Jerejak Rainforest Resort is occupying the land.
Camp F	Demolished and became the site of warden quarters and kindergarten.
Quarantine station	Still remaining.

## Hospice & health quarantine centre

What will distinguish hospice and health quarantine centre in terms of its architecture and medical care?



**Hospice** care is a type and philosophy of care that focuses on the seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs.

## Stasis

Jerejak Island is an isolated island located at the north-western coast of Peninsular Malaysia, the only way to access to this island is by ferry. Due to its location, the island went through a series of development, starting from an aborted naval base plan in 1797 and then became a health quarantine centre (1871-1969) and penal colony (1948-1993), renowned as the Alcatraz of Malaysia. Leprosarium was placed from 1871 to 1960s and a health quarantine centre was built in 1875 due to the flooding of immigrants to Penang.

Health quarantine centre owns the longest history in Jerejak Island for over a century. Starting from 1871, Jerejak became a centre in housing Leprosy patients until 1969. At the end of Second World War, there was a widespread case of Tuberculosis in Malaya. The disease had become the biggest killer and the biggest health issue in the country. Immediate segregation was needed because Tuberculosis was at least 5 times as infective and carried a higher mortality rate compared to Leprosy. Once again, Jerejak became the strategic location and convenient choice to set up a sanatorium for Tuberculosis patient.

We find ourselves today in yet another transition period. Different from having a healthcare quarantine centre to accommodate contagious disease patient in the past, hospice is a centre for dying patients and attending to their emotional and spiritual needs. The primary intent of any hospice program is to neither prolong life nor hasten death, allowing the natural course of the decline of the human body to take place and to relieve painful conditions through palliative medicine and close personal counselling. This philosophy of care recognizes that every person deserves to live out his or her life with respect and dignity, alert and free of pain, in an environment that promotes quality of life.

What will distinguish hospice and health quarantine centre in terms of its architecture and medical care other than the type of diseases? The development of hospice has led to the refinement of 3 types of care, residential care (home like environment), respite care (short duration of stay) and day care.

My idea in this stasis is to look at the previous function and location of Jerejak Island as a health quarantine centre as well as the architecture of the old hospital. To a certain extent, the function of hospice today has some similarities with health quarantine centre in terms of accommodating dying/seriously ill patients. The stasis will understand more of the functions of a hospice and the architecture spatial quality. Another approach is to address the concerns of patient's experience.

My question for the stasis will be - can the hospice be situated at Jerejak Island, away from the main land and continue its previous function as a quiet centre for seriously ill patient? What will be the future of Jerejak Island?

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