



## Leprosy in New Brunswick Backgrounder

In order to understand the Lost Story of Sheldrake Island, it is important to understand the history of leprosy, attitudes towards the disease, and how it particularly impacted Acadians in New Brunswick. In this background document and in the documents provided, the terms "leper" and "leprosy" are used. These are historic terms to designate the person and the disease, although they are no longer acceptable because they carry with them a social stigma. Instead, it is better to refer to people with leprosy (and not lepers), or individuals with "Hansen's Disease." Another word that will be used often is "lazaretto," which is a place where people with leprosy were housed.

### A short history of leprosy

Leprosy, or Hansen's Disease, is a chronic infectious disease. It is caused by a bacterium called *Mycobacterium leprae* that spreads from an infected person to a healthy one. Leprosy has existed across much of the world for centuries and is still present in the world today. Canada had 5 cases of leprosy in 2016, 8 in 2015, 6 in 2014, and 2 in 2013 according to the Public Health Agency of Canada. Although leprosy is rare in Canada, it is much more common in other countries, such as India and Brazil, with both countries reporting over 10 000 new cases in 2015.

Leprosy has possibly existed since 1550 B.C.E, and is referenced in the Bible. It was largely misunderstood and often seen as divine punishment, or in some cases mistaken for a venereal disease, such as syphilis. Treatment for leprosy was often based upon isolation, to keep the disease from spreading. People with leprosy would often be forced to identify themselves, live

in designated areas, or otherwise separate themselves from their wider communities. It wasn't until 1873 that Dr. Gerhard Henrik Armauer Hansen discovered the bacterium responsible for causing leprosy, 24 years after the patients left Sheldrake Island. This discovery led to a new understanding of a disease that had long been associated with a failing on the part of those infected. Proving that leprosy was caused by bacteria meant that the many people suffering from the disease could begin to understand why they were sick, and that they had done nothing wrong.

68 years later, in 1941, the first drug that could be proven effective in treating leprosy was developed and tested in the United States. Promin, the initial cure for leprosy, was replaced by Dapsone in the 1950s due to the painful and frequent injections of Promin required to treat the disease. Eventually in the 1970s, a new treatment using several drugs, called multiple drug therapy or MDT, was introduced. MDT is still recommended by the World Health Organisation.

The World Health Organisation states that the exact means of transmission of leprosy is still unknown. Currently, the drugs required to treat leprosy are donated free of charge to the WHO and the organisation is attempting to treat as many cases worldwide as possible. There is no vaccine to prevent leprosy. While many scientists believe transmission to be from contact, such as touching an infected person, many scientists are beginning to believe that there is a form of respiratory transmission. Although leprosy is curable,

uncertainty about exactly how it is transmitted still feeds into the fear of the disease.

### **Historic care for people with leprosy**

The practice of isolating people with leprosy was not new in 1844 when individuals with the disease were sent to Sheldrake Island. It was a continuation of practices dating from the middle ages where infected individuals were kept away from others and isolated in compounds. Leprosy has always been viewed with both fear and disgust. Often the fear of deformity is just as great as the fear of death. Cultures have long stigmatized people who have lost fingers and toes from the disease, or have developed other physical marks that brand someone with leprosy as an outcast. There have been attempts to treat the disease for much of the past 2000 years, however proven medical treatment has only existed within the last century. Treatment for leprosy varied greatly across time and space, but often addressed the perceived moral causes of leprosy. Leprosy was often seen as a punishment from a higher power, therefore a spiritual remedy was often viewed as at least part of the solution. As a result, for centuries people with leprosy were housed in buildings that served more as quarantine stations than as hospitals to keep those with leprosy away from the larger society.

### **Northeastern New Brunswick**

In the mid-19<sup>th</sup> century, northeastern New Brunswick was mostly inhabited by Acadians. Acadians are a unique cultural group in Atlantic Canada who mostly descended from early French settlers in the early to mid-17<sup>th</sup> century. These settlers inhabited the French colony of *Acadie*, which consisted mostly of present-day Nova Scotia.

The majority of Acadians were farmers and fishermen who developed a tight knit French-speaking Catholic community. Acadians were also involved with Indigenous peoples, with many mixed marriages occurring. However, in 1755, there was a mass deportation of the neutral Acadians who did not accept joining either the

French or the British armies in their continued battles for control of North America. Following a final refusal from the Acadians to take up arms, they were deported by the British from Nova Scotia to the American colonies, other British territories, or France. Some Acadians also ended up in Louisiana and Quebec.

Acadians were able to return to the Maritimes after the British victory over the French was confirmed in 1763. However, by then much of their fertile farmland had been occupied by English Protestant settlers. In order to re-establish communities, many Acadians settled in Northeastern New Brunswick, where some had fled to escape deportation. Here they were joined by other Acadians who had been deported. Survivors of the deportation were proud of their resilience in the face of an act of ethnic cleansing that -- at the same time -- had left behind a sense of trauma.

New Brunswick laws during the first half of the nineteenth century limited the political rights of Acadians, to a large extent because they were Catholics. As a result, at the time of the outbreak of leprosy in the first half of the 1800s, Acadians did not have access to power, and were often only able to seek authority within the Catholic Church. However, even the administrators of the Church came from outside the Acadian community. As a result, Acadians were less able to access education, and illiteracy was rampant. It was in this context that the community had to face a new and terrifying disease. In 1844 when Acadians were separated from their families by authorities of the state to bring them to Sheldrake Island, the deportation had begun only ninety years earlier. While ninety years might seem long, the memory of deportation was transmitted through parents and grandparents and remains in the collective memory of Acadians even today.

### **Leprosy in New Brunswick**

The process that brought leprosy to New Brunswick is not exactly clear. The first confirmed victim of the disease was Ursule Landry who died in 1828, but how exactly she contracted the

disease is unknown. Some believe that leprosy first came to northeastern New Brunswick, where Sheldrake Island is located, when shipwrecked sailors infected with the disease mingled with Acadians seeking refuge from deportation. Whatever the source of the disease, it had spread significantly by the 1840s, leading public officials to panic out of fear. Health officials were becoming increasingly aware of an old disease making inroads in new places. Unsure of how to prevent or cure the disease, the most common practice at the time was to separate people with leprosy from the rest of the population. This tradition would continue in New Brunswick.

A major figure in the establishment of the lazaretto on Sheldrake Island and then later, Tracadie, was Francois-Xavier Lafrance. Lafrance was a Catholic priest, born in Quebec, who served in Tracadie for most of the 1840s. The Catholic Church was an essential institution for Acadians, and an institution that Acadians felt they could trust. Insistent on stopping the spread of the disease in his parish he organised others to put pressure on the capital in Fredericton in 1844. Lieutenant Governor William Colebrooke established a commission to study the disease and within a year, individuals were arriving on Sheldrake Island. Lafrance was also instrumental in moving the earliest lepers to Sheldrake Island. 5 years later, in 1849, Lafrance also supervised the movement of lepers off the island to a recently built lazaretto in Tracadie.

Individuals in New Brunswick with leprosy -- mostly Acadians -- were sent to a small island near the mouth of the Miramichi River called Sheldrake Island, or l'Ile-aux-Becs-Scies in French, to limit the infection of healthy people. Lepers were sent here following the 1844 legislation *An Act to Prevent the Spread of a Disorder now Existing in Certain Parts of the Counties of Gloucester and Northumberland* which gave officials the power not only to send people with confirmed cases of leprosy to a lazaretto, but also to search the homes of people suspected of having the disease and forcibly send them to a lazaretto. The act also gave officials the power to impose fines on individuals

caught harbouring those infected with leprosy, as many did not want to be identified and tried to hide. The disease, still not understood, was often felt as a deep shame that many wanted to keep far from public eyes. Many people with the disease were housed by their families who did not understand its contagious nature.

When Sheldrake Island was chosen as the site for the lazaretto, it had previously been used as a quarantine station and came with several buildings from its prior usage. Choosing a place to house and isolate the infected individuals meant that the Board of Health had to choose a location far enough from the healthy population that the illness would be less likely to spread.

During the Sheldrake Island period, there were public figures who came to believe that leprosy was an inherited illness that affected Acadian people due to their close family structures and overlapping bloodlines. Most of the victims of leprosy in New Brunswick were Acadian, however there were non-Acadians affected as well. Despite this, it was often easier to propose a genetic explanation that fit well with ideas that Acadians were racially different from English-speaking Protestants.

People with leprosy lived on Sheldrake Island for five years before the lazaretto in Tracadie was built. They were often left to care for themselves with minimal support from employees of the Health Board. They were housed and fed, but were not allowed to come and go as they pleased, which led to increasing surveillance including the construction of a guard house in 1848. A further sign of the meagre services provided was the employment of some patients to look after the others.

Those who were sent to Sheldrake Island frequently tried to escape, sometimes aided by family members who wanted their sick relatives home. The first two years alone saw multiple escapes from the island and a suspected arson when there was a fire in the dormitory. The wooden dormitory was rebuilt and the compound

remained open, despite the obvious disdain from the ill, who viewed the lazaretto more as a prison than a hospital.

In 1849, a new lazaretto was built in Tracadie. It was closer to the Acadian families of the ill and more incorporated in the community. The new lazaretto was eventually staffed with an order of nuns from Quebec who arrived to care for the lepers. The Religieuses Hospitalières de Saint-Joseph provided services so that the local population felt that their family members were being looked after, rather than imprisoned. The archives of the religious order are still maintained, and they have a great deal of sources regarding the care of the ill. However, because women's labour has often been seen as unimportant, the role of the nursing sisters as medical practitioners has been undervalued.

### **Folk beliefs surrounding leprosy**

Folk explanations can often serve communities by establishing a narrative that explains a phenomenon that is otherwise inexplicable. In the case of leprosy, it was made to appear as if it were a macabre and gruesome punishment from an almighty power. These stories effectively render the person with leprosy inhuman, attributing a moral failing to explain a contagion that we today still do not entirely understand. Stories abounded of leprosy being viewed as punishment for lust, or other perceived failings.

In Northeastern New Brunswick these folk beliefs were used to stigmatize Acadians, who were poor farmers and fishers. Already victims of harsh stereotypes, the leaders of New Brunswick society -- mostly English-speakers -- viewed Acadians as lower-class individuals who deserved their fate. To be sure, not all victims of the disease were Acadian. However, many reporters at the time would avoid discussing the cases of English-speakers who contracted leprosy and would continue to refer to the disease as an Acadian phenomenon. Much like the lustful sinners of Europe, being Acadian became an explanation for developing leprosy in the eyes of the political class.

Many Acadian communities in the region began developing their own mythologies to explain leprosy, but without placing the blame on their own genetics. While there are several origin stories that have been preserved, most involve some sort of sailor visiting or being shipwrecked in Northern New Brunswick and then spreading the disease to the local population after trying to help the stranger. Unlike the folk explanations of leprosy afflicting a person or community because of a moral failure, leprosy was believed to have arrived in Acadia through an outsider and a kind, benevolent Acadian who tried to help the stranger not knowing they carried a disease. These stories attribute the disease to something foreign, not innate to Acadian society.

The development of competing mythologies surrounding the disease shows how communities respond to unexplainable events. The desire to explain away fear is human and often done with the intention of making sense of the world surrounding us. However, not all mythologies help the target groups, and some as in the case of leprosy, can cause damage to communities.