



Proceedings of the Society of Architectural Historians, Australia and New Zealand 30, Open

Papers presented to the 30th Annual Conference of the Society of Architectural Historians, Australia and New Zealand held on the Gold Coast, Queensland, Australia, July 2-5, 2013.

<http://www.griffith.edu.au/conference/sahanz-2013/>

Emily Juckes, Kelly Greenop and Zbigniew Jarzab, "Isolation and Segregation: An Intercultural Analysis of the Peel Island Lazaret" in *Proceedings of the Society of Architectural Historians, Australia and New Zealand: 30, Open*, edited by Alexandra Brown and Andrew Leach (Gold Coast, Qld: SAHANZ, 2013), vol. 2, p 529-542.

ISBN-10: 0-9876055-0-X

ISBN-13: 978-0-9876055-0-4

Isolation and Segregation

An Intercultural Analysis of the Peel Island Lazaret

*Emily Juckes, Kelly Greenop & Zbigniew Jarzab
University of Queensland*

Peel Island is located in Moreton Bay approximately 4km off Queensland's eastern coastline. The island has a rich history of Aboriginal and European occupation, including Aboriginal use for living, feasting and ceremonial activities. Following colonization, the island's relative isolation has also seen it used as the site of a Quarantine Station, Inebriates Home and a Lazaret. Queensland's legislative framework separates protection for European Cultural Heritage (Queensland Heritage Act 1992) and Indigenous Cultural Heritage (Aboriginal Cultural Heritage Act (Qld) 2003) resulting in the isolated consideration and understanding of the histories of these two groups for cultural heritage purposes. This paper will combine European and Aboriginal knowledge of the place to examine more complex understandings of the architectural heritage of Peel Island.

The ruins of the former Lazaret are a rich example of the Queensland Government's late nineteenth and early twentieth century policies to segregate Aboriginal and to separate unwell and otherwise undesirable members of society from the main population. During this time the state of Queensland endeavoured to control citizens utilizing architecture to impose spatial and social order in state designed and funded buildings. Within the Lazaret the "coloured" population was segregated from the "white" population and male patients separated from female patients within compounds contained by fences. In addition, separate dwellings contained and isolated patients within the bounds of each compound. The discussion will present an intercultural analysis of the architecture of the site through the temporal and spatial analysis of Aboriginal and European histories. An analysis of the tangible and intangible evidence of isolation and segregation will inform discussion about the ongoing conservation management of the site.



This paper examines European and Aboriginal knowledge, experiences and architecture on Peel Island and argues that previous accounts of the architectural heritage of Peel Island do not sufficiently consider the intercultural aspects of heritage. We present an analysis that acknowledges the role of architecture in creating regimes of isolation and segregation, both between and amongst particular groups of people, in this case “whites” and “coloured” people.¹

Peel Island is located in Moreton Bay approximately 4km east of Brisbane and is approximately 590 hectares in area, predominantly surrounded by mangrove swamps, except for a sandy beach on the southern side. The island’s relative isolation led to its selection as the site of a lazaret, or “leper colony,” in the early 1900s, located on the North Western corner of the island. The lazaret site demonstrates late nineteenth and early twentieth century attitudes, held both by the state and individuals, towards the control and isolation of morally, racially and physically undesirable people, and a segregation approach to the control of certain diseases. The lazaret site was entered into the Queensland Heritage Register in 1993, listed for its rarity and aesthetic qualities, as well as providing a historical record of the isolation and segregations principles, which we discuss further in this paper.² The listing cites the sense of abandonment embodied in the ruined timber structures as significant to the history of the place, making the conservation of this fragile quality a key issue for the recording and management of the site. Maintaining these aspects contributes to the tangible evidence of the aspects of separation. However, the management of the remote site has entailed practical removal of some structures, such as fencing. This paper analyses some of the tangible and intangible traces of isolation and segregation on Peel Island, and discusses challenges in their cultural heritage management.

While the Peel Island Lazaret has been the subject of historical, archaeological and anthropological research, very little of the work considers Aboriginal and European histories simultaneously, or the implications for architectural history of doing so. Furthermore, Queensland’s legislative framework separates protection for European Cultural Heritage (Queensland Heritage Act 1992) and Indigenous Cultural Heritage (Aboriginal Cultural Heritage Act (Qld) 2003) isolating the consideration and understanding of the related histories of these two groups. The Lazaret and its site are of significance in both Aboriginal and colonial histories and the

1. We use the terms “whites” and “coloured” in line with the racial terms used at the Lazaret and in Government legislation and policy in the late nineteenth and early twentieth centuries. These terms are used for their historic significance, and do not reflect the respect we wish to convey to Aboriginal, Torres Strait Islander, Chinese, Pacific Islander and other so-called “coloured” people in our analysis.

2. Queensland Heritage Register, Peel Island, Place ID 601091, online at <https://www.derm.qld.gov.au/chimsi/placeDetail.html?siteId=15864>

rare multi-racial nature of the lazaret amplifies the shared history of the place, providing a strong imperative to consider the two groups together. In this research, we take the architectural fabric of the Lazaret is an anchor for discussion.

The role of the profession of architecture in the forced segregation and treatment of people, as in this Peel Island example, but also Aboriginal missions and other historic places of forced isolation, is seldom considered in the Australian architectural context, while elsewhere, and in more extreme examples, the complicity of such architectural actions are have been considered for some time.³ We consider the role of architecture in this specific site of segregation in Australia.

Since its proclamation as a reserve for quarantine purposes in 1873, and later selection for a development as a Lazaret, the site has been managed by the various layers of state bureaucracy.⁴ It was declared an Environmental Park in 1989, and subsequently the interested public feared its “locking up” in the 1990s.⁵ Indeed access to Peel Island became difficult following the demolition in 1999 of the jetty,⁶ which had been built in the 1940s and had fallen into disrepair.⁷ The Island was part of the Quandamooka People’s native title claim over large tracts of Moreton Bay and nearby Stradbroke Island, under federal legislation that came into effect in 1993, and this claim was determined in 2011 recognising of native title rights that includes Turkrooar (Peel Island).⁸ The Island was declared Teerk Roo Ra National Park in 2007 but remains under the management of the Queensland Parks and Wildlife Service (QPWS).⁹ The implications of the shared history for the Island’s conservation are particularly relevant as QPWS prepare for a handover to traditional owner management in the future.¹⁰ We restrict our analysis to the Lazaret site and do not discuss the quarantine station or inebriates home, located elsewhere on the island and not subject to the same social and cultural history as the Lazaret site.

Aboriginal Occupation of Peel Island

Turkrooar (Peel Island) has a rich history of Aboriginal occupation by the Quandamooka people of Moreton Bay, who occupied the whole bay and islands for residential, hunting and gathering purposes, as well as feasting and social occasions, for at least 4500 years.¹¹ The Aboriginal history of the island and

3. For example see David Bertolini, “The Architecture of Auschwitz-Birkenau and the Nazi Fantasy,” *Holocaust Studies: A Journal of Culture and History* 13, no. 3 (2008): 25-60.

4. Queensland Government Department of National Parks, Recreation, Sport and Racing (NPRSR), “Nature, Culture and History,” online at <http://www.nprsr.qld.gov.au/parks/teerk-roo-ra/culture.html>

5. “Island Harmed because of its Natural Beauty,” *Courier Mail* (Brisbane), February 19, 1992.

6. “Historic Peel Island Jetty to Go,” *Redland Times* (Qld), January 29, 1999.

7. NPRSR, “Nature, Culture and History.”

8. National Native Title Tribunal (NNTT), “QLD –Native title determination summary –Quandamooka People #1,” 2011, online at http://www.nntt.gov.au/Applications-And-Determinations/Search-Determinations/Pages/QLD_-_Native_title_determination_summary_-_Quandamooka_People_1.aspx

9. NPRSR, “Nature, Culture and History.”

10. Pers. comm. Roland Dowling, QPWS Ranger and manager, November 2012.

11. Since the Pleistocene era (6000 years ago), the shoreline of Moreton Bay changed from east of Stradbroke Island with rising sea levels, to flood the Bay area and produce the current island formations. Jay Hall, “Sitting on the Crop of the Bay: An Historical and Archaeological Sketch of Aboriginal Settlement and Subsistence in Moreton Bay, Southeast Queensland,” in *Coastal Archaeology in Eastern Australia: Proceedings of the 1980 Valla Conference on Australian Prehistory*, Occasional Papers in Prehistory 11, ed. S. Bowdler (Canberra: Department of Prehistory, Research School of Pacific Studies, Australian National University, 1982), 92.





Figure 1. Map of Peel Island with European and Aboriginal sites shown. Insets locate Peel Island in Moreton Bay and Queensland (Zbigniew Jarzab 2013, after Pragnell 1999, 155).

surrounds is known both through traditional stories passed down over time to today's traditional owners, and also through archaeological records gathered primarily by researchers in the 1980s and 1990s, notably Jay Hall and Jonathan Pragnell, and anthropological investigations during the native title process conducted by Paul Memmott.¹²

Free access to Peel Island was severely curtailed for many of the Quandamooka people from the late nineteenth Century onwards, as legislation restricting Indigenous peoples' movement and choice of residence came into Queensland law.¹³ Most Aboriginal people were confined to missions and reserves, or placed in compulsory employment.¹⁴ Many Quandamooka people were restricted to living within the mission at Myra on nearby Stradbroke Island, or were relocated to other missions on the mainland. These forced separations from family and traditional lands diminished the ability to pass down knowledge of and access to places such as Peel Island. Nevertheless important land and sea sites on and near Peel Island (that are not appropriate for public dissemination) were recorded during native title processes, and it retains ongoing spiritual, economic and historical significance for both traditional owners and Indigenous residents of Moreton Bay. Pragnell's archaeological study of the Lazaret and its paternalism explains that "it is likely that the entire Lazaret is built on a layer of disturbed shell midden material" and emphasizes the likelihood that it was an important area of Aboriginal occupation prior to settlement.¹⁵ His mapping of some sites on the island includes significant numbers of Aboriginal shell middens and a scarred

12. Hall, "Sitting on the Crop of the Bay"; Pragnell, "The Archaeology of the Peel Island Lazaret"; Paul Memmott, various unpublished, confidential reports, 1990s.

13. Queensland Government, *Aboriginals Protection and Restriction of the Sale of Opium Act, 1897*.

14. These wages were mostly never paid out to the wage earners, see Rosalind Kidd, *The Way we Civilise: The Untold Story* (St Lucia, Qld: University of Queensland Press, 1997).

15. Jonathan Pragnell, "Intended solely for their greater comfort and happiness": Historical Archaeology, Paternalism and the Peel Island Lazaret," PhD diss., University of Queensland, 1999, 269-70.

16. Pragnell, "Intended solely for their greater comfort and happiness," 155.

tree (of the type used for ceremonial purposes) (see fig. 1).¹⁶ This is not acknowledged by the current Queensland Heritage Register entry, which focuses on the post-contact values of the site.

Isolation and Segregation Policies in Queensland

The ruins of the former Lazaret are a significant example of the Queensland Government's late nineteenth and early twentieth century policies to segregate Aboriginal people and to separate undesirable and unwell members of society from the main population. Pragnell discusses this as "paternalism," and notes, as do we, that "[p]ollution associated with any deviancy meant removal to an island institution, be it an inebriates asylum, benevolent asylum, prison, quarantine station or Aboriginal mission."¹⁷ The historian Parsons acknowledges the importance of segregation in the treatment of leprosy, but uses Fantome Island as her chief example.¹⁸ We argue that further than paternalism, the imposition of isolation, both from the main populations of the state by concentration on an island, and segregation according to race within the Peel Island Lazaret, give insight into the role of architecture in the control of people in such settings. The state endeavoured to establish this control of its citizens and Indigenous people (who were not considered citizens at the time) through architectural means by imposing spatial and social order in state designed and funded buildings. This order was achieved also through coercive means, with patients forcibly removed to Peel Island, both whites and non-whites in accordance with the requirements of the Leprosy Act (1892).

17. Pragnell, "Intended solely for their greater comfort and happiness," 389.

18. Meg Parsons, "'Defining disease, segregating race': Sir Raphael Cilento, Aboriginal health and leprosy management in twentieth century Queensland," *Aboriginal History* 34, ed. Maria Nugent and Shino Konishi (Canberra: ANU E-Press, 2010).

Figure 2: Images of isolation and segregation. Left: View of Myora Mission North Stradbroke Island, 1906, with huts built by local Aboriginal people, along side houses built for Mission staff (Rev Higlett Photograph Albums Collection, reference 6600, negative 48205, John Oxley Library, State Library of Queensland). Right: Cherbourg Mission, 1907, showing high barbed wire fencing separating administrative and Aboriginal domains within the Mission (The Ration Shed Museum Collection, <http://rationshed.com.au/photo-gallery?album=5&gallery=4>).

A key example of the isolation and segregation approach was enforced on the general, healthy Aboriginal population in Queensland through the *Aboriginals Protection and the Restriction of the Sale of Opium Act 1897 Queensland*, which



forced Aboriginal people and so-called “half-castes” into missions, purportedly for their own protection and claims “make provision for the better protection and care of the Aboriginal and half-caste inhabitants of the colony,”¹⁹ overseen by a government official termed the Protector of Aborigines.²⁰ The notion of an Aboriginal “dying race” was part of a social Darwinism theory in which Aboriginal people, as lower orders of humans, were not expected to survive into the long-term future.²¹ This corresponds with the fears of disease and death surrounding leprosy.

The techniques for securing and protecting Aboriginal people within missions revolved around ideas of segregation. Missions were fenced, locked and controlled zones, often in rural locations, away from towns and urban centres. These places formed their own small society, with a predominantly Aboriginal population controlled by white overseers and religious affiliates.

Regimentation, order, cleanliness and the application of “scientific” rules to everyday life was the norm in missions, with rigorously applied routines of scrubbing floors, orderly lining up of children and adults for religious ceremonies and the arrangement of people within the mission according to arbitrary age and gender divisions that broke both Aboriginal and Western family norms.²² This was in stark contrast to Aboriginal ways of arranging people in camps and homes according to extended family and totemic affiliation, orientation towards country, and in order to facilitate the socially prescribed obligations and avoidances present within Aboriginal society.²³ Yet as Blake’s analysis of the Cherbourg Mission attests, domains of Aboriginal sociality became evident in some contexts, with self-selection of camping sites and regionally based extended kin groups forming, allowing for some spatial autonomy. Nevertheless his definition of the spatial domains of administrators separate to Aboriginal people, shows a clear hierarchy of power, played out through the arrangement of architectural spaces (see fig. 2).²⁴

19. Aborigines Protection and Restriction of the Sale of Opium Act, 1897

20. Kidd, *The Way we Civilise*.

21. Thom Blake, *A Dumping Ground: A History of the Cherbourg Settlement* (St Lucia, Qld: University of Queensland Press, 2001), 50.

22. For example children were separated from their parents at an early age for “training”. See Blake, *A Dumping Ground*.

23. For a description of camp layouts and socio-spatial arrangements in Queensland, see Paul Memmott, “The Way It Was: Customary Camps and Houses in the Southern Gulf of Carpentaria,” in *Settlement: A History of Australian Indigenous Housing*, ed. Peter Read (Canberra: Aboriginal Studies Press, 2000), 15-33.

24. Thom Blake, *A Dumping Ground*.

Isolation and Segregation at the Peel Island Lazaret

Leprosy, now known as Hansen’s Disease was first recorded in a Queensland in a Chinese patient in 1855, however it was the incidence of the disease in a young European male in 1891 that prompted the Queensland Parliament to pass the Leprosy Act of 1892 which provided for the forceful removal of “lepers”

25. Queensland State Archives Agency ID3735, Peel Island Lazaret, online at <http://www.archivesearch.qld.gov.au/Search/AgencyDetails.aspx?AgencyId=3735#bookmarkDescription>

26. Queensland State Archives Agency ID3734, Friday Island Lazaret, online at <http://www.archivesearch.qld.gov.au/Search/AgencyDetails.aspx?AgencyId=3734#bookmarkDescription>

27. Rod Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge and New York: Cambridge University Press, 2007), 164-5; Blake, "The Leper shall Dwell Alone," 3.

28. George Negus, "Peel Island," interview with Peter Ludlow and Roland Dowling, November 1, 2004, online at <http://www.abc.net.au/gnt/history/Transcripts/sl231982>

Figure 3: Composite image showing the Lazaret main compound for male and female "whites," and administration and hospital buildings (Zbigniew Jarab 2013 from original slides from the Dr Morgan Gabriel Collection, ref. 27550, John Oxley Library, State Library of Queensland).

to Lazarets.²⁵ In accordance with government policy for racial segregation in the control of leprosy, a Lazaret for "white" patients was set up on Stradbroke Island near the Dunwich Benevolent Asylum and a Lazaret for "coloured" patients was established on Friday Island in the Torres Strait.²⁶ Concerns with the operation of these facilities led the government to investigate options for alternatives in the early 1900s. Historian Rod Edmond argues that Leprosy was a highly racialised disease in Australia with "white lepers" being seen as an anomaly, and the contagion of leprosy as associated with Chinese, Pacific Islander and Aboriginal people. It was nevertheless considered less expensive to run a single multi-racial lazaret and a decision was made to construct such a facility on Peel Island.²⁷ Protected by North and South Stradbroke Islands to the east and dotted within a collection of smaller islands, Moreton Bay's shark infested waters provided an ideal means of segregating the population from the mainland.²⁸ Several of the bay islands were home to government facilities including St Helena Island which was utilised as a self-sufficient Prison (1865-1933), Stradbroke Island utilised first as a Quarantine Station at Dunwich (1850-65) and then converted to a Benevolent Asylum (1865-1946); Dunwich was also the site of the Myora Mission for Aboriginal people, as discussed (1892-1940); and Peel Island was the site for a Quarantine Station (1874-90s), an Inebriates Home (1910-16) and finally a Lazaret (1907-59).

All Queensland leprosy patients were relocated or removed to Peel Island following the opening of its Lazaret in 1907. Unlike other Australian examples, The Peel Island Lazaret was purpose designed and built based on the "isolation principle." In this example each patient was not only isolated on the island and within the Lazaret but they were segregated into compounds within the facility to separate races and sexes, furthermore, the patients were to be accommodated in single occupancy huts isolating each unwell individual.



Various levels of isolation and segregation are evident in the planning of the Peel Island Lazaret, primarily the selection of the island site isolated from the mainland by water, but further, the siting of the Lazaret on an elevated plateau at the north western corner of the island bounded by vegetation on the south, east and western edges. The singular open aspect is towards the ocean over a ten-metre-high cliff to the north. Following the journey by boat, either from the mainland or across from adjacent Stradbroke Island, patients arrived at either the southern edge of the island at Platypus Bay or the eastern edge of the island at Horseshoe Bay (see fig. 1). Both landing sites preceded a journey by foot, horse drawn buggy or later, motor vehicle of several kilometres across the island through the scrub before arriving at the Lazaret site. The site was arranged with two separate collections of buildings to segregate “white” and “coloured” populations (which had included both Aboriginal and South Sea Islander people at the Stradbroke Island Lazaret, and would later include other “non-whites” on Peel Island).²⁹ The main area accommodated staff, white patients and associated utility buildings (see fig. 3). This part of the site was partitioned into several compounds with timber framed cyclone mesh fences of various heights ranging from approximately five feet through to eight feet depending on the degree of containment deemed necessary.³⁰ A perimeter fence contained the “white” staff and patient area with internal division fences erected to segregate the buildings into different sub compounds. The male patients’ huts were contained in one compound at the western edge of the development. An additional fence separated male huts into mild cases and advanced cases with the healthier patients located closer to the northern ocean viewing edge of the site. Female white patients were located at the western edge of the Lazaret in a separate fence bound compound. A further “domain” was created for the living quarters of staff, which were separated and fenced, and in the case of the superintendent and later the lazaret doctor, a house quite separate from the “village” effect of the other buildings, providing visual privacy to him and his family (see fig. 4).

There was a clear social imperative to keep Aboriginal patients separated from whites. “Coloured” patients were located approximately 100 meters away in a separate area with their own dining room, kitchen and church. Physically and visually separate from the white population, the “coloured” compound was not contained by fences at this point.³¹ However, the attitudes of at

29. Pragnell, “Intended solely for their greater comfort and happiness,” 92.

30. Blake, “The Leper shall Dwell Alone,” 5, 11.

31. Pragnell, “Intended solely for their greater comfort and happiness,” 135.



Figure 4: Site Plan of Lazaret showing all buildings over time and fencing from c1940 (image by Zbigniew Jarzab 2013 after Blake 1993).

least some of the white patients can be demonstrated by their petition to the government about their Aboriginal neighbours at the previous lazaret site on Stradbroke Island:

We consider this place to be fairly healthy, with a fine view, and we have made a kind of a home of it. The only drawback is the presence of so many Black Lepers camped in front and near our Verandah, so, if these Blacks were removed, we would be more reconciled to our unfortunate fate.³²

32. Quoted in Pragnell, "Intended solely for their greater comfort and happiness," 111.

It was considered completely normal and appropriate in this era for white patients to have houses with verandahs, while ill Aboriginal people "camped" or lived in self-constructed huts, and this was what eventuated at Peel Island also. The difference in conditions provided for "white" patients and "coloured" patients was very evident in the accommodation with a contrast between building type, size, material, construction and proposed density of occupation.



Designed by architects within the Department of Works, the accommodation for white staff and patients and utility buildings were of similar materials and construction to other institutional buildings procured by the Queensland Government at the time. The huts were elevated on stumps to be few steps above the ground and are timber framed, clad with weatherboards and roofed with corrugated galvanised iron.³³ Detailed drawings were provided and a Brisbane contractor carried out the construction. The white patient's huts were approximately 3 meters by 3.5 meters in footprint and 3 meters high and were provided with basic furnishings including a bed, chest of drawers, table and chair. Initially constructed to the same detail as the male huts, the form of the female huts was later adjusted to include the addition of a kitchen.³⁴

33. Blake, "The Leper shall Dwell Alone," 5.

34. Blake, "The Leper shall Dwell Alone," 11.

While the historic treatment of Hansen's Disease at Peel Island was based on isolating patients in their own huts, as demonstrated in the provisions for "white" patients, the huts for "coloured" patients were designed to accommodate 2 people per dwelling. The "coloured" huts, or humpies, were also 3 by 3.5 metres in footprint but the ceiling heights were significantly lower and were erected by Aboriginal inmates from Myora Mission, constructed with an earth floor, framed with bush timber and clad with bark (see fig. 5) and were similar to those constructed by Aboriginal people for themselves at Myora (see fig. 2). At the 1907 outset the provision for "coloured" patients was "16 humpies to accommodate 49 patients. Tents were used to house the overflow (21 patients)," originally all men.³⁵ This is an average of 3 people per dwelling, exceeding the original stated intent for 2 people per hut. Following complaints of poor conditions, and the degradation of the bark on the original huts,³⁶ they were modified in 1908 to have corrugated iron cladding, huts for Aboriginal women were constructed, and in 1909 they were improved to include concrete slab floors.³⁷ Despite these improvements, the unlined corrugated iron humpies must have been unsuitably hot during the summer months and still lacked basics such as glazed windows.

35. Pragnell, "Intended solely for their greater comfort and happiness," 122.

36. Such dwellings are traditionally maintained by replacing of bark and other fabric as required usually on a seasonal basis.

37. Pragnell, "Intended solely for their greater comfort and happiness," 122.

As the incidents of Hansen's disease varied in number over the decades, the Lazaret site was developed and adjusted to accommodate the changing needs of the population. The lightweight timber and tin construction of most buildings allowed new buildings to be erected relatively quickly and existing buildings to be altered or relocated on the site. One notable addition was the construction of four timber huts in the "coloured"

Figure 5: Peel Island Patient Hut Types. Top Left: Coloured Huts as originally constructed (originally published in the *Queenslander*, August 3, 1907, held in John Oxley Library, State Library of Queensland, negative no. 36684). Top right: coloured Huts after alterations (photograph by Emily Jukes 2012). Bottom Left: Male Huts in various states of condition (photograph by Emily Jukes 2011). Bottom Right: Restored Female Hut in foreground and ruinous Female Huts in background. (photograph by Emily Jukes 2012)



compound in 1924, these timber and tin huts were for female “coloured” patients and were isolated within the “coloured” compound by an 8 foot high fence.

Enduring nearly four decades of such site adjustments, the structure of the site remained relatively consistent until the early 1940s when the fences around the male and female compounds appear to have been removed and the only remaining fences enclosed staff quarters and the church. The removal of the fences appears to coincide with the closing of the ‘coloured’ compound in January 1940 when all “coloured” patients were relocated to the newly built Aboriginal Lazaret at Fantome Island in the Torres Strait.³⁸

38. Blake, “The Leper shall Dwell Alone,” 11-13.

During the inter-war period, Sir Ralph Cilento, then Commonwealth Health Department’s Director of Tropical Hygiene, and Brisbane Chief Quarantine Officer, believed that leprosy was a disease particularly prevalent, more acutely affecting and more difficult to treat in Indigenous populations. Raids on Aboriginal settlements were carried out to find and detain those with the disease.³⁹ He also favoured the separation and different treatment of patients, based on race, based in part on the beliefs of Dr Cecil Cook (later Chief Protector of Aboriginal people) whose studies led him to the erroneous conclusion that leprosy was a sexually transmitted disease caused by the “mixing” of races.⁴⁰ Cilento’s policy was that white patients on Peel Island should be given every luxury requested, so they could cope with the disease, but he failed to extend such consideration to non-whites.⁴¹ Cilento’s notions of segregation, Parsons argues, were influential in the establishment of the Indigenous-only Lazaret at Fantome Island.

39. Parsons, “Defining disease, segregating race.”

40. Parsons, “Defining disease, segregating race.”

41. Parsons, “Defining disease, segregating race.”



The Peel Island Lazaret was closed in 1959 and the remaining white patients were relocated to the Princess Alexandra Hospital in Brisbane.⁴² The land was gazetted as vacant Crown Land.⁴³ Proposals for several forms of development of the island were explored during the 1960s however none were progressed.⁴⁴ The site was sporadically utilised for school recreation purposes until the 1980s and then became disused before receiving conservation attention following its entry into the State Heritage Register in 1993.⁴⁵

42. Queensland Heritage Register, "Peel Island."

43. Blake, "The Leper shall Dwell Alone," 24.

44. Blake, "The Leper shall Dwell Alone," 24.

45. Blake, "The Leper shall Dwell Alone," 25; Friends of Peel Island, "About Us" online at <http://www.fopia.org.au/about.htm>

Maintaining the Architectural Evidence of Isolation and Segregation

Blake derives three overarching values of the Lazaret, its *historical* value as a government institution for control and isolation of people, its *rarity* value as a multi-racial Lazaret based on the isolation principle and its *aesthetic* value as an abandoned site in a picturesque setting.⁴⁶ These three qualities are reiterated in the criteria meeting the threshold for state heritage listing and described in the register citation.⁴⁷ While the distinctly identified aspects of history, rarity and aesthetics are of equal value, the challenges of conserving a disused, remote and relatively inaccessible site tend to penalise the aesthetic qualities of abandonment and decay. The fragile nature of the timber and tin construction located in a natural vegetated setting require regular attention and practical maintenance to ensure life safety standards and bushfire protection. The practical clearing of vegetation and removal of the ruinous, unfixed fabric along with the retention, restoration and interpretation of tangible evidence of historical and rarity values can contradict the retention of some of the aesthetic qualities of decay valued in the citation. It can be argued that the aesthetic values of the site anchor some of the less tangible aspects of isolation and segregation with the overgrown and ruinous qualities of the place evoking a sense of abandonment both physically from the mainland and temporally from a time of different policy. However there is a clear tendency toward the conservation of the less challenging physical characteristics of the site. As direct outcomes of isolation and segregation policies, many physical aspects of the Lazaret embody the historical and rarity values. Today, just over five decades since the last patients left the Lazaret, the effects of its subsequent uses and periods of neglect followed by essential practical maintenance and management have erased some of these significant tangible markers.

46. Blake, "The Leper shall Dwell Alone," 228-31.

47. Queensland Heritage Register "Peel Island" (criteria A, B and E).

At the time of State Heritage Listing, Blake's Conservation Management Plan identified fourteen significant components of the site, four of which can be interpreted as direct tangible evidence of the isolation and segregation principles that underpin the development of the Lazaret. Firstly, the general site planning, arrangement and grouping of buildings demonstrates the institutional nature of the site and reveals the presence of ordered compounds. Less than half of the huts remain standing today. The reduction in numbers is due to several factors including the removal of huts during the operation of the Lazaret, the removal of some huts in the time between the closure and heritage listing of the site and the natural degradation and subsequent removal of some huts for site safety reasons. The remaining huts still allow a reading of the separation between each compound and the physical distance imposed between "coloured" and "white" patients. Secondly, the different accommodation types are clear physical evidence of the variation in standards provided for different groups of patients, on both gender and racial criteria. In accordance with Blake's Conservation Management Policies a program of selective restoration of representative hut types is ensuring the conservation of example buildings. The restoration of these huts allows for a direct experience of the contrasting treatments. Thirdly, evidence of fences around compounds demonstrates the enforced containment and segregation. While the general extent of compounds can be estimated, very little evidence of the boundary fences are present on the site today as Baked noted: "The removal of most of the original fences has diminished a precise understanding of the earlier boundaries."⁴⁸ Considering that the enforcement of the compounds was ensured by fences, it can be argued that without the physical presence of bounding fences a sense of life at the lazaret cannot be fully imagined and that the restoration of fences would aid effective site interpretation. The fourth significant component is the remnant roads, pathways and plantings that track along the lines of containment and reinforce the layers of boundaries.⁴⁹ Again, very few of these attributes have survived the passage of time and the rigours of maintenance. The presence of these territorial divisions and thresholds would clearly reiterate the space of the individual and the space of each collective within the greater compound. Unfortunately a lack of historical evidence would likely prohibit the accurate restoration of these elements.

48. Blake, "The Leper shall Dwell Alone," 48.

49. Blake, "The Leper shall Dwell Alone," 48.





Figure 6: Aerial view of 3D scan of the Peel Island Lazzaret in November 2012. While many of the buildings have been retained several of the tangible characteristics of isolation and segregation are difficult to detect (image by Zbigniew Jarzab from CSIRO data, 2012).

Conclusion

Recognition of Aboriginal people in the contemporary era as valued members of Australian society, rather than members of an inferior and “dying race” provides an imperative to consider Aboriginal histories and experiences of architecture in ways previously hidden or excluded from historical accounts. Peel Island is a richly loaded site that provides a fraught record of the use of architecture as a tool of segregation, isolation and ultimately oppression, despite its picturesque and valued aesthetic qualities. We argue that the architecture of the Peel Island Lazzaret, including the arrangement into racialised domains, the differential quality of its built fabrics and the density of people using the structures, are central to providing the ongoing meaning of this site. Recognition of these aspects of architectural history gives weight to the argument that architecture was used as a tool in the oppression of people’s basic human rights. This is not fully captured in the current cultural heritage citation, nor the management of the site. Measures for bushfire protection, site safety and well meaning volunteer conservation projects are the predominant activities occurring on the disused site today. The risk is that ongoing efforts to conserve the complex site unknowingly overlook some of the significant architectural markers of isolation and segregation, which are so essential in revealing the shared history of the place.