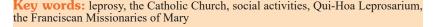


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Social Activities of the Catholic Church in the Central Region of Vietnam: a Case Study of Qui-hoa Leprosarium (1929-1975)

Abstract. Based on the study of the establishment process as well as the treatment and care activities of patients at Qui-Hoa Leprosarium (Qui-Nhon City, Binh-Dinh province) from 1929 to 1975, the article's author initially clarifies the Catholic Church's role, specifically the Society of Foreign Missions of Paris and the Franciscan Missionaries of Mary, in social activities in the Central region of Vietnam during this period. To complete the above research content, the author combined the use of two main research methods of Historical Science (historical and logical) with other research methods, such as synthesis, analysis, statistics, comparison, etc., to exploit the content of the original materials of the Society of Foreign Missions of Paris as well as the research results of Vietnamese and international scholars directly or indirectly related to this issue. The article will have specific scientific contributions, helping researchers gain a comprehensive and objective perspective on the Catholic Church's role in Vietnamese lives during the 20th century.





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Общественная деятельность Католической церкви в Центральном регионе Вьетнама: на примере лепрозория Куй-Хоа (1929-1975 гг.)

Аннотация. Исследуя историю основания и работы лепрозория Куй-Хоа (г. Куй-Ньон, провинция Бинь-Динь) в период с 1929 по 1975 год, автор статьи проясняет роль Католической церкви, в частности Парижского общества заграничных миссий и францисканок-миссионерок Марии, в общественной деятельности в Центральном регионе Вьетнама в указанный период. Для реализации вышеуказанной цели автор использовал два основных метода исторической науки (исторический и логический) в сочетании с другими исследовательскими методами, такими как синтез, анализ, статистика, сравнение и т.д., для работы с содержанием оригинальных материалов Парижского общества заграничных миссий, а также с результатами исследований вьетнамских и зарубежных учёных, прямо или косвенно связанных с данной темой. Статья помогает получить чёткое представление о роли Католической церкви в жизни вьетнамского общества в XX веке.

Ключевые слова: проказа, Католическая церковь, общественная деятельность, лепрозорий Куй-Хоа, францисканки-миссионерки Марии

Introduction

After establishing a colonial regime over Indochina in general and Vietnam in particular at the end of the 19th century, besides stepping up colonial exploitation to pillage and fleece all resources and wealth of this country, the French also gradually realized that paying attention to and finding ways to solve many urgent social problems in the Vietnamese at that time was one of the effective measures to help change their unfriendly look toward the colonial regime. This was undoubtedly beneficial to maintaining and consolidating French rule in Vietnam. To realize the above calculation, among the many activities deployed, the French considered preventing the spread of leprosy as one of the top priorities.

In Lépreux et leproseries Moï, Marcel Ner said that although the rate of leprosy patients in Indochina in general and Vietnam in particular in the first half of the 20th century was only 0.58 per 1,000 people, much lower than in some other countries or regions in the world at that time [Ner, 1931, 7], however, with its persistent existence and spread throughout the Tonkin (Northern Vietnam), Annam (Central Vietnam), and Cochinchina (Southern Vietnam) regions, this disease has brought about many severe social consequences. Census data in 1914 showed that the number of lepers in Annam then was 1,883, and in Cochinchina was 2,163 [Gouvernement Général de L'indochine, 1917, 80]. Meanwhile, according to statistics in the 1918 Report to the Government Council of the colonial government, from January 1 to December 31, 1917, the number of lepers in Tonkin increased from 1,479 to 2,432 [Gouvernement Général de L'indochine, 1918, 86]. People suffering from this terrible disease are partly admitted to medical facilities for treatment or are cared for by relatives at home under the supervision of local authorities. However, a leper group still has not been isolated, cared for, and closely managed. The fate of these people was truly miserable and tragic. They were abandoned, driven out of villages, and forced to beg along the roads near the ferry stop and market. When alms were not enough to feed themselves, these hungry and miserable patients entered the shops and stalls in the market, using their crippled hands to grab the food they craved. Of course, the vendor had to leave the food behind because it had been touched and contaminated by the lepers. Not only that, lepers were also turned into debt collectors.

Impatient creditors would hire some of the most disgusting lepers and ask them to surround the houses of stubborn debtors. To escape this situation, the debtors must repay quickly [Le Moine, 1930]. The above social consequences, along with the increasing number of lepers, put real pressure on the health system built in Vietnam by the colonial government. Therefore, although at that time, several leprosy treatment medical facilities had been established in Tonkin (*Té-Truong, Vân-Môn, Huong-Phong, Qua-Cam, Liêu-Xa, Son-Tay, Khuya*), Annam (*Thua-Thiên*), and Cochinchina (*Cùlao-Rông*) [Gouvernement Général de L'indochine, 1921, 43] by the colonial government, the need to build more leprosariums to treat and care for people unfortunate enough to suffer from this disease is still urgently being raised. That was also the origin of the construction of the *Qui-Hoa* Leprosarium in 1929.

It is a fact that must be acknowledged that the construction of the *Qui-Hoa* Leprosarium was backed by the protectorate government established by the French in Vietnam, both legally and financially. That also made this leprosarium, when it came into operation, owned by the protectorate government [Truong Ba Can, 2008, 386]. However, the unique thing is that the idea of establishing this medical facility for treating leprosy was not first proposed by the colonial authorities but also by a priest of the Society of Foreign Missions of Paris: Paul André Maheu¹. From the first stage of laying the foundation for the establishment of the le-prosarium in the years 1929–1931 to its organization, management, and operation until 1975, all were associated with the role of the missionaries of the Society of Foreign Missions of Paris of the Diocese of *Qui-Nhon* and especially the nuns of the Franciscan Missionaries of Mary. Therefore, in this article, instead of profoundly researching the politically tinged relationship between Qui-Hoa Leprosarium and the French Protectorate, the author chose a case study approach to clarify the contribution of the Catholic Church to social activities in the Central region of Vietnam from 1929 to 1975 through the "re-storation" of the establishment and operation of Qui-Hoa Leprosarium during this period.

Missionary Paul André Maheu: The founder of the *Qui-Hoa* Leprosarium (1929–1931)

Nowadays, discussing the birth and operation of the *Qui-Hoa* Leprosarium, researchers all agree to acknowledge the role of the missionaries of the Society of Foreign Missions of Paris of the Diocese of *Qui-Nhon*. Among them, Priest Paul André Maheu was the one who initiated and laid the first foundation for the formation of a medical facility to treat leprosy in this mission area. However, as a missionary with ordinary medical knowledge, Paul André Maheu could hardly undertake complex professional work such as treating and caring for people with leprosy. This incurable disease always brought fear to the people of Vietnam at that time. Fortunately, Marcel Le Moine – Chief Medical Officer of *Binh-Dinh* Province – accompanied Paul André Maheu from the beginning as the person in charge of medical expertise and the co-founder of the leprosarium.

To realize the idea of building a leprosarium in *Binh-Dinh*, the first thing that Priest Paul André Maheu and Doctor Marcel Le Moine thought of was the need for a location, and *Qui-Hoa* was chosen as an arrangement of God. The article *La Léproserie de Qui-Hoà* (*Sud-Annam*), published in *Les Annales Coloniales* on April 23, 1929, described *Qui-Hoa* as a small bay 10 km from *Qui-Nhon* city. There was a sufficient amount of arable land to grow different types of crops here. Meanwhile, water for patients' daily lives will be provided by several streams in this area [Pour une léproserie, 1929]. With the relatively

complete convergence of conditions to carry out treatment and organize the patients' lives, *Qui-Hoa* quickly attracted the attention of Priest Paul André Maheu. Doctor Marcel Le Moine recorded the event of Paul André Maheu setting foot on the *Qui-Hoa* coast to begin construction of the leprosarium in early 1929 as follows: "One fine morning, we saw a wooden bed, a few chairs, a table, a phonograph, many books, and an ascetic with luminous eyes arrive in a junk: it was Father Maheu who was going to devote his life to lepers" [Paul Maheu 1869–1931, https://irfa.paris/missionnaire/2170-maheu-paul/].

In the plan of Priest Paul André Maheu, the *Qui-Hoa* Leprosarium will be designed as an actual city with housing and a church for the staff working there. Meanwhile, an admission office, a clinic, and an infirmary are required to treat leprosy patients, especially those who are seriously ill and need continuous medical care. Paul André Maheu also envisioned a residential area for the families of leprosy patients classified according to the severity of their sickly condition and a living area for their children. In addition, Paul André Maheu also recognized the need for a cultivated area within the *Qui-Hoa* leprosarium. Each

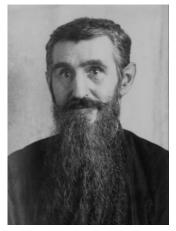


Fig. 1. Priest Paul André Maheu (1869–1931). Source: [Paul Maheu 1869– 1931, https://irfa.paris/missionnaire/2170-maheu-paul/].

patient's family will be given a particular area and tools to cultivate without discrimination or alienation from others, as in typical residential areas. This construction plan has been highly appreciated for its uniqueness and usefulness, especially its humanity and charitable spirit [L'Impartial, 1929, 16–17].

In a speech in *Sai-Gon* on March 3, 1930, to seek financial support for constructing the *Qui-Hoa* Leprosarium, Doctor Marcel Le Moine described in more detail the master plan of the *Qui-Hoa* Leprosarium. He said that missionary Paul André Maheu chose *Qui-Hoa* because it was a spacious location and far enough from the city center but not too difficult for doctors from *Qui-Nhon* Hospital to come here to work. The climate here was relatively fresh, allowing the cultivation of rice, vegetables, and industrial crops (coconut, mango, tea, coffee, rubber, etc.). People can also find drinking water, firewood, and fishing here. On a rectangular plot of land 600 meters long on each side located in the center of *Qui-Hoa* Bay, purchased from the local people to build a leprosarium, in addition to the square and market located in the center, the remaining land is divided into six areas.

Among them, areas A and B are mainly used to build infrastructure to serve the examination and treatment of patients. It includes a block of buildings used as offices for

doctors, research laboratories, pharmacies, and medical rooms – where patients are cared for. Several other blocks of houses were also built in areas A and B, with rooms with two beds, which will be arranged for amputated patients (legs, arms) who cannot work and their families. Accommodation for children not affected by leprosy was also arranged in these blocks of houses. Even though they don't live with their sick parents, these children can still see them regularly.

Meanwhile, areas C will include the leprosarium director and deputy director's residences, a church and meeting room, a movie and music venue, a model farm, a small power plant, a water tower, etc. Area D will be used for vegetable growing, agricultural research, and nursery. The land in the remaining two areas will be divided among leprosy patients' families so they can build their own houses and cultivate agriculture (rice cultivation and gardening). This is the most typical manifestation of the agricultural colony "leper village" [Le Moine, 1930] models established at *Qui-Hoa* Leprosarium.

With such a scale, Priest Paul André Maheu and his colleagues realized the need to mobilize and continuously maintain an abundant source of finance. They considered it one of the decisive issues for the plan's success or failure to build and operate the *Qui-Hoa* leprosarium. The initial estimate to complete the construction items at *Qui-Hoa* was 10,000 or 20,000 piastres – an amount not too large compared to the support carried out elsewhere [L'Impartial, 1929, 16–17]. Still, it made the founders of this leprosarium think and find ways to manage. To solve the above problem, in addition to the initial financial support from the protectorate government [Le Moine, 1930; À la léproserie de Qui-Hoà, 1930], Priest Paul André Maheu and Doctor Marcel Le Moine also used many different measures:

Firstly, the speech activity was organized to raise funds for constructing the Oui-Hoa Leprosarium. On March 3, 1930, a talk session by Priest Paul André Maheu and Doctor Marcel Le Moine about the *Qui-Hoa* Leprosarium project with the participation of Mr. Rigaux, delegate of Annam to the Higher Council of the Colonies, along with a large public of all classes, was held at the Eden cinema, on Catinat street, Sai-Gon city. In this event, as the person in charge of the medical expertise of the *Qui-Hoa* Leprosarium that was under construction, just by some statistical data, Marcel Le Moine informed the public in Sai-Gon about the current situation of leprosy in Annam (the central provinces of Vietnam today from Thanh-Hoa to Binh-Thuan in general and Binh-Dinh province in particular. According to Marcel Le Moine's calculations, there were about 12,000 lepers in the Annam (out of a total population of six million) in 1928. In Binh-Dinh province alone, there were 1,200 people (out of a total population of 700,000). He carefully analyzed the social consequences of these lepers living with ordinary people. From there, Marcel Le Moine affirmed that the establishment of *Oui-Hoa* Leprosarium in *Binh-Dinh* province was a correct decision, aiming to separate people with this disease from residential areas to avoid making them feel discriminated against and afraid while ensuring them a minimum material life as well as continuous and long-term medical treatment conditions. He also called on the public in all classes in Sai-Gon, out of compassion for the miserable leprosy patients, to generously donate money to help Priest Paul André Maheu repay the 20,000 piastres that the protectorate government gave him in advance to build this leprosarium [Le Moine, 1930].

Secondly, some prestigious Vietnamese and French launched financial donations to build the *Qui-Hoa* Leprosarium in the press. A typical example is the appeal of Jacques Le Van Duc, a businessman, and a famous Vietnamese opera compiler at that time [Minh Chau, 2022]. The *L'Écho Annamite* newspaper of March 17, 1930, reported his entire appeal. Jacques Le Van Duc opened his article by reflecting on the physical and mental suffering of lepers. He also mentioned the efforts of Priest Paul André Maheu and Doctor Marcel Le Moine in building a leprosarium in *Qui-Hoa* (*Binh-Dinh* province) to care for people suffering from this disease. From there, he called on Vietnamese, especially famous people, to have compassion for the unfortunate leprosy patients and to generously help and donate. The funds will be sent to Priest Paul André Maheu in *Qui-Hoa* to bring material prosperity and spiritual comfort to the leprosy patients there [Le Van Duc, 1930].

Meanwhile, in responding to the financial campaign for the construction of the *Qui-Hoa* Leprosarium by Priest Paul André Maheu and Doctor Marcel Le Moine, Henry Danguy, in the article *L'asile des Lepreux de Qui-Hòa* published in *Les Annales Coloniales* on March 23, 1930, also called on the public of all classes in *Sai-Gon* to engaged in helping

with Priest Paul André Maheu and Doctor Marcel Le Moine to fight leprosy in Annam [Danguy, 1930]. The fundraising campaign to build the *Qui-Hoa* Leprosarium took place not only in Vietnam but also in France. In June 1630, Léon Launoy – Associate Professor at the Faculty of Pharmacy of Paris, published *Un Fléau Qui S'étend* in *Les Annales Coloniales*. Among them, he expressed his impression and admiration for the work of Priest Paul André Maheu and Doctor Marcel Le Moine in caring for leprosy patients in Annam in general and *Qui-Hoa* in particular. On that basis, Léon Launoy called on the French in the motherland to generously contribute financially to help Priest Paul André Maheu maintain this noble humanitarian activity for the lepers in *Qui-Hoa* for about five or six years, with the amount needed each year being 20,000 piastres [Launoy, 1930, 14].

Thirdly, mobilize financial resources for the *Qui-Hoa* Leprosarium from popular entertainment and recreation activities in society. On September 11, 1930, the article *Un* comité provisoire pour venir en aide à la leproserie de Qui-Hoà (Sud-Annam), published in L'Écho Annamite, reported that François Su – A diamond merchant and member of the Grand Council of Economic [and Financial] Interests of Indochina, met with Governor-General Pierre Pasquier² to discuss financial support for the completion of the *Qui-Hoa* Leprosarium. Although the goal was not achieved because the colonial government was facing credit difficulties at that time, in return, François Su received the consent of Governor-General Pierre Pasquier on the lottery project to raise funds for the construction of the Qui-Hoa Leprosarium [Un comité, 1930; De Belleval, 1930, 290]. Afterward, a provisional committee headed by François Su was established to assume this work [Un comité, 1930]. As a result, from late 1930 to the end of 1931, lottery activities to raise funds for the *Qui-Hoa* Leprosarium took place throughout the country. In Cochinchina, the region's governor has ordered provincial leaders to facilitate the purchase of lottery tickets by people of all classes. The proceeds from the sale of lottery tickets must be sent directly to Mr. François Su [Pour la léproserie de Qui-Hoà, 1931]. Meanwhile, a positive result in Tonkin was also recorded, with all lottery tickets issued for the sweepstakes drawing on September 20, 1931, for the benefit of the *Qui-Hoa* Leprosarium sold out [Tirage de tombola, 1931]. In addition, on November 9 and 10, 1930, major football matches to raise funds for the *Qui-Hoa* Leprosarium were also held at *Phnom-Penh* Stadium (Cambodia) [Pour la léproserie de Qui-Hoà, 1930].

Historical materials at that time did not provide today's researchers with specific statistics to evaluate the effectiveness of mobilizing financial resources in the mother country and colonies through the above measures to serve the construction of the Qui-Hoa Leprosarium. However, it should be emphasized that the above activities occurred simultaneously with the groundbreaking and construction of the leprosarium in 1929– 1931. Therefore, the financial shortages mentioned in the press during this period [Secours et dévouement arrêtés, 1930; Danguy, 1930; Launoy, 1930, 14; De Belleval, 1930, 290; À la léproserie de Qui-Hoà, 1930] showed that the revenue from social raising subscription activities may have achieved some specific results. Still, it was not a solid source of support for completing the Qui-Hoa Leprosarium. Despite many efforts to mobilize funding in both France and Vietnam, by September 1930, financial difficulties forced Paul André Maheu to suspend the construction of the *Qui-Hoa* Leprosarium [Secours et dévouement arrêtés, 1930]. The over-exertion situation for a long time to establish this medical facility to care for leprosy patients also wore down the priest's strength, forcing him to be hospitalized in *Hue* for treatment [La léproserie de Qui-Hoa, 1930]. Paul André Maheu's medical condition seemed more severe than anyone imagined, so much so that in December 1930, he had to return to France – where medical conditions were much better than in the colonies for treatment [Le départ du R. P. Maheu, 1930]. However, this does not seem to bring much hope in restoring his health. On February 27, 1931, he breathed his last in Paris [De Belleval, 1931, 99], leaving behind the endless sorrow of his colleagues in both France and Vietnam and, with it, the project to build the Qui-Hoa Leprosarium, which was still in disarray and unfinished.

Continuing the work of Priest Paul André Maheu in *Qui-Hoa*: The Emergence and Activities of the Franciscan Missionaries of Mary (1932–1975)

It must be affirmed that the formation and development of the *Qui-Hoa* Leprosarium are always closely associated with the role of the missionaries of the Society of Foreign

Missions of Paris of the Diocese of *Qui-Nhon*. After the death of priest Paul André Maheu, the unfinished project in *Qui-Hoa* was continued by his two colleagues, Pierre Alexandre and Gabriel Marie Nicolas, and placed under

Alexandre and Gabriel Marie Nicolas, and placed under the management of missionary Augustin-Marie Tardieu³ – Bishop of the Diocese of *Qui-Nhon* during the period 1929–1942. However, during this time, a strategic and radical awareness of Augustin-Marie Tardieu led to the presence and close attachment of the Franciscan Missionaries of Mary from Europe to the *Qui-Hoa* Leprosarium until 1975.

As early as 1930–1931, when the leprosarium first came into operation, although at that time, there was the participation of the nuns of the Qui-Nhon Missionary Sisters of The Holy Cross [Brief History, 2019] in taking care of patients here, Bishop Augustin-Marie Tardieu realized that, for the *Qui-Hoa* Leprosarium to develop better, this medical facility needed to be managed by foreign nuns with sufficient medical expertise. After unsuccessfully inviting other religious orders, during his Ad Limina visit⁴ to Rome at the end of 1930, Bishop Augustin-Marie Tardieu negotiated with the Superior General of the Franciscan Missionaries of Mary to allow nuns from this religious order to come and manage and take charge of the work at the Qui-Hoa Leprosarium. In December 1930, before boarding a ship in Marseille to return to the Diocese of *Qui-Nhon*, Bishop Augustin-Marie Tardieu received confirmation from the



Fig. 2. Augustin-Marie Tardieu – Bishop of the Diocese of Qui-Nhon (1929–1942).
Source: [Augustin Tardieu 1872-1942, https://irfa.paris/en/missionnaire/2304-tardieu-augustin/].

Franciscan Missionaries of Mary that in 1932, six nuns would go to Vietnam at his request. Because the *Qui-Hoa* Leprosarium was sponsored by the protectorate government, in 1931, after returning to Vietnam, Bishop Augustin-Marie Tardieu immediately began negotiating with the French Resident Superior and signed a contract effective from January 1, 1932, to arrange facilities and financial conditions for the nuns during their work there. Accordingly, six nuns of the Franciscan Missionaries of Mary will travel free of charge in a second-class cabin on the ship from Marseille to *Sai-Gon* before setting foot in *Qui-Hoa*. They will be given suitable accommodation in the leprosarium. Each nun will receive 75 piastres/per month to support herself.

Meanwhile, 500 piastres will be granted annually for the nuns to pay those who assist them in their work. At the same time, the Diocese of *Qui-Nhon* also agreed with the protectorate government to appoint one of the nuns working there as director of the leprosarium [Société des Missions-Étrangères de Paris, 1932, 167]. Thus, with the signing of this contract, the direct management of the *Qui-Hoa* Leprosarium was transferred from the missionaries of the Society of Foreign Missions of Paris to the nuns of the Franciscan Missionaries of Mary.

On September 23, 1932, six nuns of the Franciscan Missionaries of Mary [Société des Missions-Étrangères de Paris, 1933, 205; Mission of the Franciscan Missionaries of Mary in Qui Hoa, 2013], including four French (Marie Gisèle, Marie de St. Foulques, Marie de la Résurrection, and Marie Martia du Sacré Coeur) and two Belgian (Marie de St. Venant and Marie Walberta) [Vo Dinh De, 2023] under the assignment of Marie Marguerite de Sacré-Coeur – Superior General of the Franciscan Missionaries of Mary, boarded the ship *Général Messinger* from Marseille [Chez les lépreux, 1932] and arrived in *Qui-Hoa* on October 25 of the same year [Société des Missions-Étrangères de Paris, 1934, 154]. The leprosy patients at *Qui-Hoa* warmly welcomed the nuns with a bilingual speech in French and Vietnamese. They call themselves "be in bad shape, decrepit". This caused sorrow and compassion to rise strongly in the hearts of the nuns and turned into an invisible power that made them vow to stay here for the rest of their lives [Vo Dinh De, 2023].

After arriving in *Qui-Hoa*, Sister Marie Gisèle operated and managed the leprosarium. From then on, the Diocese of *Qui-Nhon* only played a spiritual support role and no longer contributed funds or material assistance to the patients here. Meanwhile, the French protectorate government in Vietnam was responsible for hospitalizing patients and was wil-



Fig. 3. The foreign nuns of the Franciscan Missionaries of Mary arrived in Qui-Hoa in 1932. Source: [The Franciscan Missionaries of Mary in Vietnam, 2012, 58].

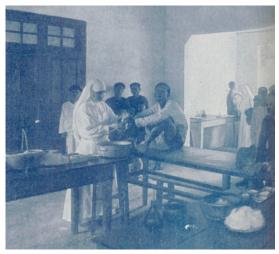


Fig. 4. Franciscan Missionaries of Mary's sisters treat lepers.

Source: [La léproserie de Qui-Hoa, 1935, 48].

ling to pay hospital fees and salaries for the staff serving at *Qui-Hoa*. At the same time, the nuns also placed their responsibilities under the professional assistance of the medical agency under the French Protective Government in Vietnam [The Franciscan Missionaries of Mary in Vietnam, 2012, 59]. Caring for leprosy patients is also carried out and maintained continuously by the nuns. Every day, they have to change bandages and clean wounds for about 160 to 180 leprosy patients [Mission of the Franciscan Missionaries of Mary in Qui Hoa, 2013], not to mention caring for people with other common diseases. With the love and dedicated service of the nuns, the leprosy patients at *Qui-Hoa* gradually reduced their inferiority complex, self-consciousness, and suffering from the discrimination, disgust, and alienation that society previously treated them.

The rapid increase in leprosy patients from when the nuns came to work in *Qui-Hoa* (1932) onwards⁵ also created an urgent need to construct houses and other infrastructure to serve them. In particular, on November 1, 1933, a significant storm and tsunami swept through *Qui-Hoa* [La détresse d'un évêque d'Annam après un violent cyclone,

1934], severely destroying the infrastructure serving the treatment and living of patients. This tragic situation became the driving force that urged the nuns of the Franciscan Missionaries of Mary working here to quickly realize the plan to rebuild the *Qui-Hoa* Leprosarium on a larger and more solid scale. At the same time, a residential area for about 500 patients was also built and used in 1934–1935 [Pham Hoai Nhan, 2015].

Realizing that taking care of the spiritual life of leprosy patients is just as important as healing their physical wounds, so along with rebuilding the leprosarium and building a new residential area for leprosy patients, the nuns of the Franciscan Missionaries of Mary also conducted a fundraising campaign in *Sai-Gon*,



Fig. 5. Leprosy patients' houses in the precinct of Qui-Hoa Leprosarium in 1935. Source: [La léproserie de Qui-Hoa, 1935, 49].

at the same time, they received additional financial support from Superi-or General Marie Marguerite de Sacré-Coeur to build a large and solid church. In 1934, a church 36 meters long, 16 meters wide, and with a 22-meter-high bell tower was built in the central area



Fig. 6. Panorama of Qui-Hoa Leprosarium before 1936. Source: [The Franciscan Missionaries of Mary in Vietnam, 2012, 58].



Fig. 7. Qui-Hoa Church during construction in 1935. Source: [Vo Dinh De, 2023].



Fig. 8. Qui-Hoa Church was completed in 1936. Source: [The Franciscan Missionaries of Mary in Vietnam, 2012, 60].

of the *Qui-Hoa* Leprosarium. On December 8, 1936, the inauguration ceremony of the church took place solemnly in a jubilant atmosphere that spread throughout the *Qui-Hoa* Leprosarium. The patients happily thanked God and the Virgin Mary for helping them complete the construction project safely [The Franciscan Missionaries of Mary in Vietnam, 2012, 60].

Meanwhile, materials recorded by the Society of Foreign Missions of Paris also showed a positive infrastructure and patient care change at the *Qui-Hoa* Leprosarium by 1937. In addition to the large and solid church made of reinforced concrete, a new house was inaugurated inside the leprosarium area to raise children immediately after birth, to separate them from their parents to avoid spreading this terrible disease. Electricity has also been provided to the leprosarium by the *Qui-Nhon* city government. In addition, a laboratory equipped with a microscope was also built, which can help find leprosy germs and perform necessary tests. The nuns of the Franciscan Missionaries of Mary here had 117,580 times cared for patients this year [Société des Missions-Étrangères de Paris, 1938, 148].

Under the management and administration of the nuns of the Franciscan Missionaries of Mary⁶, the *Qui-Hoa* leprosarium's operations from the second half of the 1930s to the first half of the 1940s gradually stabilized. However, in August 1945, the National Liberation Revolution led by the *Viet-Minh* [越盟: League for Independence of Vietnam] broke out and won. In the context of foreigners having to leave Vietnam under orders from the revolutionary government, foreign nuns of the Franciscan Missionaries of Mary were no exception [De Rugy, 2023, 61–77]. The work of running the *Qui-Hoa* leprosarium, both pastorally and socially, was later assigned to the native missionaries of the Society of Foreign Missions of Paris of the Diocese of *Qui-Nhon*. Meanwhile, the work of caring for leprosy patients is mainly carried out by Vietnamese nuns of the Franciscan Missionaries of Mary [Pham Hoai Nhan, 2015] and the *Qui-Nhon* Missionary Sisters of The Holy

Cross [Brief History of Qui Hoa Parish, 2018]. Ten years later (1955), two foreign nuns from the Franciscan Missionaries of Mary, Marie Charles Antoine, and Marie Ozithe, had the opportunity to return to *Qui-Hoa* to serve leprosy patients. This is an important historical milestone marking the continuation of the contributions of foreign nuns of Franciscan Missionaries of Mary to the *Qui-Hoa* Leprosarium after interruption. From then until 1975 – when the foreign nuns of the Franciscan Missionaries of Mary had to leave Vietnam, the management and operation of the Qui-Hoa Leprosarium were assumed by Sister Marie Charles Antoine and Sister Ancelle de Jésus [The Franciscan Missionaries of Mary in Vietnam, 2012, 64]. In particular, during her time as director of the *Qui-Hoa* Leprosarium (1955–1971), Sister Marie Charles Antoine, who was an architect, together with her colleagues (especially Sister Marie Ozithe, also an architect), proposed and implemented many initiatives to improve and enhance the treatment and living conditions for patients, in the context of the number of leprosy patients coming to *Qui-Hoa* continuously increasing during the period 1954–1975. This has caused the appearance of the *Qui-Hoa* Leprosarium to change dramatically, with many construction items being built and still existing today. Specifically, the nuns have

constructed and are in charge of four rehabilitation treatment rooms for patients with abnormal paralysis. In addition, the leprosarium also has a clinic, a pharmacy, a dental office, a change bandage room, a laboratory, an anatomy and physiology room, and an orthopedic and physical therapy room under the guidance and support of specialists from the Rehabilitation Center in *Qui-Nhon* [The Franciscan Missionaries of Mary in Vietnam, 2012, 62].

Meanwhile, the thatched cottage for healthy patients built in the 1930s have been replaced by 250 beautiful houses, paved with patterned tile and tiled roofs, with flower gardens in front of the houses. *Qui-Hoa* Leprosarium, at that time, had become



Fig. 9. Qui-Hoa Leprosarium in 1965. Source: [Vo Dinh De, 2023].

a small neighborhood with spacious houses. Besides, the leprosarium precinct has a market, school, hall, football field, and roads for cyclos and bicycles [Vo Dinh De, 2023]. In addition, production workshops of many different industrial and handicrafts were also present in the *Qui-Hoa* Leprosarium, helping leprosy patients develop their abilities to earn extra income while creating confidence and optimism, helping them overcome the pain and torment caused by the disease. All of that is inseparable from the efforts of the foreign nuns of the Franciscan Missionaries of Mary.

Conclusion

During the period 1929–1975, Vietnamese healthcare witnessed the establishment and operation of one of the few leprosy treatment facilities in the Central coastal region, which was the *Qui-Hoa* Leprosarium (*Qui-Nhon* City, *Binh-Dinh* province), which to this day, through the ups and downs of history, continues to carry out its original mission. During that process, it is undeniable that there was a multi-faceted relationship between the *Qui-Hoa* Leprosarium and the French protectorate government ruling Vietnam. However, that does not overshadow the nature of community service in this medical facility, as the formation and development of *Qui-Hoa* Leprosarium are always closely linked to and result from social activities with good humanitarian meaning initiated by the Catholic Church. In fact, from 1929 to 1931, the missionaries of the Society of Foreign Missions of Paris of the Diocese of *Qui-Nhon*, most notably Father Paul André Maheu, proposed the idea, made a construction plan, mobilized funds, and laid the first "brick" to build the *Qui-Hoa* Leprosarium. Continuing his unfinished work, the need for a team of nuns with expertise and

experience in managing and operating treatment and caring medical facilities for leprosy patients led to the presence of foreign nuns of the Franciscan Missionaries of Mary in Qui-Hoa from 1932 to 1975. During this period, although their service to leprosy patients was sometimes interrupted by the rise and fall of history (1945–1954), whenever they had the opportunity to set foot and work in *Qui-Hoa* (1932–1945 and 1955–1975), the foreign nuns of this religious order devoted all their heart and energy towards a single noble goal: it is to find every way to increasingly improve the effectiveness of treatment and care for the miserable sick. A spacious and majestic appearance with many construction items built during this period that are still in use today, along with the care and treatment of a large number of leprosy patients in *Qui-Hoa* from 1932 to 1975, has shown the spirit of dedication to serving society of the nuns of the Franciscan Missionaries of Mary in particular and the Vietnam Catholic Church in general during this period.

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¹ Paul André Maheu was born on January 24, 1869, in the parish of Saint Jean-Baptiste de Grenelle, Diocese of Paris. On July 29, 1890, he entered the Society of Foreign Missions of Paris and was ordained a priest on June 30, 1895. The same evening, he received his destination for the Apostolic Vicariate of Eastern Cochinchina (later the Diocese of Qui-Nhon). While working in this diocese (1895–1931), he carried out many social activities, most notably establishing and operating the *Qui-Hoa* Leprosarium in 1929–1931. He died on February 27, 1931, in Paris [Paul Maheu 1869–1931, https://irfa.paris/missionnaire/2170maheu-paul/].

² Pierre Marie Antoine Pasquier was born in 1877 in Marseille. He graduated from the Colonial School in 1898 and was appointed to the civil service in Indochina. In 1921, he took office as Resident Superior of Central Vietnam, representing the French Protectorate government in *Hue*. Seven years later (1927), he became Governor-General of Indochina and held this position until 1934. He died on January 15, 1934, in a plane crash in Corbigny (France) [Commission française du Guide des Sources de l'Histoire des Nations,

1981, 550–551; Dartigues, 2012, 477–478].

³ Augustin-Marie Tardieu was born on October 16, 1872, in Montrodat, in the diocese of Mende in Lozère. In October 1886, he studied at the Catholic College of Marvejols and was admitted to the Mende Seminary in October 1891. He was ordained a priest on June 27, 1897, and received his destination for the apostolic vicariate of Eastern Cochinchina (later the Diocese of *Qui-Nhon*). He served as Bishop of the Diocese of *Qui-Nhon* until 1942 – the time of his death [Société des Missions-Étrangères de Paris, 1939, 196; Augustin Tardieu 1872–1942, https://irfa.paris/en/missionnaire/2304-tardieu-augustin/].

⁴ In the Roman Catholic Church, the Ad Limina visit is the obligation of diocesan bishops and equivalents, such as abbots, to visit the tombs of Saints Peter and Paul and then meet with the pope to report on the state of their diocese or territory. In 1585, Pope Sixtus V issued the apostolic constitution Romanus Pontifex detailing the Ad Limina visit. On 31 December 1909, Pope Pius X further stipulated that a bishop must report to the pope on the state of his diocese every five years, effective 1911 [Cárcel Ortí M. M., Cárcel Ortí

V., 1990; Ricciardi Celsi, 2005]. ⁵ According to the content of *Rapport au Conseil de Gouvernement 1930*, at the beginning of this year, although the construction of the Qui-Hoa Leprosarium was not completed, at that time, 120 patients were coming here for treatment [Gouvernement Général de L'indochine, 1930, 92] and this number increased to 150 by the end of 1930 [À la léproserie de Qui-Hoà, 1930]. From then until 1945, the number of leprosy patients in *Qui-Hoa* fluctuated at different times: 300 (1932), 350 (1933), 318 (1934), 445 (1937), and 660 (1945) [Société des Missions-Étrangères de Paris, 1934, 154; Brief History of *Qui Hoa* Parish, 2018; Société des Missions-Étrangères de Paris, 1938, 147; Pham Hoai Nhan, 2015]

⁶ During the period 1932–1938, Sister Marie Giséle managed and operated the *Qui-Hoa* Leprosarium.

In 1938, the work was handed over to Sister Marie de St. Foulques briefly and then to Sister Marie de la Résurrection until 1945 [The Franciscan Missionaires of Mary in Vietnam, 2012, 64].

In 1954, the number of leprosy patients in *Qui-Hoa* was only 180. However, by 1971, this number had increased to 1,182. If calculated from 1929 to the end of 1974, 5,422 patients were examined and treated at Qui-Hoa Leprosarium [Pham Hoai Nhan, 2015; The Franciscan Missionaries of Mary in Vietnam, 2012, 61].

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APPENDIX

Some Photos of *Qui-Hoa* Leprosarium Taken by US Army Lieutenant Donald Howard in 1965

Source: [Unique photos of Quy Hoa Leprosarium in 1965, 2016]



Fig. 1. The residential area for patients at Qui-Hoa Leprosarium.



Fig. 2. A community house at Qui-Hoa Leprosarium.



Fig. 3. Diverse architecture of houses in Qui-Hoa Leprosarium.



Fig. 4. Statue of Saint Pio X on the precinct of Qui-Hoa Leprosarium.



Fig. 5. The church in Qui-Hoa Leprosarium.

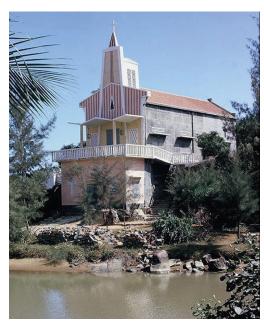


Fig. 6. The nunnery in Qui-Hoa Leprosarium.