Sarcouncil Journal of Arts Humanities and Social Sciences

ISSN(Online): 2945-3488

Volume- 05| Issue- 01| 2026

Research Article

Received: 02-01-2026 | Accepted: 15-01-2026 | Published: 25-01-2026

Missionary Work: Healthcare in Tapanuli

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Abstract: The research on Missionary Work: Healthcare in Tapanuli aims to reconstruct the missionary work that came to Tapanuli during that period. Missionaries didn't just spread religious teachings, but also taught about health to the Batak people in Tapanuli. Using a qualitative descriptive method based on library research in the field of history, the study gathers various historical literature as data sources. In this case, the writer uses a historical research method, starting with choosing a topic, followed by collecting data sources consisting of primary and secondary sources. Primary data sources are historical documents written during the research period, and secondary sources are data obtained indirectly or through a third party. Missionary work produced churches as places for nurturing faith, hospitals and clinics as places for treating illnesses, and introduced hygienic living habits. The presence of missionaries changed the lives of the Tapanuli people from being backward to progressing.

Keywords: Missionaries, Health, RMG.

INTRODUCTION

A discussion of missionary work (zending) in Tapanuli extends beyond mere evangelism; alongside their religious efforts, missionaries also promoted clean and healthy living practices in the region. This study is motivated by an interest in reconstructing the work of the missionaries who arrived in Tapanuli during that period. Their mission was not simply to disseminate Christian teachings and increase the number of adherents; it was also aligned with the improvement of the community's quality of life specifically regarding health. Utilizing historical literature-based research methods, the study reveals that missionary work in Tapanuli ushered in a new era of civilization. A transformation occurred in Tapanuli, shifting the region from a state of *hagolapon* (darkness/ignorance) to *hamajuon* (progress/enlightenment), thereby fundamentally altering the social order from traditional to modern. This aspect constituted the appeal of the mission itself and served as the reason the people of Tapanuli embraced the Christian faith. Consequently, church buildings were erected in Tapanuli, often accompanied by schools and residential quarters for missionaries equipped with basic medical knowledge. To address serious health issues, the mission established auxiliary hospitals, a main hospital, and a specialized hospital for leprosy.

Research Methodology

This study is a form of library research focusing on the analysis of texts or the discourse of historical documents. The objective of this analysis is to investigate a specific event whether an action or a written record in order to obtain accurate facts. The data utilized were derived from printed or electronic documents available in libraries (Hamzah, 2020).

RESULTS AND DISCUSSION

A Depiction of Life among the People of Tapanuli

Tapanuli is inhabited by the Batak people, an ethnic group residing in North Sumatra, particularly in remote mountainous areas. Traditional Batak beliefs divide existence into three levels or worlds. The upper world is the realm of the Supreme Deity, *Mula Jadi Na Bolon*, as well as the spirits of deceased ancestors. In Batak indigenous belief, this world is populated by spirits that are deeply concerned with the *tondi*. The *tondi* is understood as a form of "soul" residing within the human body, though invisible much like air it maintains a close connection to the body, reflecting the distinction between the static physical form and the vital movement of life within it. (Interview, Candra Tandi Reinhard Siagian)

Datu Central Figures: Spiritual and Worldly Leaders

Leadership in traditional Batak society encompasses both religious and secular dimensions. The *datu* serves as a priest and spiritual leader, while the *raja* acts as the village head. The title of *datu* is linked to Hindu influence, which introduced the role of the *raja* as a more

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DOI- https://doi.org/10.5281/zenodo.23914095

secular figure. The *datu* possesses expertise in various fields including magic, healing, and religious matters all of which are dedicated to serving the community (Pedersen, 1975).

Missionary Penetration

Missionary work began in earnest in January 1857, initiated by Gerit van Asselt in the Sipirok highlands; he was joined by three colleagues Dammerboer, Van Dalen, and Koster all of whom were sent by the Dutch Missionary Society. Lacking financial support, they sustained themselves; G. van Asselt, for instance, worked as a coffee warehouse supervisor in Angkola and Sipirok (Lothar Schreiner, 1987).

On April 2, 1861, Van Asselt baptized the first Batak Christians, Jakobus Tampubolon and Simon Siregar (Pedersen, 1971). From the 1860s onwards, the RMG appointed a number of missionaries to work in southern Tapanuli, and several Bible schools were established in local villages. However, following the Padri War, the southern Tapanuli region had become predominantly Muslim, while Christians formed a dynamic minority community that, in modern times, has remained stable at approximately 10% of the Sipirok population (Rodgers, 1981).

Van der Tuuk concluded that Islam had become the dominant faith in the southern Tapanuli region (Angkola and Mandailing). Consequently, he deemed the interior of Tapanuli to be the area available for missionary work. Although they paid little heed to Van der Tuuk, Nommensen and his contemporaries eventually moved into the interior of Tapanuli specifically the northern section known as the "Independent Batak" region, which had not yet been reached by the Dutch colonial system (Pedersen, 1975). In 1863, Nommensen arrived in the Silindung Valley to begin the work of spreading the Gospel among the Batak people. He arrived in Silindung at a time when fear of the Padri movement still lingered. He also observed intense conflicts between clans and even between villages, which fostered insecurity and eroded trust in the traditional values and methods used to unite Batak society. Faced with external pressures, many Batak people whether consciously or not sought a new, secure place to establish themselves.

Village leaders (*raja huta*) who decisively opted for this new path determined their communities' responses to Christian preaching and became vital allies to the missionaries. One such figure was Raja Pontas Lumbantobing, a brilliant and pragmatic young leader from Pearaja who viewed an alliance with the mission and the acceptance of colonial authority as the appropriate response to the social crisis facing Batak society.

His authority, widely respected as far as Lake Toba, effectively secured the Silindung Valley for missionary work, while his persistent advocacy for embracing literacy and the Christian faith spurred conversion and education throughout the region. His status and personal authority allowed Raja Pontas to travel freely wherever he pleased, and his name granted missionaries safe passage and protection during their journeys. He passed away on February 18, 1900 (Nommensen, 1974).

Discussing Health in the Context of Tapanuli

Researchers discovered a terrifying epidemic in Tapanuli at that time, and missionaries grappled seriously with the situation alongside the local population. Regarding the epidemic:

Symptoms of smallpox typically appear about nine days after infection. Patients experience headaches, nausea, fever, convulsions, and delirium, followed by the emergence of a characteristic skin rash. Over several days, the rash progresses resembling pimples and blisters before turning into pustules and eventually leaves behind scabs or scars. After this phase, the patient is no longer contagious and can safely engage in social contact. Patients are typically quarantined for five days to prevent the transmission of the virus to others. During quarantine, they receive adequate nutrition, including the consumption of fruits high in vitamin C, such as guava (Bosma, 2015; see also Boomgard, 2003).

One of the challenges the RMG faced while propagating Christianity in the Batak lands was the prevalence of disease; they frequently encountered various epidemics. Smallpox was a disease that particularly commanded their attention; the Batak people referred to it as *ngenge*. Immanuel magazine the RMG's internal publication in the region reported on several outbreaks across various areas of the Batak lands. In the January-December 1890 issue, missionary J. H. Meerdwardt wrote a letter addressed to the congregation (Surat huliling Immanuel, January-December 1890).

Meerdwardt recounted the early days of the missionaries' arrival in the Batak lands and their encounters with *ngenge*. He posited that *ngenge* was a disease sent by God to thwart Sisingamangaraja's resistance against the

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missionaries. They suspected that Sisingamangaraja would not come to Silindung alone but would bring his troops with him; consequently, the missionaries urged the Christians to place their trust in God.

Smallpox was often perceived as a "coolie disease." A reader wrote a letter to De Sumatra Post on March 17, 1904 signing it only with the initial "M" to object to the government's decision to focus smallpox prevention efforts on a single plantation in Bangun Purba, Simalungun. "Is smallpox dangerous only to coolies and not to other residents in the area?" the writer asked. He noted that the disease was brought by Batak people from their home villages, where outbreaks had already been occurring prior to their arrival in Bangun Purba. "M" urged the government to look after all residents both coolies and the general population in the plantation area and suggested providing free smallpox treatment not only for coolies but for all inhabitants of Bangun Purba. In addition, "M" also proposed that anyone suffering from smallpox display a yellow flag in front of their house (De Sumatra Post, 17 March 1904).

Smallpox claimed lives in Muara and Sigumpar, near Balige. By April 1911, the disease had caused 37 deaths in the Balige and Muara areas, while eleven people were reported to have recovered. Meanwhile, on Samosir, 13 people died and 14 recovered. Smallpox was also reported in Padangsidempuan, where it caused four deaths. Similarly, in Natal, there were seven cases of smallpox, but no fatalities (De Maasbode, 28 April 1911). In contrast to Toba and its surrounding areas, smallpox was declared eradicated on Nias by 1911; the diseases encountered there included dysentery, beriberi, malaria, typhus, fevers, and coughs (De Maasbode, 28 April 1911).

b. Cholera or *Begu Antuk*

From January 1, 1901, missionaries residing in Balige and the area surrounding Lake Toba found life becoming increasingly grim. The price of rice skyrocketed, causing many impoverished Balige residents to go hungry. Yet, for the missionaries, the most terrifying prospect was not witnessing the starvation of the poor, but the rampant spread of cholera (De Rijnsghe Zending, 1901).

In a tone that drew distinctions between the two groups, the missionary noted that the death toll was higher among those who had not yet converted to Christianity. While Christians also suffered significant fatalities, the number of deaths remained higher among the "heathens." He recounted an incident in a nearby village where approximately twenty women died of cholera; the missionary believed such tragedies could have been averted had the women been Christians, as they would have received medical treatment from the doctor in Lagoeboti. Furthermore, many Batak activities came to a halt: the sound of *gondang* (Batak drums) was rarely heard, and incidents of theft and gambling declined. Even warfare and rebellions ceased (De Rijnsghe Zending, 1901).

Thus, the missionary stationed in Balige frequently encountered families or was visited by them in which a member was suffering from cholera. On this occasion, he met another woman from the same village. She had only one son, and it turned out that her only child was afflicted with cholera. All the relatives had given up hope; they had despaired of the boy's recovery. Cholera was one of the ways God drew people to Himself. For the "pagans," the remedies used to ward off cholera involved eating buffalo meat or performing rituals to drive away *begu* spirits or ghosts. Batak people who had not yet converted to Christianity believed that cholera was caused by spirits.

c. Leprosy

Leprosy was one of the epidemics that became a focus of health concerns during the colonial era of the 20th century. The emergence of this epidemic highlighted the poor health conditions of the population. Factors influencing these conditions included inadequate nutrition and a lack of clean water, environmental sanitation, and healthcare services. Such conditions were typical of impoverished, populous regions, much like Java during the colonial period. Leprosy entered the Dutch East Indies alongside Indian traders; additionally, it was believed that the Chinese who had long been affected by the disease also contributed to its spread within the territory. The importation of slaves during the colonial era played a further role in disseminating the disease.

In the Dutch East Indies, the government had paid attention to leprosy since the 17th century centered in Batavia even though the number of cases was relatively small at the time. Government treatment during that period relied on chaulmoogra oil, which had shown promising results. Chaulmoogra oil was obtained by distilling the roots of trees belonging to the Bixaceae family. However, the Dutch East Indies government was not yet fully committed to addressing the problems caused by leprosy and largely left sufferers to their own

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devices. The government only took action in 1907, once leprosy was definitively recognized as a contagious disease; even then, preventive measures could not be fully implemented (Encyclopaedie Van Nederlandsch Indie, 1918).

One day in 1899, missionary Steinsieck was on his way to several areas in Tanah Batak. His curiosity led him to visit the place. There he saw a boy about 10 years old crying bitterly. Steinsieck then asked, "Where is your mother?" The little boy then pointed towards the bushes. It turned out that in the bushes there was a hut where his mother was quarantined. The burning bush came from the hut that had already burned down. In the smoldering fire was his mother burning. The little boy's father, who was standing beside his son, then said, "Don't cry. Your mother is no longer human; she has leprosy" (Het Nieuws Van Den Dag Voor Nederlandsch-Indië, May 3, 1919).

THE PEOPLE OF TAPANULI UNDERSTAND MODERN HEALTH

In all honesty, it must be acknowledged that significant changes regarding public health took place in Tapanuli. The region had been rife with mourning for the dead victims not primarily of the wars occurring at the time, but of epidemics caused by a lack of understanding regarding hygiene. The *Datoe*, formerly a figure of great importance whose teachings emphasized the magical and mystical, gradually fell out of favor as those practices came to be seen as irrelevant. In their place emerged an understanding of health introduced from Europe one that offered a greater chance of survival. This was a truly valuable contribution by missionaries in Tapanuli, and it certainly garnered the attention of the local population at the time.

Missionary Work Reaches Out to the Community Through Health Initiatives

Christianity arrived in the Batak lands while Tapanuli remained largely isolated. Dutch influence encouraged the local population to open up and break free from this isolation. South Tapanuli played a pivotal role in the evangelization of the northern region; in this area, Islam and Christianity vied to influence the Batak people. With South Tapanuli having already embraced Islam, missionaries sought to spread the Gospel and extend their influence northward into areas such as Silindung and Toba (Pedersen, 1975).

The missionaries adopted an approach that accommodated Batak culture. They permitted the Batak people to continue practicing their traditional customs, provided these did not conflict with Christian teachings. However, Western cultural influences also began to permeate Tapanuli, evident in the adoption of church symbols such as bells and hymns.

Nommensen's initial strategy for spreading Christianity in the Toba Batak region involved approaching village chiefs (*raja huta*) and leveraging his medical knowledge to gain the community's trust. Several chiefs such as Ompu Tarida, Ompu Tunggul, and Raja Amandari became his close allies; Raja Amandari even donated a plot of land for the construction of Nommensen's home. On August 27, 1865, Nommensen successfully baptized the first 13 Toba Batak individuals, even though they faced ostracism from the community due to their conversion. To protect them, a settlement known as "Huta Dame" was established, featuring a church, a school, and a medical center to provide social services. These social initiatives including the freeing of debt-bonded slaves accelerated the missionary's work and led to mass conversions to Christianity in the Silindung area. Although there were concerns that Christian teachings might threaten Toba Batak customs, the missionary successfully harmonized the two. Addressing apprehensions regarding the rapid pace of mass conversion, Nommensen adopted an inclusive approach, asserting that the Christian mission aimed to reach as many individuals as possible rather than merely attracting them temporarily (Saragih, 2019).

Missionary Work Brings a New Path to Tapanuli

Missionaries observed that the living conditions of the Batak people at that time were dire, characterized by high mortality rates. Winkler, a medical missionary assigned to the mission, believed there had to be a specific cause for this high mortality. He was struck by various practices among the Batak, such as the prohibition against husbands cutting their hair while their wives were pregnant a custom rooted in the belief that doing so would result in the child being born hairless. Additionally, there were instances where infertile couples sought the help of traditional healers to conceive. Gradually, Winkler began working to shift the Batak people's perspective.

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After visiting various regions, missionaries and other Europeans noted that the Batak people lacked an adequate understanding of hygiene, a factor that significantly impacted their health and contributed to high mortality rates. Their limited knowledge regarding bodily functions and health made it difficult for them to identify and treat the illnesses they suffered from. Practices for treating ailments which had been influenced by ancient Hindu teachings were slowly but surely abandoned.

Leprosy Hospital "Hutasalem"

On September 5, 1900, in a secluded location about an hour from Laguboti, a small leprosy colony was established and named "Huta-Salem" meaning "Village of Peace." This settlement, which would eventually evolve into the Hutasalem Leprosy Hospital, began as a humane place of refuge for leprosy sufferers.

K.R. Rittich, the administrator of Huta-Salem in the 1920s, described the settlement as: A place where they arrived shunned, tainted, and filthy, no longer regarded as human beings, anxious and fearful of what might befall them next [to find] a life that was truly free and secure, until death put an end to their suffering, which, sadly, could only be alleviated" (De Sumatra Post, August 7, 1925; originally published in Deli Courant, August 6, 1925).

Another view is provided by Zendeling Steinsiek. He recounted in a magazine the initial atmosphere when Huta Salem was first built (De Rijnsche Zending Tijdschrift, Uitgegeven Dook de Vereeniging tot bevordering der belangen van het Rijnsche Zendinggenootschap te Barmen, 1901). Huta Salem was initially inhabited by 17 people (De Sumatra Post, 7 August 1925) who came from a society that stigmatized leprosy as a disease so dangerous that sufferers had to be destroyed by burning. In 1900, the number of leprosy sufferers in Huta Salem was 100. During the first years, the costs of treatment were covered by the English Leper Society in Edinburgh (De Locomotief, 1 September 1925). The number of patients continued to increase. From 1902 to 1909 these numbered: 62, 82, 109, 118, 150, 163, 207 and 235.

Huta Salem has grown to such an extent that it is on its way to becoming one of the largest psychiatric hospitals in the world. Huta Salem was supervised by Zendeling Steinsiek; a Batak teacher supervisor who lives near Huta Salem. Two Evangelists were also there to help them.

Missionary J. H. Meerwaldt recounted his impressions during his time in Huta Salem, Laguboti, in 1903. Meerwaldt felt that working among the "poor people" (lepers) was the most enjoyable job. Meerwaldt saw the lepers living happily. They worked together and helped each other. However, what made Meerwaldt unable to hide his joy was learning that one of the leper nurses in Huta Salem was a Betak named Saul. Saul left his home in a village near Huta Salem in the morning to work helping the lepers. It took him half an hour to get there. Saul returned home in the evening. At first, it was not easy for Saul to work at Huta Salem, but over time he adapted (De Rijnsche Zending Tijdschrift, Uitgegeven Dook de Vereeniging tot bevordering der belangen van het Rijnsche Zendinggenootschap te Barmen/ goedgekeurd bij k. b. d.d. 2 May 1881 no. 36, 1903).

Huta Salem consisted of two large wards, one for men and one for women. The women's ward was painted white. Huta Salem was built away from the residential area. At the front was a guardhouse. A small church was also built there. Meanwhile, a kitchen was built to cook for the two wards. The lepers cooked their own food. They grew vegetables around the wards, as well as fruit. Their vegetable and fruit needs were met from the garden. Meerwaldt said, "I was very happy to see these people, those who no longer had any hope of living. They lived a life without obstacles, truly the fruit of the Gospel and left a deep impression" (De Rijnsche Zending Tijdschrift …, 1903).

Meerwaldt was also deeply moved when he preached at a church service. Meerwaldt wrote, "We gathered in the spacious church. Naturally, we began by singing a hymn. The singing was dreadful to hear due to the laryngeal effects of the disease on these leprosy patients; they all had hoarse, monotonous voices. Yet, their enthusiasm while singing was truly uplifting, and they listened to the sermon with such attentiveness" (De Rijnsche Zending Tijdschrift …, 1903).

That year, the number of leprosy patients at Huta Salem stood at 62. Two individuals passed away during that period. Not all leprosy patients at Huta Salem had embraced Christianity; of the 62 residents, 41 were Christians. A leprosy organization in England provided an annual grant of 1,000 guilders. This sum, combined with a

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government subsidy, was sufficient to cover the operating costs of Huta Salem for the year (De Rijnsche Zending Tijdschrift …, 1903).

A night school was held in Huta Salem. Two missionary sisters, Sister Lisette and Sister Thora Wedel Jarlsberg, taught the women's class. Classes were held twice a week. One day, Sister Thora had to rush to Huta Salem. She received a letter from missionary Steinsick reporting that the kitchen in the women's ward had caught fire (See the contents of the letter in the appendix, De Rijnsche Zending Tijdschrift, Uitgegeven Dook de Vereeniging tot bevordering der belangen van het Rijnsche Zendinggenootschap te Barmen; goedgekeurd bij k. b. d.d. 2 May 1884 no. 36, 1901).

Upon arriving at Huta Salem, Sister Thora immediately encountered the still-frightened woman. “Why did God allow this to happen?” asked one woman. “God does not mean us harm,” Sister Thora declared. Not long afterward, Sister Thora received a letter from Schreiber, the Missionary Superintendent, who said he would help rebuild the burned-down kitchen. Schreiber made his promise in the letter: “If there is not enough space, then continue building. I will let the natives do everything as much as possible, because I must have time to devote to the ever-growing congregation. It often bothers me, considering the large congregation, that I have to devote so much time and energy to external work, but this work is also missionary work. May God help us further and give us wisdom, strength, and cheerfulness for all our work.” After this incident, around 1901, separate housing for men and women lepers was built, spaced 200 meters apart (De Rijnsche Zending Tijdschrift, 1901).

In the second half of 1925, the missionary Steinsiek initiated a significant change at Huta Salem. He accepted a proposal that the leprosy patients had long advocated: to build their own huts. Both Steinsiek and the government viewed this idea as a sign of growing responsibility among the patients something worthy of encouragement. At the very least, the patients constructing their own huts signaled the emergence of a more spirited attitude among them. Furthermore, each individual felt a sense of responsibility for their own belongings, cleanliness, and the upkeep of their dwelling. The patients worked hard to build their own homes. Huta Salem now resembled other villages; the rows of huts looked neat, arranged alongside a central path running through the settlement. The leprosy colony even boasted a meeting hall, complementing the church that had been built earlier. A prison stood in one corner of the village, as the settlement maintained its own police force. A further consequence of this initiative was that Mr. Rittich, the European administrator stationed there, gained greater freedom to attend to administrative matters. From an initial population of 17 people at its founding, the number of residents at Huta Salem had risen to 261 by 1910. This figure increased to 498 in 1920, before standing at 491 in 1925. Between its establishment in 1899 and 1925, a total of 1,518 leprosy patients were treated at Huta Salem; of these, 850 died, while 177 escaped or left the settlement for other reasons (De Locomotief, September 1, 1925).

1925 was a difficult year for Huta Salem. Rittich noted that the settlement’s total population at the time was 500 people. He wrote, “Without government support however insufficient Huta Salem’s downfall would have been inevitable.” After twenty-five years of operation, Huta Salem frankly acknowledged its need for a helping hand from the government to cover operating costs; one of the factors driving up expenses was the rising price of rice. Rittich stated there was little he could do about it. Nevertheless, Huta Salem decided to proceed with its Silver Jubilee celebration that year; Rittich refused to let a lack of funds serve as an excuse to postpone the festivities. “This celebration must be a day of joy for them [the leprosy patients] a day of happiness shining amidst the endless stream of sorrow that defines their lives.”

At the same time, Rittich sought to appeal to the consciences of the entrepreneurs in Deli. With a touch of cynicism, he wrote, “But... well, you understand.... We cannot do this alone. We feel confident enough to admit this to you, knowing that Deli still perceives Huta Salem as it was twenty-five years ago in terms of both size and scope. Twenty-five years ago, Deli provided the impetus for Huta Salem’s founding. Now, Deli should not stand idly by but instead help us celebrate our twenty-fifth anniversary. You are giving to 500 destitute souls on this joyous day...” He was well aware of how difficult it was to secure donations from these businessmen. In closing, Rittich wrote, “Thank you in advance, on behalf of the leprosy patients of Huta Salem, who eagerly await your gift” (De Locomotief, September 1, 1925).

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Missionaries also had to work to establish a hospital that would contribute to helping leprosy sufferers by providing treatment and medication. The Hutasalem Leprosy Hospital was completed in 1930, and patients with more serious illnesses received treatment and care (Deli Courant, January 11, 1933). These individuals were not allowed to leave until two consecutive years of medical examinations had been conducted, and laboratory results showed that the patient's nasal mucus and skin were free of germs. The nasal mucus and skin examinations were conducted at the Medan Pathology Laboratory (Deli Courant, August 5, 1931). At Hutasalem Hospital, leprosy sufferers would have their wounds bandaged two or three times a week (Meerwaldt, Verweijs & Wijk Jr, 1911). The construction of the Hutasalem Leprosy Hospital cost 17,000 guilders (Deli Courant, January 10, 1933).

In 1930, a ward for thirty people was provided at the hospital (Deli Courant, January 10, 1933). In addition to the ward, the hospital also had an operating room and an administration room. However, practically no operations were performed on leprosy sufferers, so the operating room was used as a laboratory. In the laboratory, patients underwent blood tests and were examined under a microscope (Deli Courant, January 11, 1933). In the year under review (1939), 5,850 microscopic tests had been performed, 475 serum and 3,075 blood tests were performed, and 16,000 injections had been administered (Het Nieuws Van Den Dag Voor Nederlandsch Indie, July 14, 1939).

The Hutasalem leprosy hospital featured separate wards for men and women. While leprosy could be accompanied by fever, the fever was not continuous; however, much like malaria, sudden bouts of fever frequently occurred. A European nurse was responsible for patient care, and Dr. Wagner from Balige visited twice a week (Deli Courant, January 11, 1933). At that time, leprosy treatment was not as advanced as it is today. Scientific attitudes toward the disease were such that people remained skeptical about the possibility of a cure. Nevertheless, early detection and careful management of emerging symptoms, combined with good nutrition, helped alleviate the patients' suffering. Furthermore, an experimental treatment utilizing "Arctic sun" therapy had been successfully employed to treat patients' wounds since 1933 (De Sumatra Post, June 16, 1934).

The number of leprosy patients at Hutasalem grew steadily each year. Leprosy sufferers who had been living in the wild in caves and forests were eventually drawn to Hutasalem upon hearing the good news that there was a place willing to accept unfortunate souls like themselves. There, they received better care than the life of constant fear and social ostracism they had previously endured.

As one of the largest leprosy shelters in the Dutch East Indies at the time, Hutasalem was highly regarded and recognized as a premier leprosy hospital within the medical community. Dr. Lampe from Suriname, who visited Hutasalem on February 11, 1931, after having toured numerous leprosy facilities across the East, considered Hutasalem superior to any other facility he had seen elsewhere in the Dutch East Indies (Deli Courant, June 16, 1934).

According to De Sumatra Post records from September 7, 1939, it was reported that an average of 15 to 20 people were cured annually, and that 35 Chinese were treated as inpatients (De Sumatra Post, September 7, 1939). Citing Hutasalem's annual report from July 14, 1939, the number of leprosy sufferers in 1938 increased by 24, including 20 Toba Batak and 14 Nias. Furthermore, 16 patients died in 1938 (Het Nieuws Van Den Dag Voor Nederlandsch Indie, July 14, 1939).

Dr. Wagner, a missionary doctor from the Indonesian Mercy Hospital (RMG) assigned to Balige, regularly visited the Hutasalem leprosy hospital for approximately 10 years. In 1938, Dr. Wagner completed his work and departed for Europe. He was then replaced by a young missionary doctor named Dr. Gross. In addition, assistance also came from the resident doctor, Dr. Maasland and the government's assistance doctor, Dr. Hilfmann, who was later replaced by Dr. Aalbers (Het Nieuws Van Den Dag Voor Nederlandsch Indie, 14 July 1939).

By the end of 1933, there were 450 patients at Hutasalem, comprising 283 men and 167 women. The European staff serving at the time included Deacon Rittich and nurses A. Mikat and M. Langenbruch. The Situmba leprosy hospital had been closed, and the patients previously housed there were transferred to Hutasalem. Meanwhile, Hephata a social institution established by the RMG not far from Hutasalem accommodated 43 patients, consisting of 33 men and 10 women. Of this group, 21 were blind, while 22 suffered from paralysis or intellectual disabilities (Boissevain, 1935).

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In 1936, according to records from the Bataviaasch Nieuwsblad, 15 patients were discharged from Hutasalem and returned to their home villages, subject to continued medical supervision. Their return was celebrated by a large crowd, accompanied by four drum and wind orchestras from Tambunan. Dr. Verwiebe (Ephorus from Tarutung), missionary-teacher W. Mindermann (from Sipoholon), Dr. Wagner (from Balige), and local officials and tribal chiefs also attended the event (Bataviaasch Nieuwsblad, November 30, 1936).

Fundamentally, the establishment of Hutasalem aimed to provide leprosy patients with more adequate care. These efforts also sought to prevent the disease from spreading further. The initial aid provided by the RMG was intended to alleviate their suffering. However, it is undeniable that despite receiving care, some patients still passed away not only because the disease ravaged their bodies so aggressively, but also due to advanced age; indeed, many patients at Hutasalem were in their sixties.

When leprosy patients passed away, they were buried in a dedicated cemetery provided by the RMG in the Hutasalem area. Even after their deaths, their families were often unwilling to accept their bodies for burial in their home villages. Above the cemetery entrance, an inscription in the Batak language read, “Living or dead, we belong to God” (Meerwaldt, Verweijs & Wijk Jr., 1911). By 1909, records from the Hutasalem burial site indicated the presence of 85 simple wooden crosses within the grounds (Meerwaldt, Verweijs & Wijk Jr., 1909).

Fear of leprosy was profound among the local population. This was evident in community demands that the bodies of leprosy patients who died in Hutasalem be returned to their respective home villages. The fear surrounding the graves of leprosy patients was nearly as intense as the fear of the patients themselves. Consequently, burial pits were dug to a depth of two meters to minimize the risk of soil contamination. Approximately 1,000 people were buried at Hutasalem over the more than thirty years that the disease was present in the area.

The events of World War II forced the RMG to cease its operations and leave Indonesia. They left behind significant assets in the Batak region. Many assets related to education, social services, and healthcare were taken over by the Dutch government, then by the Japanese, and finally by the Indonesian government. Following Indonesia’s independence, some of these assets were gradually returned to the HKBP, though certain educational institutions, industrial facilities, and the Hutasalem site itself were not (Hutauruk, 2011).

Mission Hospital

Enthusiasm among the Batak people for the medical treatments introduced by missionaries continued to grow. They observed that the recovery rates associated with European medical practices were far higher than those of treatments administered by traditional healers (*datu*). Recognizing this situation, the RMG decided to establish a hospital as part of an effort to modernize and centralize medical services. The proposal to establish the hospital was put forward during a conference held in Pansurnapitu in 1899, presided over by the RMG Director, Dr. August Schreiber. The conference's findings were subsequently forwarded to the RMG headquarters in Germany, accompanied by a request for the immediate dispatch of medical personnel to the Batak region. On June 2, 1900, the RMG established the first hospital in the Batak region at Pearaja Tarutung, staffed by two physicians: the first director, Dr. Julius Schreiber, and his colleague, Dr. Johannes Winkler. The hospital was situated on the *pargodungan* (mission compound) land at Pearaja an area that now houses the HKBP headquarters complex. This land had been gifted by Raja Pontas Lumbantobing to his friend I.L. Nommensen in the 1870s (Johannes Winkler, Im Dienst der Liebe: Das Missionshospital in Pearaja 1900-1928, Barmen im Jubileumsjahr 28).

The two doctors pioneered and improved medical services by employing new treatment methods based on disease diagnosis. Rather than remaining within the confines of the hospital, they actively engaged with villagers to provide health education (Warneck, 1925). Over time, the mission successfully eliminated traditional healing practices. Whenever missionaries and indigenous staff conducted pastoral visits to the villages, they invariably carried medicines such as quinine tablets for malaria, ointments for various skin conditions, and other remedies (Hutauruk, 2011). Missionaries were also equipped with practical knowledge regarding tropical diseases prevalent in Asia and skills for assisting women during childbirth. Indigenous personnel including pastors, evangelists, and mission teachers also acquired basic knowledge on how to care for the sick. Indeed, many Batak pastors were even able to

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utilize local roots and leaves found in the Batak region to prepare medicinal remedies capable of curing illnesses (Hutauruk, 2011).

Records indicate that in 1929, the number of patients treated at the Pearaja hospital exceeded 40,000, while the mission hospital in Balige treated 14,000 patients. By that year, seven small hospitals serving as auxiliaries to the Pearaja and Balige facilities had been established, alongside 30 clinics (Bataviaasch Nieuwsblad, August 6, 1930). Meanwhile, in 1931, the hospitals in Pearaja and Balige treated 9,700 inpatients and 69,000 outpatients; over 1,000 surgeries and 600 deliveries were performed (Tropisch Nederland Veertiendaagsch Tijdschrift Ter Verbreiding Van Kennis Omtrent Nederlandsch Oost- En West-Indië, February 5, 1940).

When cholera struck the Batak lands, doctors from the Pearaja hospital visited residents door-to-door to provide medical treatment. These actions "won the hearts" of some people. In the 1930s, the Christian population grew by approximately five to ten thousand annually; by 1932, the number of Christians was recorded at 300,000 (Het Nieuws Van Den Dag, April 26, 1932). By 1939, the two mission hospitals had a combined capacity of 550 beds (Bataklanden/R.Z.G. Rondom Ons Zendingsveld, Uitgave Van Het Zendingsbureau Te Oegstgeest, No. 9, February 1939).

It was difficult for residents living outside Tarutung to reach the Pearaja hospital. To address this situation, the RMG established auxiliary hospitals in several areas, such as Humbang, Butar, and Pangaribuan. The auxiliary hospitals in Pangaribuan and Butar were established in 1910; the Pangaribuan hospital was led by the missionary Meisel, while the one in Butar was led by the missionary Wagner. By 1911, records showed that 10,000 patients had been treated at the Pangaribuan auxiliary hospital. In 1911, additional auxiliary hospitals were established in Bonandolok and Doloksanggul. Meanwhile, in the Toba region, facilities were set up in Sitorang and Balige. On Samosir, auxiliary hospitals were established in Nainggolan, Pangururan, and Ambarita. In the western part of the Batak lands, auxiliary hospitals were established in Tukka and Barus, as well as in Angkola and Sipirok. All these auxiliary hospitals were branches of the main hospital in Pearaja (Johannes Winkler. Im Dienst der Liebe: Das Missionshospital in Pearaja 1900-1928, Barmen im Jubileumsjahr 28).

In addition to auxiliary hospitals, outpatient clinics were also established. Three clinics were set up in the Silindung Valley: Hutabarat (1911), Pansurnapitu (1912), and Simorangkir (1913). These clinics were typically managed by missionary nurses. Each auxiliary hospital and clinic received support from the government in the form of medicines and other medical equipment (Johannes Winkler, Im Dienst der Liebe: Das Missionshospital in Pearaja 1900-1928, Barmen im Jubileumsjahr 28). In 1928, the RMG established a second hospital in the Batak region, coinciding with the RMG's centenary jubilee (1828-1928). That same year, the Pearaja hospital was relocated to a more spacious and strategic site the location where the Tarutung General Hospital stands today (Johannes Winkler, Im Dienst der Liebe: Das Missionshospital in Pearaja 1900-1928, Barmen im Jubileumsjahr 28).

Ultimately, modern medical treatment which had initially met with resistance superseded traditional healing practices (Emalia, 2020). This shift was reinforced by the mission's focus on the impoverished. These mission-run health institutions tended to adopt a personal, emotional approach, fostering connection by offering affordable treatment and frequently providing care entirely free of charge. While these mission hospitals initially focused on maternal and child health, they later began accepting other patients as well (Emalia, 2020).

CONCLUSION

The missionary work in Tapanuli was a noble endeavor rooted in faith, aligning with the transformation of the local community's quality of life. This transformation involved moving away from *hagolapon* a state characterized by darkness, misery, and backwardness toward *hamajuon*, a state of progress and modernization. Missionaries observed various disease outbreaks plaguing Tapanuli, stemming from a lack of knowledge among the Batak people. They were deeply concerned by the prevailing conditions and the community's limited mindset, in which events were frequently interpreted through a magical lens. Gradually, they sought to alter these misconceptions regarding how various occurrences were perceived. Over time, the community's lifestyle began to change. This process of transformation was highly challenging, as the presence of missionaries slowly but surely displaced the traditional role of the *Datu* (traditional healer/shaman). Although the

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missionaries had initially arrived with the sole aim of evangelism, their presence ultimately had a profound impact on public health among the Batak people. The community increasingly recognized that unhygienic practices were a major factor contributing to the spread of disease. Missionaries persisted in educating the public about the importance of hygiene and modern medical treatment. To serve the community's needs, they established several hospitals, aiming to provide better healthcare services and greater care for the people.

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Source of support: Nil; **Conflict of interest:** Nil.

Cite this article as:
Tambunan, J. M., Simanjuntak, R. J., Purba, D., Simangunsong, M., Hutagalung, F. H. & Situmorang, T. Y. "Missionary Work: Healthcare in Tapanuli." *Sarcouncil journal of Arts humanities and social sciences* 5.1 (2026): pp 22-31.

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