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Discipline and desire: Hansen's Disease patients reclaim life in Culion, 1900–1930s

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ABSTRACT

This paper examines the everyday politics of Hansen's Disease (HD) patients in Culion Island, Philippines from 1900 to 1930s. As part of the American colonial project to address HD in the Philippines, American colonial health authorities segregated HD patients from the larger Philippine society by establishing the Culion Leper Colony where they exercised disciplinary power over the patients by providing them with material benefits and medical treatment as proof of benevolence. American disciplinary power, however, denied autonomy to the patients. Thus, patients challenged the prevailing colonial order through unofficial acts of disobedience such as rejection of labor and treatment, gambling, secret courting and riot, which contributed to reclaiming autonomy and dignity of their lives for themselves.

KEYWORDS

Hansen's disease, Culion Island, public health, disciplinary power, everyday politics

Introduction

The American colonial public health system has been portrayed as an act of benevolence for Filipinos. Reynaldo Ileto cites Teodoro Agoncillo and Milagros Guerrero's 1977 *History of the Filipino people* to highlight the view even of nationalist historians that the American public health system saved the lives of many Filipinos.[1] Ileto contends that rather than benevolence the colonial public health system was a continuation of the Philippine-American War. He discusses the 1902 cholera epidemic when American medical sanitary inspectors perpetrated various forms of violence such as forced segregation and incineration of residences (1988).

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While Ileto's contention is compelling within the context of the colonial system gaining a foothold in the Philippines, the American public health system can no longer be simply viewed as either benevolence or violence after the establishment of the colonial state. Both operated simultaneously. This blurring of differences coincided with the change in American racial representation of Filipinos, which formed the foundations of American colonial policy in the Philippines. Paul Kramer explains how U.S. soldiers who viewed Filipinos as their equal prior to the Philippine-American War redefined them as a savage race when the war broke out (2006). The racist term *gugu* was coined to justify the relentless brutality against Filipinos during the war (29–30). In 1902, when Americans began to formally establish their colonial state in the Philippines, they collaborated with the local elites, whom they identified as "the Filipinos" who could elevate the Philippines to the standards of American civilization.

These racist views evolved from an exclusive to an inclusive racism. The former justified American violence against the "savage race", while the latter coerced Filipinos to discipline and transform themselves in order to meet the standards that Americans had set as preconditions to obtain a certain degree of authority, resources, and eventually, independence. While the two modes of racism seemed to be in contrast with each other, these were actually entwined. Some Filipinos were "legitimately" excluded for failure to fulfill the conditions for inclusion, while others were already excluded prior to inclusion, as in the case of (Hansen's Disease) HD patients in Culion. These modes of racism yielded the paradox of "inclusion". While Filipinos were obliged to become moral and modern "citizens" in the American sense, their rights and resources were conditional and based on American discretion. Thus, they remained colonial subjects. Inclusive racism, which demanded subjugation to American disciplinary power, further reinforced American colonial rule.

The American public health system was an instrument that operationalized inclusive racism. Warwick Anderson notes that American health officials initially suspected the tropical climate as the danger to American health. Then, along with advances in scientific research in the nineteenth century, germs were identified as the real threat to health (2006).[2] As such, Americans strived to have a healthier environment by securing clean water supply and building sewage systems. They also undertook laboratory examinations of Americans and Filipinos, the outcome of which indicated that both were not immune to tropical diseases (Philippine Commission 1908, 281–282). From these findings, Americans constructed a dichotomy between "responsible, clean, yet especially vulnerable whites" and "immature native germ carriers (and distributers)" Filipinos. (Anderson 2006, 3.) This social construction reengineered public health to become an instrument to discipline Filipinos.

As Anderson emphasizes, this social construction was infused with the ardor of the American civilizing mission. Victor Heiser, major architect of the American

public health system and director of the Bureau of Health in 1905, expressed how superstitions and traditions aggravated what were already poor Filipino health conditions. Such was the case that, according to Heiser: "To transform the Filipinos from the weak and feeble race they were into a strong, healthy, and enduring people that they might become was to lay the foundation for the future on a sound basis" (1936, 38). Heiser then embarked on the promotion of the "gospel of cleanliness" emphasizing the bacteriological origins of disease and the moral responsibility of Filipinos to clean their homes and surroundings to prevent the spread of disease through germs (Bureau of Health/BOH 1906a, 34).

While Anderson clarifies American disciplinary power over the Filipinos through public health programs, he does not fully explore how Filipinos negotiated with it. Filipinos, as a matter of fact, were not always passive recipients of American disciplinary power; oftentimes they contested it. Ma. Mercedes G. Planta precisely points out that Filipino medical doctors and public health workers asserted their rights to command public health work against the Americans' civilizing mission (2008, 193–237). I want to further extend this perspective to the ordinary people by referring to studies, which show that even in a colonial setting where the public sphere was severely constrained, disciplinary power of the empire did not always succeed in establishing hegemony over the people.

According to James Scott, anonymous and discreet infrapolitics such as desertion, sabotage, pilfering, and poaching to protect and improve lives has been a repertory of subversion that even the disenfranchised can harness. Thus, the continued recourse to such everyday forms of resistance could gradually undermine political systems (2012, xx). Ileto's work illustrates this point as he explains how Filipinos successfully undermined American anti-cholera measures by fleeing, concealing sick family members, and burying dead bodies against forced cremation. Ileto, however, reduces such acts into his framework of the millenarian movement and thus undervalues the possibility of exploring personal conflict and desire as wellsprings of resistance against colonialism (1988).

Ann Stoler asserts that the desire and sentiments of both colonial master and subject within the intimate sphere can pose challenges to colonialism by blurring racial boundaries and hierarchies (2002). Stoler elaborates on how empires were obsessed with policing these intimate spheres composed of personal relationships in families, romantic partnerships, and friendships in order to maintain hegemony and prevent aberrations such as mixed blood and poor whites in the colonies. While Stoler presents a new perspective to interrogate the subversive capacity of intimate desire to challenge colonial projects, she does not sufficiently discuss its operationalization on the ground. In this paper, I hope to show how Scott and Stoler's theoretical approaches taken together may shed light on the everyday politics and agency of HD patients in Culion.

So far there are two commendable studies on the agency of HD patients in the Philippines. Febe Pamonag illustrates that many suspected patients, with help from their family, friends and local leaders, frequently hid, escaped, resisted, and bribed health officials to avoid their forced transfer to Culion (2016). Her study, however, is yet to be extended to those segregated in Culion. Francis Gealogo and Antonio Galang's study describes patients' resistance, escape, suicide, and acceptance of their fate as reactions towards segregation (2016). Scholarly interrogations of patients' agency, however, remain confined within the framework of acceptance or rejection of an imposed order. I would like to argue that the HD patients' unsanctioned ways of life not only undermined but also changed the imposed colonial order in their favor. It is within this frame that I wish to situate my examination of HD patients' everyday politics.

Hansen's Disease and colonialism

Construction and intervention

Historical constructions of HD patients as morally and racially inferior fortified the ideological foundations of colonial states in the nineteenth century to identify these patients as targets of disciplinary intervention.

In Judeo-Christian culture, HD was seen not only as a symbol of punishment against moral decay but also a means to construct "holiness".[3] The Old Testament's depiction of HD as a physically and morally "unclean" disease justified expelling HD patients from society. Rod Edmond argues that HD was associated with sex as it transgresses the boundary between the outer and inner layers of the skin, life and death, the holy and the unclean (2006, 9–11). Thus, HD was considered "venereal" and a form of punishment for moral trespass. On the other hand, Jesus' healing of an HD patient in the New Testament reconfigured those afflicted with HD as objects of purification and salvation. In this sense, Christian care and love for them became forms of religious sacrifices that could pave the path to holiness, if not already an outright sign of it. Such was the case that religious institutions in Europe cared for HD patients from the eleventh to the thirteenth centuries, until HD cases decreased in number in the sixteenth and became largely forgotten in the seventeenth century.[4]

In the period of colonial expansion towards the end of the eighteenth century, however, Europeans not only "rediscovered" HD in their colonies, but also constructed it as the "disease of the uncivilized race", contributing to the revitalization of missionary activities (Gussow 1989). Believing that HD was epidemic in the tropics due to colonial subjects' sexual indulgence, white men who contracted HD were viewed to have engaged in sexual relations with local women (Gould 2005, 11–12). In this regard, the racialization of HD was constructed, along with its traditional moralization in Christian culture.[5]

Heredity and contagion were initially suspected as the causes of HD until Armauer Hansen's 1873 discovery of the HD bacteria, which supported the latter view. The increase in labor immigrants from Asia in response to the abolition of slavery in Europe and the United States (US) coincided with this scientific discovery and heightened European fear of diseases from the "uncivilized race".[6] Developments in medicine in the late nineteenth century, however, were supposed to end this "fear". The 1897 First International Leprosy Conference in Berlin declared segregation to be the only means to prevent and eradicate HD.

Despite this resolution, the Indian government under British rule could not allocate funds to isolate HD patients in India. The Americans, for their part, established a domestic leper colony in Carville, Louisiana in 1894. After they took over Hawaii in 1898, they established the United States Leprosy Investigation Station (USLIS) in Kalawao, Molokai in 1909, which was soon closed in 1911 due to financial problems, without providing medical treatment and welfare for patients (Gould 2009, 106–107). In the twentieth century, upon acquisition of the Philippines, the Americans not only enforced complete isolation of HD patients, but also systematically and drastically intervened in the lives of HD patients under the guise of transforming the latter into moral and modern citizens—an epoch-making colonial undertaking.

Initially, America's target for inclusion was not HD patients but Filipino elites. In 1902, when they had generally suppressed Filipino resistance, they established a civil government and coopted the local elites, whom they considered "civilized" compared to the rest of the Filipinos. As Patricio Abinales discusses, this inclusion necessitated the installation of an electoral system to enable the elites to hold public office, an event that led to the emergence of "machine politics", whereby local elites ruled Filipinos through patronage and the spoil system as they pursued their own factional interests. While there were American officials who patronized these elites and allowed them to dominate Philippine politics, there were also Americans, influenced by the progressive movement in the US, who strongly opposed these elites and their machine politics, calling instead for social reforms based on scientific knowledge, efficiency, professionalism, morality, and centralization of the state (2003).

Disgusted with the local elites who continuously demanded greater autonomy and increased resources, progressive Americans regarded them as leaders of a "race" wrongly developed because of Spanish influence. They believed that the non-Christian Filipinos or the indigenous people and the Muslims, both as "wild race", and the HD patients as the most ill-fated and needy group, must be the most obedient and ideal subjects for the project of "racial transformation" towards Anglo-Saxon culture under American tutelage (Abinales 2003; Anderson 2006, 177).

The vision of expansive social reforms under a centralized state by the progressives in the Philippines, however, generally failed. One reason was the lack of financial support from the US. Another was the vigorous implementation of the Filipinization policy from the 1920s onwards which replaced American officials with Filipinos, thus taking initiative away from these progressive Americans. Despite these setbacks, progressive American military doctors continued to invest in public health, particularly in HD control, to demonstrate the possibility of Filipino "racial transformation" through scientific knowledge and an efficient and centralized bureaucratic system.[7]

Culion in colonial politics

Upon initial entry into the Philippines, Americans were surprised at how HD patients were allowed to beg in front of churches or sell various products, including food. By the early 1900s, they estimated less than 5,000 HD patients in the Philippines, including those who lived in the religious leprosaria in Manila, Cebu, and Camarines Sur (BOH 1905, 20). Heiser notes that local perceptions of the disease ranged from total apathy to great fear (1936, 219–220). Anxious about HD patients who freely roamed around, American military officer, Gen. Joseph Wheeler, even suggested withdrawing their troops from the Philippines.[8] The American civilizing mission, however, outweighed this perceived "danger" such that Americans prioritized HD as a public health concern despite other and more pressing epidemics such as beriberi, cholera, malaria, smallpox, syphilis, and tuberculosis (Planta 2016, 204).

In 1902, through Act No. 490, American colonial health officials identified Culion Island as the site for an HD colony. In 1904, through Executive Order No. 35, they purchased Culion and resettled the original residents to the neighboring Coron Island. In the same year, infrastructure building commenced despite difficulties in securing construction materials. By 1905, the Board of Health was established, headed by Victor Heiser, who by May 1906, had begun sending HD patients from all over the country to Culion, beginning with the initial 370 patients from Cebu. In 1907, the Philippine Commission enacted Act No. 1711, which bestowed judicial and police powers to health officials to compulsorily apprehend, detain, and segregate those suspected to have the disease. Even as this law criminalized leprosy, Heiser asserted that segregation was an "irrefutable evidence of the benevolent character of the work being done in these Islands under the auspices of the United States Government" (BOH 1908, 8). He said:

> Segregation is always cruel. We did not want to separate husband and wife or children and parents. But segregation is cruel to relatively few whereas non-segregation threatens an entire people. I believe that isolation not only protected others from contracting leprosy but, furthermore, was the most humane solution for the leper

himself. Instead of being shunned and rebuffed by the world, he could have an opportunity to associate with others of his kind in pleasant relationship. (Heiser 1936, 227)

To ward off criticisms against segregation, Heiser stated that isolating and caring for HD patients until their death in Culion would help eradicate the disease and reduce the government's financial burden in time (BOH 1907, 17; 1908, 68). In 1909, Heiser declared that all lepers have been segregated, except those in the Moro Province and a few other cases (BOH 1910, 86). The increase in new registered cases and quarantined patients in Culion, however, belie Heiser's claim (Table 1).

Table 1. Movement of Colony Population

	Admissions	Readmissions	Marriages	Births	Patients released	Deaths	Transfer	Abscondings	Annual Total
1906	802			2		253		5	546
1907	690			10	5	448		13	780
1908	1603			19	8	1221		47	1126
1909	1378			16	19	752		23	1726
1910	930		13	23	1	480		26	2172
1911	889	26	100	30	19	517		70	2511
1912	964	34	75	25		487		56	2991
1913	795	35	75	48	10	493		68	3298
1914	859	28	43	51	26	513		95	3602
1915	555	34	19	69	27	530		23	3680
1916	966	22	36	65	7	441		20	4265
1917	613	30	62	74	5	445		37	4485
1918	974	27	82	75	12	834		22	4692
1919	551	12	87	48	14	583			4706
1920	605	17	46	72	15	492		31	4862
1921	514	26	76	46	14	450	1	10	4973
1922	819	7	35	57	74	545		5	5232
1923	733	5	41	69	45	543	1	5	5445
1924	434	4	39	65	154	464			5330
1925	464	14	60	82	225	385		11	5267
1926	444	13	54	96	351	308	2	4	5133
1927	585	28	42	72	213	286	6	6	5181
1928	749	25		69	324	314	2	6	5304
1929	903	35		72	430	338	5		5480
1930	644	46		49	399	336	12		5431
1931	663	117		62	231	337	13	3	5641
1932	931	101	17	77	195	366	123	6	6021
1933	900	216	244	88	115	459	11	5	6594
1934	722	68	87	155	17	440	11		6738
1935	615	72	86	134	119	498	138	8	6928
1936	113	22	74	138	333	411	24	34	6713
1937	397	55	83	144	179	395	32	3	6398
1938	128	37	n.d.	139	177	433	13	6	6030
1939	339	62	n.d.	121	111	516	1		5605
1940	340	87	n.d.	108	41	465	61	23	5658
1941	123	18	n.d.	92	40	502		10	5405
1942			n.d.	61		691		1256	3232
1943	3	11	n.d.	37		582		9	2710
1944	2	5	n.d.	27		794		33	2406
1945	15	14	n.d.	16		277		87	1791

Source: Culion Sanitarium (1956, 24).

American domestic politics and fragile Philippine-American relations, however, hindered the Culion project. While Heiser was able to divert one-third of the public health budget for Culion in the first decade of Republican rule in the Philippines, he resigned his post in 1913, when the Democrats took over under Francis Burton Harrison who implemented concrete measures towards the granting of Philippine independence. Consequently, the budget for Culion was slashed.

In 1921, the Republicans regained control of the US government and Leonard Wood was appointed Governor-General of the Philippines. Failing to secure his nomination as the Republican presidential candidate in the previous year, Wood had hoped that addressing HD in the Philippines would redeem his reputation and would gain for him similar success with what his colleagues had accomplished with yellow fever control in Cuba during the Spanish-American War. Wood also believed that eradicating HD would be a contribution to humanity, in the same manner that America's mission was to promote liberty and democracy.[9] To feature the efficacy of the new treatments for HD, Wood paroled patients who tested "negative" after the chaulmoogra oil treatment. In 1921, he reallocated more than one-third of the entire Philippine public health budget to Culion, which was implemented in 1922 (Anderson 2006, 175). Doctors assigned to Culion were also increased from two to eighteen and twenty-seven nurses were hired to reinforce medical treatments (Chapman 1983, 83). Senate President Manuel Quezon and his allies labeled the budget appropriation for Culion irrational for a poor country such as the Philippines and accused Wood of capitalizing on the Filipino HD patients to further his own ambitions. Wood countered, stating that as long as the Filipino elites could not deal with HD, independence was premature (Anderson 2006, 175–176; Chapman 1983, 73–107; Planta 2016, 210).[10] Culion and HD control had thus become a central issue in the matter of Philippine independence.

While a series of events from the late 1920s to 1930s settled the controversy over budget, these also weakened the isolation policy. Political leadership changed after Wood's death in 1927, and the further Filipinization of the Philippine bureaucracy allowed Filipino elites to control the newly established Commonwealth Government in 1935. The global economic depression also led to the reduction of the Culion budget. The Third International Leprosy Conference in 1923 in Strasbourg, which called for "more humane segregation" also challenged the isolation policy. Other factors include the opposition of Filipino doctors to segregation and media exposure of the cost and inhumane treatment of HD patients in Culion.[11] A 1929 Senate probe also declared the Culion project a failure.[12]

In 1928, seven regional treatment stations were established in Cebu, Iloilo, Lanao, Legaspi, Manila, Sulu, and Zamboanga to decentralize HD control, provide treatment to early-stage patients, and most important, limit Culion's population

and lower its budget. By the mid-1930s, with 7,000 patients, the increasing number of new cases, and those diagnosed as negative for HD but decided to remain in Culion, the leper colony became the biggest leprosarium in the world. Ironically, in 1935, the Philippine Leprosy Commission, while justifying the isolation method, which had been implemented for the past twenty-nine years, became skeptical about its effects (Philippine Leprosy Commission 1935, 397).

Civilizing mission through welfare and discipline

American health officials exercised disciplinary power over the Filipinos in the course of the HD control program. Heiser's educational campaigns all over the Philippines which emphasized the dangers of HD while showing pictures and videos of the rich life and the guaranteed treatment in Culion was one such program. Police and health inspectors gathered suspected patients, had them diagnosed by doctors and bacteriologists, and then sent to Culion by steamboat even as cases of misdiagnoses were also reported (BOH 1907, 16). Thus, while Heiser promoted Culion as an "island of hope" rumors that Culion was in reality an "island of sorrow" also spread (Anderson 2006, 173). Patients' anxiety over Culion eventually turned to animosity. Families and friends hid their patients and resisted health inspectors, resulting in frequent violent conflicts (Philippine Health Service/PHS 1924, 152).[13] Those who were caught and gathered in town halls or jails went at large, while some who were being forcibly shipped to Culion jumped ship.

The initial stages of isolation in Culion showed high death rates (Table 1), which the Bureau of Health lamely justified as the result of patients with advanced disease being gathered in Culion (1907, 90). Resolved to prove the uprightness of the Culion undertaking, Heiser provided patients with food, water, clothing, and weekly gratuity. Houses and sewage systems were built, a hospital established, and roads constructed. Heiser boasted how patients acquiesced to their transfer to Culion upon news of a good life in the island (BOH 1907, 17; 1913, 114). Still, many evaded health inspectors in various ways (Pamonag 2016). A girl from Cebu was able to successfully hide for years because her friend, a telegraph operator, would inform her whenever health inspectors were coming (Heiser 1936, 231). American officials attributed the refusal of HD patients to be shipped to Culion to the Filipinos' strong attachment to family as well as fear through ignorance of scientific medical treatments (PHS 1920, 326).

Searching for a cure for HD, doctors in Culion experimented with new treatments and methodically recorded the medical results of each patient. Initial attempts at the use of X-ray therapy, however, failed to produce positive results. In 1907, the oral in-take of chaulmoogra oil was introduced but approximately 70 per cent of patients subjected to it suffered from nausea, thus, treatment could not be sustained for prolonged periods. The oil was gradually applied from three drops to 150 drops. Since treatment results took time it was continuously

administered until patients either recover or die (BOH 1909, 79–80; Heiser 1936, 250). In 1912, the subcutaneous injection of chaulmoogra oil was introduced, which resulted in the regrowth of eyebrows and regained sensation on the numbed parts of patients' bodies.[14]

Heiser harnessed these gains to boost the treatment's efficacy, particularly highlighting the case of four patients who recovered after two years (BOH 1915, 20). Only three per cent of the 1,922 injected patients from 1912 to 1916, however, showed improvement; 73 per cent showed no improvement; and, 21 per cent ceased treatment halfway through (Culion Sanitarium 1956, 3). Doctors also discovered the side effects of subcutaneous injection such as inflammation of the veins, gangrene, cyanosis, and idiosyncratic drug reaction (Bantug 1924, 547–548; PHS 1922, 129–130). By the 1930s, doctors concluded that while chaulmoogra oil could temporarily eliminate bacteria from the body's surface area so that patients registered negative of HD, bacteria remained dormant in their nerves and lymph nodes (Philippine Leprosy Commission 1935, 419).

Because experimental treatment in Culion demanded immolation, health authorities emphasized diligence among patients and counseled them to become moral citizens to hasten their treatment. Believing that it was conducive to their recovery, patients were drilled to exercise American notions of an ideal civic life.[15] Keen to provide the infrastructure for such, Americans constructed a town hall, post office, and theater (which doubled as a movie house), shops, school and library, even a prison was also built. A clean look was encouraged through appropriate clothing and accessories, such as handkerchiefs and neckties, which were all made available to the patients. To ease patients' loneliness and boredom, gramophones, musical instruments, and baseball equipment, among others, were secured through donations. During the Christmas of 1912, a film projector was donated for the public viewing of films. A brass band of patients was trained to greet families and government officials who visited Culion. Concerts, dances, and sports events were held. There were house-decorating competitions, boat-decorating parades, poetry writing contests, as well as theater performances (BOH 1906b, 36; 1913, 115; 1915, 43).

Convinced that self-governance was an essence of the civilizing mission, health officials also extended patients' "training and performance" of civic life to the realm of politics and administration. Fifteen patients served in the unarmed police force, while some served as firefighters or lawyers (BOH 1908, 103). Starting in 1908 and every two years since then, a president and 10 councilors, who later became Culion's Advisory Board, were elected in what was referred to as the "tribal elections" of the 10 different ethnolinguistic groups. Residents aged 18 to 60 were granted suffrage in the first election in Asia that also included the participation of women (Hirt 1937, 354, 360, 362). While the Advisory Board evaluated administrative problems, its official functions were limited to drafting resolutions of thanks and condolences to the patrons of Culion (BOH 1915, 44;

PHS 1924, 154; 1928, 128). Real administrative power remained in the hands of the colony chief, a post that only American doctors occupied until 1919.

Under this institutional vision of welfare and discipline, HD patients were depicted as friendly towards the Americans. Perry Burgess, an American charity worker, in his novel *Who walks alone*, based on the memoirs of an American patient who lived in Culion, describes how patients voluntarily held parades in the plaza during American Independence Day and how they were excited to purchase liberty bonds to support the US when it declared its participation in the First World War (1940, 182–185).[16] In fact, patients donated money to build a statue of Wood at the plaza in 1931, to express their gratitude for his work in Culion. Wood's statue is the only one of its kind in the Philippines, given his opposition to Philippine independence. Not everyone, however, was willing or qualified to become the moral citizen that Americans had envisioned Filipinos to develop into.

Everyday politics of patients

Encroaching disciplinary power

Although Heiser tried to cultivate patients' loyalty by providing them with resources, they continued to resist disciplinary governance. Heiser notes: "In the Philippines the lepers were sensitive and proud and quick to notice any infringement upon their human rights" (1936, 227). Patients also claimed rights as citizens, petitioning for compensation of their assets that they had left behind after being shipped to Culion, as well as indemnity for their families in the provinces for the cost of segregation. These were all unheeded (BOH 1915, 45; Philippine Leprosy Commission 1935, 442). Eventually, unofficial or "uncivic" acts of disobedience patients resorted to as a critical reaction to segregation had greater impact in improving their lives and changing the imposed social order in Culion.

Suicides or escapes during and after transfer to Culion were the most outright manifestations of rejecting forced segregation (Gealogo and Galang 2016, 179–181). Those who attempted to escape at the risk of their lives built bamboo rafts with woven nipa leaves sails. Escapees hid small boats behind boulders while observing the tides to determine the best time to sail. Some drowned when their boats capsized, but others made their way home. Interestingly enough, there were some who were reported to have returned to Culion after being reunited with their loved ones (Heiser 1936, 237–238).[17] As the number of escapees increased, policemen in Culion were ordered to strengthen supervision, but being patients themselves they sympathized with the escapees and turned a blind eye to these infractions (BOH 1908, 103).

Tacit cooperation among inmates, as in the case of policemen condoning escapees, contributed to patients' success in rejecting compulsory labor. For

example, Heiser's demand for able-bodied patients to work in road repair, building construction, caring for the seriously ill, and keeping Culion sanitary all came to no avail (BOH 1906b, 34). Heiser complained:

> . . . majority of those who could work are lazy and indolent, and as long as they are clothed, fed, housed, and receive a weekly gratuity of 20 centavos from the government, they do not take kindly to any form of manual labor, and it is with difficulty that even the ordinary work of cleaning up their premises is accomplished. (BOH 1907, 92)

In 1911, annoyed with the unsanitary conditions in Culion, he ordered patients with mild conditions to clean the island twice a month and promised to pay wages, which patients had aggressively asked for. On the appointed workday, however, no one showed up (Philippine Commission 1912, 67–68).

In 1914, Heiser increased compulsory labor to four times a month for those who could work. Patients strongly opposed this increased burden and suggested instead that those who refused gratuity should be exempted from labor. Secretary of Interior Dean Worcester settled the dispute by abolishing both compulsory labor and payment of gratuity to those who could work as he guaranteed them opportunities to earn their own living (BOH 1915, 44). It is noteworthy that although this decision directed patients to earn their own keep, it did not cause resistance. In fact, it produced a "tonic moral effect" towards making the colony a "normal community" (Philippine Commission 1914, 85–86). As such, patients' evasion of forced labor was not due to their unwillingness to work but their resistance to a life ordered by others. Their illness, which caused regular and daily bodily energy fluctuations, made it difficult for them to conform to a prescribed work schedule. Resistance therefore was intended to demand autonomy of work based on their capacity, even if this meant lesser pay.

As a result, many patients became self-employed. In 1935, around 900 were engaged in agriculture, 700 in fishing, livestock, and retail; some managed barbershops, bakeries, and shoe shops; others became blacksmiths and furniture-makers; while there were those who engaged in embroidery, photography, and carpentry (Philippine Leprosy Commission 1935, 398, 424–425).[18] Patients also earned from selling fish, meat, vegetables, and fruits to the General Kitchen or the food ration facility and their fellow residents. Food that patients produced changed the diet in Culion to suit the Filipino taste. For instance, American officials were initially concerned with procuring and distributing beef and milk to improve patients' diets, but later on realized that Filipinos liked to eat fish (BOH 1907, 91; 1910, 17; 1915, 45). Starting in the 1920s, Americans supplied frozen fish only to find out patients preferred fresh fish, which fishermen from among their ranks had supplied (PHS 1924, 155–156). Patients' food production also supported the administration of Culion, which had increasingly suffered from overpopulation and the budget cut especially in the 1930s. In this regard,

patients' initiative to become self-sufficient transformed the food rations-based regulated economy into an autonomous people's economy.

The success of this people's economy was such that it gradually breached the border between *leprosos* (patients) and *sanos* (non-patients). Two iron gates along roads connecting the two areas to strictly monitor mobility symbolized this demarcation. Disinfection was also imposed on pedestrians and only official Culion currency could be used within the patients' area. Many non-patients including those who were paroled as negative, however, bought food and other goods that patients produced.[19] Patients who became fishermen also detoured around the gate to sell fish to non-patients and even became the latter's regular fish suppliers. As trade expanded, the restricted currency circulated to the non-patients.[20] While the colony chief, Jose Raymundo, continued to prohibit trade between patients and non-patients, his efforts were unsuccessful.

Apart from trade, colony chiefs repeatedly issued orders prohibiting cockfighting on weekdays and at nights, with high-stake bets, and with the participation of policemen in uniform.[21] The reiteration of the prohibition orders, however, displays the administration's powerlessness to stop the men's zeal for cockfighting. In cockfighting, bettors who cannot physically go to the *galleria* (gambling arena) could participate by entrusting their bets to friends. In this set-up, cock owners, the regular audience, as well as those with disabilities could participate in this act of communal bonding. In a society such as Culion where individual resourcefulness and efforts were barely rewarded, gambling provided extraordinary excitement and hope.

Despite efforts of doctors, many patients refused treatment. In the early 1920s, more than three-fourths of registered patients abandoned regular weekly checkups and 20 per cent of these patients entirely refused treatment, showing "apparent lack of interest in their treatment" (PHS 1924, 157, 164). To improve the situation, health authorities required patients to present their physician-signed ration ticket before they could obtain food rations, a measure that was met with serious opposition and two months of negotiation before it was settled (PHS 1924, 157). Although the ration ticket system and a rigorous management raised the percentage of patients receiving injection from 59 per cent in 1923 to 74 per cent in 1926, recalcitrant patients continued to refuse treatment (PHS 1928, 155–156).

Local authorities attributed such recalcitrance to the lack of transportation for those who lived far from the clinics (PHS 1926, 102–103). In truth, however, patients suffered side effects from prolonged periods of treatment without beneficial effects. Twenty-five patients died from unnecessary experiments (*Tribune* 1926). Since only two to three per cent of HD patients died from HD, it made sense for them to refuse such treatment.[22] It is significant to note that patients in Culion became alternative experimental subjects of researchers because American patients opposed these in Carville (Rodriguez 2003, 83).

Contestation of romance and discipline

Interestingly enough, some patients found a different motivation to go to the clinics, which they viewed as venues to find romantic partners. Most of the inmates were in their twenties and thirties, and the number of male patients was twice that of female patients. Finding romance must have been an intense need for many of them, especially amidst the loneliness of segregation. Those who were already married prior to being segregated faced legal problems once they decided to have either a romantic partner or to re-marry because the Catholic Church does not grant divorce. In this regard, health authorities classified patients in Culion into four categories, namely, those who: could legally marry; had married and decided to live celibate lives; had married but were living with a new partner; and indulged in clandestine sexual relations (Philippine Leprosy Commission 1935, 436).

Aware of what was going on, health authorities were concerned that lovers' proximity would negate the beneficial effects of treatment due to the probability of re-infection. They were also worried that couples would have children and infect them, a possibility that meant additional financial and logistical burden for the colonial administration. Heiser lamented, saying, "the separation of sexes has received the most serious consideration from the highest to the lowest officials who are in any way connected with the care of the lepers in the Philippines" (BOH 1907, 92).[23] To arrest these developments, he implemented the marriage ban, a policy that proved ineffective.

Viewing these developments not only as an administrative but also a moral problem, Heiser requested assistance from four French nuns of the Sisters of St. Paul of Chartres assigned to Culion, whose number were soon increased upon request from the health authorities. Appalled by the cohabitation of unwed men and women, the nuns declared: "Poor Culion! All the miseries, both physical and moral, are gathered together in it" (Sisters of St. Paul of Chartres n.d.a., 15.) In order to improve patients' "morals", the nuns strictly supervised unmarried women in the Hijas de Santa Maria and Santa Teresita dormitories, accompanied them to the church or clinics whenever they had scheduled medical appointments, and convinced them to become members of the Congregation of the Children of Mary, a religious sodality of women which emphasizes the sacrifice of lives for the Virgin Mary (Sisters of St. Paul of Chartres n.d.a., 18).

The women I interviewed recalled living "like birds in a cage" under the strict supervision of the nuns in the dormitories, spending their days praying in church or receiving injections at the clinics.[24] At least as young girls they enjoyed playing hide-and-seek and *tumbang preso* (knock down the can), dancing, and playing the guitar and piano. Occasional birthday parties were moments of glee where they shared fried noodles and chicken. Becoming adolescents, boys sent love

letters, often passed through trusted friends, to girls they met at the clinics. Those who could not write would ask their friends to write the letters for them. Some boys would get on boats and serenade the girls at the dormitory from the sea at night. Delighted, these girls went up to the lighthouse to see the boys even if they would get severely scolded by the nuns who caught them. Some of the girls seemed bewildered by these courtships, having been brought up under the strict norms of the nuns. Perhaps it was this upbringing that prompted them to emphasize that they were not shameless girls even though they eventually had boyfriends.

The police condoned these courtships because they empathized with patients like themselves. With little recourse, the nuns coopted some of the women who were loyal to them to tip them off whenever there were "sinful" exchanges of letters and secret meetings. These informers were referred to as SSB, a term that seemed to be derived from the Special Services Brigade whose members are similar to *barangay tanod* (village watchmen) or the Tagalog word *sumbong*, meaning to "tell on someone". Women who were caught were grounded, forced to kneel on pebbles, and subjected to hour-long sermons. Men, on their part, blamed the women for joining the religious group and would mockingly shout at the nuns: *"Nanay, Nanay!"* ("Mother, Mother!"), whenever the latter were passing by (Sisters of St. Paul of Chartres n.d.a., 21). In 1910, a group of Protestant advocates demanded the freedom of women and the exile of nuns and doctors (Sisters of St. Paul of Chartres n.d.a., 20).

As the situation remained unresolved, Heiser enforced complete segregation of men and women, especially at night. The women, however, refused to go to their barbed-wired quarters. Annoyed, Heiser gathered the women and told them that this was for their own good. One woman stood and fiercely declared: "The women of Culion had asked for no protection from the men and did not want any." Another woman spoke with a louder voice, inciting the audience, shouting: "Kill him! Kill him!", as the women tried to stab Heiser with the tip of their umbrellas, which he narrowly escaped. This incident and the other cases of disobedience led Heiser to delay the implementation of segregation (240–242).

Repeated failure to prevent the secret meeting of lovers and the increase in the number of illegitimate children forced the colonial authorities to concede to marriages in 1910, on condition that children from these unions were to be isolated immediately after birth. It came to pass that parents were only allowed to see their babies behind glass walls in the nursery, which the nuns cared for until they were old enough to be sent to foster homes or orphanages in Manila. Many infants, however, died from infantile diseases aggravated by the lack of caregivers, cramped nurseries, and separation from their mothers. As a result, parents strongly opposed giving up their babies. Eventually, children were allowed to stay with

their parents until the age of five or six, a compromise that caused infection in more than 30 per cent of these children (PHS 1921, 92–93).[25] Despite the lifting of the marriage ban, nearly half of these children were illegitimate (PHS 1928, 133).

The worsening condition of pregnant women and the increase in the number of illegitimate children eventually pushed colonial authorities to once again prohibit marriage in 1928.[26] Dead set to oppose the ban, the men repeatedly petitioned the health authorities, claiming that the policy was unjust. Thus, while patients were obliged to transform themselves into modern and ideal "citizens" in the American sense, their civic rights to marry and have families were continuously curtailed, revealing the contradictions of inclusive racism. For the patients, the marriage ban became the last straw that broke the camel's back.

Rebellion and marriage for freedom

At approximately eleven o'clock in the evening of 25 March 1932, Holy Friday, hundreds of men with sticks and hatchets gathered in front of the Hijas girls' dormitory in the middle of a homily on repentance and introspection.[27] Crisologo, the rebel leader, held two pistols and demanded freedom for the women to attend dances and picnics. The half-Russian colony chief Vicente Kierulf rushed towards the men to break up the crowd, which huddled together soon afterwards. The *Philippine Free Press* reports that around one o'clock in the morning, "the young men, brooding over the order and becoming desperate, conspired together, assembled, and then in squad formation stormed the citadel of their heart's desire, to-wit, the girls' dormitory, and further, amid a bedlam of joyful cries and frightened shrieks carried off some 40 of young damsels" (1932).[28] Both policemen and chief were powerless. As the men threatened to set fire to the dormitories, 600 girls left their dormitories. The exodus continued until the next day. Girls who did not join the men went back to their families and relatives, and only about ten women remained in the dormitories.

A common joke goes that some of the men had mistakenly abducted the old women in darkness, whom they left at the dormitory gates shortly upon realizing their mistake. There were also rumors of the involvement of the police chief as one of the leaders in the riot because his girlfriend was one of the women. According to Nanay Esther who experienced the riot:

> Ang mga babae andun sa kisame senyas nang senyas sa mga lalaki. Galit ang mga madre pero yung mga lalaki, kanya-kanyang kuha ng mga babae. Masaya ang mga babae, nakalabas sila eh. Hinawakan ang mga nobyo. Hay naku, yung ibang lalaki, kahit di nila nobyo, namimilit kukunin pa rin nila ang mga babae. Kaya yung ibang babae nagtago. Kaya naman, yung iba nakalabas ang puwet, masikip kasi ang tinaguan nila. Nung wala na ang mga lalaki, tawanan kami. Sabi ko, "panget nakalabas ang

puwet ninyo!" Pagkatapos nung nangyari, pinabayaan na lang nung mga madre. Tinanggal na ang mga lahat na bawal. Libre na libre na ang lahat. (23 March 2012)

[Girls were on the ceiling and kept on signaling to the boys. The nuns were angry but each of the boys still took the girls away. The girls were very happy to be free. They held their boyfriends. Oh my God! There were also boys who forcibly took girls away even if they were not lovers, some girls hid themselves but their hiding places were too cramped to hide their bodies. When the boys were gone, we laughed together, and I said: "Hey, it's so disgraceful to show your butts!" Afterwards, the sisters resigned themselves and accepted the situation. All prohibitions were lifted. We became free to do anything.]

Many couples eloped. For the men, the riot must have been *santong paspasan* (holy attack) or a forceful act driven by unanswered *santong dasalan* (holy prayer) or diplomatic means to obtain their love ones.[29] This event referred to as the "Manchuria", after the Japanese invasion of the Chinese region, had rebels waving red flags called the Red Army. Kierulf armed the staff and imposed curfew to prohibit night gatherings but he remained helpless in deterring the rebels from roaming freely.[30] The police took off their uniforms to avoid encounters with them while the nuns lamented how "Culion became Sodom" even as they taught contraception methods. Parents rushed to the nursery to get their babies back. At this moment, the primal desire of these patients changed Culion from being a panopticon of sorts into an asylum where the disciplinary power of the empire and the Church was invalidated.

Finally, a 15-man police squad from Palawan arrested the four leaders in April. In May, 123 men and women living together were exiled to other leprosaria. Defiant to the end, the exiled rebels sang noisily aboard the ships. Once the riot had quieted, however, patients continued to express their wish to get married. When the nuns tried to stop the men from visiting the girl's dormitories, the men audaciously declared: "If you do not let us court the girls, we will court you instead" (Sisters of St. Paul of Chartres n.d.a., 39). Having no choice, the nuns conceded on the condition that the girls should be at least 18 years old and the men should register their names, civil status, and relationship to the girl by showing a *novio* or boyfriend permit from the girl's family (McNulty 1933). Couples were also allowed to talk while seated on both ends of a long table for a few hours, beginning at seven or eight in the morning on Sundays.

The *New York Times* reported that health authorities upheld the marriage ban immediately after the riot (1932). A Committee on Marriage among Lepers, was, however, created to evaluate its validity, after which the Committee proposed that marriage should be allowed so that life in the colony would be "as nearly normal as practicable" (Philippine Leprosy Commission 1935, 440). This policy was a result of the colony chief Jose Raymundo's report that the marriage ban

contributed to the increase in the incidence of petty crimes and indecent sexual acts. In this regard, the Committee argued that marriages would encourage patients to become more self-sufficient, virtuous, and law abiding (1935, 437).[31] By November 1932, health authorities lifted the ban, saying that it violated individual rights to happiness however desirable this strategy was from an administrative and medical point of view, provided that women who married would no longer receive gratuity and their children would be taken away. This declaration was a paradox: patients won the civic right to marry and have families through the uncivic riot.

Nuns and doctors continued to oppose patients' marriage for moral and medical reasons. The nuns cried when the girls decided to get married. Two hundred forty-four couples got married in 1933, following 17 from November to December 1932. Since then, more than 100 children were born annually (Table 1). Exiled couples, with the exception of the four leaders, were allowed to come back and marry. My informants shared their views on how they thought of marriage as emancipatory, even as they were aware that pregnancy and childbirth worsened women's medical conditions.[32] These women must have been determined not only to pursue freedom from the dormitories but also to regain life with their family, even if it endangered their own. The segregation policy for infants also turned out to be worthless due to insufficient resources for childcare and opposition from parents (Philippine Leprosy Commission 1935, 423).

Reclaiming life

American officials' imperial experiences in terms of administrative techniques and scientific knowledge that they had honed for themselves in Culion as they "transformed" patients into modern and moral "citizens" was repatriated to the US and carried repercussions on US station formation (McCoy and Scarano 2009). Moreover, innovative public health measures in Culion also promoted international sharing of knowledge and technology (Planta 2016). Heiser, for instance, became director of the Rockefeller Foundation's International Health Board in 1915, where he implemented public health programs, based largely on his experiences in Culion and the Philippines, to more than forty countries all over the world (International Leprosy Association 1973, Anderson 2009, 285-286). In 1938, he was appointed consultant of the US National Association of Manufacturers to maximize production of the manufacturing industry. In this capacity, Heiser promoted the scientific health management of workers, attributing workers' injury and sickness to failure of the individual (Anderson 2006, 231).

Thus, the disciplinary governance which Americans developed in Culion, spread not only to the US but also to other parts of the world. To a large extent, this disciplinary governance continues to cast a shadow on our lives. Indeed, in

the twenty-first century, it is no longer race but scientifically validated skills and merits that structure hierarchies, compel individuals to compete with each other in order to meet the standards for inclusion, and justify the exclusion of those who fail to meet these standards. In this regard, it is not an exaggeration to say that we are still under the hegemony of scientific disciplinary governance—trapped inside the mold of life imposed upon us, our desires for a meaningful life severely restrained.

In this context, I ask this question: why were the patients in Culion able to challenge American disciplinary power and change its social order? My answer is that the patients eventually defied the disciplinary power that coerced them to take their part in the politics of civic and moral inclusion where they would find no chance of real inclusion. By their agency, patients resorted to uncivic or immoral disobedience and forced colonial officials to concede autonomous lives to them.

Political and socioeconomic changes in the Philippines since the 1920s such as the Filipinization policy, population increase, and the budget cut, altogether loosened colonial disciplinary power in Culion. These structural fractures enabled patients to escape, sabotage compulsory labor and treatment, engage in and enjoy gambling, trade with non-patients, and clandestinely meet their lovers, all of which gradually undermined and invalidated the colonial order.

Patients' agency to challenge these impositions was supported by their mutuality that transcended linguistic and cultural divide, as seen in the relations between police and patients, with the former to a large extent, facilitating the latter's circumvention of the surveillance system. Patients' agency also gained momentum because they challenged the colonial order through the projection of their desires despite such being diminished as uncivic or immoral. In other words, patients defied the standard calls for action within the hegemony of disciplinary power. Their success contrasts with their previous attempts to submit formal petitions that colonial authorities rebuffed.

As much as these desires challenged the colonial order, these desires also conflicted with patients' beliefs. Catholics, for example, tried to deny themselves romantic desires. Women worried that pregnancy would aggravate their health condition. Parents who longed to hold their children were reined in by fear of infecting them. Despite these inner conflicts and risks, however, patients pursued their desires for romance and family through secret courting, riots, elopement, and getting their children back.

These uncivic or immoral disobedience was a clear rejection of the biopolitics that disciplined patients as herds through standardized official order through the weekly rations, bimonthly forced labor, weekly chaulmoogra oil intake or injection, and the marriage ban, which had all deprived them of autonomy and dignity. Patients' agency gradually undermined the colonial order to establish

their own social order—one that supported the quest for a good life on their own terms. The capacity to have their own livelihood expanded their autonomy and widened their sphere of freedom. Gambling provided a ray of hope that broke their monotonous lives. Refusal to be subjected to experimental treatment was the ultimate act of self-dignity. The pursuit of finding a partner and having a family was the final act of realizing a good life. By these collective struggles, patients in Culion succeeded in reclaiming autonomous, dignified, and communal lives for themselves with their lovers and families.

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Notes

1 The textbook has been revised several times and the latest version (1990) no longer reflects this claim.

2 While there were 3,499 casualties in military battle during the Philippine-American War, there were more deaths from disease (Foreman 1906, 553). The figure according to de Bevoise is 3,693 (1995, 42).

3 The translation of the Hebrew word *tsara'ath*, which refers to various types of skin diseases to the Latin and Greek word *lepra* is incorrect (Gould 2005, 3).

4 Foucault attributed the "disappearance" of HD at end of the Medieval Ages to a change in the view from moral heresy to insanity as the cause of HD (1988). Other accounts stress improvements in lifestyle and spread of tuberculosis (Gould 2005: 8).

5 In 1792, Benjamin Rush, one of the founding fathers of the US, presented a study noting black people's "morbid insensitivity of the nerves" and "unusually strong venereal desire" are similar with HD patients (Edmond 2006, 9).

6 Cases in some Western countries were attributed to their contact with non-Westerners (Gould 2009, 45–46).

7 The Bureau of Health had the power to sue and dismiss local government heads who did not properly implement responsible public health measures (Bureau of Health 1906b, 10).

8 Rodriguez (2003, 53).

9 See Chapman (1983, 73–107).

10 Exhausted with fighting the Filipino elites Wood retreated to Culion where he was warmly welcomed.

11 *Philippine Free Press* (1921) and *Tribune* (1926).

12 *Manila Daily Bulletin* (1924).

13 The Philippine Health Service (PHS) publicly commended a sanitary inspector who

captured thousands of patients and was severely wounded many times in clashes with them as "a very good model of a public servant imbued with a sense of duty and responsibility." (PHS 1922, 189–191).

[14] Since chaulmoogra oil was not directly absorbed by the body, it was mixed with camphor and resorcin before subcutaneous injection. Various combinations were also tried to optimize its effect.

[15] See Anderson (2006, 158–179).

[16] Burgess may have added some fictional elements. The novel also depicts what Anderson refers to as the hierarchical trajectory of "civic transformation" (2006, 9, 159). Ned, the American patient, was a "model citizen"; Thomas who adored Ned was the ideal Filipino "probationary citizen"; and the rebellious Vicente personified the image of "villains" who denied American love and benevolence.

[17] Towards the end of the second decade of the twentieth century, patients' families and relatives were allowed to visit Culion subject to arrangements with the government in order to satisfy patients' desire to see them.

[18] There were also patients who worked as staff members in Culion.

[19] Appendix E, H, and J.

[20] Appendix I .

[21] Appendix A, F, and G.

[22] Even health authorities were convinced that experimental treatment increased death rates. (PHS 1924, 166). In the 1920s, tuberculosis (52%) followed by nephritis (13%) were the highest causes of death among HD patients in Culion (Lara 1926, 410).

[23] Heiser noted that women's votes which reflected preference for handsome candidates, played a decisive role in the election results (1936, 237).

[24] Interview with Nanay Esther, Nanay Irena, Nanay Saling, and Nanay Pina.

[25] Of the 78 children sheltered in the nursery for six years, 21 died; 24 were afflicted with leprosy; and seven contracted other diseases. Children who remained healthy until they are six years of age were sent to foster homes or orphanages in Manila while those who developed HD and other diseases were allowed to live with their parents.

[26] Sulpicio Chiyuto, the colony chief, drafted a marriage ban in 1927 but could not implement it because it would hinder attracting new patients to Culion and violate individual rights (PHS 1929, 99–100).

[27] See Sisters of St. Paul of Chartres (n.d.a.; n.d.b.) and McNulty (1932).

[28] The quote is taken from the Culion Museum article clippings but the specific page is not available.

[29] The archives do not have records of why patients revolted during holy week. I can only surmise that perhaps the revolt reflected both religious spirituality and rejection of religious authority.

[30] Appendix B, C, and D.

[31] The commission suggested to legalize divorce and implement sterilization as practiced in Japan but religious opposition prevented implementation of these policies.

[32] Women patients in Culion share similar narratives (Camagay 2016, 248, 251).

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Nanay Esther. 23 March 2012. 90 years old, born 1922, taken to Culion 1928.

Nanay Irena. 23 March 2012. 87 years old, born 1925, taken to Culion 1940.

Nanay Saling. 23 March 2012. 86 years old, born 1927, taken to Culion 1937.

Nanay Pina. 23 March 2012. 79 years old, born 1933.

Appendix

Appendix A. 1932. Administrative Order No.5. December 20.

Appendix B. 1932. Circulation Order No. 3. April 13.

Appendix C. 1932. Circulation Order No. 4. April 19.

Appendix D. 1932. Patakaran tungkol sa pamamalakad ng mga tenement houses. May 20.

Appendix E. 1934. Administrative Order No. 11. October 5.

Appendix F. 1935. Circulation Order No. 1. January 24.

Appendix G. 1936. Circulation Order No. 1. January 9.

Appendix H. 1936. Circulation Order No. 7. April 7.

Appendix I. 1937. Administrative Circulation Order No. 7. September 7.

Appendix J. 1939. Circulation Order No. 8. September 12.

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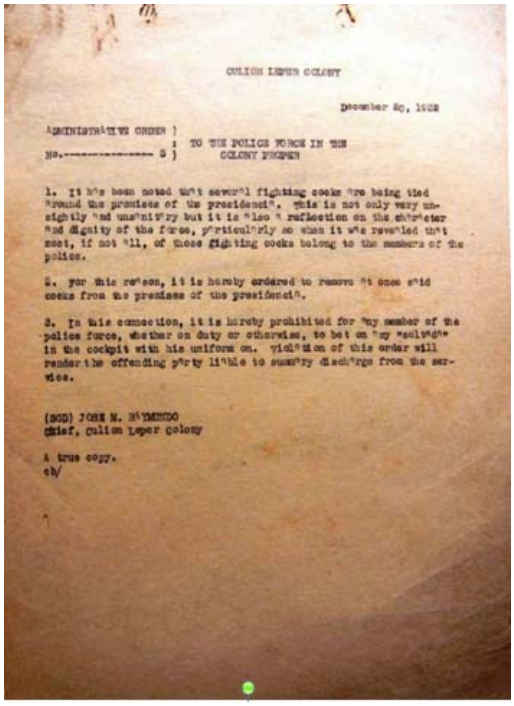
Appendix



CULION LEPER COLONY

December 20, 1932

ADMINISTRATIVE ORDER)
No.---------- 5) : TO THE POLICE FORCE IN THE COLONY PERSON

1. It has been noted that several fighting cocks are being tied around the premises of the presidencia, this is not only very unsightly and unsanitary but it is also a reflection on the character and dignity of the force, particularly so when it was revealed that most, if not all, of those fighting cocks belong to the members of the police.

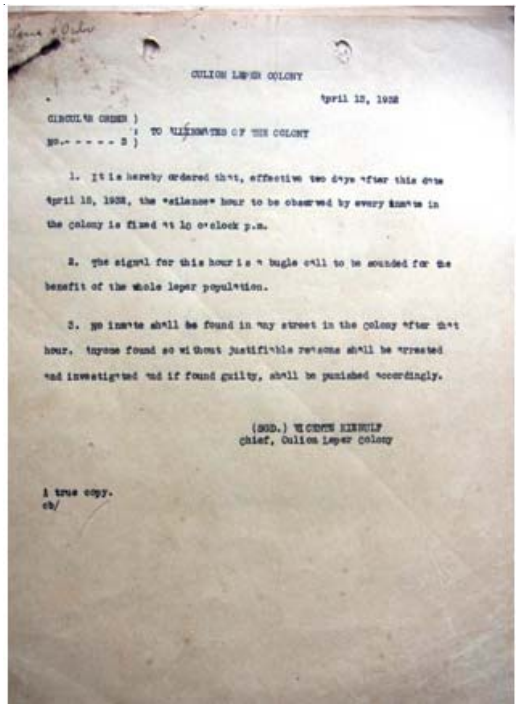
2. For this reason, it is hereby ordered to remove at once said cocks from the premises of the presidencia.

3. In this connection, it is hereby prohibited for any member of the police force, whether on duty or otherwise, to bet on any "solitada" in the cockpit with his uniform on. Violation of this order will render the offending party liable to summary discharge from the service.

(SGD) JOSE M. HAYMUNDO
Chief, Culion Leper Colony

A true copy.
ch/

Appendix A. 1932. Administrative Order No.5. December 20.



CULION LEPER COLONY

April 13, 1932

CIRCULAR ORDER)
No.- - - - - 3) : TO [illegible] OF THE COLONY

1. It is hereby ordered that, effective two days after this date April 15, 1932, the "silence" hour to be observed by every inmate in the Colony is fixed at 10 o'clock p.m.

2. The signal for this hour is a bugle call to be sounded for the benefit of the whole leper population.

3. No inmate shall be found in any street in the Colony after that hour. Anyone found so without justifiable reasons shall be arrested and investigated and if found guilty, shall be punished accordingly.

(SGD.) [illegible] KIRKULF
Chief, Culion Leper Colony

A true copy.
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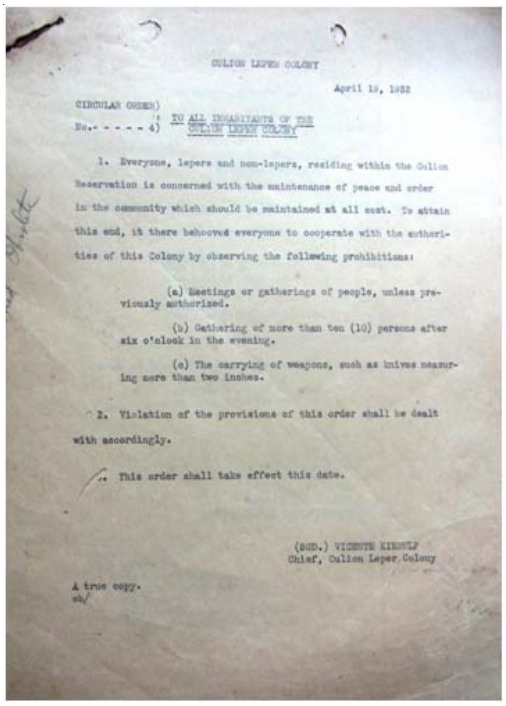
Appendix B. 1932. Circulation Order No. 3. April 13.



CULION LEPER COLONY

April 19, 1932

CIRCULAR ORDER)
No. - - - - 4) TO ALL INHABITANTS OF THE CULION LEPER COLONY

1. Everyone, lepers and non-lepers, residing within the Culion Reservation is concerned with the maintenance of peace and order in the community which should be maintained at all cost. To attain this end, it there behooves everyone to cooperate with the authorities of this Colony by observing the following prohibitions:

(a) Meetings or gatherings of people, unless previously authorized.

(b) Gathering of more than ten (10) persons after six o'clock in the evening.

(c) The carrying of weapons, such as knives measuring more than two inches.

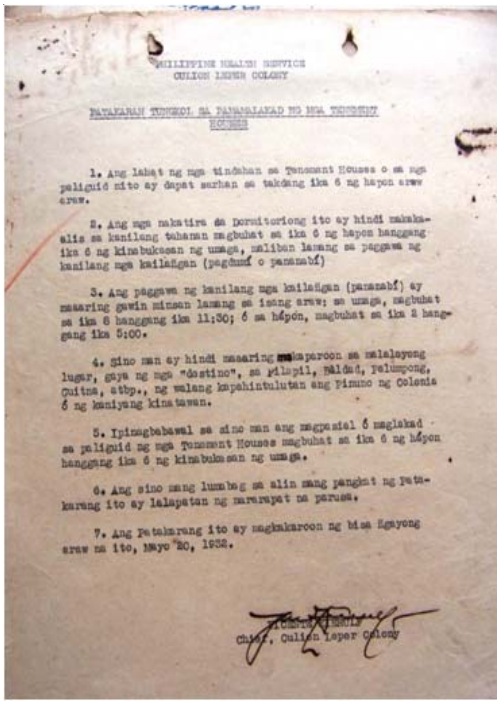
2. Violation of the provisions of this order shall be dealt with accordingly.

3. This order shall take effect this date.

(SGD.) VICENTE KINSOLF
Chief, Culion Leper Colony

A true copy.
sh/

Appendix C. 1932. Circulation Order No. 4. April 19.



PHILIPPINE HEALTH SERVICE
CULION LEPER COLONY

PATAKARAN TUNGKOL SA PAMAMALAKAD NG MGA TENEMENT HOUSES

1. Ang lahat ng mga tindahan sa Tenement Houses o sa mga paliguid nito ay dapat sarhan sa takdang ika 6 ng hapon araw araw.

2. Ang mga nakatira da Dormitoriong ito ay hindi makakalis sa kanilang tuluyan magbuhat sa ika 6 ng hapon hanggang ika 6 ng kinabukasan ng umaga, maliban lamang sa paggawa ng kanilang mga kailangan (pagkain o panginuman)

3. Ang paggawa ng kanilang mga kailangan (panginuman) ay maaaring gawin minsan lamang sa isang araw: sa umaga, magbuhat sa ika 6 hanggang ika 11:30; 6 sa hapon, magbuhat sa ika 2 hanggang ika 5:00.

4. Sino man ay hindi maaaring makaparoon sa malalayong lugar, gaya ng mga "destino", sa pilapil, Baldad, Pelimpong, Quitna, atbp., ng walang kapahintulutan ang Pinuno ng Colonia 6 ng kaniyang kinatawan.

5. Ipinagbabawal sa sino man ang magpaniel 6 maglakad sa paliguid ng mga Tenement Houses magbuhat sa ika 6 ng hapon hanggang ika 6 ng kinabukasan ng umaga.

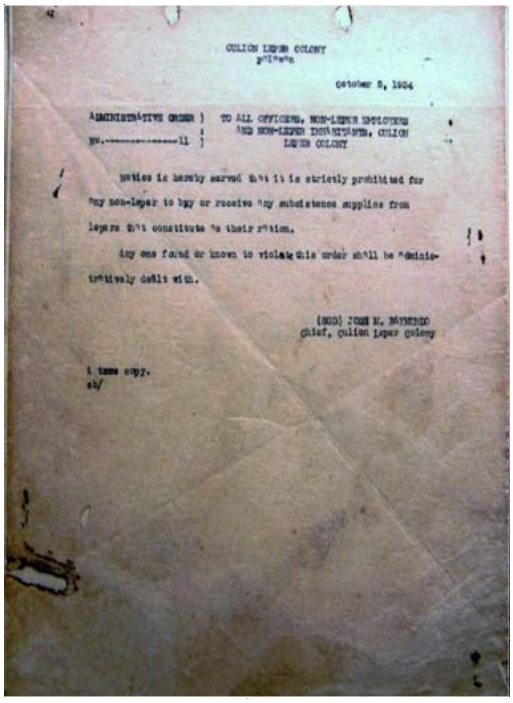
6. Ang sino mang lumabag sa alin mang panghat ng Patakarang ito ay lalapatan ng nararapat na parusa.

7. Ang Patakarang ito ay magkakaroon ng bisa kgayong araw na ito, Mayo 20, 1932.

Chief, Culion Leper Colony

Appendix D. 1932. Patakaran tungkol sa pamamalakad ng mga tenement houses. May 20.

Appendix



CULION LEPER COLONY
P[illegible]n

October 5, 1934

ADMINISTRATIVE ORDER)
No.----------11)

TO ALL OFFICERS, NON-LEPER EMPLOYEES AND NON-LEPER INDIVIDUALS, CULION LEPER COLONY

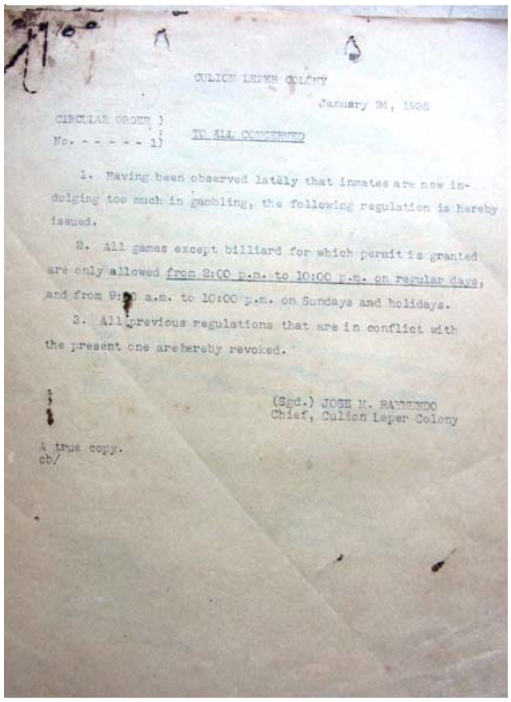
Notice is hereby served that it is strictly prohibited for any non-leper to buy or receive any subsistence supplies from lepers that constitute to their ration.

Any one found or known to violate this order shall be administratively dealt with.

(SGD) JOSE M. RAYMUNDO
Chief, Culion Leper Colony

A true copy.
cb/

Appendix E. 1934. Administrative Order No. 11. October 5.



CULION LEPER COLONY

January 24, 1936

CIRCULAR ORDER)
No. - - - - - 1) TO ALL CONCERNED

1. Having been observed lately that inmates are now indulging too much in gambling, the following regulation is hereby issued.

2. All games except billiard for which permit is granted are only allowed from 8:00 p.m. to 10:00 p.m. on regular days, and from 9:00 a.m. to 10:00 p.m. on Sundays and holidays.

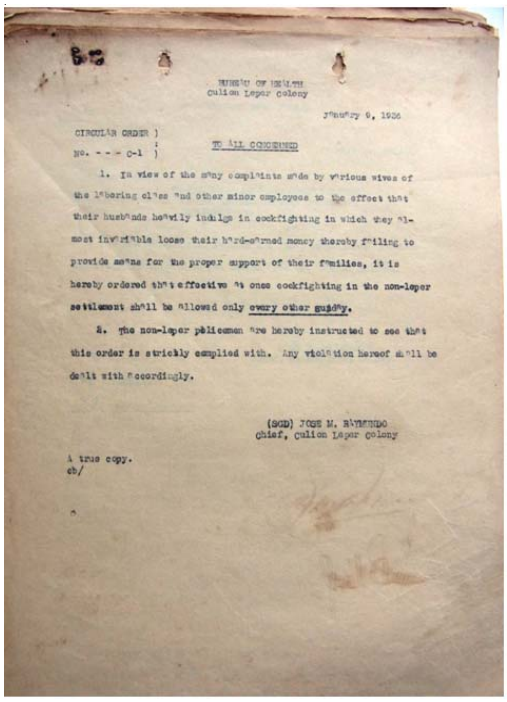
3. All previous regulations that are in conflict with the present one are hereby revoked.

(Sgd.) JOSE M. RAYMUNDO
Chief, Culion Leper Colony

A true copy.
cb/

Appendix F. 1935. Circulation Order No. 1. January 24.

Appendix



BUREAU OF HEALTH
Culion Leper Colony

January 9, 1936

CIRCULAR ORDER)
No. - - - C-1)

TO ALL CONCERNED

1. In view of the many complaints made by various wives of the laboring class and other minor employees to the effect that their husbands heavily indulge in cockfighting in which they almost invariably loose their hard-earned money thereby failing to provide means for the proper support of their families, it is hereby ordered that effective at once cockfighting in the non-leper settlement shall be allowed only every other sunday.

2. The non-leper policemen are hereby instructed to see that this order is strictly complied with. Any violation hereof shall be dealt with accordingly.

(SGD) JOSE M. RAYMUNDO
Chief, Culion Leper Colony

A true copy.
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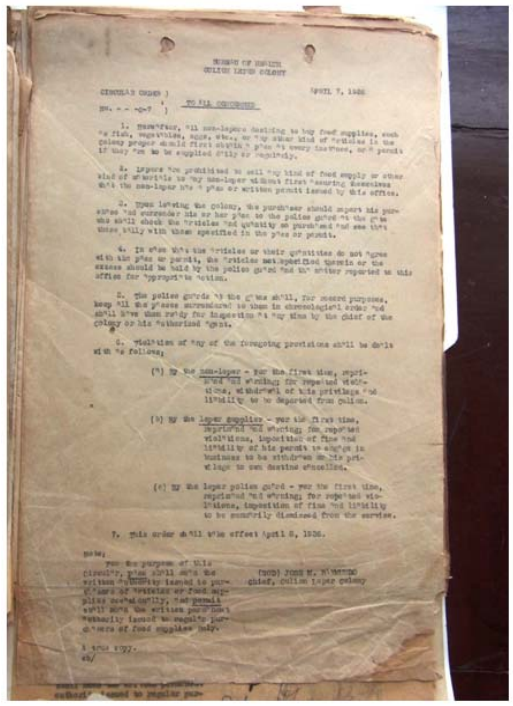
Appendix G. 1936. Circulation Order No. 1. January 9.



BUREAU OF HEALTH
CULION LEPER COLONY

CIRCULAR ORDER)
No. - - - C-7)

April 7, 1936

TO ALL CONCERNED

1. Hereafter, all non-lepers desiring to buy food supplies, such as fish, vegetables, eggs, etc., or any other kind of articles in the Colony proper should first obtain a pass or permit to buy therefrom, or permit if they are to be supplied daily or regularly.

2. Lepers are prohibited to sell any kind of food supply or other kind of articles to any non-leper without first securing therefrom that the non-leper has a pass or written permit issued by this office.

3. Upon leaving the colony, the purchaser should present his pass and surrender his or her pass to the police guard at the gate who shall check the articles and quantity so purchased and see that these tally with those specified in the pass or permit.

4. In case that the articles or their quantities do not agree with the pass or permit, the articles not specified therein or the excess should be held by the police guard and the matter reported at this office for appropriate action.

5. The police guards at the gate shall, for record purposes, keep all the passes surrendered to them in chronological order and shall have them ready for inspection at any time by the chief of the Colony or his authorized agent.

6. Violation of any of the foregoing provisions shall be dealt with as follows;

(a) By the non-leper - for the first time, registered but warning for repeated violations, withdrawal of his privilege and liability to be deported from Culion.

(b) By the leper supplier - for the first time, registered but warning for repeated violations, imposition of fine and liability of his permit to engage in business to be withdrawn on his privilege to own carabao cart.

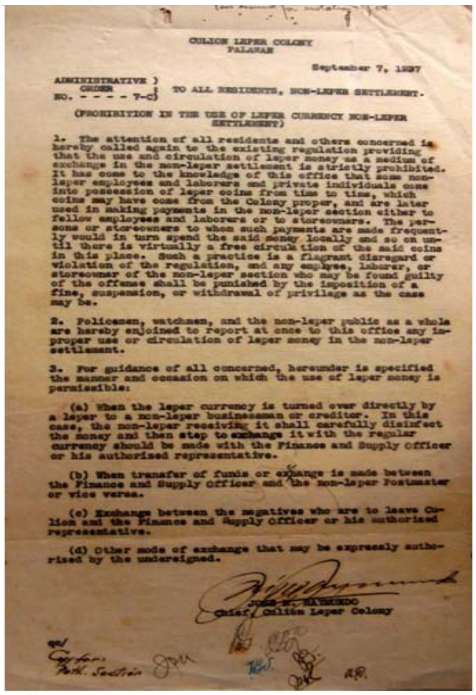
(c) By the leper police guard - for the first time, registered but warning for repeated violations, imposition of fine and liability to be summarily dismissed from the service.

7. This order shall take effect April 8, 1936.

(SGD) JOSE M. RAYMUNDO
Chief, Culion Leper Colony

Appendix H. 1936. Circulation Order No. 7. April 7.

Appendix



CULION LEPER COLONY
PALAWAN

September 7, 1937

ADMINISTRATIVE ORDER No. - - - - 7-C } TO ALL RESIDENTS, NON-LEPER SETTLEMENT.

(PROHIBITION IN THE USE OF LEPER CURRENCY NON-LEPER SETTLEMENT)

1. The attention of all residents and others concerned is hereby called again to the existing regulation providing that the use and circulation of leper money as a medium of exchange in the non-leper settlement is strictly prohibited. It has come to the knowledge of this office that some non-leper employees and laborers and private individuals come into possession of leper coins from time to time, which coins may have come from the Colony proper, and are later used in making payments in the non-leper section either to fellow employees and laborers or to storeowners. The persons or storeowners to whom such payments are made frequently would in turn spend the said money locally and so on until there is virtually a free circulation of the said coins in this place. Such a practice is a flagrant disregard or violation of the regulation, and any employee, laborer, or storeowner of the non-leper section who may be found guilty of the offense shall be punished by the imposition of a fine, suspension, or withdrawal of privilege as the case may be.

2. Policemen, watchmen, and the non-leper public as a whole are hereby enjoined to report at once to this office any improper use or circulation of leper money in the non-leper settlement.

3. For guidance of all concerned, hereunder is specified the manner and occasion on which the use of leper money is permissible:

(a) When the leper currency is turned over directly by a leper to a non-leper businessman or creditor. In this case, the non-leper receiving it shall carefully disinfect the money and then stap to exchange it with the regular currency should be made with the Finance and Supply Officer or his authorized representative.

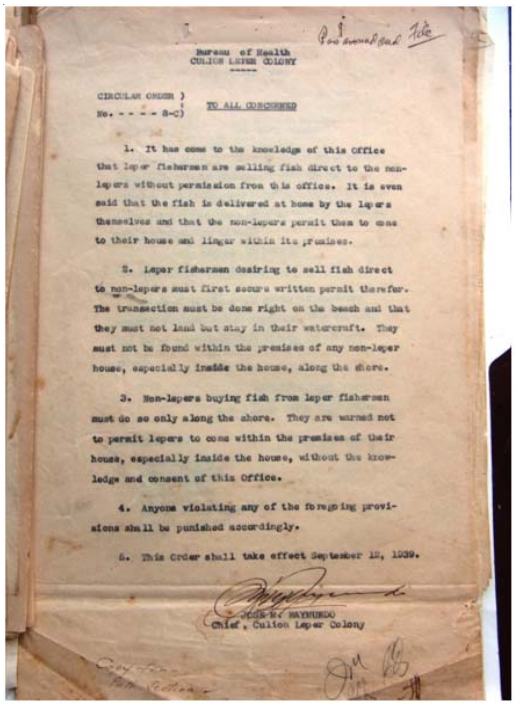
(b) When transfer of funds or exhange is made between the Finance and Supply Officer and the non-leper Postmaster or vice versa.

(c) Exchange between the negatives who are to leave Culion and the Finance and Supply Officer or his authorized representative.

(d) Other mode of exchange that may be expressly authorized by the undersigned.

JOSE N. HAYMUNDO
Chief, Culion Leper Colony

Appendix I. 1937. Administrative Circulation Order No. 7. September 7.



Bureau of Health
CULION LEPER COLONY

CIRCULAR ORDER No. - - - - 8-C) TO ALL CONCERNED

1. It has come to the knowledge of this Office that leper fishermen are selling fish direct to the non-lepers without permission from this office. It is even said that the fish is delivered at home by the lepers themselves and that the non-lepers permit them to come to their house and linger within its premises.

2. Leper fishermen desiring to sell fish direct to non-lepers must first secure written permit therefor. The transaction must be done right on the beach and that they must not land but stay in their watercraft. They must not be found within the premises of any non-leper house, especially inside the house, along the shore.

3. Non-lepers buying fish from leper fishermen must do so only along the shore. They are warned not to permit lepers to come within the premises of their house, especially inside the house, without the knowledge and consent of this Office.

4. Anyone violating any of the foregoing provisions shall be punished accordingly.

5. This Order shall take effect September 15, 1939.

JOSE N. HAYMUNDO
Chief, Culion Leper Colony

Appendix J. 1939. Circulation Order No. 8. September 12.