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Food rations, resistance, and agency at the Culion leper colony, 1900s–1930s

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ABSTRACT

This study explores how Filipino Hansen's disease patients confined to the Culion leper colony engaged with government authorities over food-related issues during the first three decades of the twentieth century. Food rations are understudied themes in the history of the Culion leper colony. Earlier scholarship on Culion focused on the segregation policy, medical practices, and general conditions. Recent work highlighted the theme of resistance evident in the patients' flight from the island, protests against the ban on marriage and cohabitation, and petitions for rights as citizens. A few considered agitations and other actions by patients in response to the food situation.

In this study, I argue that food was a platform upon which colonial authority was contested in a myriad of ways and forms. Patients' reactions were directed not only at poor quality and insufficient quantity of rations, but also at the American colonial state's policy that exiled them to the island of Culion. Many of them practiced self-sufficiency to address basic food needs and to provide financial assistance to the families they left behind. Others actively participated in committees to improve the distribution of rations.

The study of food supply and rations in Culion offers insights into the engagement between Filipino patients of Hansen's disease and colonial administrators. It demonstrates varying forms of patients' resistance and exercise of agency within a restrictive setting and in a colonial context. In some instances, patients' agency was enabled by authorities, thereby complicating the story of their engagement. Consideration of their diverse and multifaceted practices facilitates a fuller understanding of how Filipino Hansen's disease patients dealt with government officials during the American colonial period.

KEYWORDS

Culion, Hansen's disease, resistance, agency, food rations

In 1917, 300 men and women at the Culion leper colony signed a petition addressed to Senate President Manuel L. Quezon. “Due to the reduction of rice ration, we, the undersigned,” they wrote, “are going to abstain from eating breakfast, and this will have a detrimental effect on our health” (Santiago Ignacio [patient representative] and 300 other signatories 1917)¹. Seven years later, the Philippine Health Service reported that many of the patients “did not care to get their fish ration at all” (1920). In fact, “[i]t was not unusual to find fish throw[n] into garbage boxes after distribution of said frozen fish” (Philippine Health Service 1924, 155, hereafter PHS). These are just a few examples that demonstrate how Filipino Hansen’s disease patients confined to the Culion leper colony reacted to the reduced ration of rice in 1917 and shortage of fresh fish in 1923. Food shortage and poor quality of rations were at the center of agitations, borrowing the words of James C. Scott, “both quiet and not so quiet ones” in Culion (1990, 190). This study explores how those segregated individuals dealt with government authorities regarding food-related issues during the first three decades of the twentieth century. Food supply and rations are understudied themes in research on the history of the Culion leper colony during the American colonial period.

On 22 August 1904, the establishment of the Culion leper colony, southwest of Manila, was mandated with Administrative Order no. 35. This was the American colonial government’s solution to what Health Director Victor Heiser suggested was a major public health problem in the Philippines (1936, 227). Scholars have demonstrated how public health campaigns, such as those against cholera, and the general health conditions were closely linked to pacification campaigns in the Philippines and instigated anti-imperialist debate in the United States (Ileto 1988) (Bautista and Planta 2009). “The public health conditions in the country,” argued Julius Bautista and Ma. Mercedes G. Planta, “presented a means to justify America’s imperialist venture” (158). Invoking the need to protect public health, American colonial authorities deemed it necessary to isolate those afflicted with Hansen’s disease. “Leper collecting trips” to the provinces began in May 1906; the mandatory segregation of positive cases was formalized on 12 September 1907, with the passage of Act no. 1711.² It empowered the director of health and his authorized agents “to cause to be apprehended, and detained, isolated, segregated, or confined all leprous persons in the Philippine Islands” (Philippine Commission 1907).

Although American colonial officials emphasized that there was only initial resistance to the segregation order, resistance continued after the first group of patients was transported to Culion (Department of Interior 1908, 31–32; Heiser 1936, 234). In this paper, I argue that food was a platform upon which colonial authority was contested in a myriad of ways and forms. Patients’ reactions were directed not only at the poor quality and insufficient quantity of rations, but

also at the colonial state's policy that exiled them to the island of Culion. Many of them practiced self-sufficiency in order to address basic food needs and provide financial assistance to families they had left behind. Others actively participated in committees to improve the distribution of rations.

The study of food supply and rations in Culion offers insights into the dynamic and multifaceted engagement between and among Filipino Hansen's disease patients and government authorities, particularly those who managed Culion, and national health officials and other colonial officials. It demonstrates varying forms of resistance by patients and exercise of agency within a restrictive setting and in a colonial context. In some instances, patients' agency was enabled by authorities, thereby complicating the story of their engagement.

In her study of Filipino nurse migrants to the United States, Catherine Ceniza Choy notes that interrelated myths of U.S. exceptionalism and benevolence have persisted (2005). These myths perpetuate the notion that Americans bestowed on Filipinos "the enlightened American systems of education, infrastructure, and public health, thus distinguishing Americans from their brutal European colonial counterparts" (4–5). Exploring engagement between the Culion patients and government authorities, this project illuminates how those segregated individuals reacted to the "enlightened American system of public health". The period after 1902 is a compelling period to study because, as Reynaldo C. Ileto elucidates, "the war was simply transposed from the battlefields to the towns, that the struggle continued over the control, no longer of territorial sovereignty, but of people's bodies, beliefs and social practices" (1988, 131).

In understanding Culion patients' practices, this study draws on scholarly works on resistance and agency, particularly James C. Scott's *Domination and the arts of resistance* and Ashley T. Rubin's "Resistance as agency incorporating the structural determinants of prisoner behaviour" (2017, pp. 644–63) (1990). Adopting a patient-centered approach, this project builds on earlier scholarship on Culion that focused on policies, medical practices, and general conditions. Warwick Anderson's *Colonial pathologies: American tropical medicine, race, and hygiene in the Philippines* includes a chapter on Culion, where the concept of "biomedical citizenship" is discussed (2006, 177–78). According to Anderson, Culion was "an exemplary combination of army camp, laboratory, and small American town and a site for the biological and civic transformation of those considered most unclean and least socialized." Yet, he asserts that "cure and self-government remained asymptotic projections, not validated attainments" (9). By highlighting the grim conditions, early studies of the leper colony challenged official claims that it was a haven for the afflicted. In the book edited by Ma. Cristina V. Rodriguez, *Culion island: A leper colony's 100-year journey toward healing*, she refers to Culion as an "Island of Despair" (2003). Those segregated individuals have also been subjects of investigation of Filipino bodies as objects of regulation by the

colonial state (Robertson 2011; Bautista and Planta 2009; Anderson 1995). Such studies are valuable because they emphasize the need to examine patients' resistance and agency, the central themes of this paper.

This study wishes to add to the existing literature that focuses on the perspectives of patients of Hansen's disease in the Philippines, as elsewhere, and highlights their resistance, agency, and struggle for autonomy. In his fine work that examines everyday politics of Hansen's disease patients in Culion, Wataru Kusaka argues that patients' "unsanctioned ways of life not only undermined but also changed the imposed colonial order in their favor" (2017, 4). The perspectives of men and women isolated in Culion take center stage in *Hidden lives, concealed narratives*, edited by Maria Serena I. Diokno (2016). Diokno asserts that the history of Hansen's disease is "intrinsicly tied into the larger history of the country but has remained silent for much too long" (ix). In their contribution to *Hidden lives*, Francis A. Gealogo and Antonio C. Galang Jr. point out that patients had varied reactions to forced confinement, including flight, violent resistance, accommodation, and acceptance of their fate (2016, 163–89).

In her work that examines medical experiments on Hansen's disease patients in several countries, including the Philippines, Josephine Robertson shows how some individuals in Norway "managed to take their protest to the law courts" providing evidence of "their battle for autonomy and their refusal of attempts to objectify them as commodities fit for medical investigation" (2011, 137–38). Resistance is also a major theme in Kerri Inglis's and Sanjiv Kakar's (1996) work on Hansen's disease in Hawai'i and India, respectively (2013). Inglis notes food quality and supply were poor, and delivery of rations was inconsistent in the settlements of Kalaupapa and Kalawao. Some Hawaiian patients complained in writing about the food situation (Inglis 2013, 119). Kakar (1996) argues that the medical discoveries of the 1920s transformed the medical perception of Hansen's disease, paving the way for a more militant display of protest by the patients in India. Reduction in food rations was at the center of a violent uprising in an asylum in 1934 and a strike in another asylum in 1946 (63, 73, 76).

In documenting these stories, historians and other scholars seek to uncover the voices of patients of Hansen's disease in the Philippines and other countries. This study seeks to be part of this undertaking by showing how individuals confined in Culion were not mere objects of state policies and regulations. When issued rations of frozen fish and confronted with official exhortations to cultivate vegetable gardens, they responded with choices and reactions in general which were influenced by such factors as personal aspirations and capabilities. They transformed those choices, at times with government assistance, into desired outcomes, such as augmenting food supplies, generating income, and improving the distribution of rations.

Other works on Culion highlight the theme of resistance evident in the patients' flight from the island, protests against the ban on marriage and

cohabitation, and petitions for rights as citizens (Gealogo and Galang 2016; Galang 2013; Arcilla 2009; Anderson 2006; Lejano and Rodriguez 2003). A few, particularly Anderson and Rodriguez, considered agitations and other actions related to the food situation. Some studies indicate that patients complained about poor quality of food and bad cooking (Anderson 2006, 173; Rodriguez 2003, 65). Highlighting the patients' struggle for autonomy, Kusaka argues that "patients' initiative to become self-sufficient transformed the food-rations-based economy into an autonomous people's economy" (2017). He also discusses patients' refusal to undergo treatment, which he attributes to the side effects and lack of beneficial effects of such treatment (13). This study contributes to the conversation on engagement between patients and authorities by showing the diverse and complex ways patients, individually and collectively, dealt with administrators over food rationing.

Food staples at the Culion leper colony

Rice, fish, and vegetables are the main staple foods in the Philippines, as they were particularly in Culion during the period under consideration. With meat and spices, these comprised the weekly ration of raw food for patients who cooked for themselves. At first, food was prepared in a temporary kitchen and meals were served there or brought by the patients to their quarters. By 1912, a permanent kitchen, or General Kitchen, was constructed and the distribution of raw food rations to those who preferred to cook for themselves began (Patacsil 1956, 64).

Weekly rations of raw food for the years 1914, 1920–1922, 1936, and 1940–1941, indicate the five major components of the standard ration: rice (one *ganta*, which is equivalent to three liters, of unpolished rice distributed from 1920–1922, brown rice in 1936); fish (fresh/frozen/salted, daily except Saturday from 1940–1941); vegetables (fresh such as radishes, squash, and string beans, daily if available); meat (beef, twice a week in 1914, once a week from 1920–1922, 1936, and 1940–1941); and, spices (Denison 1914, 174; *Manila Times* February 3, 1914; Basa 1923, 173; Wade and Basa 1923, 100; *Philippines Free Press* 1936, 40; summary of weekly ration 1940–1941). Other items in the standard weekly ration were bread, canned tomatoes, lard, vinegar, onions, garlic, native salt, brown sugar, and chocolate. Mung beans, considered a substitute for fresh fish, was on the weekly ration for the years 1914, 1922, and 1936, and distributed twice a month from 1940 to 1941. Raw/green coffee was distributed once a month (first week) (Basa 1923, 173; summary of weekly ration 1940–1941). From 1920 to 1922, condensed milk was supplied only to those who, due to an unnamed physical condition, were on a special diet (Basa 1923, 173).³ For the period 1940 to 1941, condensed milk was included in the regular ration and distributed twice a month (first and third week) (summary of weekly ration 1940–1941). Fresh fruits, such

as oranges and papayas, were added to the ration when available. Heiser, for example, arranged the purchase and transport of 4,000 oranges from Cuyo, Palawan to Culion in December 1912 (Cuyo, Log of leper-collecting trip, 6 December 1912; *Manila Times* February 3, 1914).

It is difficult to determine from available sources the exact amount of food patients received each week during the first fourteen years after they were transported to Culion. The earliest set of available data was for the years 1920 to 1922. During this period, a patient had a weekly ration of a little more than one ganta of unpolished rice, one loaf of bread, one head of garlic, among other items. There was a slight variation in the amount of fish distributed each week: 720 grams of fresh fish (or equivalent) in 1920; 1,509 grams in 1921; and 1,500 in 1922. Ninety grams of beef was rationed weekly in 1920 and 1921, and 150 grams in 1922. The amount of assorted vegetables and fruits (e.g., *mongo* sprouts, sweet potato leaves, swamp cabbage, radish, banana, cowpeas, pineapple, corn, and squash), distributed twice a week, remained the same at 500 grams during the years 1921 and 1922 (Basa 1923, 173). Food rations depended mainly on the availability of supplies and appropriations.

With the exception of fresh fish, pork, and beef, which were purchased from local producers or contractors, all food staples were transported from Manila (Patacsil 1956, 64). Eventually, patients were encouraged to cultivate gardens and farms (Wade and Basa 1923, 100). In his July 1907 to June 1908 report, Culion leper colony Chief James F. Biggar stated that “very few are agriculturally inclined and have accomplished practically nothing in this regard” (Bureau of Health 1908, 103, hereafter BOH). Considering the dearth of records from patients during this period, how can we tell what their lack of interest in farming meant for them? Was it to defy administrators and demonstrate their resistance to forced confinement? Was it due to physical incapability? It could be any of the above and more. The Bureau of Health indicated that an estimated 800 individuals were confined in Culion in 1906, the first year of the segregation order. Before the end of the year, around one-third died due to complications (BOH 1908, 102). Heiser clarified that “only a small proportion of them are capable of performing that amount of manual labor which would be required by the agricultural operations which would result in supplying food for themselves” (BOH 1906, 34). Nevertheless, he also noted that Hansen’s disease caused “contractions of the limbs, destruction of tissues, losses of fingers and toes, nervous involvements which result in loss of muscular power, general debility, etc.” (BOH 1906, 34).

Furthermore, Gealogo and Galang’s study, “From Collection to Release: Segregated Lives in the Culion Colony, 1906–1935”, indicates that nine out of 615 patients escaped in 1906, and increased to 50 by 1908 (2016, 179–80). Ironically, however, it was the frustrated Culion chief’s assessment of patients’

lack of action that was reported and made public. Similarly, in Hawai'i, health authorities criticized Hansen's disease patients for their "unwillingness to cultivate the land and become self-supporting". Inglis argues that "even if the patients had been physically well enough to cultivate a food supply," there were other obstacles to the development of a self-supporting settlement in Hawai'i (2013, 116).

Health officials in the Philippines undertook at least two "leper collecting trips" each year. New admissions increased the population of Culion to almost 1,000 during the years 1906 to 1908. As a result, cooking facilities became inadequate even, as an added four-hole cooking furnace of reinforced concrete was constructed. The palm roof that covered the "fire boxes" was also replaced with galvanized iron to remove a fire hazard. While not many patients were willing to work in the fields despite orders from the colonial authorities, the former built a new cooking facility where food for both incapacitated and able-bodied patients was prepared. "This work," the Culion chief proudly announced, "was practically all done by the lepers themselves" (BOH 1908, 102). Patients' participation in such undertaking could have been due to the fact that cooking, unlike farming, was a constant necessity with immediate results. Moreover, constructing a cooking furnace and replacing a roof did not require sustained labor, compared to work in the rice fields over several months, from planting to harvesting. In addition, patients' lack of enthusiasm for farming could also be interpreted as a sign of their refusal to accept the idea of a long and indefinite stay in Culion, where they were far from family and friends. A 1935 report of the Philippine Leprosy Commission showed that expectations to remain in Culion were linked to patients' receptivity to farming (428). Notwithstanding their motivations, Filipino patients' responses to labor reflected those of their fellow patients in the Makanalua peninsula in Hawai'i who "did what they could to survive and cared for one another" (Inglis 2013, 80).

Food problem

One of the major challenges for the Culion administrators was the provision of a sufficient and balanced diet within the budget for the colonial officials. This issue becomes salient given the limited supply of vegetables in the island. A farm adviser from the Bureau of Agriculture reported that Culion was a dry and rocky place and only a few places could be utilized for gardening; so that most of the vegetable supplies had to come from Manila (Basa 1923, 157). According to Culion Chief Jose Avellana Basa (1919–1925) and resident physician Herbert Wade (1922–1931), high costs, however, meant that the Culion leper colony could only afford onions, garlic, and sweet potatoes to be shipped from Manila (100). Eventually, a food problem developed on the island (Basa 1923, 156).

Patients, as well as members of the Philippine Assembly's Committee on Health who visited the leper colony, complained of the poor quality of food issued to patients. In February 1914, the *Manila Times* published Heiser's spirited response to such criticism, stating that the "lepers [were] given good rations". He insisted they were given "ideal physiological food, and of a caloric value ample to keep people in good health". A list of weekly rations provided to the *Manila Times*, showed a daily menu of rice, mung beans, fresh fish, tomatoes, fresh beef, onions, coffee, chocolate, lard, and string beans. The rations, concluded the *Manila Times*, were "all in abundant quantities, comparing favorably with the food allowance of the inmates of hospitals and other government institutions" (1914). Members of the Committee on Health, however, disagreed; they stressed that patients received rations that were "entirely insufficient both in quality and quantity". Responding to the "scathing denunciation" made by Filipino legislators, Secretary of the Interior Winfred T. Denison said: "I have heard no complaints, but have made a few changes to meet desires of the lepers." He emphasized that the ration "[a]ppears to be sufficient as far as nutriment is concerned, but not sufficient to satisfy the appetite," further recommending that coffee, sugar, and lard be also provided to Hansen's disease patients subject to the availability of funds. (*Manila Daily Bulletin* March 31, 1914; Denison 1914, 174)

Although Denison's statement came short of acknowledging the food problem in Culion, in the early 1920s health authorities deemed it necessary to take action on the matter. In 1922, food chemist and dietician of the Rockefeller Foundation, Hartley Embrey, conducted a food experiment with the assistance of the PHS's senior medical inspector, Miriam A. Griffin, nurses Bartola Estoista and Emilia Barros, Eleno Logrono, and the staff of the leper colony. The experiment was intended to improve "the leper diets, as well as to introduce a menu, which while being balanced and agreeable to all, would not exceed the per capita cost of the daily leper ration" (Basa 1923, 156).

While control of Hansen's disease took the lion's share of the entire national health budget, or one-third of the latter after 1922, the budgetary constraints stifled efforts to improve food rations in Culion (Anderson 2006, 175). This was the main reason why Embrey's proposed diet was not fully implemented; the proposed scheme was estimated to be more than five centavos of the diet cost when the study was conducted in 1922. Heiser estimated that thirty centavos per day was needed to maintain a patient in Culion. The subsistence cost alone was twenty-four centavos, and the remaining amount was for clothing, electricity, treatment, research, repairs, and maintenance (Heiser 10 April 1924, 86).

Another reason may be seen as an explanation to the partial implementation of Embrey's diet. According to Heiser, patients complained that the diet was "too monotonous" (Heiser 9 April 1924, 83). Culion Chief Basa, on the other hand, highlighted that the inclusion of more vegetables to the existing diet

immediately improved the patients' daily rations (1923, 156). Such inclusion was, however, contingent on the availability of a sufficient supply of vegetables.

Home gardens and vegetable production

The perceived gravity of the matter prompted colonial administrators to boost the vegetable supply by holding lectures and using “personal persuasion” to encourage patients who were provided with gardening tools and seeds to cultivate vegetable gardens. A Garden day, with an exhibit contest and a home vegetable garden contest with prizes in 1921 and 1922, respectively, was organized (PHS 1921, 211; Basa 1923, 156).

Unlike the previous years when patients showed a lack of interest in farming, many of them now willingly cultivated home gardens and engaged in vegetable farming by the 1920s. The first Garden Day celebration was held on Thanksgiving Day in 1921. Seventy booths, featuring agricultural and horticultural products, were set up around Worcester Plaza. Five patients were awarded prizes in the form of agricultural implements worth 70 pesos. One booth displayed 29 kinds of agricultural products, and the smallest booth had 14 different kinds of produce. Sweet potatoes, beans, papayas, corn, and bananas were some of the produce exhibited (PHS 1921, 211). The home vegetable contest in 1922 also garnered enthusiastic support from 71 out of an estimated 5,000 patients, even as the number of able-bodied patients is undetermined. Each contestant had an average of 10 square meters of cultivated area planted with vegetables, such as eggplants, Chinese cabbage, mustard, kale, lettuce, radishes, tomatoes, and sweet potatoes. Patients who comprised the Culion Advisory Board, the ten-member elective body that advised the Culion leper colony chief, funded the home vegetable contest (Basa 1923, 156).

Reports that “a number of lepers have begun to grow vegetables” were noted in 1924 (Heiser 10 April 1924, 87). There were 920 individuals engaged in farming and gardening in 1923; at the close of 1924, the number increased to 1,069. Sixty-five hectares of land outside the town proper, such as Baldad, Pilapil, Palumpong, and Guitna, were utilized for vegetable farming (PHS 1926, 84). Home gardens of every size were also cultivated in the town proper and, according to the PHS, these provided the people with a varied diet (PHS, 1926, 84).

Patients, however, did not want only to increase their food supply but also to earn extra income. They sold their produce at the colony store or to the government for use in hospitals or for distribution as raw food ration (Basa 1923, 156; Heiser 1915, 17). In 1922, the government purchased vegetables and fruits valued at 11,361.80 pesos; vegetables purchased in 1923 amounted to 20,327.95 pesos (PHS 1924, 156) (Basa 1923, 165). The total amount of vegetables and other agricultural products purchased from patients during the year 1924

was valued at 26,947.98 pesos (PHS 1926, 85). In 1928, there was a “great abundance” of vegetables and other products, including pork and chicken, so that that the government limited its monthly purchase to 4,000 pesos (PHS 1930, 165). According to Wade, patients sent 100,000 pesos each month to their relatives and friends (Heiser 5 May 1928). In her study of Hansen’s disease in Hawai’i, Michelle Moran elucidates how “[w]hile residents proved unwilling to work in the fields under order from administrators, many grew gardens, cultivated taro, and raised hogs or chickens to supplement their rations” (2007). Similar to their counterparts in Culion, these patients sold their excess produce for use within the settlement or to other patients (58).

In a conference paper he presented in the United States in 1915, Heiser complained of the difficulty of fomenting civic pride among the “lepers” (1915, 15). By the late 1920s, however, some patients took pride in their robust agricultural production, among other achievements, and challenged the critics’ portrayal of Culion as “hell” (“G.” 1929, 4). Patient T.G. referred to Culion as a “paradise”, asserting that there was an “efficient system of rationing the large population, and an effective direction of agricultural and industrial activities which has naturally helped the lepers economically” (1929, 2). T.G. was a law student at the University of the Philippines when he was diagnosed with Hansen’s disease. He was active in the “war against leprosy” and encouraged those who contracted the disease to volunteer for confinement in Culion (1929, 21). Commenting on the agricultural production in Culion, T.G. noted that hundreds of kilos of vegetables, including sweet potato leaves, eggplant, mustard, Chinese cabbage, taro leaves, and gourd, were delivered to the General kitchen from November 1927 to February 1928. Chinese cabbage 10,994 kilos, mustard 5,940 kilos, and gourd 508 kilos were the top three vegetables grown over the period of January to February 1929 (1929, 4).

Self-sufficiency and protests over supply of fish

Fish was another important component of the diet in Culion and, in general, in the Philippines. There was, however, an insufficient supply of fresh fish in the leper colony. Part of the fresh fish ration was substituted with canned salmon, canned sardines, dried anchovies, and mung beans (Wade and Basa 1923, 100). Boxes of salmon, for example, were transported from Manila on 3 May 1912 (Log of leper-collecting trip, 3 May 1912). Two months later, 150 boxes of the same were unloaded from the Coast Guard cutter “Basilan” (Log of leper-collecting trip, Manila, 3 July 1912).

The shortage of fresh fish encouraged some patients to establish fishing ventures. Similar to vegetable growing, fishing was driven by the idea of self-sufficiency, particularly the need to augment supplies of fresh fish, as well as to generate income (Lumain 1956, 82). Such was the case of the Culion fishing

Company, one of the four main suppliers of fish in the colony. Culion Fishing was established in 1915 by an American patient and several Cebuano patients. It was started when they were given permission to buy a small fishing boat. To prevent the rampant problem of “absconding”, the segregated individuals were not allowed to own watercraft, such as *pangcos* (build-up boats) and *barotos* (dug-outs) (Lumain 1956, 82). “Leper fishermen” were then issued passes in order for authorities to keep track of their whereabouts (Sayson 1956, 71).

Fishing, as with the cultivation and selling of vegetables, was an arrangement that was mutually beneficial to both patients and the colonial government. Those segregated individuals supplied Culion with fresh fish and generated income for themselves, while the colonial government adjusted regulations to demonstrate its willingness to provide a mainstay of the Filipino diet. This is an example of what Wataru Kusaka calls “informal practices based on mutuality” that enabled patients “to regain autonomous life and dignity” (Kusaka 2017, 19–20).

The expansion of Culion Fishing further illustrates this. It established fishing stations around the island; but unfortunately, fish caught in distant places reached the colony in not-so-fresh condition, so that ice became a necessity, which patients welcomed as still another opportunity to further expand their business. After getting assurances from the colonial government that the latter would buy the company’s output, a small ice-making plant was installed in 1916. The company was then renamed Culion Ice and Fish Company (Lumain 1956, 83).

As has been shown earlier, while vegetable production increased during the 1920s, trouble was already brewing over the colony’s fish supply, especially since with the population increase, the amount of fish caught was short of the daily requirement for patients. Furthermore, supplies of fish within 10 miles from the island were becoming scarce (Log of leper-collecting trip, Culion, 18 January 1915). In 1922, the daily fresh fish allowance for each patient was 250 grams, while the total amount needed daily for all patients was 1,300 kilos. Fish caught averaged only 400 kilos daily. In 1921, there were 122 days when patients had no fresh fish ration; in 1922, there were 229 days (Basa 1923, 164). Colonial authorities resorted to distributing canned salmon in lieu of fresh fish; and mung beans as well as other kinds of beans and *sotangjon* (noodles made from mung bean starch) were also used as substitutes (164).

Basa attributed the shortage of fresh fish to the destruction of fish traps due to typhoons and the “neglect” of some “leper fishermen”. He claimed that “[t]he medical treatment caused some of the fishermen to neglect their trade”, without clarifying what side effects the chaulmoogra treatment, which was the treatment having been extensively used in Culion since 1921, had on individuals (160). Historical sources enable us to glean the side effects of this treatment. According to Heiser, among occasional side effects were fever and cardiac distress (1918, 203, cited in Anderson 2006, 282n48). Plain ethyl ester of chaulmoogra

oil was initially used, but it caused local irritation so that iodized esters were used instead. At first treatment, two per cent iodine was used but was later reduced to 0.5 per cent in 1923, since the latter was “less irritating locally and caused even fewer reactions” (Dela Cruz, Cunanan, and Rodriguez 2003, 165). Unlike Basa who suggested that fishermen patients had been negligent of their duty, the PHS identified the two typhoons as having damaged the fish traps and causing an “acute crisis of fish” that lasted for a few years (1926, 85).

To increase the catch, Culion Ice employed a Japanese company in Manila that employed fishermen equipped with fishing apparatus and who dove with nets around schools of fish (Heiser 1924, 88). This method brought in an abundant catch. In March 1923, the company provided the colony with more fish than they could afford to buy (PHS 1924, 155; Heiser 10 April 1924, 88). Consequently, the purchase of canned sardines and other substitutes for fresh fish was reduced to a minimum (PHS 1924, 156). Although Culion Ice had solved the problem of being able to keep the quantity of fish, a new problem emerged since Japanese fishermen caught only black fish (Heiser 10 April 1924, 88). Patients “became tired of the same” and refused to accept fish supplied by Culion Ice; as a result, the company had to freeze the unclaimed fish (PHS 1924, 155; 1926, 85). Patients then turned to native fishermen who provided them with a variety of fish, which were “eagerly sought and accepted by the people” (PHS 1924, 155).

In June 1923, three months after Culion Ice addressed the problem of the meager supply of fish, patients engaged in an open display of resistance over rations of frozen fish. The PHS reported:

[T]he colonists showed a marked tendency to refuse the frozen fish supplied by the Culion Ice. . . . Many of them did not care to get their fish ration at all. It was not unusual to find fish thrown into garbage boxes after the distribution of said frozen fish. It was also a common sight to see this kind of fish lying on the kitchen table unclaimed (1924, 155).

Although improvements in refrigeration were made towards the end of 1923, colonial subjects were reluctant to accept and receive frozen fish because they were getting their fresh fish from native fishermen (PHS 1924, 156). Eventually, such patients’ actions forced the colonial government to make some changes in the delivery and the amount of fish purchased from contractors in order to avoid the “unnecessary waste of fish” (155). They reduced the daily amount of fish purchased from Culion Ice and other contractors; Culion Ice had to deliver their quota of fish to the General Kitchen only in small quantities and as needed, instead of delivering the whole amount at one time (155). Authorities also distributed salted fish and smaller fish, but these elicited complaints from the Filipinos (PHS 1926, 85).

Seven years later, “another serious irregularity” in the administration of the leper colony was reported to the PHS. On 3 April 1930, the *Tribune* indicated that a food shortage almost erupted into a protest demonstration. It was noted that “the lepers of Culion were at the point of holding a parade protesting against the administration of the colony”. The demonstration was averted only after the colonial officials promised they would “look carefully into [these] complaints”. In addition, according to the *Tribune*, although there was food shortage, almost ten thousand kilos of salted fish were found “decomposed and unfit for consumption”. The PHS ordered an investigation of this “irregularity” and the finance and supply officer of the colony was held responsible for the food shortage (*The Tribune* 3 April 1930).

At the heart of this issue, however, was the patients’ refusal to accept salted fish, as had their reaction been to frozen fish during the early 1920s. The thousands of kilos of wasted salted fish illuminates the recurring problem of the lack of variety in the fish rations. Although more patients were engaged in fishing, as evidenced in the higher number of registered patient-owned fish traps, demand for varied fish was unmet (G. 1929, 5). In 1936, one criticism of the weekly food rations was that frozen *bilason* (fish) was “doled out unchangingly day after day” (*Philippines Free Press* 23 May 1936).

Petitions and protests over rice rations

In some respects, the narrative surrounding the rice rations in Culion has a similar trajectory with that of the fresh fish rations. Problems regarding rice supply, the main staple of the Filipino diet, would only emerge during the late 1910s and early 1920s.

In May 1917, 300 male and female patients signed a petition to Senate President Manuel L. Quezon, asking him to restore their previous ration of rice and coffee. The weekly ration of rice for each person was reduced from 17 and a half *chupas* to 14, and the coffee ration was suspended. A reduction in rice ration for patients meant that they would have to refrain from eating breakfast, which would be detrimental to their health. They insisted coffee was no less essential to nutrition either. They emphasized that the situation had produced general discontent among them and if it persisted many of them would be forced to leave (S.I. and 300 other signatories 1917).

Quezon referred the petition to the Secretary of Public Instruction who forwarded it to the Director of Health (Philippine Senate 1917). In his letter to the patients in Culion, Director of Health J.D. Long explained that the reduced ration of rice was due to the shortage of funds. He clarified how the 14 *chupas* of clean rice, instead of the 17 and a half that patients previously received, was the exact amount that the patients’ representatives had indicated was sufficient

for their needs.⁴ In a meeting with Long in 1915, the patients' representatives noted that two chupas of clean rice per head per day was sufficient. Patients, however, complained that unhulled rice, sticks, and dirt were found in the rice ration and its re-cleaning resulted to a loss of half a chupa. To compensate for their loss, authorities added half a chupa to the daily ration of rice so that the weekly ration became 17 and a half chupas. This adjustment cost the government 22,000 pesos annually (Long to S.I. and others 1917).

In 1917, an increase in prices of commodities was implemented without a corresponding increase in appropriations. The government thus deemed it necessary to establish a cleaning mill and furnished patients with 14 chupas of clean rice that they emphasized need no re-cleaning. Long noted how patients' complaints led contractors to adhere to "a closer compliance with requirements", which meant better quality and less amount of extraneous materials in rice rations (1917). In the case of coffee, Long insisted its suspension "no way affects the nutritive value of the ration". It was "merely a stimulant, not a food, and does not contribute in the slightest to the maintenance of the bodily strength" (1917).

Long appealed to the petitioners and all others involved in the protests in Culion to cooperate with the colonial government in its effort to improve the quality of food despite the limited budget allocation. He urged them to exercise "patience and self-control"; and he emphasized that the reduction of rice rations and suspension of coffee rations by no means meant deprivation for the Filipinos. He then appealed to their sense of patriotism and called for self-sacrifice amid the "critical financial situation" in the Philippines and the rest of the world (Long to S.I. and others 1917). When the patients were removed from their homes and transported to Culion, colonial officials insisted those measures were necessary for the protection of the patients' families and the general public. In his letter to Culion patients, Long asked them to sacrifice their basic food needs for the sake of their country. Due to the lack of records, we have no way of knowing how the colonists reacted to Long's response and his exhortations.

Long's response did not end the rice supply problem. Heiser, on the other hand, while resigning as Director of Health in 1915 to work with the Rockefeller Foundation, visited Culion, keeping a record of his observations on every visit. In one such visit in 1924, he found out that, toward the end of March of that year, the rice supply was "almost exhausted", noting how "serious riots might have resulted if the rice did not arrive on the day in which it did" (14 April 1924, 104).

Logs of "leper-collecting trip[s]" during the 1910s suggest the Culion leper colony chief recognized the importance and perhaps incendiary nature of food-related issues, especially those that pertained to rice as a staple food. For example, Culion Chief Paul Clements, who kept a regular inventory, reported that on 4 July 1913 they only had 2,500 sacks left, when "the present consumption is

approximately 35 sacks per day, which would make the present supply last on September 13th” (Log of leper-collecting trip, Culion, 4 July 1913). On 23 April 1914, Clements indicated that they had sufficient rice supply for the next 40 days (Log of leper-collecting trip 23 April 1914).

Sacks of rice came regularly from Manila. Coast Guard cutters transported not only individuals who qualified for segregation, but also vital supplies. On 3 May 1912, an unspecified amount of rice was transported from Manila; two months later, the Basilan transported 602 sacks of rice to Culion. One thousand five hundred sacks were unloaded on 24 January 1913, and another 1,500 sacks were transported to Culion six months later. The cargo from Manila on 6 January 1915 also included an unspecified amount of rice (Log of leper-collecting trip, 3 May 1912; Manila, 3 July 1912; Manila, 24 January 1913; Manila, 28 June 1913; Manila, 6 January 1915).

To boost the rice supply in Culion, American colonial officials encouraged patients to farm. In 1914, responding to criticism from Filipino legislators regarding the food situation in Culion, Secretary of the Interior Winfred Denison ordered the opening of a road that would connect the colony proper to rich agricultural land nearby. Denison explained that this will “give the colonists an opportunity to engage in farming if they so desire” (*Manila Times* 30 March 1914). Heiser’s explanation of the debilitating impact of Hansen’s disease and how it might affect patients’ ability to be self-sufficient illustrates the significance of Denison’s statement (Heiser 1915, 17). The meager patient manpower in Culion and its reliance on the outside for vital food resources, on the other hand, may also lead to a different interpretation of Denison’s statement as one that was an appeal for patients to farm. The statement tacitly acknowledged the need to gain patients’ voluntary participation in such an important activity in order to ensure their health and well-being, as well as to maintain peace and order in the leper colony. The PHS indeed declared it was the policy of Governor-General Francis Burton Harrison’s administration (1913–1921) to “encourage the lepers in agricultural pursuits; for while they make money on the products that they raise they also help the Colony to become more or less self-supporting in the future in so far as fruits and other products are concerned” (PHS 1921, 4). Some patients did recognize the potential benefits from farming; and, in 1924, used their own money to purchase eighteen *carabaos* (water buffalo) and a calf valued at 780 pesos (PHS 1926, 84). In 1933, patients made use of the road that connected the colony proper to nearby areas of Ipil, Baldat, Palumpong, Dinaydayan, Balanga, Ambulong, and Carigamalan. In the same year, an estimated 270 *destino* patients (concessionaire patients) resided and farmed in such places. (Regulations governing the *sano destino* 1933).

Authorities also found other ways to increase rice supply. In 1933, *sano destinos* (“non-leper” concessionaires) were allowed to reside and farm within the Culion

reservation, on condition that they turn over one-fourth of their rice harvest to the administration. In addition, each *sano destino* was required to plant and cultivate fruit trees, particularly coconut, mango, *santol*, jackfruit, *cajel* or *naranjita* (native oranges), and lime to help make sure that Culion had a constant supply of these fruits (Regulations governing the *sano destino* 1933). Prior to this period, specifically in 1920, farming settlements on the islands of Bulalacao and Hanagdugan produced fruits (e.g., bananas, pineapples, mangoes) and tubers (e.g., jicama, yam, sweet potatoes), which the government purchased for 2,088.61.00 pesos and distributed to patients as part of their raw food ration (PHS 1921, 93).

It is noteworthy that tensions over rice shortage in 1924, as mentioned previously, surfaced in Heiser's personal papers only when he commented on the inefficient Filipino management of the leper colony. During Heiser's conversation with American Governor General Leonard Wood, the latter "spoke particularly of the immediate retrogression in almost everywhere as soon as foreign supervision was removed" (Heiser 14 April 1924, 104). A case in point, according to Heiser, was the poor management of the Culion leper colony as illustrated by the 1924 rice shortage (104). Such critiques were not solely directed at Culion but also at Governor-General Francis Burton Harrison's Filipinization of the civil service. Meanwhile, Wade and Basa insisted that conditions in Culion colony were better during the early 1920s than during the "organization period", when "the inmates undoubtedly had much to complain of", which both had deemed unavoidable (1923, 95).

Indeed, the number of patients who grew vegetables and the amount of agricultural products sold to the government increased from the mid- to the late 1920s. The quantity and quality of food rations, however, remained a major issue for many patients. Lack of a balanced diet due to such factors as insufficient amounts of rice and vegetables, remained a problem in the late 1920s and mid-1930s (Heiser 21 May 1928; *Philippines Free Press* May 23, 1936).

Other ways patients engaged with the ration system in the 1920s

Food rations were a common subject of complaint in the 1920s and 1930s, and patients dealt with the system in a myriad of ways.

Developments and conditions within and outside Culion from the 1920s through the 1930s illustrate the rationale that patients took in resisting the situation in Culion. A debate on whether or not mandatory segregation to Culion was necessary took center stage in the mid-1920s. A catalyst for this debate was the "leper freedom bill" that Representative Benigno S. Aquino introduced in 1925, but which was passed by the Philippine Assembly only in October 1927 (*Manila Daily Bulletin* November 1, 1927). The Aquino bill proposed home treatment for those who could afford to pay for treatment from private physicians,

as well as the establishment of regional treatment stations for those who could not afford private doctors (*Manila Daily Bulletin* September 7, 1925). By the 1930s, to bring the afflicted individuals closer to their families and friends, treatment stations were established in strategically located places in: Luzon (Legazpi, Albay, 1929); Visayas (Sta. Barbara, Iloilo, 1927; Cebu, 1930); and, Mindanao (Zamboanga, 1930) (Orillos-Juan 2016, 147–54).

The opinions on the matter of media and medical professionals were varied. There were those who criticized the colonial state's segregation policy as unjust and inhumane, arguing that Hansen's disease was hereditary and non-contagious. Others insisted segregation was necessary because the afflicted individuals endangered public health (*Manila Times* September 7, 1925, November 6, 1927; *Taliba* 1936; Orillos-Juan 2016, 146). Yet, living conditions in Culion were less than favorable for patients (*Philippines Free Press* May 23, 1936). In addition, the PHS acknowledged in a report published in 1924, that "the stigma of exile in Culion is heart-rending" and many "avoid[ed] being sent to Culion" (PHS, 178). The situation outside the leper colony was not altogether favorable for some patients, either. Some "negatives" released from the leper colony requested their return to the island because they were rejected by their families and had difficulty in finding a job (P. 1935). A "Negative Barrio" was established in the early 1930s to accommodate those who chose to live in Culion and wanted to be self-supporting. Thus, there were conditions inside and outside the leper colony that made both places less ideal for some patients. Meanwhile, some family members requested financial assistance from their relatives confined in Culion (K.G. n.d.; K.F. n.d.). Altogether, these conditions provide useful contexts within which to understand the varying ways that patients individually and collectively dealt with authority.

Selling rations for cash

Some patients sold part of their ration of canned goods, olive oil, and milk to the *tiendas* (variety store) for cash, a practice which caught the attention of authorities, who promptly issued a stern warning against those who engaged in such undertakings. In a public notice dated 16 May 1922, Steward and Special Disbursing Officer Alfredo Amorsolo declared that any person found guilty of disposing part of his ration in an unauthorized way was to be "deprived of such privilege" (notice regarding the unauthorized disposal of special rations 1922). To appeal to patients' emotions and sense of morality, another notice emphasized that the selling of rations was "defeating the purpose of the Government in giving him sufficient nourishing food as adjuvant to the treatment of his disease" (notice regarding the selling of ration for cash 1928). Furthermore, patients were reminded that rations were for the "sole and personal use or consumption" of patients and "disposing of these supplies otherwise is an open violation of the

purposes of said privilege” (notice regarding the unauthorized disposal of special rations 1922). The repeated use of the word “privilege” was perhaps intended to remind patients that the (benevolent) state was not obliged to provide individuals, who were under the authority of the American colonial state’s order for mandatory confinement to Culion, with such basic necessities. To further discourage the selling of rations, storeowners were warned not to accept food items for the purpose of sale (Notice regarding the unauthorized disposal of special rations 1922).

Despite stern warnings and threats of “severe punishment”, the illegal selling of rations continued. A public notice dated 10 August 1928 mentioned that a “certain inmate was selling for cash part of his ration” (Notice regarding the selling for cash of part of patients’ ration and supply of clothes 1928). This practice was not limited solely to food, as patients also sold some of the clothes issued to them. A 1922 report showed that patients were supplied with shirts, undershirts, khaki trousers, and cotton drawers (Basa 1923, 169). Culion officials employed several counter-measures, including what might appear as a logical approach for administrators but was, in fact, a threatening one for patients. In this system, if food rations and the clothing supply were more than the patients could make use of, they should inform the authorities so the latter could make the “proper reduction” of the supply of these items (Notice regarding the selling for cash 1928). It was not the case that patients had more than enough clothes. J., for example, asked her family to send her a *tapis* (wrap-around skirt), a dress, and a camisole (R. 1926). Another patient, D.P., appealed to Vice Governor-General Joseph Hayden for “more clothings[sic], shoes, and eat” (Public hearing at Culion Leper Colony 1935). The segregated individuals also requested Governor-General Frank Murphy for increased appropriations for Culion in order to address their clothing, food, and other needs (*Manila Daily Bulletin* March 12, 1934). Thus, there were compelling reasons why the selling of food supplies and clothing continued, despite strongly worded warnings to the effect that “if caught again”, their rations would be withdrawn, and the threat of disciplinary action (Notice regarding the selling for cash 1928).

It is difficult to determine exactly what prompted patients to sell their rations, but some sources used in this study offered possible answers. Although rations, from the government’s perspective, were intended to provide patients with “sufficient nourishing food” and an adequate supply of clothing for their comfort” (Notice regarding the selling for cash 1928), patients still needed cash for expenses incurred at the colony. According to the *Philippines Free Press*, the government spent a meager amount of 15 centavos for every patient in Culion; whereas, it spent four dollars per capita for each patient in Carville, Louisiana (May 23, 1936). As a result, “the [Culion] patient digs into his pocket for all other necessities such as fuel, spices, laundry bills (if he is not equal to the task of performing his

own washing)”, as well as other incidentals such as personal necessities (*Philippines Free Press* May 23, 1936). Although spices were included in the weekly rations, it was hinted that the amount of spices given to the patients was insufficient (*Philippines Free Press* May 23, 1936).

In addition, electricity also cost money (*Manila Daily Bulletin* October 1937). A sixteen-watt bulb cost one peso and fifty centavos a month in electrical bills. Those who could not afford to pay the monthly bill used wicker lamps or candles. Ice, a necessity during the summer months, was another expense (*Philippines Free Press* May 23, 1936). A similar situation existed at the Eversley Childs Treatment Station in Cebu. According to Cebu health official Dr. Jose G. Tolentino, patients were “spending for their laundry, dresses, supplementary diet and other necessities” (1932, 72). Tolentino further suggested that the confinement, especially of individuals who were the sole providers of their families, imposed a double burden on their families because the patient “does not only give up his support to his dependents on his confinement but he even becomes a burden to them for his needs that the Government cannot give” (1932, 72).

There were also requests for financial assistance from children and mothers of some patients in Culion (K.G. n.d.; K.F. n.d.). Such requests, however, exerted pressure to sell part of their rations, especially on individuals who were unable to or did not generate enough income from fishing and vegetable cultivation or from other forms of gainful employment. Although one might work as a policeman, barber, carpenter, or storekeeper, most patients were unemployed (*Philippines Free Press* May 23, 1936). Among able-bodied patients who earned an income, ranging from as low as three pesos a month to 25 or 40 pesos for a selected few, many had a hard time making both ends meet (*Philippines Free Press* May 23, 1936).

Working with authorities

While some patients defied regulations that prohibited the selling of rations, others actively worked with Culion officials to improve the system. S.F. was one of three male patients the colony chief appointed to study and give suggestions on how to improve the distribution of rations at the General kitchen and *Libis* bodega. In June 1936, he submitted a separate four-page typewritten report, outlining his own recommendations. S.F. urged for the replacement of the three-month ticket with a weekly ticket in a three-fold form: one stub for rice, another one for spices, and the last stub for meat, fish, and vegetables. He insisted this would facilitate efficient recording and monitoring of food supply, thereby revealing some problems with the existing system. Under S.F.’s proposed scheme, when a patient went to the General kitchen to get his rice ration, “he detaches that part of the ticket for rice, and gives it to the checker who marks it ‘ISSUED’ upon receipt and files it” (F. 1936, 1).

S.F. also discussed the advantages and disadvantages of the three-fold ticket. One disadvantage was that the government would have to issue 39 pieces of small piece of paper to a patient within a three-month period, instead of just one of the same size for that period. Yet, “taking into consideration the loss of time in the disposal of ration and the inaccuracy of the record which will sometimes result in the duplication of the issuance of rations, the few extra pieces of paper needed in this system will more than compensate the said loss” (F. 1936, 3). In closing, S.F. suggested that his action was moralistic, emphasizing that he wanted to make the employees responsible for distributing the rations, to be “like Caesar’s wife, not only virtuous but free from suspicion” of administrators and the public (F. 1936, 4).

Other patients also made recommendations to improve the delivery of rice and *recado* (spices) to three hundred destino patients who resided outside the colony proper. Appointed by the leper colony chief, a committee composed of three male patients submitted their report on 25 August 1937. Among their recommendations were: the use of a two-ton government truck to deliver rations from 8:00 to 11:30 a.m. every Thursday; a big box to facilitate delivery and avoid waste; and, a piece of canvas to protect rations from rain. The committee, as with the administrators, emphasized order and discipline in the distribution of food items: “[F]ailure to go to the station, failure to go on time and failure to bring ticket means failure to receive ration” (Report of committee created to study ways and means by which the delivery of rice ration and *recado* to *destino* patients may be effected 1937).

Furthermore, this patients’ committee upheld the policy that linked compliance to medical check-ups and treatment to the distribution of rations (Report of committee created to study ways and means 1937). It is noteworthy that patients’ absenteeism from anti-leprosy treatment was a major problem for the government in the 1920s. “[U]nexcused absences” reached 20 per cent by mid-1923, and the PHS declared it was “unjustified and could not be allowed to pass unchecked” (1923, 157). Persuasion by as well as summons from the police were ignored (PHS 1923, p.157). Heiser estimated that of 5,500 patients, approximately 45 per cent did not undergo treatment in 1924. Instead, they wandered around the island and lacked the interest and desire to get well (10 April 1924, 85)

Due to the side effects of iodized ethyl esters, patients were unwilling to submit themselves to treatment. They complained “marked local pain or burning sensation during, or immediately after, the injection”. In addition, “more or less intense tissue reaction accompanied by chills or chill sensations, fever and headache” were frequently noted resulting from the “irritating preparations” (PHS 1930, 174). Critics of the colonial state’s segregation policy offered another

possible explanation for patients' lack of interest and desire to get well. They stated: "To force the lepers to go to Culion against their will, force often being necessary, is to destroy their faith in their ultimate cure and to make their healing hopeless" (*The Tribune*, February 3, 1926). Moreover, an interview with some patients in Culion revealed that they abhorred the idea of being confined to such a place for "the remainder of their days, never again to live with their dearly beloved ones" (*Philippines Free Press*, November 5, 1921).

To "correct" the patients' "apparent lack of interest in their treatment", health authorities made compliance to treatment a precondition to the issuance of weekly rations. The ration ticket served as a record of the patient's attendance to treatment and a way to "detect unwarranted absences from the clinics" (PHS 1923, 157). The physician signed the ticket, making the patient eligible to claim his/her food rations. The PHS claimed there was an immediate positive result as weekly clinic attendance "approached normal" a few weeks after the scheme was adopted. Health officials admitted this measure was "met with serious opposition by the colonists" (PHS 1923, 157). The members of the above committee also took the government's position, declaring that only those who reported to the clinics for treatment and recommended by the physician or nurse in-charge should be "entitled to the privilege of getting their ration from these stations" (Report of committee created to study ways and means 1937).

In contrast, S.F., recommended the issuance of ration tickets based on attendance in the clinic and not solely on treatment. As he stated in his report: "A patient upon reporting to his clinic for injection, whether he receives such injection or not, should receive one of these ration tickets" (1936, 1). S.F.'s case illuminates the complexity of engagement between patients and authorities. He publicly worked with Culion administrators to improve the distribution of food rations, while opposing the policy that made compliance to medical treatment a precondition to the issuance of weekly rations, by suggesting that patients had the right to choose whether or not to receive treatment, thereby rejecting the state's rhetoric and practice that infantilized them.

Conclusion

In an effort to manage the meager food supply within a limited budget and to boost food production at the Culion leper colony in the early twentieth century, administrators employed numerous strategies, ranging from warnings and threats of punishment to holding contests with prizes, to working with individuals and groups in order to improve the distribution of rations. Some American health officials also appealed to the patients' sense of patriotism and self-sacrifice.

In this regard, this study illuminates the diverse voices and experiences of Filipino patients of Hansen's disease. The food situation in Culion was in flux

and engendered varying practices from the segregated individuals. While more patients were growing vegetables in the 1920s, trouble was brewing over rations of fresh fish, and tensions over rice shortages nearly erupted into a protest demonstration. Given their medical conditions and their aspirations, and amid government regulations and exhortations, patients chose the activities they were willing to engage in, whether they be vegetable gardening, farming, or fishing. They found ways to augment vital food resources for themselves and others, and provided financial assistance to the families they left behind.

This project utilized materials that “recover” the voices of patients in Culion. Other accounts of food-related agitations and other actions of patients were filtered through Culion administrators, national health officials and other colonial officials, and the press. In such cases, as James C. Scott asserts, “that hidden transcript [from patients] must largely be inferred from practice” (1990, 190). Considered in this project was a wide array of patients’ practices: “both quiet and not so quiet ones”, acted in public or in “clandestine ways”, and multidimensional, such as working with authorities while not in full support of their policies (1990, 190). Some of their actions, intentionally or unintentionally, constituted what Scott calls “unobtrusive renegotiation of power relations”, forcing Culion officials to change, for instance, how much fish was purchased from the contractors and how it was delivered (1990, 190). Complaints regarding the poor quality of rice distributed to patients also resulted in contractors being held to strict standards.

In her work that examines resistance and agency in prisoner behavior, Ashley T. Rubin points out how “recent research in prison sociology has described prisoners’ resistance as an exercise of agency within restrictive settings” (2017, 644). This study on Hansen’s disease patients in Culion offers several examples of resistance as expressions of agency within a restrictive environment and in a colonial context. Such acts of resistance were mounted in arenas that Scott calls “backstage transcript of values, understandings, and popular outrage” directed at the quality and quantity of food rations and, for many patients, at the American colonial state’s segregation policy that forcibly separated them from their loved ones (1990, 190). This study shows that for many patients, palatability and a variety of food were as important as quantity. A case in point, patients preferred fresh fish over salted or frozen fish, the Philippines being an archipelago where fresh fish is a staple food. Yet, patients’ reactions to food rations were not due solely to poor quality and the insufficient amount of food rations. Forced exile to Culion was an important factor as well, with requests for financial assistance from parents and children often exerting pressure on some patients to send money to the families they left behind.

Rubin's study of prisoner behavior demonstrates that "prisoners' friction and resistance are not only reactions to the prison regime, but are also enabled, constructed, and shaped by it" (2017, 644). This project illustrates how some acts that demonstrated patients' agency as they made choices on the kinds of activities they wanted to engage in and why, dovetailed with the government's purposes, particularly to increase vital food supplies in Culion. In these instances, patients' exercise of agency was not only a reaction to the colonial state's failure to provide them with an acceptable quality and a sufficient amount of food rations, but was also enabled by the government through incentives, relaxation of some regulations (e.g., issuing passes to patient fishermen so they could leave the island), and by providing a market for their produce. Patients then transformed those choices into desired outcomes, whether they be extra income, augmenting food supply, or having a more efficient distribution of rations.

Patients who collected their rations of raw food, especially rice, fish, and vegetables which were staples of the Filipino diet, were the main focus of this study. Future research may consider patients who relied on the General kitchen for their cooked food rations and examine other rationed items.

Finally, a focus on resistance and agency runs the risk of downplaying the impact of the American colonial state's segregation policy. This study demonstrates patients' resistance and agency, while providing a glimpse of the debilitating impact the segregation order had on Filipino Hansen's disease patients and their families.

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Endnotes

- ¹ Patients' names are abbreviated to protect their families' privacy.
- ² "Leprosy" and "leper" have embedded meanings that are hurtful to Hansen's disease patients. In this paper, the aforementioned terms are used only when they appear in sources that were utilized in this study.

- ³ Jose Avellana Basa did not specify the diet and did not provide an explanation of the “physical condition” of those patients.
- ⁴ The names of individuals who represented the patients during the 1915 meeting with colonial officials were not mentioned in the document. As Gealogo and Galang noted, the Culion Advisory Board, made up of ten elected regional representatives, was established in 1914 to hear out patients’ grievances (2016, 175). It is unclear, however, if the representatives at the 1915 meeting were from the Culion Advisory Board.

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