

## History of Culion Sanitarium and General Hospital

Culion Leper Colony is an interesting institution and is in many aspects a unique one. Primarily, it was established to protect non-leprosy people from those afflicted with the disease. The protection was done by segregating and putting the leprosy patients into place solely for them. The welfare of the patient was just secondary. The government sees to it that they live and die in as much comfort as possible with the people of their kind. One of the most important contribution and role of Culion Leper Colony was in the research arena, where numerous and extensive studies on the epidemiology of the disease and the quest for the cure were conducted and for the above objectives and goal – Culion has served the purpose well.

It had attracted devoted and committed physicians and provided them opportunities to study in depth this ancient disease by conducting scientific researches and applying the available methods of treatment at that time. Culion became the largest leprosarium in the world having in its disposal the largest number of all types, degrees, stages of advancement of the disease. It was a well-organized institution and it became the *mecca* of scientists and people who were interested in the cure of the disease. The research which started in 1921, done among the “inmates” led to the development of new policies on isolation and clinical trials of early anti-leprotic medicines particularly the Chaulmoogra oil and its derivatives where the patients had been extensively studied for the new treatment modalities which significantly contributed to the present knowledge in combating the disease.

On May 27, 1906, at about 4:00 P.M. of that day, the coast guard cutters *Polillo* and *Mindanao* brought to Culion from Cebu the first batch of 370 patients in accordance with the “Segregation Law on Leprosy.” Dr. Victor Heiser, the Director of Health, was with them. They were received by Dr. Carlos de Mey, the Chief of the Colony; the four French nuns of St. Paul de Chartres acting as nurses - Sisters Therese de Jesus, Marie du bon Pasteur Lintot, Calixte Christen, Sidonie Bureau (the Superior); and a Spanish Jesuit priest, Fr. Manuel Valles, S.J. Of the 370 patients who made the laborious journey to Culion, only one patient died.

This commenced the continuous transfer of patients for isolation and segregation to Culion until the establishment of the regional treatment and later became Regional Sanitaria, where it started to earn a new meaning, a new destination description of the “Island of the Living Dead” a leper colony. When it started, it had about 85 houses, 6 of which were concrete and were purchased from their former owners who were transferred to the neighboring islands as they were compelled to leave Culion - a normal community as others in the province at that time – to give way as mandated by law for the establishment of a national leprosarium that will be the second home and final destiny of thousands of leprosy patients in the country. The rests were made of light materials. There were other temporary structures. On the beach west of the promontory, was the nuns’ quarter; on the northern shore which later became the colony proper was the Catholic chaplain’s quarter; and on the eastern beach part was the quarantine station. The former *Recoleta* Convent was converted into a hospital. The shed of this convent served as mess hall and kitchen of the hospital. The Chief of the colony stayed in a nipa roofed office at Siuk, which was across the Culion Bay. The present Barangay Balala was just a narrow beach on those times.

On the same year, July 4<sup>th</sup>, the second batch of patients arrived. Like the first batch, most of them were Visayans. Their physical conditions were worst and most were severely disfigured and subsequent expeditions were entirely of same picture: far advanced leprosy lesions; weak physical conditions; and generally with concurrent illnesses and most notable was the increasing younger age group in their prime and productivity. Of the 802 leprosy patients brought in Culion during the year, 253 died before the year ended. A government coast guard vessel kept on bringing patients at 2 to 3 months intervals. By the end of 1910, 5,303 patients had been brought in Culion. With this number, 3,154 died due to leprosy complications; 33 were paroled; and 114 absconded which after 1920, the abscondee were not so much of a problem; averaging less than 5 persons a year. However, the mortality rate remained high for several years. The highest was in 1908 when the death toll was 1,221. The lack of personnel to man the hospital, the inadequacy of facilities and supply for the medical needs of the victims, and the aggravating effect of illnesses such as cholera, beriberi, gangrene and septicemia, which lowered their immunity to the diseases, made the patients more susceptible to leprosy complications. However, as years passed by, the physical conditions of the patients improved and most deficiencies were remedied.

The administrative control of Culion reservation was the responsibility of the Secretary of Health. The Secretary had the authority “to make, promulgate, and enforce in and for said Reservation, and in upon the waters thereof, such rules and regulations, consistent with law, as may be necessary for the efficient control, protection, and management of the Culion Leper Colony”. (Revised Administrative Code, Section 1066). Under the Secretary of Health, the immediate in-charge of administration at Culion was the Chief of Colony whose duties, authority, and responsibilities blanketed the functions of not only the section superintendents but also controlled the activities of the non-leper population, a work done ordinarily by a municipal mayor. He had the ex-officio, the power of justice of the peace, and as a public notary.

There was only handful of colony staff at the start, the Chief of Leper Colony was the only physician until an additional doctor came in 1911. The Sisters of St. Paul de Chartres were the only nurses and social workers until a nurse came in 1916. In 1920, four medical doctors came to augment existing staff. The Administrative Staff consisted of Disbursing Officer, Property Custodian, Superintendent of Construction, Farm Adviser, Sanitary Inspector, and other staff. In 1922-1929, when there was an increase in budget allocation for Culion, the technical personnel, were augmented and reorganized to four sections namely: the Administrative Section, Medical Section, Pathological Section, and Chemical Section. All the sections were under the Chief of the colony.

The use of Chaulmoogra as treatment for leprosy, and the implementation of the “parole system”, had been subjected to objection by the segregated patients of Culion. But this agitation and sentimental objections were due to the misinformation from the part of the government and due to the resistance to isolation of the patients who contacted the disease in the prime of their lives and or on the periods of their active social or professional lives.

In an effort to remedy most of the objectionable features of the “segregation of lepers” in Culion, Dr. L. Guerrero and Dr. Casimiro B. Lara, proposed in 1923 to the Council of Hygiene to put up regional leprosaria which would be established in the several regions of the Philippines. In addition to Culion Leper Colony and the Leper Department of the San Lazaro Hospital, eight regional leprosaria and sub-treatment stations were strategically established in the eight regions by 1930. From an average of 800 patients per year, the operation of the regional sanitaria and sub-treatment stations had literally reduced the number of leprosy patients sent in Culion to 250. These leprosaria also set the pace and tone of “home” treatment of leprosy, particularly the early or “mild” forms. According to records, the *exodus* of patients and the death toll during the Pacific War greatly reduced the number of patients in the colony.

The promulgation of R.A. 753 in 1952, which allowed home isolation and treatment of patients under approved conditions, and the R.A. 4073 in 1964, which liberalized the treatment of leprosy patients, further reduced the number of the population of Culion Sanitarium. Due to this, the work of the sanitarium became mostly medical.

R.A. 7193, a law converting Culion Sanitarium into a municipality, changed the political and administrative organization and system of the colony. However, the law did not end the sanitarium’s vital role with regards to public health. Instead, it greatly responded to the constant increasing health needs of the people not only of Culion but of the neighboring places. Had not Culion existed for the purpose of eradication of leprosy, it could have not provided the needed medical assistance to the non-leprosy population since there are only few old and advanced leprosy patients left to the care of the government.

In 1992, Rep. Brown Sandoval introduced House Bill No. 5709, an act converting Culion Sanitarium to Culion Sanitarium and General Hospital, to the 12<sup>th</sup> Congress of the House of the Representative. In 1994, the Department of Health issued Circular No. 72, Re: Conversion Plan of Culion Sanitarium into a General Hospital.

Today Culion Sanitarium and General Hospital (CSGH) is a secondary level hospital, the only general hospital operating in the Calamianes Group of Island. The hospital provides health care services to the four of Calamian municipalities: Culion, Coron, Linapacan, and Busuanga and the neighboring municipalities of El Nido and Taytay. Its mandate is still a sanitarium, but it has expanded its services similar to a general hospital. CSGH is involved with Custodial Care, which services the leprosy patients confined at the invalid wards; General Hospital Service, which provides general services to the Culion populace and its neighboring municipalities; and Public Health Service, which provides the preventive and promotive health aspects and which works jointly with the Local Government Unit (LGU) in providing health education to the different barangays and in advocating the health program of Department of Health.

In 2003, CSGH participated in the (BCCL) Busuanga, Coron, Culion and Linapacan Districts Health Insurance Program. This health insurance program benefits the institution by augmenting its income which is generated from the indigent members of the four municipalities confined in the hospital.

Culion Sanitarium & General Hospital is a Philippine Health Insurance Company accredited hospital. At present, it continuously conducts research in the control of leprosy not only in Culion but in the whole province of Palawan.

## **Chiefs of the Colony**

Dr. Carlos F. de Mey – 1906 – 1907

Dr. James F. Biggar – 1907 – 1910

Dr. Paul Clements – 1910 – 1915

Dr. Oswald E. Denney – 1915 – 1919

Dr. Jose P. Bantug – 1919

Dr. Jose Basa Avellana – 1920 – 1925

Dr. Sulpicio Chiyuto – 1925 – 1930

Dr. Vicente Kierulf – 1930 – 1932

Dr. Jose Raymundo – 1932 – 1947

Dr. Casimiro B. Lara – 1947 – 1955

Dr. Jose O. Tiong – 1955 – 1965

Dr. Jose Fernandez – 1965 – 1967

Dr. Marcelino Mariano – 1968 – 1976

Dr. Jose Soldevilla – 1976 – 1978

Dr. Marcelino Mariano – 1978 – 1988

Dr. Paul A. Evangelista – 1988 – October 30, 2006

Dr. Valeriano V. Lopez – October 30, 2006 – present (OIC)

*From Culion.net*

Ref.:

[http://www.loyolacollegeculion.com/index.php?option=com\\_content&view=article&id=57:history-of-culion-sanitarium-and-general-hospital&catid=34:culionnet&Itemid=68](http://www.loyolacollegeculion.com/index.php?option=com_content&view=article&id=57:history-of-culion-sanitarium-and-general-hospital&catid=34:culionnet&Itemid=68)