

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	1



MOWCAP
UNESCO Memory of the World
Regional Committee for Asia/Pacific

Nomination form

Asia/Pacific Memory of the World

Register (revised October 2016)

(Nominations must be received by 31 August 2017 for consideration for inscription in 2018)

Office Use Only	
ID code:	Item or collection short title:
Institution / Owner:	Country or countries

Introduction

Information on the Asia Pacific Memory of the World Programme can be found at www.mowcapunesco.org

This form should be used to nominate items to the Asia/Pacific *Memory of the World* Register. It sets out the range of information needed. Nominations should be expressed in clear concise language and lengthy submissions are not required.

Supplementary data may be attached. Please clearly label and number every page in the boxes provided.

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	2

You should read the *Guidelines* for nominating items and collections to the Asia/Pacific Memory of the World Register. These are available at <http://www.mowcapunesco.org/core-activities/register/nominations/>

Nominees can also look at the current International Memory of the World Register <http://www.unesco.org/new/en/communication-and-information/memory-of-the-world/register/> to see examples of completed nomination forms. Note that the MOWCAP form is not a copy of the international form.

Completed nomination forms should be sent by email to MOWCAPinfo@gmail.com. The secretary-general will confirm receipt of nominations by email.

If you need to provide large files such as those for moving images then send to the following address:

MOWCAP Secretary General,
G.P.O Box 8374
Hong Kong

No material will be returned and will become the property of MOWCAP.

There is a [contact form](#) on the website which should be used if you have any questions. Please keep a copy of your submission for your records and in case we need to contact you.

Please note: nomination forms will be put on the website prior to a decision being made about whether or not they will be inscribed on the register.

Mr Li Minghua
Chair, MOWCAP

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	3

Nomination form

Asia/Pacific *Memory of the World Register* nomination form

Part A: Essential information

1 Summary (max 100 words)

Give a brief description of the documentary heritage being nominated, and the reasons for proposing it. Highlight the nature, uniqueness and significance of the nominated documentary heritage.

The Culion Museum and Archives houses, preserves and protects numerous rare volumes of journals, text books and other reference materials on leprosy. It has the complete collection of Culion coins, clinical and laboratory apparatus and equipment, clinical records, pictures and oral history reflective of the leprosy segregation and isolation policy implemented around the world.

It is a repository of struggles of patients from different races, cultures, and religions separated from society to live as outcasts in Culion, yet maintaining their dignity and humanity. The Culion Museum and Archives is a mirror where people can see the journey of Culion and its patients from isolation to integration.

2 Nominator

2.1 Name of nominator (person or organization)

ARTURO C. CUNANAN JR., MD, MPH PhD, CSEE
Medical Center Chief I
Culion Sanitarium and General Hospital

2.2 Relationship to the nominated documentary heritage

Head of the Institution
Culion Sanitarium and General Hospital

2.3 Contact person(s)

DR. ARTURO C. CUNANAN JR., MD, MPH PhD, CSEE

2.4 Contact details

Name	Address	
<i>ARTURO C. CUNANAN JR.,</i>	<i>Culion Sanitarium and General Hospital</i>	
	<i>Barangay Tiza</i>	
	<i>Culion Palawan 5315 Philippines</i>	
Telephone	Facsimile	Email
+639471417354	None	artculsan@gmail.com
+639175877275		

Year	Name of documentary heritage	Page no.
2017	Culion Museum and Archives	4

3 Details of the Nominated Documentary Heritage

3.1 Title of documentary heritage item or collection

Culion Museum and Archives

3.2 Catalogue or registration details

(please see attachment)

3.3 Photographs or a video of the documentary heritage. At least three digital photographs of the documentary heritage should be provided. By providing the photos you are agreeing that they can be used by MOWCAP for the purposes of promoting Memory of the World e.g. newsletters, website etc. Please note on the form if you do not wish MOWCAP to use the photos for publicity or promotional purposes.

(please see attachment)

3.4 History/Origin/Background/Provenance

CULION FROM ISOLATION TO INTEGRATION

At the start of the American colonization of the Philippines at the turn of the 20th century, leprosy was identified as a serious public health problem, marked by the pitiful conditions of the patients who were seen mingling with the “normal” population, especially since the former Spanish colonizers had looked at leprosy as a charity and missionary work.

In the pursuit to control and eradicate leprosy, a disease with no known cure then, transmission was stopped by isolating and segregating the sick from the healthy as practiced in other countries like Norway, which has reported curtailment of the spread of the disease.

The *First Leprosy Conference* held in Berlin in 1897, concluded that in view of the virtual incurability of leprosy, the detrimental effects that it could cause to the community, and the reported good effects from the measures adopted in Norway, *isolation* was the best means of preventing the spread of the disease. Leprosy was considered as a highly communicable disease caused by a bacteria with no available remedy or cure. The conference concluded with a strong recommendation to follow the Norwegian model of legislation measures towards isolation and segregation in controlling spread of leprosy. The role of children in leprosy transmission and perpetuation and the need for isolation and separation from parents was also recommended, thus leading to control of marriage, pregnancy-abortion, adoption and separation of children from their parents through nurseries and institutionalization. Similar recommendations were made in the succeeding International Leprosy Congresses: Berlin (1897), Bergen (1909), Strasbourg (1923) and Cairo (1938). All these resulted in the birth of self- sustaining colonies, like Culion in the Philippines.

Leprosy is an “imported” disease in Culion Island, where the initial settlement had already been established during the Spanish regime. When Culion was selected as the Segregation Colony for people with leprosy in 1901, the original settlers were transferred to other neighboring islands.

In May 27, 1906, two coastguards cutter brought to the shores of Culion the first contingent of 370 leprosy patients, marking the beginning of the history of Culion Leper Colony as the “Island of the Living Dead”, “a paradise lost”.

In 190, the Leprosy Segregation Law was enacted, enabling the lawful compulsory segregation and isolation of individuals with leprosy from the entire Philippines. Isolation was thought to be the best means to protect the healthy and to provide care for the sick and that it will eventually lead to the extermination and/or control of leprosy in the Philippines. This law which gave police powers to sanitary inspectors had effected the rounding up of “lepers” in the country, bringing systematic

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	5

“leper collection trips” to Culion with an average of 200 patients per trip at 2 to 3 months intervals until World War II.

Culion Leper Colony became a place of “no return”. Some 800 patients were segregated in 1906 and one-third of them died before the end of year. In 1928, there were around 5,330 patients in Culion and by 1935, it had become the largest well organized leprosarium in the world with about 7,000 living patients at one time.

The establishment of Culion Leper Colony in 1906 was a milestone in the history of leprosy control in the Philippines, moving from unorganized “leper colonies or settlements” run by Jesuits, Franciscans and Dominican missionaries in Manila, Cebu and Bicol during the Spanish period to an organized institution, a leprosy colony.

The compulsory segregation law on leprosy and eventual isolation to Culion has made Culion a “melting pot” of various people from north to south of the country bringing to Culion their culture, language, religion, food and others, including their biases and idiosyncrasies. Likewise, Culion Leper Colony accepted patients of various nationalities like Chinese, American, Japanese, Spanish and the Chamorro from Guam.

The Culion Leper Colony under the Department of Interior and the Bureau of Health was administered by the Chief of the Colony, who was a physician. Running the colony with limited manpower to handle the “inmates” and to maintain the island as a leprosy reservation was a big challenge. To assist the chief and inform him of the developments inside the colony, a “*consejo*” was organized to serve as an advisory body, the members of which were chosen through election at large. This representation of governance of the patients was the early manifestation of their struggle to maintain self-identity and dignity.

In 1914, then Secretary of the Interior Mr. Winfred Dennison and Director of Health Dr. Victor G. Heiser came to visit Culion accompanied by. The patients from Luzon complained that the at-large system of electing the “*consejo*” virtually gave control to the Visayan patients because the latter was the most numerous. This resulted in the promulgation of a constitution under which the Culion Advisory Board was established.

The constitution provided for ten regional representatives elected through popular suffrage by the ten regional groups who constituted the population of the colony: Ilocano, Pampango, Tagalog, Bicolano, Ilongo, Cebuano, Samareno- Leyteno, Zamboangueno, Moro and Small Tribes — the last consisting of the Palaweños and the foreign patients. Men and women of sound mind, between the ages of 18 and 60, were given the right to vote for their representative to form this Advisory Board. Elections were held in December of every odd year, and the members assumed duty on the first day of the following January. Each served a term of two years, and in case of vacancy the Chief of Colony may authorize replacement by a special election by the regional group affected at any time he considers necessary and convenient.

Although patterned from the ordinary municipal, the “*consejo*” had limited powers. The most important of its roles was to assist the Chief of Colony and the local police in maintaining peace and order. They also assisted the administration in the distribution of *cargadas* (*clothing*) and cash allowances; and it suggested measures designed to promote peaceful and satisfactory management of the colony. For these services, the members of the “*consejo*” received presents like “tuba” (*fermented coconut sap*), coconuts, and other fruits for their valuable services but in no case were they given payments of money. The first monetary compensation, Php 2.00 (two pesos) per member for each council meeting began in 1913. This was in lieu of the things that they formally received.

The first “president” was a certain Mr. Jose Bolokbolok, whose steadfast stand for the interest and welfare of the patients earned him the naming of an island, Bolokbolok. The council existed from 1906 until changes were effected in 1914 due to proposals made by some of the patients.

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	6

The operation and administration of Culion became a “model”, an admiration to other countries to emulate and follow, thus prominent scientists, officials and medical people visited Culion Leper Colony to learn of its policies and administration. Notable was Dr. Kensuke Mitsuda of Japan, a prominent influential leprologist who was credited in the establishment of the island leprosy colony of Nagashima Aiseien in 1930, which was largely patterned after Culion, particularly in its infrastructure and hospital policy. Eventually, Nagashima Aiseien contributed largely to the Leprosy Prevention Law of Japan. The Pacific War and Japanese colonization of Taiwan and Korea have seen the establishment of similar island leper colonies, Sorokdo Hospital in Sorok Island in Korea and Lao Sheng Leprosy Colony in Taiwan, showing Culion Leper Colony’s transnational influence.

Within Culion, there was also a segregation, a separation of areas demarcated by the Upper and Lower Colony gates. These gates separated the residences/community of medical workers, nurses and other hospital administrators and staff as the clean area (Balala–Sano) and the colony area consisted of the dormitories and the houses and hospital wards of leprosy patients. Entry on each side required permits and identifications—those working inside the colony (Balala) would need stepping on creolin for disinfection, hand washing, and removal of hospital gowns before they could enter the clean area.

In most instances, patients who were sent to Culion were mostly in the advanced stage of the disease, with complications and disabilities. The rigors of the travel from Manila to Culion on a background of such ill health took too much physical exhaustion, but it’s the painful experience to be separated from their loved ones, the compulsory separation from their families, friends and communities and the horror, fear and uncertainties were the main worries for many. Children, young men and women, and elderly patients had plenty of apprehensions and much longing. They always had the big question of when they would be able to return and see their families and loved ones again.

The separation of sexes, assignment of dormitories, wards and beds and provision of numbers on registrations following quarantine were the initial activities of arriving patients categorized as “inmates”, a terminology used in prisons. The lives of patients revolved around medical and laboratory examinations on schedule, daily medical treatment and dressing of wounds, and food rationing.

With the influx of patients, which have far exceeded the earlier preparation in terms of accommodation and other services, it became apparent that the colony administration must provide additional manpower to deliver basic public services like water, sewage and garbage disposal and other necessary services to make the colony clean and comfortable. From the year the leper colony was opened until 1914, every able bodied patient were required to render free services to the government for two days every month, 4 hours on each stint, mainly in the cleaning of streets, aside from the leper assistant employees.

During the reorganization of the colony’s services, the Public Works Section employed patients to assist in the construction of dormitories and other buildings. Laborers were taken for the operation and maintenance of the installed waterworks system. A sanitation force was also organized composed of garbage collectors, public toilet cleaners and ditch and street cleaners. Pairs of litter bearers were also employed for the conveyance of patients to and from the hospital as well as for the disposal of the dead, called “*camilleros*”. The Public Works Section, through its patient workers, had made Culion a better place to live in, secluded yet comfortable, and although far from home, the amenities were better than in the forests and mountains where those infected hid in order to elude arrest and segregation.

The implementation of the Segregation Law caused an attitude of resentment, regrets and revenge on the part of the apprehended/segregated patients. With the number of patients increasing and bringing with them their own biases, prejudices, attitudes and behaviors, maintenance of peace and order became a huge problem in the colony. Such that in 1908, to

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	7

handle the peace and order in the colony, local police force composed of “constables” was organized. The police force consisted of patients who were trained by a constabulary patient that was once active in the military before he was sent to Culion.

One of the most gratifying advantages of being in Culion was being protected from social stigma, since the patients lived together in the same community. However, fear and stigma came from the other side of the Culion population, the Balala–Sano area.

It was only in 1910 that marriage was allowed. The patients had developed a sense of “normalcy” by having families of their own to procreate, to be a father or mother, and experience life as a social being. With this social development, patients developed a purpose to be engaged and be productive to earn a living. Although having children was not fully medically recommended, it was not restricted neither prevented. The medical opinion was that no children should be born from “leprous” parentage, since there was a hypothesis that leprosy is hereditary and children are more susceptible. Another concern of the administration was that resources were limited to care for children and pregnancy and rearing children were strenuous to parents. From the above arguments, there was a strong goal and desire of preventing Culion-born children to develop leprosy. The initial policy was for parents to voluntarily surrender their newborn for adoption by the patients’ relatives outside Culion or by other interested people in Manila and even in foreign countries.

Following increasing incidence of leprosy among young children of leprosy parentage as young as less than 2 years old, a policy was made to separate these children from their parents and put them in Balala Nursery. Here, they would grow under the care of religious sisters (SPC) and nurse-maids acting as surrogate mothers, thus extending the phenomenon of “segregation and isolation within a segregated island”. This time, children with no leprosy but who had parents with leprosy were the target population. Since early separation would increase infant mortality and malnutrition, the initial separation started at 2 years old in order for the child to have a good breast feeding from the mother. However the risk of these children developing leprosy was also high, so the age was lowered to 1.5 years then 1 year and by 1930 it was decided that the baby would be separated right after birth.

The children would stay in the Balala Nursery up to 6 or 7 years old before they would be transferred to Welfareville Institution (Unit B) in Mandaluyong (an institution established for Juvenile Delinquent Children). Here, they would live until adolescence when they can decide if they want to go back to their parents in Culion or live outside of Culion. It was believed that by this age the risk to acquire leprosy was lower. Those who developed leprosy were either sent back to Culion or to Tala Sanitarium where they were admitted and treated.

Other children in the Balala Nursery, upon regular examination by assigned physician Dr. Casimiro Lara, a world renowned expert on leprosy in children, were returned to their parents when leprosy was diagnosed before 6 years old or if they had suspicious lesions. They would stay with their parents in Culion and would undergo regular and thorough examinations and would be treated once leprosy infection was confirmed. The Balala Nursery became a laboratory for the epidemiological study for the development of leprosy in children. Other researches on leprosy chemoprophylaxis (small doses of Avlosulfone) and role of BCG and Lepromin were also done.

Parents were allowed to visit the nursery and see their children from behind a glass window every Saturday only. There was a policy of “no touching” and the nurse-maid would bring the children near the glass window for the parents to touch and kiss them through the glass. Food and fruits were brought by the parents but they had to be washed properly by the nursery staff before they were fed to the children.

Once a child was returned to the parents for some reasons, there were reports that these children experienced domestic neglect and abuse. It took time for many of the children to renew or start the lost bonding and intimacy, and many could not cope after years of separation and abuse. These social consequences of poor family bonding and relationship were all brought about by the policy

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	8

with which the children had no say. About 2000 children passed the Balala Nursery and few had developed leprosy after they were sent back to their family and lived in Culion

Culion Leper Colony became the lead institution together with San Lazaro Hospital in the quest for cure. Various drugs and medicines and other modalities were researched using admitted patients at various times. However it was the Ethyl Ester of Chaulmoogra Oil with 2 percent iodine (Mercado mixture) that became widely used due to its promising efficacy. The oil was imported from India and was processed at the Culion chemical plant that also supplied San Lazaro and other leprosy institutions. Cures were reported, but the incidence of relapse was very high. The Leonard Wood Administration during the American Regime was considered the golden period of leprosy research in Culion as it was fully supported by the government in terms of funding and human resources. When the Governor Leonard Wood died in 1927, the Leonard Wood Memorial Fund for the Eradication of Leprosy was incorporated in 1928 as a non-profit organization in support of leprosy research in Culion.

In 1928, an Evaluation Committee composed of experts from Philippine Health Service came to evaluate the achievements of Culion Leper Colony. The findings showed that despite significant provision of budget to improve living conditions in Culion and active campaign efforts to persuade leprosy patients to report voluntarily, few patients would self-report for admission to Culion and a significant number of far advanced cases were still seen, thus making transmission of leprosy unabated and perpetuating. There was great difficulty to isolate and segregate patients to Culion since families and/or relatives would hide the patients from examiners and sanitary inspectors. One of the main reasons for low compliance and coverage of segregation of leprosy affected people was the geographical distance of Culion, hindering or making visitation of relatives difficult amidst the clannish nature of Filipinos. With these findings, the commission recommended in 1930 the regionalization of leprosy isolation, thereby establishing eight sanitarium: the Eversely Child Sanitarium in the Visayas (Cebu), Central Luzon Sanitarium in Luzon, Bicol Sanitarium in Camarines Sur-Bicol, The Santa Barbara Sanitarium in Iloilo, the Central Mindanao Sanitarium in Zamboanga Peninsula, Cotabato Sanitarium, and Sulu Sanitarium in Mindanao.

Sulfones became available after the World War II, after the successful implementation in Carville Leprosarium in Louisiana USA. It was considered “the wonder drug” of leprosy. By 1945, it was available in the Philippines for national implementation in all sanitariums, clinics and hospitals. There were significant cures in all sanitarium, such that by 1964 the Leprosy Liberalization Law was passed, allowing treatment of leprosy using Sulfone in OPD as home treatment of leprosy, thereby repealing the Leprosy Segregation Law. Patients in all sanitarium were allowed to leave after being declared “negative” and return to their provinces and origin and have follow-ups at the clinic nearest their residence.

However in Culion, despite the Leprosy Liberalization Law, very few of the patients who were declared “negative” wanted Culion. There were plenty of reasons why many of those who were cured and treated chose to stay in Culion. Among these reasons were: a) existing severe physical disabilities and limitations, b) no more families to go home to, c) no economic and livelihood opportunities for disabled persons, especially if from Culion, d) fear of stigma and discrimination from families, friends and communities, e) hesitations of living outside the sanitarium. Living inside the leper colony became a way of life for many who found comfort, safety and peace among the “same kind” f) Incidence of relapse was high after being declared cure with dapsone monotherapy and those relapsing had to be re-admitted to the sanitarium.

Christian religious missionaries (Catholic and Protestant) had transformed the loneliness and longing of the patients to something socially productive, attending to the “human face” of leprosy. The Christian faith is very strong among Filipinos and more so, among the leprosy patients who would cling to the Almighty for a miracle cure and for a good life in Culion. The Jesuit fathers, the SPC sisters, and the UCCP pastors brought hope, peace and serenity to the lives of the patients. The prayer devotions, the church activities, and the Sunday mass were all occasions to make the patients feel normal and free.

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	9

To live a normal life, patients worked hard as farmers and fishermen, building *nipa* houses for their families. Many were active in The Red Cross and in scouting clubs. With enough brass instruments, Fr. Jose Terrago organized the Culion Leper Colony Band, a brass band composed of younger boys with leprosy, allowing them to develop and hone their skills and talents in music. These boys were prepared to replace the members of the official colony band when the time came.

Education formed a very special interest for the missionary priest and sisters who established elementary and high school within the colony to provide education to children of leprosy parentage. In the early days, the teachers were also the segregated patients who were teachers in their provinces before they were sent to Culion.

The Pacific War was the most destructive and worse years of Culion. The Japanese were very afraid of leprosy patients, as the Leprosy Prevention Law in Japan was implemented strictly, and patients should not go out of the sanitarium and mingled with “normal” populations. With the Japanese naval blockade of the Mindoro Strait, boats coming from Manila carrying food, medicines and supplies to Culion were stopped. From 1941 to 1945, there was a severe shortage of food and medicines and supplies forcing the administration to allow the patients to go out of the hospital to look for their own food for their survival. Many patients who were strong enough to paddle a *banca* went to different islands to barter food with whatever materials or possessions they had, while others went farming.

Since the Japanese had previously ordered them to be strictly confined in the hospital, there were reported incidents where Japanese soldiers shot leprosy patients seen looking for food in the neighboring island. Many patients died in Culion during the war, not by bullets but by starvation, and had to be buried in a nearby mass grave close to the hospital. With the many deaths everyday it became laborious to bury the dead one by one on separate graves. Just before the war in 1935 there were 6,928 patients in the colony, however after the war in 1945 what remained in the colony was only 1,791.

In 1982, The World Health Organization (WHO) recommended the use of Multiple Drug Therapy (MDT) as the standard drug for treatment of leprosy. It was a truly effective treatment that cures leprosy and the relapse rate is very low. It is safe, effective and free of charge. Culion was among the first to implement the treatment on a wide coverage of patients. The MDT treatment brought down the number of patients and reduced transmission. A total population sero-epidemiological assessment was done in 1992 following the significant decline in the leprosy prevalence and leprosy incidence in the island. In 1995, a chemoprophylaxis of the population using the results of the serologic assessment was done and in 1998, WHO declared elimination of leprosy as a public health problem in Culion. Since 2002 up to the present there are no new leprosy cases detected from residents in Culion. From a hyper endemic island for leprosy to an island free of leprosy, Culion became a “paradise regained”.

In 1995, with leprosy on the decline, Republic Act 7193 was promulgated, making Culion Island a regular local government unit in Palawan, ending its status as a sanitarium or a leprosy colony. Residents can now exercise their rights to vote for their local officials, a right not exercised during the colony status of Culion. With the new Republic Act, the people now can participate and shape the destiny of Culion and its people by crafting local ordinances and manage the local resources, a far different scenario from when Culion was solely under the Philippine Health Service / Bureau of Health / Department of Health.

In 2009, Republic Act 9032 was enacted which expanded and transformed Culion Sanitarium into Culion Sanitarium and General Hospital which caters and serve the general health needs not only of Culion but the neighboring 4 island municipalities, not just for leprosy but for emergency and other health needs.

The transformation of Culion Leper Colony into a regular municipality as with other localities in the Philippines and the expansion and transformation of the Culion Sanitarium into a General Hospital

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	10

catering not only for leprosy services for leprosy patients but for the general health needs of the island municipalities, truly reflects the metamorphosis of Culion, its transformation from the isolation into integration. The descendants of the early settlers, the patients segregated and isolated here in Culion are now the doctors, administrators, nurse and other health staff of the hospital, from the descendants of patients who were recipient of care to now care givers. The Culion municipality as well, is run by both the descendant of the patients segregated and those of the pioneer health workers, a community built by leprosy.

Over the last 20 years, the story of leprosy has been particularly rife with dramatic reversals of scientific theories and public opinions, although there has been cure since the advent of MDT (Multi Drug Therapy), leprosy remains a subject of considerable ignorance since there is still much to learn about the epidemiology disease. The Advent of MDT and the WHA resolutions in 1998 of eliminating leprosy as a public health problem basing on the prevalence rate of less than one per 10,000 populations had made the greatest impact in public health.

The Philippines has struggled to control leprosy in the country which has started from humane care and charity to isolations and segregations to “home” treatment and now integration. How family, religion and institutions affected the treatment and Public Health control has highlighted the fact that leprosy is not only a medical disease but a social disease as well. The elimination of leprosy as a public health problem in the Philippines is one of the most important public health achievement in the recent past. To further reduce the leprosy burden and to provide comprehensive quality leprosy services that are accessible to all newly detected cases adhering to the principle of equity and social justice as well as reducing stigma and discrimination against people affected by leprosy and their families remains to be a big challenge.

An exhibit opened last 6 May 2006, as one of the main activities of the Culion Centennial Celebration. Through this exhibition (Centennial Exhibit), the Culion Museum and Archives was also launched and became one of the highlights of the centennial event. The exhibition presented 100 years of Culion, featuring important aspects of its history and various chapters highlighting the segregation and isolation, the resulting community life, cares of children as well as its achievements and contributions in national and international leprosy research and treatment. The museum was damaged by super typhoon Yolanda last November 08, 2013 and re – open in July 26, 2014.

The home to the Culion Museum and Archives was formerly the Laboratory building of the Culion Leper Colony. Built in 1930 by the Leonard Wood Memorial for the eradication of leprosy to forward the study of the leprosy problem in the Philippine Islands. This structure was the center of leprosy research, not only in the Philippines but also the rest of Asia and the Pacific Region. Now it functions as the repository of Culion history, heritage and culture. It showcases the struggle and transformation not only of the Culion Island but its people coming from different parts of the Philippine archipelago and other part of Asia, America and Europe, identified by common fate, Leprosy and bonded by common destiny...isolation and segregation to Culion. For a century, Culion and its resident (People affected by Leprosy and their families) have struggled to redeem their lost identity and humanity and transform the Culion Leper Colony into the “Island of Hope” an “Island of man” a paradise regained.

s3.5 Bibliography

Although no book was written regarding the Culion Museum and Archives, the history of Culion inside the museum can also be found in these books:

1. **Culion** by Arturo C. Cunanan Jr. (Manila Philippines 2011)
 2. **Dignity Regained Philippines** by Arturo C. Cunanan Jr., (Manila Philippines 2010)
 3. **Hidden Lives, Concealed Narratives: A history of leprosy in the Philippines**, by Maria Serena Diokno (Manila Philippines 2016)
 4. **Culion Island: A Leper Colony's 100 years journey towards healing**, published by Culion Foundation Inc. and ANESVAD 2003
-

Year	Name of documentary heritage	Page no.
2017	Culion Museum and Archives	

The following are some of the comments of the guests of the museum

1. Ms. Kay Yamaguchi of Sasakawa Memorial Health Foundation-May 6, 2016 – *“Now this has become an asset to the people of the Republic of the Philippines”*
2. Rev. Ver Oberes – Minister Wailoa Mililani, Hawaii – *“Classic: A Masterpiece, good job”*
3. Dr. Sumana Barua – Medical Officer, WHO-WPRO, Manila – *“Remarkable improvement since I visited in 2002, Congratulations!”*
4. Dr. P.K Gopal – President IDEA, *“Excellent Museum shows the history of the people affected by leprosy”*
5. David Norman Watt – Journalist, Brighton England – *“Congratulations, A superb collection”.*
6. Joey Fernandez – Beacon School- *“Thank you museum staff, good job!”*
7. Adam C. Moraleta – Executive, Manila Bulletin – *There is no word to describe my gratitude because you were able to preserve our heritage”*
8. Sr. Josefina T. Santos – St. Paul’s Convent, HK – *“Glad to see that the heritage of Culion is being preserved, keep up the good work!”*

3.6 Names, qualifications and contact details of up to three independent people or organisations with expert knowledge about the values and provenance of the documentary heritage.

Name	Qualifications	Address
Dr. Josephine Robertson	Researcher/Historian Faculty of Humanities & Social Studies University of Queensland	jrebertson@inq.edu.au / +61733652147 Brisbane St Lucia QLD 4072 Australia
Name	Qualifications	Address
Prof. Etsuko Kita	President , Sasakawa Memorial Health Foundation	smhf_ek@tnfb.com.jp Nippon Zaidan Bldg 5 th floor 1-2-2 Akasaka MInao-ku, Tokyo 107-0052 Japan
Name	Qualifications	Address
Dr. Rene Escalante	National Historical Commission of the Philippines Acting Chairman	T.M Kalaw St. , Ermita Manila 1000 +639171121582

I assert that the above named referees have given their written permission for their names and contact details to be used in connection with this nomination for the Asia/Pacific *Memory of the World Register*, and their names to appear on the website. (Contact details will not appear on the website or be disclosed by the MOWCAP to any third party).

Signature



Full name (Please PRINT)

ARTURO C. CUNANAN JR., MD, MPH PhD, CSEE

Date

August 16, 2017

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	12

4 Legal information

4.1 Owner of the documentary heritage (name and contact details)

Name	Address	
ARTURO C. CUNANAN JR., MD, MPH, PHD, CSEE MEDICAL CENTER CHIEF I	CULION SANITARIUM AND GENERAL HOSPITAL TIZA BARANGAY TIZA, CULION PALAWAN 5315 PHILIPPINES	
Telephone	Facsimile	Email
+639471417354 +639175877275	none	artculsan@gmail.com

4.2 Custodian of the documentary heritage (name and contact details if different from the owner)

Name	Address	
<i>Same as the owner</i>		
Telephone	Facsimile	Email
<i>Same as the owner</i>		

4.3 Legal status

Details of legal and administrative powers for the preservation of the documentary heritage
The Culion Museum and Archives is operated and maintained by the Culion Sanitarium and General Hospital

4.4 Accessibility

Describe how the item(s) / collection may be accessed

All collections of Culion Museum and Archives can be accessed thru visitation to Culion Museum and Archives in Culion Palawan. Researchers are encouraged to set up an appointment before coming to Culion so the needed materials can be prepared prior to their arrival or to check if it's available in the collections.

The Culion Museum and Archives is in the process of digitalizing and publishing its collections on the web, however restrictions such as slow internet connections in Culion Island and copy right piracy of the collections is still an issue we are facing right now.

Last year the museum opened its new gallery, the Leprosy Social History and Memories Gallery, which contains the oral history of the leprosy patients' from different sanitarium in the Philippines. Their struggles, experiences, survival and their arts and crafts during the segregation era.

All access restrictions should be explicitly stated below:

All collections of Culion Museum and Archives (CMA) are available for viewing and research but should be handled with care. However, delicate items such as old books and records can only be accessed in the presence of a CMA staff and touching is not allowed on all collections on exhibit. Taking pictures of the collections is allowed provided that CMA will be recognized as the owner.

The Culion Museum and Archives is open from Mondays to Fridays 8:00am - 5:00pm. Saturday

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	13

and Sunday visitation is allowed provided that prior appointment was scheduled. For more information you can visit our website at www.culionsanitariumandgeneralhospital.com

4.5 Copyright status

Describe the copyright status of the item(s) / collection

All the collections on exhibit are owned by Culion Museum and Archives. It was part of the Culion Sanitarium and General Hospital collections and others were donated by private collectors, people affected by leprosy in Culion and their relatives.

5 Assessment against the selection criteria

5.1 First criterion: authenticity. Is the documentary heritage what it appears to be? Has its identity and origin been reliably established?

All collections of Culion Museum and Archives are authentic. All the historical artefacts and stories came from the isolated patients themselves and their families.

5.2 Second criterion: world significance. Is the documentary heritage unique and irreplaceable, something whose disappearance or deterioration would constitute a harmful impoverishment of the heritage of humanity? Has it created a great impact over a span of time and/or within a particular supra-national cultural area of the region? Is it representative of a type, but it has no direct equal? Has it had great influence – whether positive or negative – on the course of history?

The preservation of Culion history, culture and heritage, particularly in the quest to control leprosy in the Philippines and the early policies, treatment and care of the people affected with the disease in Culion are very significant in our social history. The following collections can be found in the Culion Museum and Archives.

- Old manuscripts / documents, records, letters, research findings, clinical records and books of Culion Leper Colony.
 - Old medical and laboratory equipment, which were early used for the treatment, research and care of leprosy patients.
 - Old pictures of early Culion settlement, patients treatment and community life to include old coins, musical instruments, badges / uniforms of early local police, nursing aides, firemen, etc in collaboration and support of PAL / residents of Culion.
 - Information regarding the role of Culion in the control of leprosy in the Philippines and the resultant community that evolves thereafter.
 - Documents and other materials, literatures available to interested researchers, students and individuals worldwide.
-

5.3 Third, world significance must be demonstrated in meeting one or more of the following criteria. Because significance is comparative, these criteria are best illustrated by checking them against items of documentary heritage already inscribed (for example) on the International *Memory of the World Register*:

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	14

Time: Is it especially evocative of its time (which may have been one of crisis, or significant social or cultural change; it may represent a new discovery or be the “first of its kind”)

The time of isolation and segregation of leprosy patients in the Philippines became a huge crisis which story can be found inside the Culion Museum and Archives. 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.

Place: Does it contain crucial information about a locality important in the history of the region and its cultures? Or did the location have an important influence on the events or phenomena represented by the documentary heritage? Or is it descriptive of physical environments, cities or institutions since vanished?

Culion Museum and Archives is the only museum in the Philippines which preserves the history, memories and heritage of leprosy in the Philippines. It has large collections of leprosy books from different countries and written in different languages. It became the place to be for many researchers who wants to know more about leprosy segregation and isolation and the disease itself.

People: Is it related to people in a social and cultural context that reflects significant aspects of human behavior, or social, industrial, artistic or political development. It may reflect the important roles and impact of key or certain individuals or groups.

Culion Museum and Archives conveys the story of different people from different places who were forcibly brought to Culion to be isolated from the rest of the world and from their families. Most of these people were not able to see outside of the leprosarium ever again.

Subject and theme: The subject matter may represent particular historical or intellectual developments in natural, social and human sciences, politics, ideology, sports and the arts.

The history that can be seen and learn in Culion Museum and Archives is one of the significant historical events that is already forgotten by many people because of the stigma that leprosy carries. The 110 years of Culion history that is written in the collections not only narrate the story of Culion but also the story of people who answered their call of duty and served in Culion with utmost love and dedication

Form and style: The item(s) may have outstanding aesthetic, stylistic or linguistic value, be a typical or key exemplar of a type or presentation, custom or medium, or of a disappeared or disappearing carrier or format.

6 Other matters taken into account: rarity, integrity and threat

Rarity Does the content or physical nature of the documentary heritage make it a rare surviving example of its type or time?

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	15

The Culion Museum and Archives holds rare collections of medical items used during the early years of the colony and the many photographs and artifacts including the Culion coins were in exhibit. Leprosy books and records can be found in the archives and library section.

Integrity Within the natural physical limitations of carrier survival, is the documentary heritage complete or partial? Has it been altered or damaged?

The collections of Culion Museum and Archives are well preserved and maintained under the Culion Sanitarium and General Hospital.

Threat Is its survival in danger? If it is secure, must vigilance be applied to maintain that security? Detail the nature and scope of threats.

Detail the nature and scope of threats to this documentary heritage.

The threats to the Culion Museum and Archives collections are as follows:

1. Temperature and Humidity – This is critical for the preservation of the old photographs and records
2. Vandalism – Some of the guests are not mindful of the delicate condition of the collections
3. Theft – Because of the rarity of some of the collections its, value in the collectors market are high and some of the collections has been stolen.

Attach a separate statement if space is insufficient!

7 Preservation and Access Management Plan

Is there a management plan in existence for this documentary heritage? Are there strategies to preserve and provide access to it?

YES

If yes, describe or attach a summary of the plan. If no, please provide details about current method of storage and custody of the materials.

The Culion Museum and Archives is still expanding its collections of leprosy related historical items and In the process of improving the building's condition and ventilation. There is also a plan to improve the accessibility of the collections and records for easy access of the viewers and researchers, these includes the digitalization and publishing it in the web.

The Culion Museum and Archives also offered digitalized oral history people affected by leprosy from all over the Philippines who shared their experiences during the time of isolation and segregation. Those files are not yet available online and can only be accessed inside the museum.

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	16

8 Any other information

Please provide any other information that supports the inclusion of this item(s) / collection on the Asia/Pacific *Memory of the World Register*.

Attach a separate statement if space insufficient.

If the nomination is successful, the Culion Museum and Archives and the Culion Sanitarium and General Hospital (CSGH) will include the promotion of the MoW Programme in the museum materials such as pamphlets and brochures for distribution to the guests, the information will be displayed in the Culion Museum and Archives and will be published in the CSGH website

<i>Year</i>	<i>Name of documentary heritage</i>	<i>Page no.</i>
2017	Culion Museum and Archives	17

9 Checklist

Nominees may find completing the following checklist useful before sending the nomination form to MOWCAP.

<input checked="" type="checkbox"/>	MOWCAP website reviewed
<input checked="" type="checkbox"/>	Introduction read
<input checked="" type="checkbox"/>	summary completed (maximum 100 word) (section 1)
<input checked="" type="checkbox"/>	Nomination and contact details completed (section 2)
<input type="checkbox"/>	If this is a joint nomination, section 2 appropriately modified
<input checked="" type="checkbox"/>	Documentary heritage identified (sections 3.1 – 3.3)
<input checked="" type="checkbox"/>	History/Origin/Background/Provenance completed (section 3.4)
<input checked="" type="checkbox"/>	Bibliography completed (section 3.5)
<input checked="" type="checkbox"/>	Names, qualifications and contact details of up to three independent people or organizations recorded (section 3.6)
<input checked="" type="checkbox"/>	Declaration signed and dated that all referees have given their written permission for their names to appear on the MOWCAP website (section 3.6)
<input checked="" type="checkbox"/>	Details of owner completed (section 4.1)
<input checked="" type="checkbox"/>	Details of custodian – if different from owner - completed (section 4.2)
<input checked="" type="checkbox"/>	Details of legal status completed (section 4.3)
<input checked="" type="checkbox"/>	Details of accessibility completed (section 4.4)
<input checked="" type="checkbox"/>	Details of copyright status completed (section 4.5)
<input checked="" type="checkbox"/>	Evidence presented of authenticity (section 5.1)
<input checked="" type="checkbox"/>	Evidence presented of world significance (section 5.2)
<input checked="" type="checkbox"/>	Evidence presented against one or more additional criteria (section 5.3)
<input checked="" type="checkbox"/>	Information presented on rarity, integrity and threat (section 6)
<input checked="" type="checkbox"/>	Summary of Preservation and Access Management Plan completed. If there is no formal Plan provide details about current and/or planned access, storage and custody arrangements (section 7)
<input checked="" type="checkbox"/>	Any other information provided - if applicable (section 8)
<input checked="" type="checkbox"/>	Sample photographs or VDO prepared for MOWCAP use (if required)
<input type="checkbox"/>	Printed copy of Nomination Form made for organization's records
<input checked="" type="checkbox"/>	Electronic copy of Nomination Form made for MOWCAP use (if required)