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Covidscapes: The Pandemic in the Philippines

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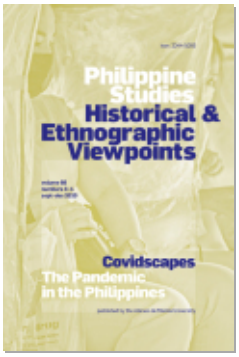
Filomeno V. Aguilar Jr.



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FILOMENO V. AGUILAR JR.

Covidscapes
The Pandemic in the Philippines

This introductory essay develops the notion of Covidscapes, taking a cue from Arjun Appadurai. Despite mutations, a single type of coronavirus has gone around the world causing the Covid-19 disease. Yet experiences with the pandemic have varied widely across and even within countries for reasons that go beyond the pathogen. The concept of Covidscapes captures the simultaneous sharing of a global phenomenon along with diversity and difference. Covidscapes are profoundly perspectival and disjunctive. State–societal factors suggest countries can have their own Covidscapes. The contributions in this issue shed light on the peculiar dynamics and contradictions of the Philippine Covidscape.

KEYWORDS: COVID-19 • MIGRATIONS • HISTORY • STATE RESPONSE • MUTUALITY • ETHICS OF CARE

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In early May 2020, about two months after the World Health Organization (WHO) declared Covid-19 a pandemic, Emma Kowal (2020), a cultural and medical anthropologist at Deakin University, put into words what she was witnessing as overtaking Australia: "We have entered the Covidscape. We are constantly consuming and being consumed by it. We are dreaming about it. We are desperately seeking moments of escape from it, if we are able to." At that time, there had been 3.63 million confirmed cases of Covid-19 in the world, with a total of close to 258,000 confirmed deaths from the disease (Ritchie et al. 2020a). By 23 September the aggregate number of confirmed cases globally had risen to 31.66 million and total mortality (971,869) climbing to nearly a million (ibid.). But although Covid-19 used to dominate the news in the early months of the contagion, life has gone on, and people have busied themselves with other concerns even as a surging number have fallen ill and succumbed to the illness. Protest movements have reignited in places such as Belarus, Thailand, and the United States, and they have been stalled in Hong Kong.[1] In the Philippines, however, the fact that people were obsessing over and were obsessed by Covidscape and could not assemble so easily given the quarantine restrictions in place was an expedient backdrop for the Philippine president to sign Republic Act 11479, or the Anti-Terrorism Act of 2020, on 3 July (OPS 2020). But Covidscape cannot be an absolute distraction, and the law is now being challenged by numerous opponents before the Supreme Court. Despite collective adjustments to the shock of Covidscape, it continues to define the parameters of social life for innumerable persons and groups and presumably for the world.

Covidscapes + Ethnoscapes

Giving a name to a new experience for us living through this period of world history is an important step in coming to terms with the phenomenon. "Pandemic" is one such word, but for some it merely denotes the geographical scale of a disease outbreak. Covidscape, however, captures the sense of an overbearing reality and its accompanying contradictions. Kowal (2020) articulates for us, for example, that "the air is clearer now," but "it feels heavier." For those with a home, it is a safe haven from the virus, but it is also an "enclosure" (ibid.) that some feel is akin to a prison—or a cul-de-sac when social relationships are abusive, or, when someone in the household has caught the disease, a microcosm of the larger world where mutual isolation occurs.

A distinct instantiation of globalization, Covidscape overwhelms and even erodes the five "scapes" of the globe, the flows and interconnections described by Arjun Appadurai (1990)—ethnoscapes, technoscapes, ideoscapes, financescapes, and mediascapes—as characterizing the simultaneous processes of homogenization and heterogenization in global culture. Most acutely, Covidscape has intersected with ethnoscapes[2] that are constituted by mobilities of people, especially of labor, in which historically slavery and indentured work predominated and today is characterized by the coexistence of contractual labor migrations, permanent immigrations, refugee movements, and human trafficking. This intersection has resulted in a disproportionate number of Covid-19 deaths among black people as well as Hispanics in the US (*Scientific American* 2020) and Black, Asian, and other minority ethnic (BAME) groups in the United Kingdom, as Roderick Galam mentions in his article. The virus has been racialized. If not lethal, Covidscape's encounter with the institutionalized injustices of race and ethnicity has been toxic, as Galam shows in the experiences of Filipina nurses who work for the National Health Service in the UK.

Although not perceived as following the contours of ethnicity, the urban poor in Metro Manila, many of them rural-to-urban migrants, who as commuters reliant on jeepneys, buses, and trains were immobilized by quarantine rules that banned these modes of public transportation, have suffered inordinately from Covidscape—as Michael Pante elaborates in his contribution to this issue—unlike the middle and upper classes of Philippine society who enjoy mobility in their privately owned vehicles.

Covidscape has also led to an unprecedented flow of international return migration due to the loss of employment, with about 320,000 overseas Filipino workers (OFWs) repatriating as of early September (Jaymalin 2020) and many more expected to lose their jobs or suffer reductions in pay. Sometimes treated poorly by the government's disorganized quarantine, OFWs were initially told to stay away by provinces such as Bohol, as Wataru Kusaka narrates in his article, although when they finally arrived the sentiment changed into a warm welcome. OFWs who were caught by international travel restrictions while in the homeland and could not leave to take up overseas work were flung into a state of suspended animation. As a desperate and jobless 33-year-old seafarer put it, "My world stopped spinning" (Reuters 2020). Civil society actors who decry the export of labor cannot rejoice at this type of reversal. Yet, it was this type of global flows that allowed the novel coronavirus to traverse vast distances from Wuhan to

countless world travel hubs and from there spread to the interior of a country or hop on to other world capitals. The convenience of international travel was also the vector for the virus to enter the Philippines.

Like other scapes, Covidscape is not an objectively given reality that feels and looks the same from whatever angle or point of view. On the contrary, Covidscape is profoundly perspectival. It is the physical, experiential, affective, and epistemological terrain constituted by the congealing yet shifting confluence of the Covid-19 disease; the mitigation measures imposed or not imposed by superordinate powers; the work of medical and science specialists; and the demographic, political, cultural, and ecological dynamics in a given milieu, which may be of variable scale. Because it is uneven across the world and also within the same country, with different social groups and entities experiencing it and responding to it in markedly different ways, it is best conceived in the plural: Covidscapes. Nevertheless, analytically, state–societal and ecological factors allow us to speak of a national Covidscape.

Ultimately, one's individual positionality inflects the experience of and perspective on the pandemic: older people, for example, are more vulnerable than the young, and countries with an ageing population have seen an enormous death toll compared with countries with a younger population. An older individual in the Philippines would have a Covidscape different from a similarly older person in Spain. In association with other factors, gender is also a line of disjuncture. As data from a few selected countries indicate, men have about twice the risk of death from Covid-19 than women, especially in the 40–69 age groups (Bhopal and Bhopal 2020). Thus, men's Covidscape differ from that of women. Young families, especially the poor and those in rural areas, who are grappling with children's online learning amid the pandemic, are a polar sight from families with grown children and from empty nesters, the different stages in the family life cycle generating a different inflection to one's Covidscape. Social-historical actors exercise human agency at the specific points of articulation of multiple inflections, which to them is their Covidscape, a necessarily extremely heterogeneous phenomenon.

Covidscapes: The Pathogen and Beyond

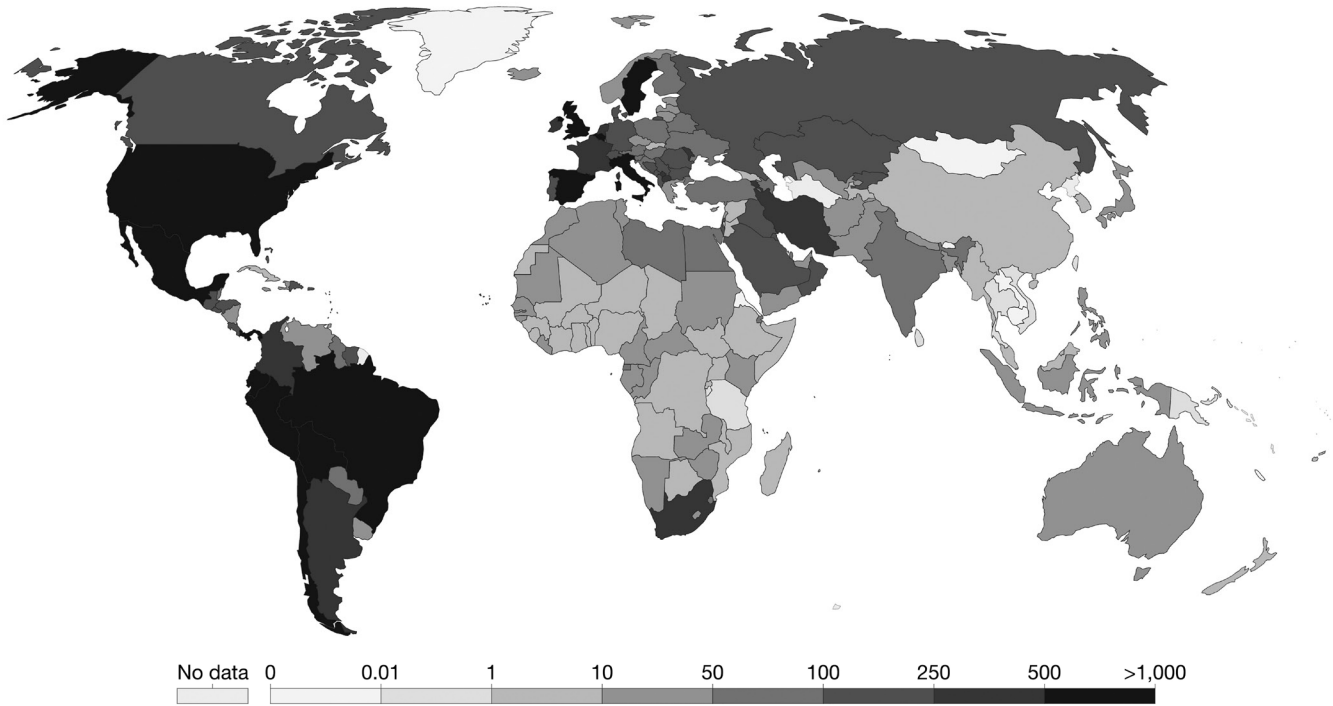
Covidscapes have accentuated the disparities that are deeply etched on our global and national social fabrics, yet they have also given rise to the

unexpected. A glance at the mortality rates per million population (see the map on page 292) informs us that some parts of the world have seen greater suffering than other parts for all sorts of reasons, including demography, political structure, state policies, and so on.

However, the arresting fact is that deaths from Covid-19 have not followed the demarcating line between the Global North and the Global South, between the advanced economies and those that are less well-off. The US and the UK, which were ranked at the top of 195 countries in the Global Health Security Index (NTI 2019, 302–3)[3] released in October 2019, have performed poorly in this pandemic. In Sarah Dalglish's (2020) trenchant comment, "Covid-19 gives the lie to global health expertise." The sight of mass graves in New York City (Daniel 2020) has been startling to observers in developing countries whose American Dream could not be squared with the eerie and dismal "potter's field" on Hart Island. In contrast, with their very low mortality rates per capita, Taiwan (often ignored because it is not a member of the WHO), Vietnam, and Thailand have emerged as exemplars of disease containment, displacing North America and Europe as models in tackling this disease outbreak.

Africa is a pleasant surprise: health experts had feared "a complete meltdown," given the poverty and overcrowding in its urban settlements. But, as Andrew Harding (2020) reports: "Infection and death rates in many African countries have turned out to be much lower than initially feared." Scientists are exploring the hypothesis that poverty and high population densities, rather than a source of great peril, may have given the continent an edge. Precisely because of those densities, "people had been widely infected by other coronaviruses—those, for instance, responsible for many common colds—and that, as a result, they might enjoy some degree of immunity to Covid-19" (ibid.). This preexisting "cross-protective immunity" (ibid.), in addition to early lockdowns, a youthful population, "community-driven initiatives, and experience in contact-tracing from fighting diseases like Ebola" (*BBC News* 2020), may provide the answer to the continent's resilience against the disease.

Evidently, there are a host of factors that explain the heterogeneity of human encounters with the Covid-19 microbe. Despite the wealth of scientific information that have been generated in so short a time about the novel coronavirus, there are still many unknowns, and studies on the virus continue unabated, especially given the frenetic search for a vaccine.



Total confirmed Covid-19 deaths per million, 20 September 2020

Source: Ritchie et al. 2020b

Yet, as Linda Newson emphasizes in her essay on historical epidemics, the impact of a pathogen goes beyond the microorganism itself, for this impact is strongly influenced by the social, cultural, political, economic, and ecological context in which pathogens are introduced. This context affects the trajectory of a disease outbreak as well as a society's ability to develop immunity and recover from an outbreak. Newson underscores that leadership plays an important role in explaining the outcome of an epidemic and the geographical variations in its impact.

Newson's insight informs my article in this issue, which analyzes the preparedness and strategic agility of the Philippine government's response to the pandemic, contrasting it to those of Thailand and Vietnam. Focusing on virus importation, testing, and contact tracing during the earlier months of the pandemic, I demonstrate that the current leadership of the Philippines failed to rise to the occasion, mismanaging its own responses and shaping the Philippine Covidscape in distinct ways. Yet, there also seems to be a societal angle to the national experience of this outbreak, as the preparedness of Thais and Vietnamese took several years to muster, something Filipinos had not done.

At the level of the local government unit, leadership matters, too. Evidently, Metro Manila and the adjoining Calabarzon (Cavite, Laguna, Batangas, Rizal, and Quezon) provinces are the epicenter of the pandemic in the country. In other regions and provinces, the pandemic has unfolded in markedly different ways. The government of Batanes province, for instance, took early, strict, and effective action starting in January, which has prevented the novel coronavirus from assailing the remote island province (*Stand for Truth* 2020).[4] Although it is adjacent to Cebu island, which as of 8 September has counted a total of 4,740 Covid-19 cases (Philippine News Agency 2020), Bohol island has a considerably lower number: 231 cases as of 4 September (Udtohan 2020). However, a month earlier, when Kusaka and his family left Tagbilaran City for Japan, Bohol was still considered "Covid-free." Evidently, gaps marred the admission of residents returning to the island.

In any event, the geographical variation in the spread of contagion and the resulting mortality has also been observed in the past. Pante reminds us that during the 1918–1919 influenza pandemic provinces that were important nodes in interisland shipping had the highest number of infections. In his research note, Peter Xenos demonstrates in a snippet out of a huge database

of Spanish parish records that local differences marked the experience of crisis mortality, understood as at least twice the number of deaths than would otherwise be expected. From the 1700s to 1910, for instance, Vigan in Ilocos Sur experienced a crisis event more frequently than Nagcarlan in Laguna province: approximately every year and a half in the former, about every three years and a half in the latter. Xenos postulates that this pattern was the result of endemic diseases, with episodes occurring independently across parishes. What is also clear is that the cholera experience of Manila in the early 1900s—or Metro Manila's ongoing Covid-19 experience—cannot stand for the whole country.

Epidemics have a limited and repetitive dramaturgy, Warwick Anderson suggests. Thus, the public's responses to Covid-19 have a familiar ring to them, as Gideon Lasco demonstrates in his article, which compares current practices with those observed during the SARS outbreak in 2003. The similarities include discrimination of health care workers, the proliferation of rumors, the resort to strengthening the body's defenses (*resistensya*) as well as the discursive tensions between human rights and public health, health and economy, and individual freedom and discipline.

The limited spread of SARS and the government's claim of success may have had a deleterious but unintended consequence. Lasco cites Manuel Dayrit, the health secretary in 2003, as saying that the earlier success with SARS, if indeed it was a success, may have bred complacency. Evidence indicates that countries that had to deal with serious epidemics, such as Taiwan and Vietnam (SARS), South Korea (MERS), and Vietnam and Thailand (avian influenza), were well prepared for the Covid-19 pandemic, while the Philippines's so-called success in 2003 lulled it into presumptuousness, despite crisp and unequivocal warnings from the global health community of impending health emergencies, some aired as recently as September last year (Global Preparedness Monitoring Board 2019). Thus, the national Covidscape can have determinants in history and mindset.

Mutuality versus Stringency

In a brief essay on the Philippine Covidscape, Anderson argues that a disease outbreak may be understood based either on a simple model of contamination or a complex configuration affected by social or ecological factors. Hewing to a simple contamination belief, the Philippine leadership's response to Covid-19, Anderson suggests, has echoed the authoritarian

practices of the American colonial state in how it responded to cholera in 1902 and influenza in 1918, producing a predictable repertoire of coercive and stringent measures to limit microbial transmission. The question, however, is why the Philippine government's protracted stringency has not contained the spread of Covid-19, unlike the calibrated and carefully managed stringency in Vietnam and Thailand, as I indicate at the end of my article. Kusaka also wonders why the strict quarantine failed to curb the cases of infection. Evidently, not all contaminations are equal.

To limit the spread of contagion, Greg Bankoff argues in a research note, the Philippine government has sought to disaffirm the existing ways by which Filipinos, amid the persistent challenges of life in the archipelago, lend and receive mutual assistance from one another, usually at the level of the neighborhood or the village. This mutual assistance is captured in the Tagalog concept of *bayanihan*. But, as people are told to isolate themselves from one another, what used to be a source of collective resilience has become a source of great vulnerability. As in the time of martial law, the current Philippine state has also appropriated bayanihan, this time in naming Republic Act 11469. But who is to lend and receive mutual assistance? Not the people—even if there is a subtle message that they should do their share in "lifting the house." The government, in its paternalism, is the sole dispenser of assistance in Covidscape. It is easy to see the extent to which the government has succeeded in its self-appointed role.

In his military-style approach to the public health emergency, Philippine Pres. Rodrigo Duterte imposed what Kusaka calls a "disciplinary quarantine," which is premised on a moral dichotomy between "good citizens," who follow the strict regulations, and undisciplined "evil others" (*pasaway*), who endanger the nation by spreading the virus. Controlling the pasaway supposedly legitimates the state's authoritarian strictures. Initially people toed the line, as Kusaka observed in Bohol. The interminable quarantine, however, led people to disregard the rules that they felt were unreasonable. The locals began to engage in acts of mutuality that contravened officialdom but enabled them to craft their own social order. Bayanihan was not quenched.

Indeed, the prolonged stringency would appear to have been injudicious. Until mid-August the Philippines had imposed more stringent measures than Indonesia (Hale et al. 2020), but Indonesia recorded a lower per capita mortality rate than the Philippines (Ritchie et al. 2020b). By the second

quarter of 2020, the Indonesian economy had contracted by 5.4 percent only, while the Philippine economy had shrunk by 16.5 percent (Hasell 2020).[5] The authoritarian impulse has intensified rather than alleviated misery in the Philippine Covidscape.

Deciding to Care

Although the responses of states to the global health emergency have been preponderant, it has not robbed individuals of space to carve their own responses to the pandemic, even though such responses are always and already inflected by individual positionalities in Covidscapes. Amid the ongoing trauma and the missteps of many states, countless private citizens and groups have opted to follow an ethics of care through acts such as feeding the hungry, donating hard-earned money, sheltering health care workers, listening to the distraught, sharing disinfectant, choosing not to hoard, or waiting patiently in a queue. These acts go beyond the norms of bayanihan for they exceed reciprocity. Pante mentions a community organizer who, not having his own vehicle, volunteered his services to an urban poor community but had to walk for forty-five minutes from his home to reach those who needed his help. Care, Galam argues, is an indispensable lens for making sense of life in Covidscapes. More than mere mutuality, care is extended to those who cannot reciprocate the act, thus creating a world of meaning apart from the state. Nevertheless, the state has the duty of care, as Galam underscores.

The option to care was exercised in an extraordinary manner by a group of computer science and mathematics specialists associated with the Ateneo de Manila University: Maria Regina Justina E. Estuar, Joshua Uyheng, Marlene De Leon, Daniel Joseph Benito, Elvira De Lara-Tuprio, Carlo Estadilla, and Timothy Teng. They worked quietly behind the scenes to develop an integrated platform that could provide scientific intelligence to the Philippine government for monitoring and responding to the Covid-19 outbreak in the country.[6] But, as they state in their group reflection, the experience threw them into unfamiliar ground in terms of the demand for speed, of having to work with incomplete and inconsistent data, and the peculiarities of relating to government officials. They reckoned with the limits and possibilities of scientific work, balancing scholarly norms and actual circumstances, while maintaining rigor, preempting innovation, and defending truth. It also dawned on them that to be able to render a

fitting public service amid a pandemic they had to care for themselves and each other. Clearheadedness about the values they wished to uphold was imperative. From their ringside view of the Philippine government's response to the pandemic, more probably can be said than can be enunciated here. In any event, theirs was a peculiar Covidscape.

Notes

1 While cases of Covid-19 mounted, "the frenzied coverage of Bollywood actor Sushant Singh Rajput's death [by suicide in June] and vilification of his actor-girlfriend Rhea Chakraborty has dominated prime-time in India, leading many to ask whether the story is distracting from more important issues at a time of national crisis" (Pandey 2020).

2 Similar discussions can be made in relation to the other "scapes," but there is no space for such discussions in this essay.

3 The Global Health Security Index is a project of the Nuclear Threat Initiative and the Johns Hopkins Bloomberg School of Public Health, with the index developed by *The Economist* Intelligence Unit.

4 However, on 22 September an asymptomatic man, who had been stranded elsewhere, was ferried to the province by a Philippine Air Force helicopter and six days later confirmed to be positive for the virus, Batanes's first Covid-19 case (Hallare and Visaya 2020).

5 Joe Hasell (2020) argues that the assumption that countries face a trade-off between protecting people's health and protecting the economy is not supported by preliminary data. Countries that underwent the most severe economic downturns are generally among the countries with the highest per capita mortality from Covid-19. In contrast, countries where the economic impact has been modest have also handled the pandemic in a way that has kept per capita death rates low. The argument is based on correlation rather than causality.

6 The surveillance platform was turned over to the Department of Health on 4 September 2020 (DOST PCHRD 2020).

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