Propaganda, Folk Beliefs, and Health Information: Insights from the Cholera Outbreaks in the Philippines

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Abstract

This brief historical paper presents the case of the cholera outbreak in the Philippines during the early 20th century. The health situation and response during this period provide valuable insights into the implications of propaganda and folk beliefs to the people's decision-making and information use and dissemination regarding their health conditions. Having a deeper understanding of the indigenous and local contexts and integrating these information into governance and policymaking are crucial in establishing health literacy campaigns, particularly at the grassroots level.

Keywords: cholera outbreak, health information, misinformation, propaganda

INTRODUCTION

Cholera was a global concern throughout the 19th until the early 20th century. In the Philippines, this disease swept the archipelago and claimed the lives of thousands of Filipinos (Montero y Vidal, 1894). Cholera is a communicable disease caused by the bacterium known as *Vibrio cholera* (World Health Organization, 2010). It can be acquired when a person consumes food or drinks from contaminated sources (Dunkin, 2021). Communities with poor sewage and sanitation usually get infected by this disease (Centers for Disease Control and Prevention, 2021). During the Spanish period, conditions turned from bad to worse, especially in the Philippines, because of propaganda and misinformation. Misinformation has always been a part of the media history, long before the term itself seeped through the people's common consciousness at the height of social media's popularity.

Misinformation is defined as incorrect or misleading information presented as fact. When deliberately spread with the intent to mislead or deceive the public, misinformation becomes disinformation (Posetti & Matthews, 2018). A good example is the 1820 cholera outbreak in Manila and Cavite. According to the accounts of French doctor Paul Proust de la Gironiere (1854), the Catholic clergy and Spanish merchants fanned the rumors that the non-Spanish foreigners were out to poison the wells and, thus, killed the natives. Believing what was told them were true, the angry locals took their bolos and attacked the foreigners. Gironiere vividly recalled the onslaught as he himself was barely spared from the atrocity. When investigations were conducted, witnesses brought a botanist's sketchbook as an evidence of the foreigner's evil plans. It contained illustrations of native flora and fauna. The natives conjectured the specimens of frogs and insects were items used by sorcerers to murder their victims (Gironiere, 1854).

This incident is an example of how misinformation could easily spread chaos. Aside from the lackadaisical approach done by colonial officials, their refusal and passivity to create an educated Filipino society prevented the locals from making sensible health-related decisions (de Bevoise, 2002). To blame

poverty alone should not be the case. In fact, epidemics and pandemics reflect a complicated socio-economic, cultural, and political confluence, to include natural disasters, locust infestations, crop failure, war, and transcontinental movements of diseases. All these resulted in deadly afflictions that hit the vulnerable communities.

In this paper, I will share insights drawn from our history on how propaganda, misinformation, and even folk beliefs somewhat hindered the containment of health outbreaks, such as cholera. Lessons from the past ring some truth now that the Philippines has sunk deep in the COVID-19 outbreak. The implications of the current pandemic, for example, in terms of how governments address the spread of the pandemic, like observance of safety protocols, quarantine measures, disinfection, hygiene practices, and vaccination, among others, were measures that have been practiced before. On the other hand, it could be said that pandemics are ripe opportunities for misinformation to breed (Larson, 2018). While it is true that those who fall for the wrong information were the poor and uneducated (Heiser, 1907), the failure of colonial officials to understand and Filipino culture and practices in their first attempts to contain cholera outbreaks in the country only worsened the debacle. Severe measures, like burning the homes of the patients, cremating bodies, and sending patients to concentration camps only earned the rage of the natives. As such, rather than cooperate, the natives fled and spreading cholera wherever they went. Only later when they realized that educating the Filipinos about health and hygiene and improving the health system did they succeeded in preventing the disease from spreading further.

FOLK BELIEFS AND STATE OF PUBLIC HEALTH IN COLONIAL PHILIPPINES

The late 19th century Filipino society, which was heavily influenced by religious and superstitious beliefs, thought that chaos, pestilence and maladies were punishments and, thus, were signs of the end of times (de Bevoise, 2002). Without access to information and resistance to colonial authorities out of fear, disgust or both, the natives held tightly on folk beliefs and religion to obtain relief, healing or salvation from the disease. Even in public health crisis, Catholic priests had a central role to play. This included allaying fears of impending outbreaks and seeking healing and retribution amidst longsuffering to blessing and burying the dead. The residents painted the cross in front of their houses and doors, wore a wooden cross on their neck or kept one on the pocket as protection when living their home. The blessings of San Roque was called upon to deliver the natives and the Spaniards from the deathly grip (Worcester, 1909). A novena for the saint would be read for nine days or longer starting at the 16th of every month followed by eight days' indulgence by the cholera patient. These practices, however, met the dissatisfaction of health officials during the American period, who thought of these gatherings as disease super-spreaders (de Bevoise, 2002).

Deep religious devotion mingled well with superstitious beliefs and natives strongly subscribed to these beliefs in desperation for salvation, healing or both. The people of Capiz attributed the cholera to the three evil spirits which poison the people (Barza, 1927), while the Sulud people of Panay believed that cholera and other epidemics were caused by spirits called *ibabawnon* (Jocano, 1966). In the town of Sibalom in Antique province, cholera was thought of as caused by black magic that engulfed the locals after a priest and his servant visited the community. Others alleged that people in the community vomit, endured loose bowel, and suddenly died after being touched by a man on the loose. Rumors also spread that powders were spread on the streets and anyone who stepped on it met their death right there and then. Fearful locals abandoned the pueblo, burned their houses and fled to the mountains, further spreading the disease wherever they go (Worcester, 1909).

The superstitious also warned against drinking of boiled water, lest one suffers from hair fall; that a black dog which runs around spreads the virus. In the province of Basilan, the natives believed that the spirits were against them, thus, they dumped boatloads of food to the sea to appease the spirits and allow them to live in peace (Worcester, 1909; de Bevoise, 2002).

An alleged cure for cholera was alcohol and opiate, although they did little to alleviate the conditions of the victims. Filipinos continued to resort to other options that they believed would help cure the patients. For instance, in Capiz, patients who gave up hope on medical remedies turned to folk healers who gave them poultices and some sorts of plasters, which, according to a Spanish doctor, seemed infallible for the Filipinos, but did not totally eradicate the spread of the disease (Boncan, 2016). In Spanish-era Manila, authorities ordered the burning of lemongrass and tar to counter infectious miasma. Medical officers further advised the locals to apply camphor-filled quills on their mouth. They also avoided any other food except for rice, which was deemed the safest food (de Bevoise, 2002).

PROPAGANDA DURING PANDEMIC

Cholera ravaged the archipelago in varying intensities during 1821 to 1823, in 1830, 1854, from 1863 to 1865, in 1882, 1883, and 1888 (Worcester, 1909). The last case of the 19th century was officially terminated in 1889. Collating the official figures by the Spanish authorities would show that there were 16,666 deaths for the 1888–1889 outbreak, but the Americans later figured out that the Spaniards deflated the figure.

The spread of a disease may be partly due to the failure, reluctance or disinterest of those in authority to keep a well-informed public and quickly act upon to prevent cases from escalating. Take the case of the 1888–1899 cholera outbreak in the Philippines. In 1888, news reached Manila that cholera has undermined Hong Kong, although this could not be confirmed since the officials in the British colony were mum about the outbreak. However, press outlets in Hong Kong confirmed cholera-related deaths, prompting authorities in Manila to place vessels and travelers from Hong Kong under quarantine (Worcester, 1909).

Meanwhile, in the Philippines, Governor-General Valeriano Weyler ordered that after a certain date, no more case of cholera should be reported and that they should be recorded as cases of enterocolitis, gastroenteritis, or *cholera nostras*. Records later revealed that death by cholera for the 1888–1889 period reached 67,612. Such was the extent of concealment that the governor-general refused to believe that cholera existed in Manila. With no support from the governor-general, the doctors took it upon themselves to handle the case. Only when the cases burst that the presence of cholera was announced and the poor chief health officer was blamed for not doing anything to contain the outbreak (Worcester, 1909).

It is interesting as well to look at the cholera outbreak and the cases of pro- and anti-American propaganda that did little to allay fears of the public of the spreading disease. It was initially believed that cholera reached Manila after the cabbage dumped by angry Chinese ship captains refused entry in the port and were gathered and consumed by the bay-area settlers without properly cleaning the vegetables (Sta. Maria, 2006). However, de Bevoise (2002) argued that the cabbage may not actually be the culprit since it was possible that *Vibrio cholerae* could not have survived either the voyage from mainland China or getting soaked in the saltwater. De Bevoise theorized further that since the district was a busy area resided by fishermen, stevedores and smugglers, it was possible that these people might have contact with someone who came from the mainland and had contracted cholera.

The task of civilizing Uncle Sam's "little brown brothers," as the colonizers called the Filipinos, was further justified by the natives' need to be trained with cleanliness and proper hygiene. In fact, when the brutal measures to curb cholera cases failed, they slapped back the Filipinos' poor sanitation and filthy surroundings as factors that exacerbated cholera cases. There may be some truth to this unhygienic practice of the Filipinos, but it is wrong to completely put the blame on them. Had education been used as tool to improve their lives, they could have done better. Another cause explicated by the Americans that ushered to the spread of diseases is the lack of clean source of drinking water, an aspect of community life rooted on poverty and prolonged by the ill-intent or lack of money on the side of the colonizers to establish at least artesian wells (Ileto, 1988; Torres, 2011). It was also burdensome for the locals to haul water from clean water sources, thus, they rely on the closest available sources, whether they were potable or not.

Despite these intentions of the Americans to suppress the spread of the disease, the manner of implementing their measures shocked and scared the natives. Their zealousness bordered to abuse, to include forcible administration of medicines in detention camps (Ileto, 1988; Peckham, 2016). The worst was when Farola district was burned and residents had to be turned to the San Lazaro concentration camp, earning the colonizers the seething rage of the natives. Rather than cooperate, the natives resisted American interventions, the latter fleeing the camps at night, thus, hastening the spread of cholera in nearby towns. The first case of cholera outside Manila occurred after a cook smuggled food to a fiesta and a victim died of the disease shortly thereafter (Worcester, 1909).

Overcrowded and food-scarce concentration camps actually made the locals more susceptible to other diseases, such as malaria and dysentery. This only further weakened their immunity and made them prone to cholera as well. These draconian policies eventually backfired and rather than detaining direct contacts in concentration camps, they were allowed to stay home while the victim was hauled to the hospitals. The American authority's decision to burn the victims' body outraged the Filipinos and Spaniards in the islands who abhorred the idea of cremating their loved ones. These cultural insensitivities proved an obstacle in their health campaigns as every step of the way was met by suspicion and resistance to the point

that they decided to dump their dead relatives on the river or bury them beneath their houses, which spread the disease easily. Some decided to leave dead bodies and fled their houses, bringing the disease with them wherever they go (Worcester, 1909; Ileto, 1988).

A strong wave of anti-American propaganda ensued. The Spanish residents and the natives reacted by refusing to believe the presence of cholera while rumors started circulating that those with cholera would be interred in detention camps or murdered in cholera hospitals. Another propaganda accused the Americans of dropping poisonous powders into wells for the purpose of killing the villagers (Fee, 1912). As such, at the start of the campaign against cholera, Heiser (1907) agreed that these misconceptions and superstitions, which facilitated the spread of cholera, would have been addressed by ardent and science-backed educational campaigns. In this context, implementing culturally-sensitive health education campaigns, which considered the local beliefs and practices, and at the same time incorporated the teaching of health and hygiene in the primary and intermediate curriculum, could have helped in allaying fears of the natives and proactively fighting the spread of communicable diseases (Bewley, 1927). After realizing that early, draconian measures against cholera outbreaks did more harm than good, the colonial government shifted to the more humane, subtle, yet far-reaching measures of using education as a means to fighting diseases.

FROM DRACONIAN MEASURES TO HEALTH LITERACY CAMPAIGN

With the iron-hand clutch proving ineffective in cholera cases, the government pursued health promotion and education as a course against disease. Health circulars and bulletins, to include simple directions for avoiding cholera, were published and circulated. Filipino health officers were trained in controlling epidemics and implementing hygiene and sanitary work in the community. The Board of Health prolifically issued resolutions and bulletins that guided the community on how to prevent the disease from spreading through proper hygiene and cleanliness (Heiser, 1907). The Bureau of Health and Bureau of Education hired a medical inspector for the city schools while local health officers scheduled periodic visits to the schools in the different municipalities (Heiser, 1907). Health and hygiene became part of the curriculum. Intermediate science instruction involved the teaching of physiology and hygiene. Studies of epidemic diseases were taught using the bulletins of the Board of Health. Girls were trained to care for and prepare diet for the sick, as well as to maintain sanitation. Agriculture and housekeeping subjects became avenues to emphasize the importance of cleanliness in disease prevention (Barrows, 1904). During outbreaks, teachers came to the rescue and served as contact tracers and helped care for the sick. Health bulletins translated into various languages were circulated to teachers as part of their readings. The education and health sectors also involved parents, educating them as well on the role of a clean and hygienic surrounding in ensuring a safe and disease-free home and community (Carter, 1904). The Philippine Legislature, likewise, passed a law, which banned the use of night soil and urine as well as any human excrement collected at night using cesspools and buckets as fertilizer (Heiser, 1907). Unlike the initial government measures against cholera and other communicable diseases, centering the health campaigns on education seemed to have produced far-reaching effects. The introduction of vaccines and the institutionalization of health and hygiene as part of the curriculum by the 1910s have also ensured the decline of cholera cases by the second and third decade of the 20th century.

CONCLUSION

The colonial officials later realized that their failure to understand the Filipino culture could prove more harm than good in addressing health concerns like the cholera outbreak. Upon this realization, the impact of health literacy in disease control and prevention had been truly evident. To counter propaganda and misinformation, relevant information drive was trickled down to the grassroots. The Bureau of Education integrated health and sanitation in the curriculum that by the 1920s, these two subjects became vital components of instruction. Nurses were employed to teach schoolchildren and visit homes to teach parents about health and hygiene. Instructional materials, such as *School News Review*, and other supplemental publications for science and health readers were circulated. Sanitary toilets and handwashing stations were established in schools, while sports, athletics and gardening became part of school-based activities (Bewley, 1927). With strengthened immunity, advances in medical science, and the vigorous campaigns to promote health and hygiene literacy, massive cholera outbreaks had drawn to their close.

The case of the cholera outbreak in the early 20th century provides a stark reminder that history could repeat itself. One may surmise that the situation that the Philippines and the entire world plunged in during the height of the COVID-19 outbreak is not new. Likewise, health measures such as community quarantines, disinfection and health education campaigns are not new. It cannot be denied that ensuring a health-literate and well-informed public is as important as finding the cure or containing the spread of disease. The dissemination of basic information (such as how disease is transmitted, protective and preventive measures, and proper hygiene) could be said to be a time-tested strategy to prevent or decelerate the spread of the disease (Madhav et al., 2017). The aim is to build a community that recognizes and addresses misinformation, rumors, superstitions, and urban legends that could get in the way of health reforms (Greenhill & Oppenheim, 2017). This is possible through fact-based and empathetic initiatives that value community experiences, histories, and cultures in designing and implementing effective and holistic actions towards an infection-free community.

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