

Grave Reverberations

Inherited Colonial Logics During the COVID-19 Pandemic in the Philippines

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Abstract

Using the theory of reverberations, we track the dissonant transformation of sanitation regimes during the American colonial period in the Philippines, particularly during the cholera epidemic of 1902, to the mis/management of the COVID-19 pandemic in the present day. We argue that the formation, interpretation, and implementation of public health policies, especially with regards to the treatment of the dead, echo inherited colonial logics designed to exacerbate stigmas of virality and unruliness. In addition to past epidemics, responses to COVID-19 resonate with recurring episodes of terror formation, militarisation, and misinformation in the country. The enduring legacies of colonialism—rooted in themes of extraction, individualism, and hegemony, and masked under the guise of benevolence—live on in modern policies in ways that are not always readily apparent. Lastly, we see the notion of reverberations as one that allows analytical generosity in understanding the messiness of the postcolonial experience.

Keywords

Colonial memory, Colonial mimicry, Necropolitics, Public Health, Racialised bodies.

Introduction

On 30 April 2021, 23-year-old construction worker Merwin Jay Fabrigas Sapipi was brought to a hospital's trauma ward in Nueva Vizcaya after a truck hit him while he was on his motorcycle. Doctors amputated his leg below his right knee, but he was declared dead after efforts to revive him failed. Hospital staff fully wrapped his amputated remains in brown packaging tape—'like a "mummy"' (Visaya 2021). News coverage of Sapipi's case (GMA Integrated News 2021) had been played over half a million times on YouTube as of April 2023. In the video, Sapipi's mother demanded to know why her son was brought to the isolation ward, since he was hospitalised due to trauma and not COVID-19 symptoms, and why his body was treated as if he had died from the disease. Shocked Filipino viewers posted hundreds of comments on the video. Some shared testimonies about relatives and friends who were also processed as COVID-19 patients and immediately ended up in crematoria, despite test results coming back negative. In the comments, Filipinos expressed their condolences to the Sapipi family as well as their rage about the indignity that Sapipi and many poor families faced during the COVID-19 pandemic. Others commented that the mummification of Sapipi was 'hindi makatao' (inhumane) and even worse than the experience of those who have been 'salvaged', the term coined during Ferdinand Marcos Sr.'s dictatorship in the 1970s to refer to victims of summary executions targeting activists and political dissidents.

Former Philippine president Rodrigo Duterte's 'war on drugs' campaign resuscitated the violence of 'salvaging', this time of alleged drug users and dealers, whose severed and tortured bodies were wrapped in packaging tape and left on the streets with warning signs that read, 'Do not imitate'. In the recording, Sapipi's mother lamented that finding her son in such a state was painful. Meanwhile, the doctor from the hospital's trauma ward said in the same news report that the hospital's treatment of Sapipi's remains merely followed the recommended procedures from the Department of Health (DOH). Comparing the hospital's handling of Sapipi's remains to the violent act of salvaging shows the gravity of mis/management in postmortem care during the pandemic. Through the term 'mis/management', we highlight the varying degrees of arbitrariness and ambiguity of instructions, regulations, and policies that institutions in the Philippines implement today with certitude, despite their questionable basis.

The Philippine quarantine during the COVID-19 pandemic was one of the longest and strictest lockdowns globally. Heavily militarised and securitised (Hapal 2021), the government's approach to the pandemic was largely an extension of Duterte's populist style of leadership that favoured the war narrative over well-researched public health and humanitarian policies. Under Duterte, former military officers led the national COVID-19 task force (Parrocha 2021). The police deployed tactics

such as warrantless house-to-house searches and neighbour reporting for identifying infected persons (Chandran 2020; Luna 2020). Government agents used physical violence and public humiliation to punish lockdown violators (Robles 2021) and armed special forces tightened checkpoints to contain communities (Caliwan 2020). High-ranking government officials advocated or mandated practices, even when contrary to warnings by medical professionals, such as the use of ivermectin prophylaxis (Deiparine 2021; Sarao 2021) and steam inhalation therapy (ABS-CBN News 2020), and touted face shields and masks as being as protective as vaccination (Aguilar 2021; Cinco 2021). Government policies for managing dead bodies during the pandemic, as will be detailed below and similar to the strategies just discussed above, have been plagued by mis/management of information. The mishandling of Sapipi's remains illustrates a historically dysfunctional public health infrastructure that becomes activated during emergencies such as pandemics. We argue that lingering stigma against racialised bodies are not innocent blunders but public health discourses that reverberate with historically unequal power relations between the empire and its colony, echoing as the state and its citizens in the present day.

Recently, we critiqued government mortuary policy from an ethnohistorically informed position, arguing that rapid cremation policies that the Philippine government implemented meant to curb the spread of SARS-CoV-2 from the dead to the living were motivated by fear rather than current scientific findings (Go and Docot 2021).¹ We continue our conversation by bringing together scholarly literature on the politics of death and on the enduring impacts of racialised violence in formerly colonised territories with public health-related archives from the online databases of Philippine government offices such as the DOH, news and commentaries on various platforms, and phone inquiries with mortuary staff in Metro Manila. Our reflections as co-authors combine our expertise: Matthew Go is a forensic anthropologist with experience in medico-legal death investigation, while Dada Docot is a cultural anthropologist leading a broader project on the Filipino experience of the COVID-19 pandemic at home and beyond. As diasporic Filipino anthropologists, we hope that readers receive our article as one written by scholars who are personally invested in understanding events back home during these worrisome times.

We argue that more than current research on viral pathogenicity, colonial memory informs the Philippines' experience of extreme and militarised sanitation regimes during the pandemic, as shown by mortuary practices and regulations. Achille Mbembe (2003, 39) writes about long-lasting inequalities, terror, and fear and the

1 An ethnohistorically informed position, in this context, draws from a host of sources including anthropological ethnography of the contemporary, media accounts of the recent pandemic, and historical archives that provide insight into the ways that Filipinos respond to racialised public health regimes.

‘contemporary forms of subjugation of life to the power of death’—a condition that he calls ‘necropolitics’. For Mbembe, necropower/necropolitics describes the ways that new forms of subjugation and extraction are deployed to create a ‘certain kind of madness’, leading towards the ‘maximum destruction of person and the creation of death-worlds’ (39). As stated above, colonial influence lurks in the background of Sapiipi’s fate and in many other cases in the postcolonial world. Part of the challenge in thinking about the ‘inherited colonial logics’ underpinning the mis/management of COVID-19 bodies, the gravity of diseases and epidemics, and the suffering and inequality they cause on particular bodies, places, and people is the labour of tracing and mapping their ‘*peculiar* terror formation’ (idem, 22; emphasis added). However, what does mapping terror formation look like, especially in colonial and postcolonial contexts, where history-making and knowledge production are laden with power and privilege?

The enduring impact of colonialism may be more visually discernible in places where notions of race and otherness, which are entangled with histories of enslavement and displacement, continue to fuel historical inequalities. Tracing similar colonial links through time might be additionally challenging in places where colonisers have already left. Colonisers set up structures that have endured and that are no longer visible as colonially oppressive systems because they have become absorbed as normal, and even foundational, to today’s democracies. Blaming the local government for their inefficiency, corruption, proximity to whiteness, and colonial mimicry is a common tendency in postcolonial contexts where ‘violence occurs among the formerly colonised, against their own people’ (Memmi 2006, 52). We see the notion of reverberations as one that allows generosity in understanding the messiness of the postcolonial experience.

Reverberations: Theorising an uneven history

COVID-19 has disrupted earlier descriptions of epidemics as story-like events with a beginning, moments of tension and crises, and closure (Rosenberg 2020). To align with analyses that give justice to the African experience, one that is ‘extended in time, stretching backward and forward’ (Lachenal and Thomas 2020, 683), the pandemic cannot be construed as a nascent phenomenon whose emergence and subsequent handling were unprecedented. Accounts of ‘long COVID’ bring to light heightened vulnerabilities caused by pre-existing illnesses in the present body (Callard 2020). Some call for an investigation into epidemics’ afterlives, which include ‘subplots, spin-offs, and tensions’ (Vargha 2020, 696). Scholars also show how austerity measures imposed by governments and institutions in the Global North which then set the stage for necropolitical violence impacting marginalised communities (Iturriaga and Denman 2022). Indigenous peoples experience intense grief amid universal policies on death governance and amid dominant

human rights discourse that disregarded cultural imperatives (Cruz-Santiago and Schwartz-Marin 2021; Rial 2022). Government directives for the express handling of COVID-19 suspect bodies are made possible by a ‘pre-existing foundation’ that has historically targeted the poorest and racialised populations as if they ‘had always belonged in a mass grave’ (Sanjurjo, Azevedo, and Nadai 2021, 96–97). Others apply lessons from their long-term work addressing unjust mass deaths, such as the medico-legal authorities and mortuary workers near the Mexico-US borderlands (Reineke 2022). Sapiipi’s case, as well as many others reported globally, is exceptionally illustrative of its astounding layering with pre-existing crises; experiences of suffering are also banal amid the spread of capitalism and discourses of modernity, on which universalising protocols are founded (Denyer-Willis, Stepputat, and Clavandier 2021).

The notion of reverberations allows us to reflect on the messiness of the postcolonial experience that scholars often merely acknowledge as ‘complex’². Scholars use the notion of reverberations not only to describe an object’s physical properties, but also as a metaphor. Inquiries into ‘reverberations’ have changed architectural practices and our experience of built space, music and theatre (Xiang 2020), among other applications. Social scientists have also used ‘reverberations’ in theorising inequality, such as James S. Jackson and Marita R. Inglehart’s (1995) ‘Reverberation Theory of Stress and Racism’. Walter S. Gershon (2020), meanwhile, highlights *intentionality* in building a theory based on ‘the sonic’ that we find useful in critiquing power and advancing social justice. Critical to Gershon’s arguments is that certain kinds of reverberations are *intentionally manipulated* (e.g., controlled acoustics in a recording studio) rather than *inherent* (e.g., sounds that bounce off the walls of a building as traffic passes by). Gershon adds that the ways that sonic reverberates across time and space are *irregular* and are thus *vulnerable to mishearing*. Reverberations may become nested and layered as it moves or some parts of it may reverberate louder, sometimes even louder than the original source, which means that certain elements resonate, while others become less audible. To summarise, reverberations are non-static processes; they have an irregular quality, as they constantly transform when they encounter other elements. Reverberations are challenging to track, as their ripples are sometimes even grander than the original source, and they are fundamentally messy, as they transform as they travel.

Considering the qualities of reverberation, Gershon (2020) argues that its usefulness as a notion in theorising historical injustice lies in understanding the force of intentionality in manipulating reverberations to favour and perpetuate institutions. By institutions, we refer to dynamics, structures, and groups whose

2 See Docot (2019) for an in-depth discussion of anthropological debates on the visualisation of ‘complexity’.

beneficiaries are interested in guarding their place in the hierarchy. Intentionality is also important in imagining repair to correct mistakes and modify certain elements to transform a process and plan in just ways. Here is a concrete example of how people might engage with reverberations.

An architect designing a concert arena creates models and stages simulations to test the reverberation of sound. To design an atmosphere that is conducive to the purposes of the arena, the architect calculates the scale and shape of the arena, audience size, and factors in the materials and positions of the chairs and other elements that might reflect or absorb reverberations. A draughtsperson draws a blueprint after the simulations are ready. Persuasion also plays an important role in the process, as the architect needs to convince clients that their simulated proposal is a sound one. A contractor implements an accepted proposal under the guidance of a building manager, who is then held liable during the construction. Sometimes designs fail, and the architect rectifies errors by adding boards or furnishings to correct the sound reverberations to make watching a concert in the arena a pleasant experience. The usefulness of the discussion above lies in the question of what intentionality looks like when plans are implemented in an *intentionally manipulated* experimental laboratory. In this example, the architect and other members of the project engage in an elaborate and multi-step process to create a concert arena where performers and audiences can enjoy live music at its finest. Unlike the carefully designed architectural proposal, which needed models and simulations prior to implementation, colonial architects, constrained by time and by native revolts and resistance, often quickly implemented policies without delay. Coming with a plan to expand their wealth and territory, intentions that were based upon a civilising mission were immediately declared as blanket policy. In such a scenario, intentionalities underpinning discourses of development and civilisation did not favour the colonised whom colonisers saw as racialised inferiors needing guidance.

In the case of the Philippines, persuasion came in the form of promises, such as the US government's project of 'benevolent assimilation' (McKinley 1898). The US colonial government managed Filipino life and death through sanitation and public health regimes backed by racist science, while war, occupation, and extraction, justified by the myth of manifest destiny that extended to the Pacific, proceeded. Colonial designs were drawn up by armchair bureaucrats or administrative transplants in a context of extraction in which colonisers were not held liable, leaving error-ridden blueprints that created fragile environments that local managers then repaired, recycled, and mimicked during the Commonwealth period and beyond. Many scholars have written about policies implemented in colonised spaces as experimental laboratories. A striking example of this is the establishment of the leper colony on Culion Island in the early twentieth century to

test modes of treatment on afflicted natives for application elsewhere (Anderson 2006). In the postcolonial period, experimentation happens in the realm of capitalist industries, such as 'Free Facebook', which Facebook launched in 2015 targeting 100 million Filipino social media users. Through this project, Filipinos were given subsidised access to basic internet by logging into their Facebook accounts. Facebook marketed this initiative as an especially useful resource in a country with limited technological infrastructure, yet it also served as a venue for the social media giant to test their products before worldwide release. Politicians like Duterte tapped Free Facebook to shape public opinion and circulate news against their critics (Swearingen 2018; Tsalikis 2019). Then and now, colonists and capitalist industries test prototypes in post/colonial laboratories like the Philippines, using salvationist discourses of benevolence. Development and business models are then applied elsewhere when they have been significantly improved, reducing their negative repercussions on capital, people, and other resources.

The reverberations of the US colonial government on pandemic mis/management in the Philippines lie at the core of our arguments in this article. However, arguments that trace the long-term impact of colonialism on present-day concerns are not often received warmly. Both in scholarly and public discourse, some commentators have shown exasperation at analyses that include critical approaches to colonialism and its effects, as can be gleaned from some of the comments on Paul Farmer's (2004) labour to unpack the enduring effects of European expansion and ongoing intervention on current public health crises in Haiti. Such denialism perpetuates forms of knowledge production and practices with positivist origins, which discredit alternative methods, data, and analyses like those offered by feminists and minoritised and decolonial scholars.

A supposedly 'solid' argument that connects regulations of managing the dead during the COVID-19 pandemic to sanitary regimes imposed by the US colonial government in the early twentieth-century Philippines would demand building data based upon a timeline that pinpoints the lineage of policies. However, ambitions for exactitude would be challenging due to the unevenness of the archive and of historical production itself (Trouillot 1995). A comparative review of sanitation policies concerning death and disease across time periods would be fruitful for this article. However, health research in the Philippines has focused mainly on the colonial period, to the extent that there is a gap in the scholarship about post-World War II interventions to eradicate infectious diseases such as malaria and dengue; no book dedicated to HIV in the Philippines has been published and there is a dearth of documentation on recent debates on reproductive health and healthcare (Lasco 2020b, 341). In resolving the dilemma of the unevenness of the historical archive, we see the usefulness of the notion of reverberations in understanding the peculiarity and emphasising the untraceability of the formation and reproduction of

inequality and violence as experienced in historically oppressed places, especially in events such as pandemics.

In the next section, we outline the extreme measures for managing dead bodies from COVID-19, which were based on speculation and beliefs and shored up the stigmatisation of racialised bodies. The mis/management of the body during the COVID-19 pandemic can be analysed by tracing the constructed and contextualised notions of cleanliness and sanitation regarding death and disease. Having unpacked the usefulness of the notion of reverberations in probing colonial afterlives amid an uneven historical archive, we elaborate our argument by attempting to locate the intentionalities underpinning these contemporary regulations to racialised perceptions about the virality of the Filipino body—that Filipino bodies are infectious or full of disease—as they manifested in sanitation regimes implemented during the American colonial period. In tracing the reverberations of colonial policy, we show the parallels between the cholera epidemic in the twentieth-century Philippines with public health discourse during COVID-19 to illustrate only some of the possible ripples of colonial science.

In the conclusion, we link our discussion with experiences elsewhere to show the commonality of suffering among people who have been historically subjected to colonial and racialised violence. The gravity of the effects of colonialism lies in the commonality of suffering everywhere. We argue that it is important to return to American responses at the time of the occupation to bring into focus racist ideologies that perceived the Filipino body to be packed with diseases and have become absorbed as fact, exerting influence on policymaking. The Philippine experience of the COVID-19 pandemic exposes postcolonial sanitation regimes shaped by racialised perceptions of the Filipino body, which then blend with public health policies crafted during former president Duterte’s militarised governance that unapologetically advanced a discourse of the expendability of Filipino lives to magnify its power and intensify fear.

Government regulations on COVID-19 deaths under Duterte

Culturally inappropriate mortuary practices can lead to social unrest. In countries with strong preferences for burial, state recommendations for cremation have caused distress to the local population (Swain et al. 2020). In early February 2020, the DOH released two memoranda outlining the proper handling of remains of suspected, probable, or confirmed COVID-19 cases (Duque 2020a, 2020b). According to these documents, a COVID-19-infected cadaver must be wrapped in cloth or a sealed transparent plastic bag and then placed in a zipped or tightly taped cadaver bag (Duque 2020a, 2020b). Remains must be expeditiously buried

or cremated within 12 hours postmortem, with cremation preferred. Preparation of the body, such as cleaning, grooming, or embalming, and holding funeral viewings, wakes, or any form of public assembly, are prohibited under these guidelines.

Despite burial being a valid option for Filipinos under the memoranda and the explicitly stated guideline to ‘always apply the principles of cultural sensitivity’ (Duque 2020b, 2), many funeral homes, hospitals, and the Department of Interior and Local Government (DILG) pushed to cremate bodies even when COVID-19 had been unconfirmed (Aurelio and Subingsubing 2020; Cepeda 2020; Philippines News Agency 2020). The DILG’s strict procedures effectively left kin of confirmed and suspected COVID-19 patients with no option but to cremate their dead, even if the same procedures state that local governments must honour preferred mortuary procedures.

Instead of the DOH and DILG guidelines supporting each other to potentially broaden humane options for the bereaved to bid farewell to their dead in culturally appropriate ways, together, they suggested that the rapid and stringent management of dead bodies is non-negotiable. The rush to cremate was so widely promulgated that the public, including hospital administrators, understood it to be the only mandatory option for laying those lost to COVID-19 to rest (Cepeda 2020). Even Filipino Muslims were forced to cremate their dead (Patag 2020). In turn, crematoria rapidly processed cremations contrary to firmly ingrained burial traditions of whole-body interment in the Philippines (Cannell 1999; Frayer, Estrin, and Arraf 2020; Agence France-Prese 2020).³

Save for haemorrhagic fevers and cholera and improper handling of some organs (such as lungs) and body fluids during autopsy without standard personal protective equipment (PPE), dead bodies are generally not infectious (Conly and Johnston 2005; López-Carresi 2014). Three years into the COVID-19 pandemic, research maintains that the potential risk of transmission from the dead to the living is considered low, especially when cadavers are handled using standard PPE or when physical contact is minimised, and these findings remain uncontested (Beltempo et al. 2021; CDC 2020; Dijkhuizen, Gelderman, and Duijst 2020; ECDC 2020; Kritselis and Remick 2020; PHAC 2020; Rani 2020; WHO 2020a; Yaacoub et al. 2020). To date, there has been no documented case of COVID-19 viral transmission from a corpse anywhere in the world (cf. Sriwijitalai and Wiwanitkit 2020). Moreover, coronaviruses rapidly die in 23°C water and wastewater (Gundy, Gerba, and Pepper 2009), and SARS-CoV-2 viral pathogenicity in wastewater, rivers, and drinking water has been null (Rimoldi et al. 2020; WHO 2020b). Based on current scientific evidence, Sapipi’s cadaver, which received extreme

3 See Go and Docot (2021) for a discussion of Catholic-influenced burial traditions in the Philippines.

treatment, would not have transmitted COVID-19 to the hospital staff, who were documented on the news to have been wearing standard PPE.

Five clinics and hospitals and four crematoria in Luzon all confirmed via phone and electronic messenger that patients who died of COVID-19 are processed for cremation under the assumption that it lessens exposure and that whole-body interment is not possible.⁴ One of the hospital staff said, 'It is difficult to take the risk to infect those who will prepare the body. They might get exposed to the virus. It is also challenging for families to find funeral homes which accept COVID-19 deaths.' Responses indicate that cremation was the default method of handling confirmed and unconfirmed COVID-19 deaths. Another medical practitioner also said that cremation is 'protocol' in their hospital, following health guidelines.

Yet, DOH COVID-19 transmission protocols (Duque 2020a, 2020b) are variably understood among medical and mortuary staff. Documentation such as death certificates signed by attending physicians or local health officers and burial permits issued by cities or municipalities required for whole-body interment are challenging to arrange within the 12-hour window from death to burial mandated by the DOH. Cadavers suspected of COVID-19 or awaiting swab results are processed for cremation to meet the limited window. Hospitals also work in coordination with crematoria, which means that the transfer of bodies from a hospital to a crematorium tends to be more efficient than families reaching out to funerary services to request whole-body interment, which might refuse them services. As for the repatriated remains of overseas Filipino workers not already cremated before transport, cremations are conducted within 24 hours of arrival at the airport in the Philippines, regardless of COVID-19 status (Gita-Carlos and Patinio 2020; Ramos 2020). No new memoranda have been released as of June 2023, which means that medical and mortuary staff continue to follow the same regulations as before. In the meantime, some islands were reported to struggle with handling COVID-19 bodies, such as Panay, whose sole crematorium servicing the entire island was overwhelmed with three to five deaths daily (Calleja 2021).

After Malaysia, the Philippines has recorded the second-highest rate of COVID-19 deaths per capita in Southeast Asia (Worldometer 2024). The pandemic highlights the vulnerability of the political and economic structure of the Philippines, which depends on migrant remittances and foreign investments and aid. The marginalised poor have few or no safety nets that can be used in emergencies, including in offering final rites for loved ones. Strict adherence to government protocol is not only nearly impossible but also expensive. The cheapest option for burial is not available within current interpretations of the guideline. Therefore, government regulations for managing the dead during the pandemic are anti-poor,

4 Phone inquiries were made and documented by Jehu Lanio.

which push the underprivileged into what Mbembe (2003, 39) calls the ‘permanent condition of “being in pain”’. While these policies may seem responsive to the flashpoint that is COVID-19, we argue below that they rehearse US colonial-era policies.

Intentionalities under American colonial sanitation regimes

What is considered hygienic or dirty is culturally relative (Brewis and Wutich 2019; Brewis et al. 2019; Douglas 1966; Rose et al. 2019), so we must contextualise notions about sanitation within their specific ethnohistorical milieu (e.g., Engel and Susilo 2014; Jackson and Robins 2018; Manderson 1999; McFarlane 2008). Our goal in this section is not to apply a history-as-lesson approach, as such analysis dangerously assumes the comparability of experience across time and space, as if there is no change between the past and the present (Owen 1987; Peckham 2020).⁵ Instead, we continue to draw from the notion of reverberations—especially the intentionalities underpinning their source—as a way of deconstructing myths about death and disease in Asia, and especially about perceptions of virality constructed around ‘imperial arrogance’ (Owen 1987, 19). Gershon (2020, 1165) writes, ‘the reason that intentionality matters is because it is a means for those who are not the individual or group involved in a given process to better follow what the producer(s) meant to do.’ For Gershon, there is often the ‘layer of relations’ between producers and their audiences which means that what has been expressed to the world could take a different life on its own. Returning to the example of the concert arena, musicians and concertgoers may not know the artistic, personal, or political context that inspired an architect’s design even if they appreciate their enhanced musical experience at the venue. In the same way, audiences may immediately appreciate a song for its catchy melody without realising that its lyrics are objectionable. An awareness of the intentionalities that created a source and its reverberations opens an opportunity for people to track the reasons motivating a certain action or lack of repair, understand a power dynamic, and decide on their response or course of action as reverberations reach them. To show an example of intentionalities underpinning colonial policies such as those addressing notions of sanitation, we look back to the turn of the twentieth century, after Spain ceded the Philippines to the United States upon its defeat in the Spanish-American War.

5 Peckham (2020) writes that the emergence of SARS and COVID-19 are situated in very different political contexts, as seen, for example, in the growing lack of trust in the Hong Kong government post-2019 protests, which has had the effect of people relying on themselves.

American intentions in the Philippines were clear from the moment of their arrival. US president William McKinley (1898) proclaimed in what he called a policy of 'benevolent assimilation':

All ports and places in the Philippine Islands in the actual possession of the land and naval forces of the United States will be opened to the commerce of all friendly nations. All goods and wares not prohibited for military reasons by due announcement of the military authority will be admitted upon payment of such duties and other charges as shall be in force at the time of their importation.

American colonists immediately mapped the Philippines for both medical and military purposes (Anderson 2006) and constructed the image of the American soldier deployed to the Philippines as a 'crusading sanitary inspector' (Ileto 1997, 110). In his discussion of the formation of sanitary regimes in the Philippines alongside American colonial and military intervention history, medical historian Warwick Anderson (2006, 3) traces the development of public health governance in the Philippines under the US empire and has shown the embeddedness of science and medicine in the white man's 'civic destiny'. Colonial public health officials racialised Filipino bodies as dirty and uncivilised 'containers that racial customs and habits kept filled to the brim' (181). US colonists saw natives as causing 'racial decay and degeneration' (80) to the clean, responsible, and vulnerable white American (3). At the core of American colonial public health discourse was a predisposition to nineteenth-century germ theories, which fundamentally contrasted Filipino and American bodies, the former described as 'open, polluting' (181).

The cholera epidemic in the Philippines between March 1902 and March 1904, which recorded 166,252 cases and a death toll of 109,461 (Heiser 1906, 16), illustrates how racialised scientific discourse came to be mis/used as public health measures that were punitive and carceral. The US colonial government outlined its first ordinance on regulations for the registration and disposal of the dead in 1902 (Governor of the Philippines 1903, 1159–60). The ordinance stipulated that physician-issued death certificates must be forwarded to the Board of Health within 24 hours, or 12 hours in the case of deaths from infectious diseases. It gave power to the local police in mediating deaths from unknown or suspicious causes and to the Board of Health to issue permits to manage dead bodies. Infected bodies had to be interred in hermetically sealed metallic coffins, and public assemblies for death and grieving rituals were prohibited. Fearing that Filipino aides might bring infection, American medical officers forbid them from entering their quarters or touching their implements (Anderson 2006, 59, 94). Entire neighbourhoods, often the most impoverished, were burned to cut the spread of cholera, while the homes

of Filipino elites and Americans were spared (De Bevoise 1995).⁶ In addition, under the instruction of the Board of Health, headed by American military doctors, the sick were forcibly taken away from family members and brought to detention centres, and strict ordinances were implemented for cremating infected bodies individually or en masse (De Bevoise 1995; Go and Docot 2021). The sanitation regimes introduced in the American colonial period articulated the ‘prevailing notion in American medicine of disease as a purely biological and physical entity, a foreign agent, which must be excised from the healthy parts of society’ (Ileto 1988, 135).

Within their project of benevolent assimilation, colonial bureaucrats crafted a vision of ‘racial mobility’ in which Filipinos, ‘even more than white Americans, would have to submit to a reformation of personal conduct and social mores’ (Anderson 2006, 103). In their aspiration to civilise a supposedly dirty and uncultured pathogen-carrying native population, American colonists ‘made Filipino bodies and Filipino behaviour . . . subject to ceaseless medical inspection, training, and discipline’ (idem, 103). Public health reports circulated myths about unhygienic Filipinos, while American colonists imprinted sanitation regimes in the Filipino mind in various ways. Americans installed a ‘Sanitary Model House’ at festivals and carnivals and initiated a nationally held ‘Clean-Up Week’ that created new aspirations for sanitised modernity (idem, 126–27). Like their elders, Filipino children were seen as dirty and infectious hosts of ‘cooties,’ derived from the Filipino word *kuto*, which means ‘head lice’ (Gordh and Headrick 2011). Americans deployed the school as a place for introducing new sanitation regimes, but these procedures simultaneously gathered data that justified the US civilising agenda and occupation. Colonial schools taught children new ways of consuming food while embedding in their minds that the traditional practice of eating with bare hands is unsanitary and uncivilised (Anderson 2006, 117). Eugenicist ideas about racial differences that portrayed Filipinos as people with ‘stunted’ growth (Lasco 2018, 379) reinforced a racist scientific discourse about the Americans’ ‘little brown brothers’ whose short stature was ‘*problematized* as a medical pathology’, which they argued could be improved by public health programmes and biomedicine (idem, 387; emphasis in original). Filipinos were seen as dangerous even to their own children; US colonists designed colonial public health campaigns that stigmatised practices such as kissing children, while delaying programmes that addressed vitamin B1 deficiency among breastfeeding mothers, which was causing very high infant mortality (McElhinny 2005). Meanwhile, colonists also repeatedly emphasised that Filipino physicians needed tutelage and campaigned

6 American sanitation regulations concerning epidemic disease were similar to those implemented during the Spanish colonial period (Ileto 1997). However, it needs to be pointed out that cremation was inconceivable under Spanish colonisation because of the Christian belief in the sacredness of the body as the vessel of the holy spirit.

‘to produce hybrid, imitative subject positions for Filipinos’ (Anderson 2006, 183) in order for Filipinos to shed their supposed impurity, unruliness, and ignorance.

The American civilising project, which manifested in several schemes, such as the public health programmes including those carried out in schools discussed above, came to shape development discourse before and after World War II (Ibid.). Colonial sanitation regimes became ingrained in Filipino consciousness through everyday practice, education, and public health governance. In his reconstruction of the ‘outbreak narrative’ dominating public conversations in the Philippines during the 2003 SARS pandemic, Gideon Lasco (2020b) argues that the bureaucratic and public responses to past and contemporary epidemics and pandemics documented by historians of medicine in the Philippines were in fact strikingly similar to each other. Precautions on postmortem care concerning HIV/AIDS and SARS echoed familiar regulations about the handling and disposal of bodies from the US colonial period built upon racialised foundations (Bureau of Quarantine 2004; Ramiro 1995).

The similarity of public health measures throughout various eras of infectious diseases and modes of contagion exposes the *resilience* of racialised sanitation regimes of the colonial period. Perceptions linked to the stigma around the Filipino body became imprinted in contemporary public health policy as universalised precautions. Such forms of regulating life and death must also be placed alongside questions of power (Owen 1987, 5), which in the twentieth-century Philippines were tied to American interests in the Pacific, and advanced through controlling and racialising its population. Using scientific and civilisational advancement as justification, Americans in the Philippines enforced segregation in military camps and burned poor neighbourhoods plagued by epidemics, while ingraining in the Filipino mind their supposed virality. Imperial arrogance underpinning science was not unique to the Philippines, as seen in the approach to epidemics in nineteenth-century India under the British, who perceived diseases as evidence of disorder, chaos, and crisis (Arnold 1993). As many scholars of colonial history and their aftermaths have shown, policies with intentions underpinned by racialisation and extraction reverberated in various ways in the postcolonial period. Mbembe (2003, 25) observes, ‘Colonial terror constantly intertwines with colonially generated fantasies of wilderness and death and fictions to create the effect of the real’. In the Philippines, sanitation regimes intertwined with racial hostility that manifested in American colonists’ stigmatisation of the Filipino body as viral.

Individualised mitigation strategies

By historicising perceptions about the virality of Filipino bodies and reviewing public health policies implemented during the American colonial period, we have

identified some of the roots of sanitation regimes organised around racialised perceptions of the infectious other. As benevolent colonialists, Americans were to transfer knowledge to emerging Filipino bureaucrats. Albert Memmi (2006, 60) writes that new leaders tend to mimic ‘what is most arbitrary about colonial power’. In the case of the twentieth-century Philippines, Anderson (2006, 183) highlights the ‘role of mimesis in the colonial civilizing process’. Anderson’s account of American colonial medicine leads us to argue that racialising scientific discourse came to settle deeply at the very core of public health regimes in the country, with Filipino bureaucrats now taking the lead. Through investigating the transfer of knowledge to public health bureaucrats, Anderson argues, ‘much of development remained, at heart, a civilising mission, disempowering local communities, demanding that the native or the underdeveloped person follow a single track toward a unique Western modernity’ (idem, 183–84).

Gershon’s (2020) proposal of reverberations as always already misheard, and of scientific discourse on reverberations *as always changing* as they travel through time and various scales, disrupts notions about the role of mimesis in the transfer of colonial knowledge. Memmi’s point about the relationship between arbitrariness and mimicry and Anderson’s discussion about the role of mimesis in embedding the civilising discourse among the minds of native bureaucrats, together with Gershon’s theorisation on reverberations as we have discussed earlier, direct our attention to the intentionalities that underpin colonial policy. In short, it may not be that native bureaucrats mimicked the colonial government poorly but rather that policies that were crafted in the colonial context were often laden with intentions that favoured imperialist ambitions, which could be attained through imposing knowledge founded on racialised hierarchies. Holding perceptions that natives everywhere were incapable of managing their own affairs and who needed enlightenment through their guidance, colonists established policies that they believed were needed for civilising the other and which they expected natives to mimic eventually. Attending to intentionalities that underpin colonial policy that come to be marked as the colonizers’ acts of kindness, duty, and high mission creates a theoretical path for critiquing an uneven power dynamic where colonists frame themselves as benevolent colonists who then await results if the colonised could succeed or fail as mimics.

In this section, we magnify some of the parallels between the cholera epidemic in the twentieth-century Philippines with public health discourses during COVID-19 described earlier to illustrate the afterlife of individualist scientific, colonial discourse. Colonial knowledge remains engraved in sanitation regimes during the mis/management of COVID-19 in the postcolonial Philippines, with administrators and public health institutions such as the DILG, DOH, and hospitals replicating colonially descended regulations. The racialised sanitation regimes that

Americans instituted in the Philippines shaped Filipinos' ways of managing their bodies, including the dead, as seen in the sanitation policies deployed during COVID-19. Akin to American colonial public health measures, the Philippine government's responses to the pandemic have been punitive and militarised. Interpretations of public health regulations during the pandemic in the Philippines appear to be rooted in a kind of colonial memory that constructed the Filipino body as viral and one that must be quarantined expeditiously.

American officials and Filipino medical professionals occasionally understood and approached public health concerns during the colonial period differently. While Filipino physicians advised disinfecting houses, isolating the sick for five days at home, and teaching caregivers how to tend to family members (De Bevoise 1995), colonial administrators designed individualised mitigation strategies that included isolating infected individuals by removing them from their families and communities and preventing customary death rituals. Colonists saw caring for the sick and collective grieving for the dead as dissident acts. American-implemented sanitation policies vastly contrasted with Filipinos' refusal 'to disassociate the disease from the network of social relationships in which it appeared' (Ileto 1988, 135). For historian Reynaldo Ileto, the circulation of 'rumors, concealments and evasions were various modes of resistance to an imposed definition of sickness and treatment' (Ibid.). Similar efforts to cut off patients from their networks of relations were seen in the monumental efforts to manage patients afflicted with Hansen's disease, or leprosy, for instance. In Guam, Chamorros placed no stigma on family members with Hansen's disease, but the US colonial government secluded patients and sent them away to the leper colony on Culion Island, where they received experimental treatments, never to reunite with family (Hattori 2011).

American colonists imagined their sanitation procedures to be effective, but according to Ileto (1988, 127), infection was 'impossible to contain, for even American troop movements contributed to its spread'. Punitive and militarised measures to contain viral spread were also illustrated in the case of Biñan, Laguna, at the outset of the 1902 cholera epidemic, when an American doctor dismantled culturally appropriate quarantine practices to establish a detention camp for patients, with a proposition to burn the houses of residents violating quarantine regulations (De Bevoise 1995, 177). American bureaucrats and troops moved freely while they restricted Filipinos, whom they saw as disobedient and infectious. In such a context, Filipinos met quarantine procedures with suspicion and opposition, and rumours about abuse in detention camps, intentional house burnings, and the 'deliberate murder' of patients in the hospitals circulated (US Philippine Commission 1904, 331). Filipinos approached American medical bureaucrats' experimentation with tropical medicine, diseases, and public health management with 'contestation, negotiation, or apathy' (Anderson 2006, 6).

Mistrusting the imposed sanitary regimes as resentment about the colonial occupation brewed, Filipinos escaped camps, hid their sick, and buried bodies in rice fields or threw them into bodies of water (Ileto 1988, 138).⁷ Attempts to remove the sick from family members and the banning of grieving rituals stirred dissent and panic among Filipinos and blended with their distrust in colonisers, leading efforts to contain infections to fail.

The high death toll of the Philippine-American War (1891–1902) led the Philippine Director of the Bureau of Health, Victor Heiser, to conclude that Filipinos were failing to replicate American governance (Anderson 2006). Throughout Southeast Asia, colonists often associated diseases with climate and local practices, effectively denying the role of poor social conditions during the colonial period as a cause of devastation (Owen 1987, 19). Filipino medical professionals advocated for a flexible approach to sanitation and called for a compassionate approach to public health (Anderson 2006, 192). Filipino doctor Vicente de Jesus pointed out that wartime food insecurity resulted in the recurrence of incurable diseases that had weakened Filipino immunity (Anderson 2006; Ileto 1988). Colonially introduced sanitation regulations were presented as benevolent projects benefitting the public, but they were also arguably tactics that advanced Western knowledge founded on a salvationist ideology. The benevolence that American colonists said underpinned their ‘development’ projects in the Philippines, and the idea of the Commonwealth, which they prided as a generous transition period from foreign to native administration, created spaces through which colonists masked their extractive intentions while eliding responsibilities to repair faulty policies. This supposed transition period effectively became an apparatus whereby Filipino administrators and natives could be conveniently blamed for their supposed ignorance and incompetence to govern themselves.

As with the US colonial period, expediency and containment steer protocols that mis/manage death in the Philippines during COVID-19. The director of the hospital that admitted Sapipi explained in the news report cited in the introduction that they treated Sapipi as a COVID-19 patient to prevent potential infections locally. Sapipi died the day after the accident. The director described their procedure in handling remains in the same news report: ‘The cadaver is covered in a bedsheet, wrapped in a tape, and then placed in a cadaver bag, which is then sealed’. Unable to accept the hospital’s treatment of her son, who had tested negative for COVID, Sapipi’s mother expressed in the report that she wanted her son’s body to be freed from the tape. The interview clip (ABS-CBN News 2020) with the director communicated to audiences that the hospital’s action was meant to ‘safeguard’ local residents in case Sapipi, who was travelling from another region, might have tested positive.

7 Such refusals are not unique to the Philippines, as was experienced in India in 1819 when Indians refused to stay even for one day in temporary hospitals set up by the British (Arnold 1993, 182).

According to the director, the hospital staff were not at fault, as they simply followed protocols.

Just as Filipinos have done in the past, efforts to solidify communities as modes of resistance and survival emerged during the pandemic. Catholics recited novenas online (Corpuz 2021).⁸ Some people practiced *dungaw*—displaying religious icons at the window of a house at dawn as if looking out—to continue communal life responsibly within the constraints of the quarantine (Del Castillo, Del Castillo, and Corpuz 2021). Religious passersby lit candles or acknowledged the icons through a prayerful nod and sign of the cross, which may have had the effect of easing suffering and fomenting hope during uncertainty (Ibid.). Indigenous groups in the Northern Philippines invoked *tengao*—the practice of locking down the community for a period of time, traditionally for communal rest following agricultural activities (Lapniten 2020). Such de-individualising practices directly contradicted rhetoric coming from the national government, which focused on where and on whom to assign blame for the virus spreading and on spectacularising its responses to the pandemic (Arguelles 2021; Hapal 2021; Lacsá 2021; Lasco 2020a).

Scholars have pointed out the persistence of individualistic theoretical approaches in science, which have the effect of fragmenting the individual from their social relationships (Fitsch et al. 2020). Colonial tropical medicine in the early twentieth century and current responses to COVID-19 illustrate the embeddedness of individualist discourse in public health paradigms. Fitsch et al. (2020) critique the Cartesian dualism underpinning knowledge production, for example, that conceptualises the human brain as individualised rather than relational. Drawing from a philosophy of becoming through other persons (Birhane 2017), Fitsch et al. (2020) thus push for a paradigm that looks at human brains and cognitive development as interdependent.

Taking these conversations from neuroscience to understand public health governance during the COVID-19 pandemic, Fitsch et al. (2020, 8) argue that responses such as the anti-mask movement exhibit radical individualism ‘driven by a lack of compassion for others’. Critiquing such individualised slogans, Fitsch et al. propose instead to ‘de-individualize the virus’ (6) and imagine survival through feminist approaches to collectivity, care, and solidarity. Indeed, colonial logics reverberate through various past epidemics, including the 1918 flu pandemic (Acevedo 2020; Anderson 2020; Gealogo 2009; Moralina 2018) and the 2003 SARS outbreak (Lasco 2020b). In past epidemics and the COVID-19 pandemic, the spread of mismanaged information and stigma, focus on individualistic vulnerability, securitisation of public health, and placement of blame on an unruly

8 Virtual wakes and funerals were already practised in the Philippines even before the pandemic, especially by migrant families (Lagura 2008).

other (and in some instances even concerns over the cremation of the body and burning of property) figure prominently.

Conclusion

COVID-19 is undoubtedly changing our ways of attending to and grieving the dead (Kumari 2023; Mikles 2021; Pandhi 2021) and practising faith (Nurhayati and Purnama 2021) in gendered, classed, and political ways. The treatment of Sapipi's remains shows the reverberations of colonial discourse about sanitation, the virality of the Filipino body, and individualised mitigation strategies. While recent conversations point to how virality and diseases are experienced differently in the contemporary moment, we have shown here only some of the reverberations of colonial logics which shape the experience of suffering among the marginalised poor and disregard for the diversity of cultural practices to grieve and honour the dead.

We have joined the company of scholars who see the effects of the COVID-19 pandemic and related policies disproportionately impacting marginalised communities as, in fact, 'frustratingly old' (Oyarzun 2020, 587). In the United States, disproportionate deaths among Black communities correspond with racial segregation and redlining of neighbourhoods. Yezmar Oyarzun's (2020) investigation into how solutions that exposed 'the imagined bioavailability, violability, and "killability"' of marginalised communities demonstrate how schemes to manage the population during the pandemic are 'always already entangled with Black life and Black death' (586–88). Past oppressions also reverberate in Puerto Rico, as it faces the pandemic additionally burdened by 'compounded disasters' under US colonialism (Garriga-López 2020). Reverberations of colonialism are uneven and cannot be tracked in the same ways, but examples everywhere (e.g., in settler nations, redlined communities, and postcolonial countries) attest to the gravity of the spread of ideologies that created capitalist economies. Such economies continue to profit from racialised hierarchies carried across the world by European colonisation and have been foundational to the experience of intense suffering of historically oppressed populations—the poor, racially marginalised, migrants, and Indigenous peoples.

Consequently, as we have shown here, notions about sanitation and public health in the Philippines deploy inherited colonial logics that have effects on the mis/management of the living and the dead, looping us back to Mbembe's (2003) argument that at the heart of power is its project to nourish terror for the purpose of instrumentalising and exploiting those whose lives have been historically subjected to violence and suffering. The mis/management of the dead during the pandemic in the Philippines, along with other misinterpretations of health and

sanitation guidelines, fold in with Duterte's extreme lockdowns and militarised response, aggravating fear and distress among the public. We have shown how approaches to public health governance during the pandemic in the Philippines exhibited logics founded on an individualist paradigm backed by racist science. Appropriating colonially inherited sanitation discourse, postcolonial procedures endorsed by government agencies were received and circulated by Filipinos and repackaged as fact. Such inherited alarmist sanitation regimes compounded worries experienced by Filipinos during the pandemic and exerted a toll on practices of grieving that were meant to ameliorate loss.

Colonial sanitation regimes have hammered into the Filipino minds that we were hopelessly infected to the extent that we could not collectively grieve and that individualised and carceral approaches to public health were the only plausible solutions to flatten the curve among an 'unruly' population. Locally imagined responses to past epidemics, as well as during COVID-19, were not necessarily illogical acts. Attention must be paid to sanitation practices that centre care, community coordination, decision-making, and participation and that reflect on racialised responses to public health management. Sanitary regulations need to consider ways to 'de-individualise' responses to viruses and pandemics (following Fitch et al. 2020) and the needs of the community while eliding militarised and violent tactics which we know from history have only led to the failure of public health programmes.

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The authors contributed equally to this article.

Ethics statement

The authors declare that they have no conflict of interest that could have influenced this article.

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