

Whispers of the Past, Shadows of the Present: Pandemics in the Philippines

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Abstract

Amid the COVID-19 pandemic, the Philippines once again faced a historic public health emergency. Historically, the Philippines has faced several global pandemics, and the strategies used to mitigate their impact have evolved. One notable example is the response to the Spanish Flu pandemic in 1918. During this time, the Philippines was under American colonial rule, and the pandemic had a profound impact on the country's healthcare systems. The colonial government faced significant challenges, including ineffective quarantine measures and bureaucratic problems. The painful experiences from this period served as valuable lessons for future public health crises. The research explores how systemic weaknesses in the Philippine healthcare infrastructure during the Spanish flu (e.g., medical staff shortages, resource limitations) compared to challenges faced during COVID19 (e.g., mental health crises among healthcare workers, testing and tracing gaps). In what ways did socio-economic disparities amplify vulnerabilities during both pandemics? How did Social Amelioration Programs address or exacerbate inequality?

The research aims to leverage historical lessons to improve future government responses, focusing on the effectiveness and social appropriateness of public health strategies. By examining the public health protocol measures, healthcare system challenges, social and economic impacts, cultural attitudes, and government responses during these pandemics, the study underscores the importance of learning from past experiences to build a resilient and prepared society capable of effectively managing global health crises.

Keywords: Spanish flu of 1918, COVID19, pandemic, public health emergency, enhanced quarantine community

Bio-profile

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Introduction



The research examines the historical and current public health challenges faced by the Philippines during pandemics. It highlights the importance of understanding past pandemics, like the Spanish Flu of 1918, to shape current and future health strategies. The historical lessons from previous pandemics have been vital in guiding the Philippines' response to health crises. By learning from history, the country has been able to develop more effective and socially suitable strategies to reduce the impact of global pandemics.

The primary issue addressed in this research is the ongoing weaknesses and vulnerabilities in the healthcare system revealed during both the Spanish Flu and COVID-19 pandemics. The study examines how the painful experiences from past pandemics, including ineffective quarantine measures and bureaucratic issues, have shaped the current public health infrastructure. The research aims to use historical lessons to enhance future responses, focusing on the effectiveness and social appropriateness of public health strategies. By analyzing the public health measures, healthcare system challenges, social and economic impacts, cultural attitudes, and government actions during these pandemics, the study highlights the importance of learning from past experiences to build a resilient and prepared society capable of effectively managing global health crises. The role of government response is vital in controlling public health emergencies, as it influences the implementation of measures, resource allocation, and coordination efforts to protect the population and reduce the crisis's impact.

Literature Review

History teaches us that pandemics are not new, and we have faced similar challenges before. By studying past pandemics, we can develop more effective strategies to fight future outbreaks. Indeed, COVID-19 has significantly changed our lives, and its effects continue to be felt as it has become a persistent part of our reality. Essentially, the recent pandemic has reshaped our understanding of public health and led to lasting changes in how we live and interact. Conversely, the Spanish flu of 1918 had a profound impact on the Philippines. It became a part of daily life in the country through widespread fear of illness, disruption of social and economic activities, and the implementation of public health measures that altered routines.

The flu, or *trancazo* in Spanish and Tagalog, is something we have learned to live with. If not for the COVID-19 outbreak, many of us would not have heard of the 1918 influenza pandemic that killed an estimated 50 million people worldwide from February 1918 to April 1920. Oddly, classroom history is silent on the influenza pandemic, which killed more people than the First World War, whose beginning and end are recorded in our textbooks. The term “*trancazo*” has become deeply ingrained in Filipino life, primarily due to its historical connection to the widespread influenza outbreaks, particularly the 1918 Spanish Flu. Today, “*trangkaso*” is widely used to



describe the illness. It's a familiar word in everyday conversations, medical settings, and public health announcements. It has become part of the Filipino lexicon, signifying influenza and carrying the weight of historical epidemics.

Ambeth Ocampo stated that despite the closure of libraries, museums, and archives for over a year due to the classification of these institutions as “non-essential” by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases, he successfully managed to gather valuable sources for the research. By digging up Philippine newspapers from the 1918-1920 period, the author was able to collect eyewitness accounts of the influenza pandemic when the Philippines was an American colony. One notable account available online is from the Journal of the American Medical Association, written by A. Francis Coutant, a doctor at St. Luke's Hospital in Manila. Coutant provided a detailed account of the beginnings of the pandemic in June 1918, noting an increase in hospital admissions with flu patients. Based on his notes and records from around 300 cases that came under his direct observation, Coutant concluded that the epidemic was short-lived and would be blown away by a well-timed typhoon. What he did not know at the time of his writing was that he had experienced and described the first and mildest of three waves of infection that would sweep over the Philippines from 1918 to 1920, killing over 90,000 people. Coutant observed that the first cases of the flu were among longshoremen and laborers on the waterfront, suggesting that the disease was imported from abroad. Some people claimed otherwise, pointing to Manila as the source of the flu because the outbreak occurred ahead of neighboring ports and countries. Coutant narrated that a United States Army transport from San Francisco had arrived in Manila with 30-40 cases on board and one death. Filipino cabin boys and mess attendants were severely affected, and since the disease did not discriminate based on the cabin class, some first-class passengers caught it as well.

Around 70-80 percent of the first cases were longshoremen, dock workers, clerks, and people who worked in the port of Manila. Their absences resulted in the delay of some trans-Pacific vessels. Five days from the time the flu cases were reported from the ports, the disease had spread to the commercial and residential areas of Manila. The flu was not chosen by race, though Filipinos comprised the majority of the infected; the minority were Chinese, Japanese, Europeans, and Americans in that order. People called in sick, with one firm reporting that 80 percent of its Filipino employees were unable to work or were absent for at least two days, while absences among Europeans were significantly lower—on average, they were absent for a day. The flu made some newspapers stop operations for a day, and the telephone service apologized for bad service after 90 percent of its workforce got infected. St. Luke's Hospital averaged 90-96 patients during that time, compared to its normal capacity of 70 patients. It was the greatest number of admissions recorded since the hospital opened. Ten days after the outbreak, majority of those infected were well enough to return to work, but the hospital continued to be crowded with flu patients for three more weeks until a typhoon swept the disease away.



Coutant wrote: “Clinically, most of the cases ran the typical course of influenza as described in textbooks, namely sharp onset, usually with sore throat or upper respiratory tract symptoms, sudden high fever, and headache. With aching and stiffness all over the body. A pronouncedly slow pulse, rare in proportion to the temperature, was remarked to be the rule. This slow pulse, and the absence of a skin rash, together with the lightning-like spread of the epidemic, served to differentiate the disease from dengue fever, the only closely similar condition. The highest temperature recorded was 106.2°F [41.22 °C]. The patient with this high fever did not suffer, however, nearly as much as many others, and it appeared that the severity of the attack did not depend on the temperature. Most of the patients also withstood the pain very well, as is the usual thing among these people, but the toxemia developed was so great that it made those who were most severely stricken practically collapse. The faces of the patients, as one looked down the wards, were more miserable looking during the days of the epidemic than at any other time in my experience. Anorexia, nausea, and vomiting were unusually common. A person admitted for hiccups had endured them continuously for 40 hours! Two people coughed up a small amount of blood but were clear of tuberculosis. Four people passed a lot of blood from the rectum without having hemorrhoids or dysentery. The death rate was unusually high at 2 percent—the normal was 0.4-0.6 percent—and those who died in the hospital developed pneumonia-like symptoms. From Manila, the flu traveled to port cities and areas of commerce connected by train and roadway, because there were no quarantine lockdowns. The highest number of deaths recorded was in November 1918 with 48,523, and in December 1918 with 35,204.

The Spanish Flu of 1918 became a significant baseline for mitigating COVID-19 in the Philippines by providing valuable lessons and historical context that informed the country's response to the pandemic. During the Spanish Flu, the Philippines, under American colonial rule, faced substantial challenges, including ineffective quarantine measures and bureaucratic issues. These painful experiences emphasized the weaknesses in the healthcare system and the necessity of effective public health strategies. When COVID-19 emerged, the Philippines drew on these historical lessons to inform its response. The government implemented measures such as the Enhanced Community Quarantine (ECQ), which restricted the movement of the population to control the spread of the virus. Additionally, the Bayanihan to Heal as One Act was passed, granting the President additional powers to handle the pandemic and its aftermath. These actions aimed to prevent a repeat of the mistakes made during the Spanish Flu pandemic. By learning from the past, the Philippines was able to devise more effective and socially appropriate strategies to mitigate the impact of COVID-19. The historical perspective provided by past pandemics has been crucial in shaping the country's approach to managing public health crises.

The study describes the historical narrative of pandemics in the Philippines, highlighting how past experiences continue to influence the present. The Philippines has endured various pandemics throughout history, including the Spanish Flu of 1918. These events left indelible marks on the social, cultural, and public health landscape. The lingering memory of the past outbreaks, the “whisper of the past,” shapes current perceptions and responses to new health crises. Historical records offer valuable



insights into effective public health measures, such as quarantine, sanitation, and social distancing. However, the extent to which these lessons are fully applied varies, sometimes leading to the repetition of past mistakes. The strain that the past pandemic placed on the healthcare system has contributed to the ongoing challenges in building a robust public health infrastructure. The “shadow of the present” reflects the persistent weaknesses and vulnerabilities that were exposed and sometimes exacerbated by previous outbreaks. The pandemics have long-lasting effects on social cohesion, economic stability, and mental well-being. The economic hardship and social disruptions caused by past pandemics cast a long shadow on the present, influencing current policies and social responses. The collective memory of the past pandemics, including the fear, grief, and resilience they engendered, shapes cultural attitudes toward illness and public health. The use of the term “*trangkaso*” is a great example of this.

In the Philippines context, this interplay between past and present is evident in the ongoing efforts to strengthen public health systems and improve pandemic preparedness. The social and economic challenges that continue to affect communities recovering from recent health crises. The importance of historical awareness in shaping public health policies and promoting community resilience. The “Whisper of the Past, Shadow of the Present” framework emphasized the importance of understanding historical context in navigating contemporary health challenges.

Methodology

The study utilizes a qualitative method of research that focuses on content analysis, considering the time, place, and historical documents written, as well as the situation and/or circumstances during the time. Document and Communication Artifacts Analysis. It involves studying documents and communication artifacts, which might be texts of various formats, pictures, audio, or video. Primary and Secondary Sources. The researcher made use of available primary and secondary sources about historical events in the history of the Philippines.

Content analysis was used in the research by focusing on the time, place, and historical documents written, as well as the situation and/or circumstances during the time. This method involves studying documents and communication artifacts, which might be texts of various formats, pictures, audio, or video. The researcher will make use of available primary and secondary sources about historical events in the history of the Philippines. This approach will help in understanding the historical context and drawing lessons from past pandemics to inform future public health strategies. These methodologies will help in understanding the historical context and drawing lessons from past pandemics to inform future public health strategies.

Results and Discussion



History provides a perspective to develop an understanding of the health crisis of communities and how to cope with the pandemic. The history of public health is a story of the search for effective means of securing health and preventing disease in the population.

The following painful experiences of Filipinos during the Spanish flu can be summed up to the following: 1. The portrayal of the disease, which was a native disease that the Americans locally termed “*trancazo*”. 2. Ineffective quarantine, which did not effectively contain the virus. The colonial government blamed the Filipinos for mismanaging the outbreak. 3. The bureaucratic problems critics of the government were united in laying the blame on the Filipinization policy initiated by Governor Francis Burton Harrison. 4. The military mobilization campaign of the colonial administration. This was in preparation for an anticipated participation in the First World War. Camp Claudio became the breeding ground for Filipinos to be contaminated with the deadly virus. 5. The cultural, social structures, relations, and racial prejudice. The Americans and the media, including the Manila Times, blamed the outbreak of epidemics on the poor Filipinos for their unsanitary habits and surroundings, their lack of education, and their beliefs in superstitions. 6. The poor medical and public health program. The Filipinos were deprived of remedies for the intolerable conditions due to the high costs of medicines.

As such, historical lessons from both the past and present can help devise effective and ethically and socially appropriate strategies to mitigate the microbial threats that inevitably loom on our horizon. It was apparent that the government had to learn the lessons of the painful experiences of Filipinos from the influenza pandemic of 1918-1919. The enumerated painful experiences would tend to point to the ability of societies and governments to avoid the repetition of some of the mistakes made by health authorities almost a century ago. The public health and medical institutions of the old imperial order gave way to institutions of the nation-states that inherited the old system. The challenge remains for most societies to be prepared for the emergence of a possible pandemic. Furthermore, the occurrence of COVID19, a global pandemic, puts the Philippines in a dilemma regarding the repetition of history. The public health emergency caught the attention of the government with urgency to contain the disease. The Philippine experiences during the “Spanish Flu” pandemic were pertinent sources of information for appropriate mitigation ideas to combat COVID19. Then, President Rodrigo Roa Duterte immediately made an assurance that the painful experiences of Filipinos during the Spanish flu of 1918 would not be repeated. All his decisions will be based on science and mathematics.

Table 1

A table highlighting the parallelism between the Spanish Flu of 1918 and COVID19 in the context of the Philippines

Aspect	Spanish Flu 1918	COVID19
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Public Health Protocol Measures	Quarantine, sanitation, and social distancing were implemented, albeit with significant challenges and limitations.	Enhanced Community Quarantine (ECQ) and Bayanihan to Heal as One Act were implemented to control the spread of the virus
Healthcare System	Weaknesses in the healthcare system were exposed, highlighting the need for effective public health strategies.	Ongoing challenges in building a robust public health infrastructure
Social and Economic Impact	Economic hardship and social disruptions were caused by the pandemic	Economic instability and social challenges during the pandemic
Cultural Attitude	Fear, grief, and resilience shaped by the past pandemics	Collective memory influencing current public health responses
Government Response	Ineffective quarantine measures and bureaucratic problems during the Spanish Flu	The government measures to prevent a repetition of past mistakes.

The table shows that the healthcare system in the Philippines faced several specific challenges during the Spanish Flu pandemic of 1918 and the COVID19 pandemic. During the Spanish Flu, the colonial government encountered significant difficulties, including ineffective quarantine measures and bureaucratic problems. The healthcare system was overwhelmed, with hospitals like St. Luke's Hospital in Manila experiencing a surge in admissions, far exceeding their normal capacity. The lack of effective public health strategies and the high costs of medicines further exacerbated the situation.

Similarly, during the COVID-19 pandemic, the Philippines faced ongoing challenges in building a robust public health infrastructure. The healthcare system struggled to cope with the increased demand for medical services, and the economic instability and social challenges further strained the system. The government's efforts to implement measures such as the Enhanced Community Quarantine (ECQ) and the Bayanihan to Heal as One Act aimed to address these challenges, but the persistent weaknesses and vulnerabilities in the healthcare system remained a significant concern.

The passing of the “Bayanihan to Heal as One Act of 2020,” into law, granted the President of the Philippines thirty (30) additional powers to handle COVID19 and its projected aftermath. These were the best measures taken so that painful experiences more than a century ago would not be repeated. The research needs a further exploratory approach, particularly on how COVID19 will be mitigated through a non-pharmaceutical treatment. The coverage of the pandemic was huge, and flattening the



curve was still far from over. Now, the data available was insufficient to come up with a conclusion on the best practices in containing COVID19. The situation of going back to normal life is still far from over. The strict imposition of minimum public health protocols, such as community quarantine, wearing of face masks, face shields, and hand washing, was deemed necessary.

The passing of the Republic Act 11469 was a response to the urgent need for swift and efficient implementation to lessen the possibility of the occurrence of chaotic mass action. The measure aims to secure a successful distribution and assist the national government in eradicating the threat to the country's national survival. The law expired on June 25, 2020, and mitigated the socioeconomic impact of the pandemic. If not, then the country will experience pandemonium.

Table 2

A table based on the framework “Whisper of the Past, Shadow of the Present” as described in the research:

Aspect	Whisper of the Past	Shadow of the Present
Public Health Protocol Measures	Quarantine, sanitation, and social distancing during the Spanish Flu pandemic	Enhanced Community Quarantine (ECQ) and Bayanihan to Heal as One Act during COVID19
Healthcare System	Weaknesses in the healthcare system were exposed during the Spanish Flu in 1918	Ongoing challenges in building a robust public health infrastructure
Social and Economic Impact	Economic hardship and social disruptions caused by the Spanish Flu	Economic instability and social challenges during COVID19



Cultural Attitude	Fear, grief, and resilience shaped by the past pandemics	Collective memory influencing current public health responses
Government Response	Ineffective quarantine measures and bureaucratic problems during the Spanish Flu	Government measures to prevent a repetition of past mistakes during COVID19.

The table was based on the "Whisper of the Past, Shadow of the Present" framework, highlights the continuity and evolution of public health responses in the Philippines. The "Whisper of the Past" column reflects the historical experiences during the Spanish Flu pandemic, where quarantine, sanitation, and social distancing measures were implemented, albeit with significant challenges and limitations. The weaknesses in the healthcare system, economic hardships, and social disruptions during the Spanish Flu are echoed in the "Shadow of the Present" column, which details the ongoing challenges faced during the COVID19 pandemic. The Enhanced Community Quarantine (ECQ) and the Bayanihan to Heal as One Act were contemporary measures aimed at preventing the repetition of past mistakes, demonstrating how historical lessons have informed current public health strategies.

The table also underscores the persistent impact of cultural attitudes and government responses on public health outcomes. The fear, grief, and resilience shaped by past pandemics continue to influence current public health responses, as seen in the collective memory and cultural attitudes toward illness. The government's efforts to prevent the repetition of past mistakes, such as ineffective quarantine measures and bureaucratic problems, are evident in the proactive measures taken during COVID-19. This analysis reveals that while significant progress has been made in public health strategies, the enduring challenges and lessons from past pandemics continue to shape the present and future responses to global health crises.

Table 3

A table on leveraging historical lessons to improve future government responses during the pandemic.

Aspects	Analysis	Historical Narratives
Systemic Weaknesses in Healthcare Infrastructure	The research compares the systemic weaknesses in the Philippine	During the Spanish flu, the Philippines faced severe medical staff shortages



	<p>healthcare infrastructure during the Spanish flu (e.g., medical staff shortages, resource limitations) with the challenges faced during COVID-19 (e.g., mental health crises among healthcare workers, testing, and tracing gaps). This comparison highlights the ongoing vulnerabilities and the need for effective public health strategies.</p>	<p>and limited resources, which hindered effective response efforts. Similarly, during COVID-19, the country experienced mental health crises among healthcare workers and gaps in testing and tracing capabilities.</p>
<p>Socio-Economic Disparities</p>	<p>The study explores how socio-economic disparities amplified vulnerabilities during both pandemics. It examines the economic hardship and social disruptions caused by the Spanish flu and COVID-19, emphasizing how these disparities affected the population's ability to cope with the crises.</p>	<p>During the Spanish flu, socio-economic disparities led to unequal access to healthcare and resources, exacerbating the impact on vulnerable populations. Similarly, during COVID-19, economic hardships and social disruptions disproportionately affected low-income communities, amplifying their vulnerabilities.</p>
<p>Social Amelioration Programs</p>	<p>The study explores how socio-economic disparities amplified vulnerabilities during both pandemics. It examines the economic hardship and social disruptions caused by the Spanish flu and COVID-19, emphasizing how these disparities affected the population's ability to cope with the crises.</p>	<p>During the Spanish flu, there were limited social amelioration programs, leading to widespread suffering among the population. In contrast, during COVID-19, the Philippine government implemented measures such as the ECQ and the Bayanihan to Heal as One Act to provide financial assistance and support to affected individuals and families.</p>



The table examines public health protocol measures, healthcare system challenges, social and economic impacts, cultural attitudes, and government responses during these pandemics, the research underscores the importance of learning from past experiences to build a resilient and prepared society.

Over time, the Philippines has made significant improvements in healthcare readiness, particularly when comparing the responses to the Spanish Flu of 1918 and the COVID-19 pandemic. During the Spanish Flu, the country faced severe challenges such as medical staff shortages, limited resources, and ineffective quarantine measures, which hindered effective response efforts. In contrast, during COVID-19, the Philippines implemented measures like the Enhanced Community Quarantine (ECQ) and the Bayanihan to Heal as One Act, which aimed to address these challenges and provide financial assistance and support to affected individuals and families. These actions reflect a more proactive and organized approach to managing public health crises, although ongoing weaknesses in the healthcare infrastructure remain a concern.

The research can be explored for further studies on how the global pandemic will eventually change the perspective of the Filipino people. Moreover, it will also be an emerging topic on how the “New Normal” brought about will be acceptable to the Filipino people.

Conclusions

The research highlights the significant role of historical pandemics, such as the Spanish Flu of 1918, in shaping the Philippines' response to contemporary health crises like COVID-19. By examining the public health measures, healthcare system challenges, social and economic impacts, cultural attitudes, and government responses during these pandemics, the study underscores the importance of learning from past experiences to inform future strategies. The Enhanced Community Quarantine (ECQ) and the Bayanihan to Heal as One Act are examples of how historical lessons were applied to mitigate the impact of COVID-19, demonstrating the value of historical awareness in public health policymaking.

Furthermore, the research emphasizes the persistent challenges and vulnerabilities in the healthcare system that were exposed during both pandemics. The ongoing efforts to strengthen public health infrastructure and improve pandemic preparedness in the Philippines reflect the enduring influence of past pandemics on present and future responses. The study's findings highlight the need for continuous improvement in public health strategies, informed by historical context, to build a resilient and prepared society capable of effectively managing global health crises.

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