

# A Foreseeable Epidemic: Cholera Outbreak in Panay Island, Philippines at the Initial Years of the 20<sup>th</sup> Century

Sarreal D. Soquiño

*Associate Professor, Filamer Christian University, Philippines*

**Abstract:** Epidemic of deadly diseases has been viewed as instrument of change. It can introduce modifications to affected population. The cholera outbreak in Panay at the advent of American rule was preceded by an epidemic of the same disease in Manila sometime in 1902. This serious public health crisis hastened the capitulation of the Panay population to foreign rule.

The method adopted in this study is purely historical research. Archival materials, particularly primary sources, including basic concepts from the health sciences are vital materials for the formulation of this paper. This study took shape based on the assertion that the growth of public health in colonized countries served as a component of Imperialism.

The outbreak began in Manila in March 1902, and rapidly spread to its neighbouring provinces until it reached Panay by August of the same year. Between 1902 and 1906, 33, 562 cases of cholera were recorded in Panay, and 23, 909 perished. This weakened the armed resistance to American aggression which hastened the capitulation of the provinces of Panay to another form of colonial rule. Alongside the establishment of American-sponsored provincial governments in the island, the Philippine Commission introduced a public health program designed to address the problems generated by the outbreak. This public health system served as reliable agent in the pacification campaign.

The local residents expected the reappearance of the disease amidst its deadly presence in Manila. Viewed by experts as a sanitary problem, provincial governments and American health officials educated the public on the importance of sanitation and hygiene. Currently, experts confirm the belief that sanitation prevents an outbreak.

This paper recommends further study on the contribution of outbreak of lethal diseases in shaping the 20<sup>th</sup> century Philippine public health system.

**Keywords:** Asiatic cholera, vibrio cholera, epidemic, Philippine Commission

## I. INTRODUCTION

Occurrences of epidemic of any types of lethal disease, e.g. malaria, smallpox, or cholera have been familiar episodes in the study of Philippine History particularly between the period of late 19<sup>th</sup> century and during the opening years of the 1900s. An epidemic of any diseases can shape public health policy. It also influences common beliefs or popular presumptions on matters related to personal hygiene, proper sanitation and preparation of food that could curb an

outbreak. Thus, the impact of an epidemic to both government and the population undoubtedly contributes to the shaping of history. Modern approaches of healing the afflicted, including the prevention of the spread of diseases based on medical science have always been adopted, which eventually ordinary inhabitants opt to accept and subsequently abandoned the old ways.

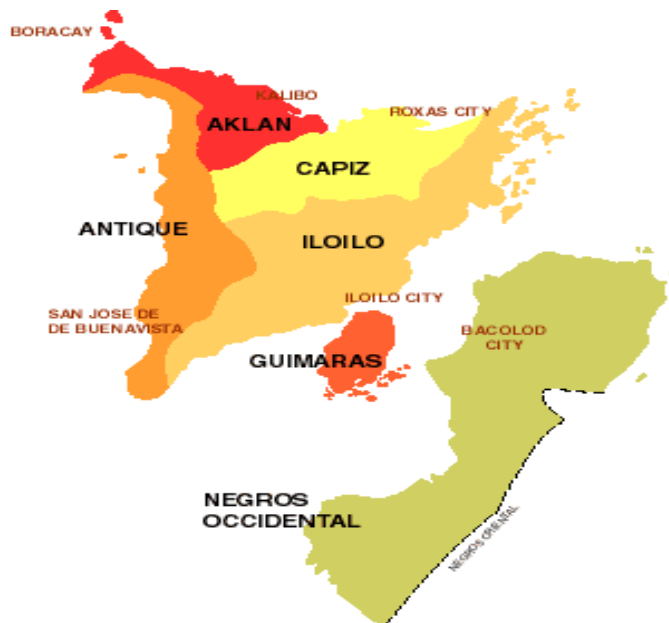
The entry of cholera in epidemic form in Panay island, part of Philippine West Visayan region, was preceded by an outbreak of the said bacterial disease in Manila and Luzon provinces during the early years of the American occupation which hastened the subjugation of the Filipinos. The epidemic of the three (3) provinces of Panay (Capiz, Antique, Iloilo) in 1902 until 1908 caused the loss of thousands of human lives, and prompted the 2<sup>nd</sup> Philippine Commission (American colonial governing body) formulate public health measures aimed at ending the epidemic. The entire population, on the other hand, was forced to accept the public health policy introduced by their civil governments. The American-sponsored public health program generated an additional colonial institution established by the Philippine Commission in the pacified communities in the country including Panay. Other colonial institutions it established were the following: a) civil government headed by elected prominent residents of the community; b) Public Instruction; and the c) Philippine Constabulary or PC whose primary aim was to suppress and eradicate existing revolutionary movements. Taking control of the public health in the country was one of the priorities of the American regime as the Commission of Health was already set up before cholera reappeared and ravaged the population in many parts of the country. With or without the epidemic, the whole population would be subjected under the public health policy designed by the American regime. The cholera epidemic in 1902 was a foreseeable episode in Philippine History which both the Filipinos and the leadership of the Philippine Commission did not have any other option left but respond to the challenging conditions it generated.

The cholera epidemic in Panay, part of the Western Visayas region, began after the said deadly infectious disease broke out in 1902 in Manila (Philippine capital city), which subsequently spread in the neighbouring provinces of the latter. This malady drove Filipinos to accept the public health

measures implemented by the American government as the former confronted the situation caused by the epidemic. These public health measures, aimed at eradicating the killer disease, also further secured the strengthening of the colonial institutions introduced during the first few years of the occupation of the island.

This essay traced the origin of the cholera epidemic in the Philippines until it reached the island of Panay, and investigated, too, how both the colonial provincial governments (of Capiz, Antique, Iloilo) and the affected communities responded to the threats and sufferings generated by the virulent disease. This paper also probed how the anti-cholera campaign adopted and carried out by the Philippine Commission contributed significantly to the completion of the establishment of an American-sponsored colonial administration in the entire island of Panay.

Illustration 1. West Visayan Islands



(Source: [nap.psa.gov.ph/ru6/western-visayas-map.gif](http://nap.psa.gov.ph/ru6/western-visayas-map.gif))

#### *Spread of the Disease: A Brief Survey*

Filthy environment breeds *vibrio cholerae* which causes cholera. *Vibrio cholerae* is a lethal bacterium which thrives in fecal contaminated water and food, e.g. vegetables and seafood that can cause extreme watery diarrhea, vomiting, severe depletion of body fluids or dehydration (Kaper et al., 1995). *Vibrio cholerae* was formally confirmed as a bacterium – an agent of cholera – following its isolation in pure culture by a German physician, Robert Koch (1843-1910), describing the isolated agent as a little bent, like a comma. The disease became known to interested observers, particularly westerners, as Asiatic Cholera, in reference to the epidemic India (including Bangladesh) encountered beginning in 1817. However, it appears that the dreaded disease was already known in India prior to the 1817 outbreak. Residents of India and Bengal (present Bangladesh) worshipped a goddess of

cholera called *Oola bebe* during the 17<sup>th</sup> and 18<sup>th</sup> centuries, and a temple dedicated to the deity was erected in 1750 at Calcutta whose believers, mostly women, used to visit the sacred shrine for pilgrimage during cholera season (MacNamara, 1876, pp. 35-36). Deadly outbreak of Asiatic cholera occurred in Calcutta and Jessore (now part of Bangladesh) in 1817 which late 19<sup>th</sup> century noted epidemiologists like Nottidge Charles MacNamara and John C. Peters had, at the time, already described the spread as an epidemic. Cholera was described by MacNamara (1876) as a disease that could be transmitted to sickly individuals through the excrements of patients already infected by the fatal illness. He wrote:

“...these fomes (human feces) are most commonly disseminated through a community...into the system of percolation through the soil or ill constituted drains into the wells...being indirectly emptied into rivers from which drinking water is supplied.” (1876, p. 1)

Health experts who witnessed and carefully observed the first cholera epidemic (1817) in India already established how the disease proliferated in squalid conditions. Such sanitary conditions favourable for cholera to flourish were indisputably present in India and Bengal. In November 1817 alone, the epidemic caused the death of 597 patients in Calcutta, and claimed additional 15,000 lives in the districts of Allahabad and Barielly, both in the northern part of India, between March and May 1818 until it reached the western part of the country specifically Bombay (now Mumbai) of the same year (MacNamara, 1876, pp. 66-68). Other British protectorates hit by the outbreak were Ceylon (now Sri Lanka), Burma (Myanmar), Penang (part of Malaysia), Singapore and Bangkok in 1818 and 1819. Between 1820 and 1823, cholera spread in Southwest Asia particularly in Oman, Bahrain, Turkey and Iraq. Baghdad lost around 15,000 to 18,000 inhabitants from the outbreak. The spill-over of unprecedented number of cholera cases in the selected areas of Southeast Asia and the Arab region prompted historians and epidemiologists to designate these woeful years, 1817-1823, as the first pandemic which commenced in India. In 1826, the second pandemic began and lasted in 1838. From India, it reached important cities of the United States of America and countries in Europe like Poland, Bulgaria, Russia, Britain, Germany, Sweden, Italy, and France. Russian troops, infected with cholera, who were deployed in Poland in its military campaign in the early 1830s eventually transmitted the disease to the residents of Warsaw which resulted to an outbreak (MacNamara, 1876, pp. 105-106). It remained virulent too in Saudi Arabia and Palestine. Its rapid spread was facilitated by infected persons like army troops, sailors, pilgrims, and traders who travelled by ships, trains or any mode of transportation available during the late 19<sup>th</sup> century. Cholera was inevitably transmitted to anybody whom they (infected individuals) had interacted with which resulted to an outbreak. This explains why more pandemics of cholera took place until the advent of the 20<sup>th</sup> century.

Table 1. The First Six Cholera Pandemics

Pandemic	Period
1 <sup>st</sup> (6 years)	1817-1823
2 <sup>nd</sup> (12 years)	1826-1838
3 <sup>rd</sup> (16 years)	1839-1855
4 <sup>th</sup> (11 years)	1863-1874
5 <sup>th</sup> (15 years)	1881-1896
6 <sup>th</sup> (24 years)	1899-1923

(source: [www.cgch.isthm.ac.uk/Global%20dimensions%20of%20cholera](http://www.cgch.isthm.ac.uk/Global%20dimensions%20of%20cholera))

The 3<sup>rd</sup> and 4<sup>th</sup> pandemics lasted for twelve (12) years and sixteen (16) years, respectively (see Table 1). Seven years later, the 5<sup>th</sup> pandemic (1881-1896) broke out which unsurprisingly began in India and subsequently spread to Europe anew. The global outbreak receded for a while but returned after three (3) years which killed more than 800,000 patients India, and spread farther its virulence in the Middle East, Eastern Europe and Northern Africa. That was the 6<sup>th</sup> cholera pandemic which began in 1899 until 1923. This 24-year pandemic claimed hundreds of thousands of lives in India, and ravaged the vulnerable population of China, and Southeast Asia particularly Myanmar, Singapore, and Java (part of Indonesia) in 1901. By the following year, 1902, cholera appeared in the Philippines in epidemic form, which prompted one scholar, describing the public health condition of the Filipinos as very serious and frightening (Hays, 2005, p. 345).

This bacterium – *vibrio cholerae* – as the causative agent of cholera, had already evolved into three biotypes since its appearance in India in its epidemic form in 1817. These biotypes are the following: a) V. Cholerae 01 classical which caused the 5<sup>th</sup> and 6<sup>th</sup> pandemics from 1881 to 1923; b) V. Cholerae El Tor, believed to be less virulent than the classical type, but was identified as the cause of the 7<sup>th</sup> pandemic that began in Sulawesi, Indonesia in 1963; and currently the c) V. Cholerae 0139 Bengal which first detected in Bangladesh at a gathering of Muslim pilgrims near Dhaka in January 1993 (Lee, 2009, pp. 9-10). Epidemiologists, medical experts and scholars have not come up yet with a final consensus if the classical 01, or maybe another undiscovered biotype, had precipitated the earlier pandemics that occurred between 1817 and 1874.

#### Outbreak in Manila, 1902

Asiatic cholera (or cholera) was already known to the Filipinos during the late 19th century. Scant documents prepared and preserved by Spanish health officials, physicians, and the Catholic Church served as valuable sources for the American insular government – the Philippine Commission – in understanding the impact of the past cholera occurrences that hit the Philippines before it reappeared in 1902. Though incomplete and limited in scope, these Spanish records confirmed that the country was not spared from the globalized cholera onslaught since 1820 until 1897. Earlier

cases of cholera appeared on October 4, 1820 where local communities thrived along the banks of Pasig River. From then on, seven (7) waves of cholera attacks in Manila and some parts of the archipelago occurred which began in 1820-23, 1830, 1842, 1854, 1863-1865, 1882 to 1883, and in 1888 that extended in 1897 (Worcester, 1909, p. 4). Reaching the Philippine shores was no longer surprising for the colonial authorities and kin observers of the impact of this disease to the infected patients since an outbreak was also taking place in some Asian countries during that same periods like China, Japan, Burma (Myanmar), Singapore and Indonesia. The Catholic Church under the watch of the Most Reverend Jeremiah J. Harty as archbishop of Manila during the early years of American rule, provided to the Philippine Commission relevant information pertaining to cholera incidents in the city that occurred from 1883 to 1897. The following data that came from the church record shows the estimated total number of deaths caused by cholera every year:

Table 2. Church Record in Manila on Deaths from Cholera

Year	Number of Deaths from Cholera
1883	1,378
1884	74
1885	112
1886	248
1887	398
1888	612
1889	1,012
1890	622
1891	490
1892	715
1893	703
1894	665
1895	955
1896	1106
1897	795
<b>Total</b>	<b>9,885</b>

Extracted from: Dean C. Worcester, A History of Asiatic Cholera in the Philippines Islands (Manila, 1909), 12.

Outside Manila, cases of cholera also occurred in many provinces in Luzon during the late 19th century such as Pangasinan, Nueva Ecija, Laguna, Cavite, Bataan, Bulacan, Pampanga, Morong (Rizal), Tarlac, Tayabas (Quezon), and Zambales. The spread of the disease was also felt in the Visayas particularly in Panay Island, Bohol, Cebu, Leyte, and Western Negros. The Filipinos during the late 19<sup>th</sup> century undoubtedly witnessed the earlier cholera pandemics until its reappearance in 1902 which was part of the 6<sup>th</sup> wave of global outbreak that commenced in 1899.

The spread of cholera cases in Manila began on March 20, 1902 following the official confirmation from the Director of the Biological Laboratory of the presence of two patients confined at the San Juan de Dios Hospital who were infected by the cholera-causing bacterium. On the 24<sup>th</sup> of March, number of the cholera patients in the city rose to thirty-four (34). Without any hesitation, the Secretary of the Interior, Dean C. Worcester of the Philippine Commission, announced that Asiatic cholera was already spreading in Manila. This caused alarm among the residents of Manila including local physicians who expressed doubts over the claim of the insular government and suggested that there was indeed a bacterial disease with symptoms similar to cholera that regularly infecting some residents before rainy season or during the period of rice harvest (Worcester, 1909, p. 15). Worcester and his health officials agreed that the source of the outbreak came from imported vegetables contaminated with *vibrio cholerae* from China. Few weeks before the discovery of cholera cases in Manila, the Chief Quarantine Officer of the insular government already received an official information about the existence of cholera in Canton, China, and reached Hong Kong – a British protectorate at the time – five days later. Immediately, the chief quarantine officer ordered the prohibition of any imported green vegetables from entering to Manila ports. The banning of these contaminated vegetables from China upon entering Philippine territory seemed ineffective as it failed to prevent the outbreak. Worcester wrote:

“As to the origin of the epidemic, it is...known that a quantity of condemned Chinese vegetables were (sic) thrown overboard from a steamer in the bay, in violation of orders and were in part awashed ashore in the Farola District of Manila, and it seems probable that some of these were eaten without ... properly cooked by the people of that district, where the first cases appeared.” (1909, pp. 15-16)

This claim made by Worcester was an attempt to identify and explain how cholera reached Manila as an outbreak. However, it is an undeniable fact that this potent disease was already endemic in Manila and many parts of the archipelago since occurrences of cholera incidents among the population happened regularly during the late 19<sup>th</sup> century. The worsening condition of the public sanitation in the country, which deteriorated further by the two wars of independence in 1896 and 1899, sustained a filthy environment conducive to the reproduction of cholera leading to its rapid outbreak. Amidst armed hostilities between the Filipino revolutionaries and American occupation forces, Jacob G. Schurman, as head of the first Philippine Commission, emphasized in his official report addressed to US President William McKinley in January 1900, the impending public health problems awaiting the American authorities in the Philippines. He insisted that “that government should pay close attention to the public sanitation, water supply, drainage, removal of excrement, quarantine and make a special study of the tropical diseases” (RPC 1900, 162). Between 1899 and 1900, the first Philippine

Commission took notice of the deteriorating sanitary conditions the Filipinos were encountering, and already had anticipated forthcoming deadly outbreaks of any types of disease like smallpox, beri-beri, malaria, dengue, and cholera. That report about the health condition in the country was completely accurate. Unfortunately, the Taft Commission did not have ample time to construct effective and modern public sanitation infrastructures in Manila. The first burst of cholera cases in March 1902 became a reality, as expected, which forced the insular government declare the public health condition in the city as critical when number of infected patients increased further. Swift and firm in his resolve to minimize the casualties the epidemic might bring, Worcester implemented sanitary measures disregarding the negative responses from the affected residents of Manila. To stop the continued spread of this bacterial disease, the American government ordered its army forces and health staffs in burning the houses and belongings owned by cholera patients and gathered all individuals who were identified as having earlier contacts with the infected and placed them inside a detention camp. Mobility of the residents were also restricted by the government especially near the Marikina River, at the time, served as a source of clean water for the residents of Manila. Worcester admitted that Filipinos bitterly resented the sanitary measures the Board of Health had implemented specifically the curtailment of their right to move freely outside their premises including the burning of houses and belongings of cholera-infected patients. This prompted the American regime abandoned the practiced of setting infected houses (mostly nipa shacks) on fire because it provoked hostility among the residents particularly the poor. Steadfast in its purpose to curb the epidemic, the Board of Health continued carrying out additional campaigns. Worcester narrated:

“...educational campaign was immediately begun and simple directions for avoiding cholera were published and scattered broadcast. Distilled water was furnished gratis to all who would drink it, stations for its distribution being established through the city, supplemented by large wagons driven through the streets. The sale of foods likely to convey cholera were prohibited.” (1909, 18)

The Manila Board of Health, enjoying the full support of the Secretary of the Interior, remained relentless in its implementation of sanitary measures. Cholera houses were immediately quarantined and thoroughly disinfected, residents were prevented from using old wells mortally toxic pathogen could be possibly thriving, sanitary officials carried out rigid inspections of markets, restaurant and shops, and supervised the cremation of unclaimed corpses (3<sup>rd</sup> RPC Part I 1903, pp. 268-269). Out of 4,664 cases recorded by the Board of Health, 3,560 died of the disease from March to December of 1902.

Table 3. Cases and Deaths Caused by the Epidemic in Manila, 1902

Month	Cases	Deaths
March	108	90
April	586	406
May	550	442
June	601	492
July	1,368	1,053
August	720	581
September	273	179
October	87	57
November	336	236
December	35	24
<b>Total</b>	<b>4,664</b>	<b>3,560</b>

Adapted from: Dean C. Worcester, *A History of Asiatic Cholera in the Philippine Islands (Manila, 1909)*, 16.

The cholera epidemic in the capital persisted during the entire year of 1903. From January to December, the insular government recorded 910 cases. The number of cases for 1903 was very insignificant compare to the preceding year (1902) that reached to 4,664. But 90% of the 910 infected patients perished, which showed the virulence of the disease.

Table 4. Cases and Deaths Caused by the Epidemic in Manila, 1903

Month	Cases	Deaths
January	7	4
February	2	1
March	6	6
April	33	27
May	230	212
June	39	38
July	42	38
August	89	72
September	290	263
October	127	118
November	31	26
December	14	13
<b>Total</b>	<b>910</b>	<b>818</b>

Adapted from: Dean C. Worcester, *A History of Asiatic Cholera in the Philippine Islands (Manila, 1909)*, 16.

Table 4 indicates that the outbreak was beginning to subside in 1903. The substantial decrease of cholera cases on the said year may be attributed to the effectiveness of the numerous sanitary measures adopted and implemented by the insular government in Manila. The Board of Health finally filed a resolution declaring the city of Manila already safe from cholera dated March 23, 1904.

### *Epidemic in Panay Island*

The spread of cholera as an epidemic in the provinces of Antique, Capiz, and Iloilo came at a time when the Philippine Commission was establishing colonial institutions vital and necessary for the imposition of American sovereignty over the Philippines. That was the period when the Filipino revolutionary army was completely weakened and instantly turned into fragmented bands of guerrillas fighting the American forces, and later, the Philippine Constabulary (PC) in their own localities. Amid armed confrontation between the revolutionary guerrilla bands and the American occupation forces, the local residents of Panay witnessed, too, the formation of other government institutions set up by the Philippine Commission aimed at completing the occupation of the entire archipelago. These government agencies formed by the Philippine Commission through legislative enactments in 1901 were the Department of Public Instruction, the Insular Constabulary (which later became the Philippine Constabulary), and the Insular Board of Health.

Diseases such as smallpox, beri-beri, cholera, malaria, bubonic plague and leprosy were common in the Philippines during the late 19<sup>th</sup> century until the early years of 1900s which the Taft Commission believed that a possible outbreak of any of the diseases could be forthcoming. Interestingly, the Commission took direct interest on the possibility of a cholera outbreak in the country:

“There have been more or less destructive epidemic of Asiatic cholera in the Philippines in the past, but they have never occurred at long intervals. The last was in 1888-89. Cholera has not appeared in the islands since that time, but we are near China, which is a breeding ground for disease, and danger from epidemics imported from that country can be avoided only by the maintenance of a strict quarantine.” (RPC, 1904, 79)

Clearly, the Philippine Commission wanted another government agency whose fundamental concern was promote and implement a public health policy beneficial to both American colonial interests and the Filipinos. Taft and his commissioners conceived a health department that could effectively develop permanent solutions in ending the prevalence of common diseases like smallpox, cholera, beri-beri, malaria, leprosy, and bubonic plague. Construction of drainage and sewer system, disinfected public markets and shops, and strict supervision of repairs or construction of buildings were also paramount for the insular government as these projects would ensure an improved sanitary condition in the country. Dr. Victor George Heiser, appointed as Director of Health in the Philippines in April 1905, suggested that the success of the strict implementation of sanitary measures to prevent outbreaks of cholera and other killer diseases could be ensured if the Insular Board of Health obtains the cooperation of the Filipinos. Heiser wrote:

“... the sanitary regeneration of the Philippine Islands had to be brought about, not in spite of the Filipino people, but with

their assistance. One of the first steps was to organize ... three hundred boards of health throughout the islands, with Filipinos in charge in the majority of instances. In many cases the officials who composed these boards were brought to Manila and given a course of instruction in modern sanitation and hygiene, and to their credit ... they began to learn whys and wherefores of things, much cooperation and assistance was obtained from them.” (2010, 22-23)

On July 1, 1901, the Philippine Commission enacted a law that provided the establishment of an Insular Board of Health for the Philippines also known as Act # 157. The said department was tasked to supervise health services in Manila and all provinces in the country, and conduct inquiry or investigation on the causes of common serious illnesses, pathology, prevention of epidemic diseases including the study of medical properties of the waters of the archipelago, and recommend suitable sanitary laws (Public Health Reports 1901, pp. 1973-1976). The Insular Board of Health was headed by a commissioner and was assisted by a sanitary engineer, chief health inspector, and a superintendent of government laboratories. Local boards of health – administered by competent physicians – were set up in every province (except Marinduque, Abra, Lepanto-Bontoc, Benguet and Palawan during the early years of its formation) in the country to facilitate the extension of public health services to the inhabitants who were settling in the organized municipalities, barrios, and villages. Thus, in less than a year before cholera became an epidemic in the provinces of Panay, inhabitants of the said Visayan island already witnessed a modern western-oriented public health policy that may be viewed as tailor-made to advance American colonial interests. Heiser once hinted in 1912 in reference to the customary practices of western colonizers, that implementation of modern sanitary measures and vaccinations of the natives were necessary steps “to safeguard the health of the persons from Europe tasked to govern the colony [italics mine] including the foreigners who pursued commercial ventures” (2010, p. 21).

Few months after Manila was declared a cholera-stricken city in 1902, the provinces of Iloilo, Capiz (including Aklan valley), and Antique recorded their first separate cases of cholera incidents in August 24, September 8 and October 2, respectively. The outbreak in Panay Island was expected by the American authorities because the disease was already experienced in the past in the said provinces. In 1882-83 outbreak, thirty-one (31) towns or pueblos of the province of Capiz were affected by this malady which resulted to the deaths of 9,256 patients, and between the period 1888-89, around 27,217 and 6,727 infected inhabitants perished from cholera in the provinces of Iloilo and Capiz, respectively (Worcester 1990, 10-11). No record is currently available regarding the public health condition in Antique when cholera spread in Iloilo and Capiz during the said period – 1888-89.

The first occurrence of cholera cases, which eventually burst into an epidemic form, appeared at the

riverside of the city of Iloilo in August 1902 which rapidly spread to its neighbouring towns and interior pueblos. The local board of health and the provincial government of Iloilo immediately imposed sanitary measures and instructed the residents to observe proper personal hygiene to safeguard themselves from infection. The outbreak subsided sometime in December 1902 but left 19,813 deaths out of the 30,998 patients recorded by the Iloilo Board of Health. The office of the Secretary of the Interior, however, presented different data for Iloilo. Worcester claimed that the total number of cholera patients in Iloilo province only reached to 26,427 and only 19,095 died. In his official annual report submitted to the Philippine Commission dated January 15, 1903, Provincial Governor Martin Delgado briefly declared (4<sup>th</sup> ARPC Part 2, 1904):

“... cholera which began in August did not disappear completely until the closing days of December 1902, causing according to data on file in the office of the board of health, 30,998 (cases) and 19,813 deaths, in all province.” (4<sup>th</sup> ARPC Part 2, 1904)

In its northern part, the provincial government of Capiz, headed by Governor Simeon Jugo Vidal, reported that the beginning of the outbreak began on September 8, 1902 which lasted in March 1904. It recorded 3,016 casualties out of 4,650 cases – only 1,634 patients survived from the disease. The outbreak in Antique, on the other hand, began on October 2, 1902 with total cases of 2,485 while 1,798 perished from it. It subsided in December of the following year. Provincial Secretary Angel Salazar of Antique, however, claimed that the first cholera incident occurred in September 27 (1902) instead of 2<sup>nd</sup> of October based on Worcester’s official report. Salazar did not give specific data on how many died from the disease but confirmed that malaria was also equally lethal during the period when cholera broke out causing a big number of casualties.

Table 5. Number of Cases and Deaths Caused by the Epidemic in Panay

Province	Date of Incidents	Date of Last Incidents	Total Cases	Deaths
Capiz	September 8, 1902	March 1904	4,650	3,016
Antique	Oct. 2, 1902	Dec. 1903	2,485	1,798
Iloilo	August 24, 1902	February 1906	26,427	19,095

Adopted from: Dean C. Worcester, A History of Asiatic Cholera in the Philippine Islands (Manila, 1909), 31.

As the outbreak began in the provinces of Panay, the provincial boards of health immediately implemented different sanitary measures the inhabitants were instructed to observe. Residents were asked to boil their drinking water, report to the health office any suspected cholera patients in their communities or villages, and cooperate with health personnel who were engaged in the government’s anti – cholera campaign like vaccination and introducing tips on sanitation and personal hygiene as means to free the public from cholera infection. Old open wells especially those near

the houses and riverbanks were closed for public use because health officials believed that water coming from such sources were contaminated by the bacterium. In Capiz, municipal governments ordered the digging of new wells for public use, constructed fences around it and closely guarded by municipal police to ensure that the water supply was free from contamination. Deployment of guards around new wells was one of the responses made by the provincial government of Capiz when unverified report spreading around the villages that there was a big group of men from Iloilo who deliberately contaminated the supply of water of the public with poisonous powder into the wells, streams, and rivers. Local inhabitants suspected that the alleged poisonous substances infected the water and caused the cholera outbreak. Some claimed that the contamination of their water sources was plotted by either the Americans or the monastic orders (friars). All these claims were treated by local officials, particularly Capiz governor Simeon Jugo Vidal, as baseless and mere malicious accusations with the sole intention of discrediting the American-sponsored civil government.

“False reports were circulated to the effect that the cholera had been brought about ... the poisoning of wells and rivers by the monastic orders. Subsequently the poisoning was laid to the Americans, especially to officers and teachers.” (4<sup>th</sup> ARPC 1903, Part 2)

The civil government of Iloilo also encountered similar story that surfaced at the height of the epidemic. Provincial Governor Martin Delgado of the said province confirmed in his official report to the Philippine Commission that his office received information that a group of men were engaged in infecting the wells in Jaro, Molo and other pueblos of Iloilo with unknown substances, and such criminal act was attributed to the Americans (4<sup>th</sup> ARPC 1903, Part 2). Like in Capiz, such story was not proven true.

On the other hand, encouraging responses from a certain group of the community in the capital of Capiz transpired before the epidemic occurred. Aware of the possibility of an outbreak in the province, a group of civic-minded local women coming from educated and wealthy families formed an organization, or a society of distinguished ladies, as described by Governor Vidal, who were able to raise funds amounting to 1,600.00 Mexican pesos (4<sup>th</sup> ARPC, 1904). The money collected was spent for the establishment of a cholera hospital and its maintenance during the height of an epidemic. Encouraged by the presence of a new hospital intended to accommodate cholera-infected patients, native physicians – residents of the provincial capital (Capiz town) – rendered their medical expertise which, as observed by Vidal, helped reduce the number of patients infected by the disease. Moreover, this initiative coming from private individuals also made things easier for the representatives of the local board of health of the province in their campaign for the suppression of the epidemic.

The epidemic in Capiz lasted in less than two years which saw its last case in March 1904, while it prolonged

further in Iloilo until February 1906. Antique experienced a shorter period of epidemic from October 2, 1902 to December 1903. Public health condition already improved between the period of 1906 and 1907 in the island after the 1902 outbreak. Diseases, other than cholera, suddenly became less pervasive and seemed innocuous. Governor Benito Lopez briefly described the general health condition in the province of Iloilo this way:

“For some time in the past the diseases that in years back caused great mortality among the people have not manifested alarming symptoms. Malarial fever and beri-beri, that in 1900, 1901, and 1902 caused the loss of an enormous number of lives, have apparently disappeared even from the localities where the greatest humidity exists. From time to time cases are known, but they are of small importance.” (6<sup>th</sup> ARPC 1906 Part 4)

The spectre of cholera also disappeared like a thin air in the province of Antique but physical maladies like pulmonary diseases, malarial fever, and measles were detected by local health officials between 1906 and 1907. Governor Antonio Habana of Capiz also gave similar positive assessments of the public health condition in the province and underlined the success of vaccinations against smallpox which benefitted a larger population. Unfortunately, the disappearance of cholera was only temporary as the three Panay provinces were confronted again with new cases of infected patients in 1908. Capiz experienced the second phase of cholera outbreak which began in the municipality of Sapián on February 7, 1908. The first carrier of the virulent disease from Dapdapan, Sapián was a woman, and eventually infected some members of her family and relatives before she succumbed from it (8<sup>th</sup> ARPC 1908 Part 1). Aside from Sapián, numerous cholera cases were recorded by the provincial health board coming from various municipalities like Panay, Pontevedra, Panitan, Ivisan, and Capiz (the capital town). The said disease was less lethal, however, in the provinces of Iloilo and Antique. At the end of 1908 onward, the spread of cholera was already aborted but cases of other virulent diseases like malaria and smallpox were still detected but may be considered tolerable due to mass vaccinations carried out religiously by the local boards of health in the island.

The relentless campaign carried out by the American health officials under the supervision of Worcester, as Secretary of the Interior, against cholera outbreak was no doubt earned the support of many Filipinos particularly the wealthy and educated class. The initiative of a group of educated women in Capiz, who raised funds for the establishment of a cholera hospital located in the capital, is worth-mentioning. A huge number of the population, particularly those who belonged to the labouring sector of society, in the provinces of Panay who received health care services directly witnessed how the American officials and their agencies confronted the innumerable health problems generated by the epidemic. For the local residents, the

continued decreased of cholera incidents in their towns and villages until the conclusion of the outbreak demonstrated the undisputed superiority of the Americans in the field of governance. The public health policy envisioned by the Philippine Commission for the occupied nation received acceptance and support from the public. And for the provincial governors from Panay provinces, the public health condition in their localities improved significantly due to the efforts made by the Insular Board of Health.

The success gained by the Philippine Commission in the suppression of the cholera outbreak may have impressed in the minds of the Filipinos – both the poor and the wealthy – the proven ability of the American regime in dealing with serious problems that directly affected the entire population. Public health policy introduced by the Insular Board of Health eventually gained public acceptance as ordinary Filipinos realized that they definitely benefitted from the improvement of the general public health condition delivered by the Americans. Unfolding of this realization came alongside the gradual weakening of the armed resistance waged by anti-American nationalist guerrilla bands who were pestering American troops and the newly-formed Philippine Constabulary (PC) in the countryside. Between 1902 and 1908, provincial governors of Capiz, Antique and Iloilo unanimously declared the continued improvement of peace and order in their respective localities, and included in their reports either the surrender or death of leaders of armed bands who challenged the civil government. One example was the narrative given by Capiz Governor Vidal in 1905 about the peaceful surrender of Julian Bertouso, a famous leader of a local guerrilla band, who operated in the mountains and wooded areas of Pontevedra and Pilar (6<sup>th</sup> RPC, 1906). The conclusion of Bertouso's aggressive defiance to American rule brought a sigh of relief to the civil government of Capiz. Clearly, the ability of the Philippine Commission in addressing the public health crisis generated by the cholera outbreak in 1902 consequently gained trust, and probably admiration, from the population of Panay which hastened the process of their eventual capitulation to American rule while guerrilla operations carried out by indigenous resistance groups harassing government forces continued its decline until it reached its complete dissolution.

## II. CONCLUSION

Before cholera became known in the Philippines during the late 19<sup>th</sup> century, countries like India, Bangladesh, Sri Lanka including regions of Western Europe and Southwest Asia (Middle East) already witnessed the ravages it inflicted to their population. Epidemiologists and health experts believed that a bacterium known as *cholerae* 01 Classical was the cause of the succeeding six (6) pandemics which started in 1817 somewhere in India and lasted in 1923. Occurrences of cholera incidents were recorded in the Philippines during the late 19<sup>th</sup> century but it did not reach yet its most deadliest form until 1902 – the period when American colonial institutions were in its formative stage. While American

troops were confronted with armed resistance from revolutionaries in various parts of the archipelago, American health experts found themselves preoccupied in controlling the sudden outbreak of cholera in Manila in 1902 which instantly extended to Luzon provinces and in other islands particularly in the Visayas.

The first Philippine Commission already expected a serious public health problems both the Americans and the Filipinos might encounter in the next few months or years if problems of public sanitation and safe water supply were not immediately solved. This concern was emphasized by Schurman in his official report submitted to the US President dated January 1900. According to Schurman:

“Our government should pay close attention to the public sanitation, water supply, drainage, removal of excrement, quarantine, and make a special study of tropical diseases.” (RPC vol.1, 1900, p. 163)

Obviously, Schurman correctly anticipated the poor sanitary condition and the lack of safe water supply that prevailed in many parts of the country could develop an environment perfect for a certain bacterium or pathogen to thrive, and eventually trigger an epidemic. This type of filthy environment was commonplace not only in the capital, Manila, but also in the provinces. That explains why the outbreak of cholera which started in Manila suddenly spread in the entire archipelago. A year before cholera wreak havoc in Manila, the Taft Commission, or the 2<sup>nd</sup> Philippine Commission, already created on July 1, 1901 a national health agency called the *Insular Board of Health for the Philippine Islands*. The Insular Board of Health was granted full responsibility by the Philippine Commission to formulate policies and implement corresponding programs inherently related to the public health interests of the country.

Health officials expected the impending reappearance of the disease in the provinces and identified a number of factors that could result into an epidemic form. These were the following: unsafe source of water supply in the communities and villages, lack of effective mass vaccination in the provinces and the complete disregard of the ordinary inhabitants in observing proper personal hygiene. Such conducive condition was present in the island of Panay. While the epidemic was ravaging the population of Manila in March 1902, cases of cholera began to surface in Iloilo, Capiz, and Antique in the months of August, September and October, respectively. Thus aside from giving medical treatment to cholera patients, the local boards of health also initiated public information campaign to educate the populace about the importance of sanitation and hygiene specifically taking the habit of drinking boiled water, clearing their surroundings with human fecal matters, received vaccination provided by the government, and opening of new and uncontaminated wells guarded by the municipal police. Between 1903 and 1906, the epidemic subsided until it disappeared, but shortly returned in the island in 1908. That was its last appearance. The provincial governors of these provinces reported that their



population was already cholera-free and enthusiastically attributed the favourable public health condition in their localities to the relentless dedicated efforts demonstrated by the health officials and personnel sent to them by the Insular Board of Health.

Amid the Philippine Commission's relentless campaign against Cholera epidemic in the island of Panay, its provinces (Capiz, Iloilo, Antique) were eventually placed under American rule. Colonial institutions like the civil government, Bureau of Health, Bureau of Education, Public Works, and the Philippine Constabulary (an anti-nationalist peace-keeping colonial force) were already fully-established which signalled the complete subjugation of the Filipinos.

#### REFERENCES

- [1] Hays, J.N. (2005). *Epidemics and Pandemics: Their Impacts on Human History*. Santa Barbara, California: ABC-CLIO.
- [2] Watts, Sheldon. (1997). *Epidemics and History: Disease, Power and Imperialism*. New Haven and London: Yale University Press.
- Archival Materials from the National Library of the Philippines (Public Documents)*
- [3] Philippine Commission. (1901). Report of the United States of the Philippine Commission to the Secretary of War for the Period from December 1, 1900 to October 15, 1901, Part 2 (Washington: Government Printing Office).
- [4] Philippine Commission. (1903). 3<sup>rd</sup> Annual Report of the Philippine Commission, 1902, Part 1, Bureau of Insular Affairs, War Department (Washington: Bureau of Printing).
- [5] Philippine Commission. (1904). 4<sup>th</sup> Annual Report of the Philippine Commission, 1903, Part 2, Bureau of Insular Affairs, War Department (Washington; Bureau of Printing).
- [6] Philippine Commission. (1906). 6<sup>th</sup> Annual Report of the Philippine Commission, 1905, Part 4, Bureau of Insular Affairs, War Department (Washington: Bureau of Printing).
- [7] Philippine Commission. (1908). 8<sup>th</sup> Annual Report of the Philippine Commission, 1907, Bureau of Insular Affairs, War Department (Washington: Bureau of Printing).
- Journal Article*
- [8] Heiser, Victor G. (2010). Sanitation in the Philippines: With Special Reference to its Effects Upon
- [9] Tropical Countries. *American Historical Collection*, 38(1), 17-33.
- Online Sources*
- [10] Philippine Commission (1905). *Census of the Philippine Islands: Taken Under the Direction of the Philippine Commission In the Year 1903, volume 2, Population* (Washington: US Bureau of the Census). <http://books.google.com/usercontent.com>.
- [11] Kaper, James, Morris Jr, J. Glenn, & Levine, Myron M. (1995). Cholera. *Clinical Microbiology Reviews*, 8 (1), 48-85. [journals.asm.org/doi/epdf/10.1128/CMR.8.1.48](http://journals.asm.org/doi/epdf/10.1128/CMR.8.1.48).
- [12] Lee, Kelly. (2009). The Global Dimensions of Cholera. *Global Change and Human Health*, 2 (1), 6-17. [C:/Users/user/Downloads/The\\_Global\\_Dimensions\\_of\\_Cholera.pdf](http://Users/user/Downloads/The_Global_Dimensions_of_Cholera.pdf)
- [14] MacNamara, Nottidge Charles. (1876). *A History of Asiatic Cholera*. London: Macmillan and Co., <https://archive.org/details/ahistoryasiatic00amcngoog>.
- [15] Philippine Commission. (1901). An Act Providing the Establishment of a Board of Health for the Philippine Islands. *Public Health Reports 1896-1970*, 16 (35), 1973-1978. <http://www.jstor.org/stable/41458984>.
- [16] Philippine Commission. (1900). Report of the Philippine Commission to President, volume 1, January 31, 1900. Washington: Government Printing Office. <https://archive.org/details/aex9637.0001.001.umich.edu>.
- [17] Worcester, Dean C. (1909). *A History of Asiatic Cholera in the Philippine Islands*. Manila: Government Printing Office, 1909. <http://archive.org/details/ajw2668.0001.001.umich.edu>.