

Misplaced Priorities, Unnecessary Effects: Collective Suffering and Survival in Pandemic Philippines

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Abstract: *Despite one of the world's strictest and longest lockdown policies, the Philippines' securitized approach to containing the COVID-19 pandemic has led to unnecessary suffering, especially in poor communities. This article explores how the Philippine government's prioritizing of punitive policies such as detaining quarantine violators or attempting to decongest Manila by sending poor families to neighbouring provinces, magnifies existing socio-spatial inequalities and further spreads disease. In many of these communities, poverty is a co-morbidity. As local governments struggle to provide frontline health and social welfare services, high-profile arrests, media shutdowns, and the proposed Anti-Terrorism Bill spark concerns about restrictions on free speech while movement is curtailed. Nevertheless, community and private sector efforts around localized healthcare, food security, and inclusive mobility indicate potential paths towards a 'better normal' that goes beyond just survival.*

Keywords: COVID-19; coronavirus; Philippines; poverty; urbanisation; slums; securitisation; human rights

"I will not hesitate. My orders are to the police and military,

as well as village officials, if there is any

trouble,

or occasions where there's violence and your lives are in danger,

shoot them dead,"

-Rodrigo Duterte, President of the Philippines

April 1, 2020, during the president's weekly late-night address to the nation

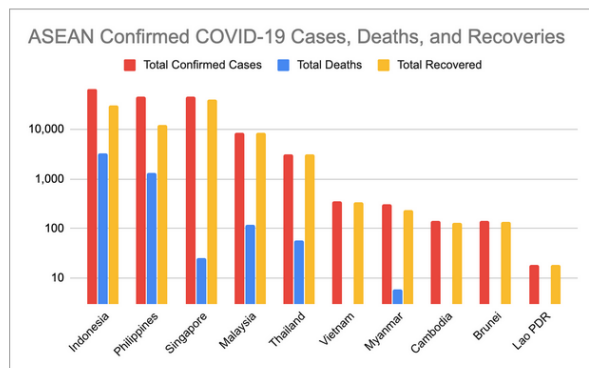
and Day 21 of the global pandemic

The president's orders were clear—the Philippines' response to the COVID-19 pandemic would be led by the military and the police instead of the beleaguered civilian health ministry. Thus, the Philippine Inter-Agency Task Force on Eradicating Infectious Diseases and its implementing bodies would not be led by the Secretary of Health, but by senior military staff. Set on a war footing, the Philippines has enforced one of the world's strictest and longest lockdown policies, and yet is still struggling to contain infections across an archipelago of approximately 7,500 islands. The Department of Health has confirmed 44,254 cases and is still verifying 10,341 more as of this writing (Department of Health, 2020b)—validating early estimates predicted by the University of the Philippines that the country would breach the 30,000 case mark by mid-June (Guido, Rye and Agbulos, 2020). This number is projected to double in a month's time (Guido, Rye, Agbulos and Austriaco,

2020).

Three months into various stages of quarantine, the Philippines now has the second highest number of infections in the ASEAN region and recently reported the steepest jump in confirmed cases (8,143) for the entire Western Pacific (Yee, 2020). It also has the second highest case fatality rate (3.6%) compared with its ASEAN neighbours (Center for Strategic and International Studies, 2020). The regional director of the World Health Organization (WHO) also observed that the Philippines has one of the highest mortality rates for frontline workers worldwide. Almost 13% of all COVID-19 deaths are doctors and other medical personnel, when other countries in the region remain at only 2-3% (CNN Philippines, 2020e).

Figure 1. COVID-19 Cases, Deaths, and Recoveries (log scale) as of 6 July 2020



Source: The ASEAN Post, 2020

Economic losses for the year have reached an estimated PHP 2.2 trillion (USD 44 billion) based on reports by the National Economic Development Authority (NEDA) (de Vera, 2020); this estimate does not fully reflect the

Philippines' sizeable informal economy. Big companies have announced massive layoffs, especially those from the tourism, travel, and service industries. There is also a decrease in remittances with the forced return of hundreds of thousands of overseas workers who have historically kept the Philippine economy afloat (Laforga, 2020).

COVID-19 exposes the structural limitations of the Philippine health system, which was assessed by the 2020 Global Health Security Index report as only "somewhat prepared" (47.6 on an index score of 100) to prevent, detect, and respond to epidemics or pandemics. Prior to COVID-19, the Philippines did not have enough doctors and nurses with 0.6 doctors per 1,000 population, which is still below the WHO recommended physician density rate and at the median among ASEAN countries (World Development Indicators, 2017). There are only 10,447 doctors (37%) and 30,368 nurses (27%) in public hospitals in Metro Manila, where COVID-19 cases have been concentrated (Department of Health cited in Fernandez, et. al., 2020). Many healthcare professionals—reaching around 20,000 departures in 2012 (Dayrit et. al., 2018)—have already gone overseas to work in hospitals in the US, UK, and the Middle East, illustrated by UK Prime Minister Boris Johnson's post-COVID convalescence photograph wearing a t-shirt with a 'Philippines' logo fuelled speculation he was paying tribute to the numerous Filipino nurses working in the UK during the pandemic. Low pay at home is a factor contributing to this exodus; while the police and the Philippines' armed forces continue to see an increase in salaries, this is not the case for health sector workers (Morallo, 2018).

Based on 2018 data, not enough hospital beds are available should even 1% of the over-100 million national population be infected (Dayrit et al., 2018). Private hospitals outnumber public hospitals, comprising 70% of the total number of hospitals despite serving a small

segment of the population (Department of Health, 2018). Recently, public health doctors assigned to geographically isolated and disadvantaged communities under the “Doctors to the Barrios” program protested the government’s order reassigning them to private hospitals in the emerging hotspot of Cebu City, citing that doing so would leave their rural service areas without medical care (Palma, 2020). Testing and tracing capacity also remain low compared to other countries. The Philippines has conducted an estimated 800,000 tests to date. However, testing capacity falls short of the daily target of 30,000 tests, only reaching just over 17,000 per day (Department of Health, 2020c). As of May, 38,315 contact tracers were hired, but at least 94,000 more personnel are required to hit the 1:800 ratio (Magsambol, 2020).

The low investment in the health sector reflects a growing anti-science attitude among public officials, which intensified with the post-2016 demonization of an anti-dengue fever vaccine that was administered to schoolchildren under the previous administration. Despite limited evidence that the Sanofi-developed Dengvaxia caused child deaths, vaccine confidence in the Philippines dropped from 93% in 2015 to 32% in 2018 thanks to a highly politicized health misinformation campaign (Larson, Hartigan-Go and de Figueiredo, 2018). A measles outbreak ensued, as did the resurfacing of polio which was already deemed eradicated nearly two decades ago (Punay, 2018, Rola, 2019).

Despite the “healthworkers-as-heroes” rhetoric, the Philippine medical and R&D sector is hampered not only by limited funding but also deadly misinformation. A prominent local official has drawn fire for not wearing masks and advocating steam inhalation as a coronavirus cure despite a massive outbreak in her city (ABS-CBN News, 2020). The early weeks of the pandemic saw incidents of health workers being shunned, driven out of their neighbourhoods, or assaulted with bleach. This

led to cities such as Manila, Pasig, and Muntinlupa adopting ordinances against discrimination of COVID-related cases. However, these incidents are likely to continue without extensive information dissemination to address fears (Hallare, 2020; Kabagani, 2020; Manila Standard, 2020; Mendez, 2020; Robles, 2020).

As a result, the Philippines has been ranked the 9th riskiest and least safe country amid the pandemic globally, and the least safe in the entire Asia-Pacific region (Deep Knowledge Group cited by Rappler, 2020). These rankings indict the highly-securitised approach led by military and police personnel. By focusing on mobility restrictions first and health and social welfare second—driven by an overriding rhetoric that the government must punish the ‘*pasaway*’ (stubborn, non-compliant citizens)—the effect has heightened existing inequalities and vulnerabilities and led to unnecessary suffering, especially in poor communities.

Outbreak and the Response: Misplaced Priorities?

Critics state that the Philippines has prioritised the wrong policies in its COVID-19 response, beginning with losing its geographic advantage by not putting up border restrictions fast enough.

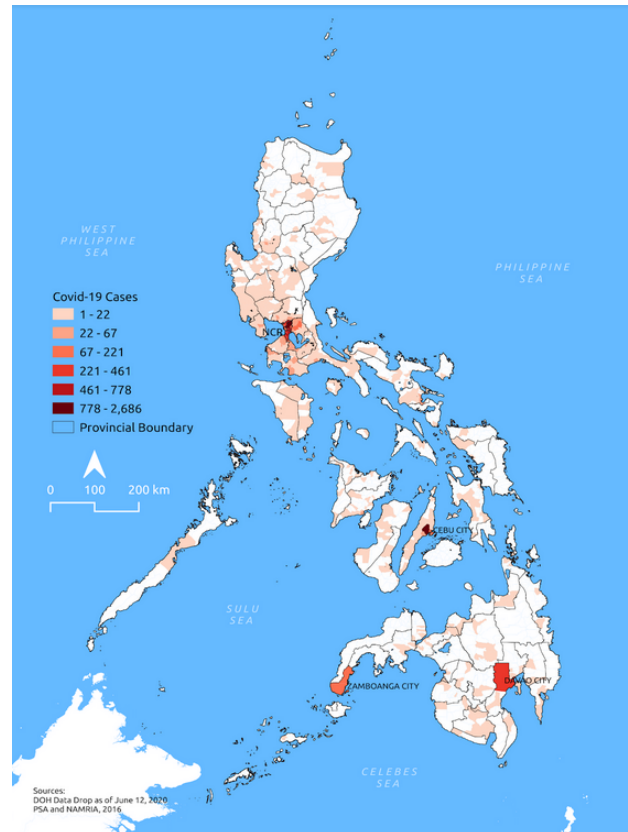
The country’s first reported COVID-19 cases in January were both foreign nationals travelling from China. It was only in March 2020 that community transmission in Metro Manila was confirmed after COVID-19 cases in Taiwan and Australia were traced to travel from the Philippines (Department of Health, 2020a). In response, the Philippine government declared a National State of Calamity (Proclamation No. 929), which placed large portions of the country under the euphemism ‘Enhanced

Community Quarantine (ECQ)', or what is referred to elsewhere as a hard lockdown. While cases were originally concentrated in Manila, it appears that the three-day lag between ECQ announcement and enforcement led many people to flee the city for the countryside, bringing infection along with them.

Further transmission was facilitated by the return of so-called 'locally stranded individuals' to their hometowns after mobility restrictions were eased at the 100-day mark. A since-suspended national program called *Balik Probinsya* (literally translates to "return to the province") offered urban poor families and out of work Overseas Filipino Workers cash and livelihood assistance provided that they return to their provinces, with the aim of decongesting the national capital region. There were reports that local government units were ordered to accept individuals who availed of the program and some returning overseas Filipino workers even if proper coordination and documentation was incomplete, increasing the risk of community transmission (Marquez, 2020b).

Official DOH data as of 12 June 2020 states that only 12 out of 81 provinces in the country are deemed "COVID-19 free", with the remaining 69 provinces having at least one confirmed COVID-19 case. However, the movement of residents has led to new spikes in the cities of Cebu, Davao, and Zamboanga, the three major urban hubs outside of Metro Manila (Department of Health, 2020b).

Map 1. Coronavirus in the Philippines as of 12 June 2020



Source: Department of Health Data Drop as of June 12, 2020

The executive was quick to request emergency powers through Republic Act No. 11469 or the Bayanihan to Heal-As-One Act, which gave President Duterte authorization to reallocate all available resources to the COVID-19 response. The massive PHP 350 billion budget (approximately USD 7 billion) includes PHP 200 billion (USD 4 billion) cash assistance for 18 million poor households. An estimated PHP 370 billion (USD 7.4 billion) in loans have also been secured with the Asian Development Bank, World Bank, China's Asian Infrastructure Investment Bank, and the Japanese government to finance COVID-19 response programs, including continued infrastructure spending through the infamous "build, build, build" program to bolster the flagging economy (Report to the Joint Oversight Congressional Committee cited in Esguerra, 2020; GMA News

Online, 2020b).

President Duterte's emergency powers lapsed on 24 June 2020. While the law was in effect, it did not hasten the provision of cash aid nor did it enable local governments to use resources to respond to the crisis. Focus was placed on mobility restrictions implemented by the militarized national leadership, where illness was blamed on citizens not cooperating with the stay at home order. With this stern "hands-off" approach, the national government took control of resources and decision-making while passing the burden of responsibility to the local government units, the private sector, and ordinary citizens.

Select local government officials from Metro Manila have expressed dismay with how the national government has handled the crisis, stating there is lack of consultation, coordination, or concrete and detailed action plans to respond to the COVID-19 pandemic (Ranada, Tagolong, Gotinga, 2020). Inconsistent pronouncements from the president—often shared in hours-long, late night talks announced only shortly in advance—caused confusion and tension between national and local officials. Informed of national decisions barely hours before execution, local officials struggled to put up localised testing facilities and provide transport for health workers (Tan, 2020; GMA News Online, 2020a).

Both national and local governments are plagued by slow disbursement of funds: weekly reports from the executive branch show that only 63% of the reported budget has been spent thus far. Meanwhile, apparently only 15% of the PHP 3.9 billion (USD 78 million) in grants for local governments have been utilized (COVID-19 Citizen Budget Tracker, 2020). In the meantime, the nimbler private sector stepped in to address the gap. Business organizations invested more than two billion pesos (USD 40 million) to supplement national

and local relief efforts and support hospitals with PPE and medical supplies in the first three months of the pandemic, while struggling to keep their employees on the payroll. Companies such as ABS-CBN, the country's biggest broadcast media company, which was recently shut down by the government, raised PHP 400 million (USD 8 million) to assist urban poor communities while trying to stay on air (Castro, 2020). Private sector groups were the first to react when national government officials violated the quarantine rules, as with the cases of a Philippine senator and a high ranking police official, but the President rushed to defend these violators, setting a bad example (Marquez, 2020a).

Ongoing tussles regarding local and mass transport exemplify this mismatch between national-level decision-making and citizens' needs. On the first few days of lockdown, thousands of commuters in Metro Manila were stranded because of the suspension of public transport, and the system of rigid and sometimes arbitrary checkpoints set up throughout the megacity. These local checkpoints were manned by armed police, many of whom were not provided with PPE or adequate training on health protocols. More red tape came in the form of additional checkpoints set up by city and village-level officials, who often had their own system of permits.

Given that 70% of the population in Metro Manila uses public transport (Abad, 2019), the shutdown forced healthcare frontliners to walk for hours or ride a bicycle despite the absence of safe bike lanes. While attempting to use retrofitted tricycles to transport health workers, a popular local official was reprimanded (and later scolded by the president in a televised speech) for having violated social distancing rules—despite current Davao city mayor and presidential daughter Sara Duterte continuing to use tricycles in her city (Inquirer.net, 2020a).

Several hospital frontliners were killed in vehicular accidents while biking to work. The suspension of mass transportation also translated to heavy losses amongst low-income transport workers, including drivers of the iconic Philippine jeepney who were banned from operating but ordered to comply with a contested modernization program. Some have been forced to beg for aid (Pedrajas, 2020). Six mostly elderly jeepney drivers were jailed for staging a protest against the ban; two out of the six later tested positive for COVID-19 after being released from detention (CNN Philippines, 2020a).



Figure 2: Hundreds of commuters were stranded at the checkpoint along the boundary of Metro Manila (Valenzuela) and the province of Bulacan. Source: Jonathan Andal, GMA News, 17 March 2020.

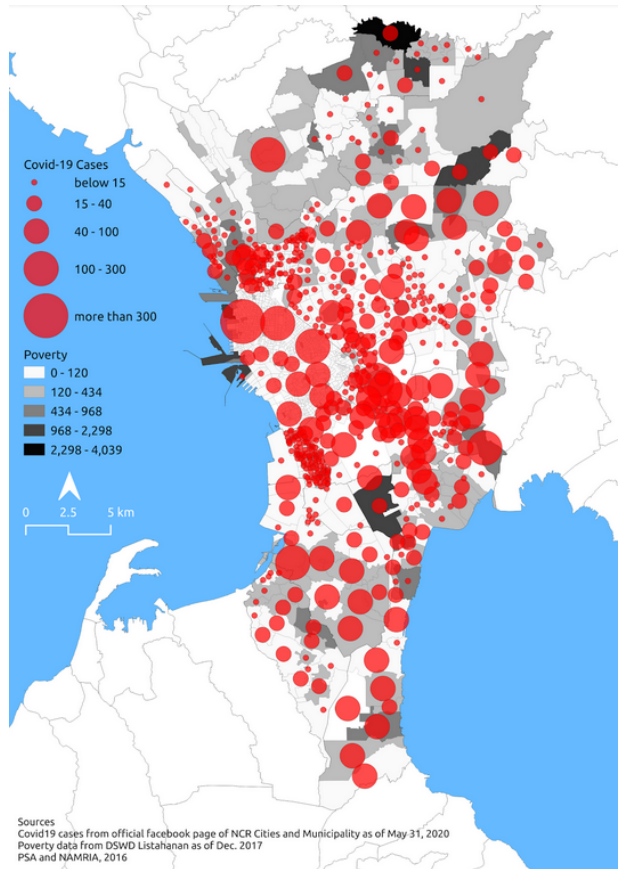
Poverty as Co-morbidity: Community Burdens and Unnecessary Suffering

All evidence points to poverty as a co-morbidity of COVID-19. The way poverty shapes a person's access to the social determinants of

health such as economic stability, education, health care, the neighbourhood and built environment, and the social context of a community, greatly affects vulnerability to a pandemic such as COVID-19. Prior to COVID-19, the poor were already exposed to various health issues due to substandard living conditions and limited access to basic services, which are highly correlated to chronic impoverishment (Diwakar and Sheperd, 2018). With limited means to comply with health protocols such as physical distancing and hand washing, the poor are more vulnerable to the disease. This is seen in the case of Metro Manila, the first epicentre of COVID-19 in the Philippines. As one of the densest urban settlements in the world where 2.5 out of 13 million residents live in slums, poverty compounds the effects of a pandemic. Map 2 shows the poorest areas (the darker the colour, the higher the magnitude of poor households in the areas) and their proximity to COVID-19 cases.

For highly segregated megacities like Metro Manila, the concentration of COVID-19 cases is a reflection of those who were able to access testing facilities and hospitals, which many of the urban poor communities do not have access to (Fernandez et al., 2020). Access to government assistance is also a challenge for impoverished members of the large informal economy, because they are not included in government databases (Karaos, 2020). Low-income families dependent on daily wages slid further into poverty when their primary sources of income were halted by prolonged quarantine restrictions, thus doubling the incidence of involuntary hunger over the past three months (Social Weather Station, 2020).

Map 2. NCR and Coronavirus Cases

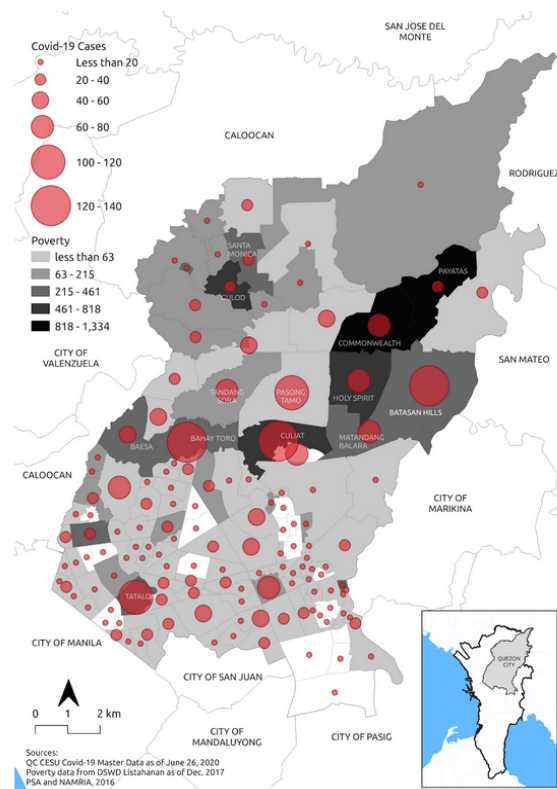


These dynamics are more clearly seen at the city level. Map 3 looks at Quezon City, one of Metro Manila's larger cities with a population of 2.9 million, 52,000 of whom are poor based on official poverty data (Department of Social Welfare and Development, 2017). At present, 137 of 142 barangays (villages) in QC have pandemic infections, including two of the country's densest slums, Payatas and Batasan; 105 of these communities were tagged to have high to moderate risk based on the number of COVID-19 cases. For poorer areas, the level of risk is between high and moderate, thus requiring local villages to impose strict lockdowns for an extended period. Following the same pattern throughout Metro Manila, poorer areas have closer proximity to COVID-19 cases but are not close to COVID-19 care facilities. Figure 3 shows the weekly report provided by the Quezon City government

on verified COVID-19 positive cases which remains on an upward trend (Quezon City Government, 2020).

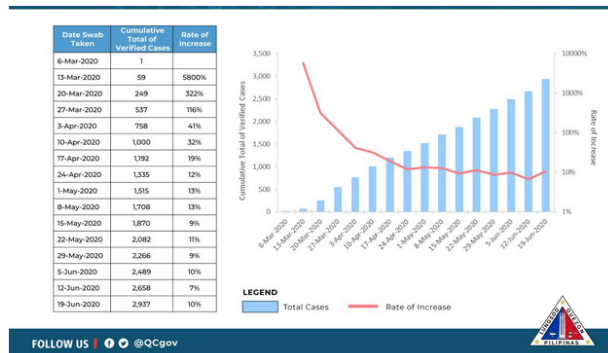
These same impoverished areas are vulnerable to environmental disasters such as flooding, fires, and earthquakes, causing regular evacuations during the rainy season. The Philippines is one of the most disaster-prone countries in the world; as such, COVID-19 is just one additional risk that poor families have to endure (Bündnis Entwicklung Hilft, 2017). Once the typhoons arrive, cash-strapped local governments need to provide evacuation facilities compliant with the necessary health protocols, despite having drained existing resources during the first lockdown.

Map 3. Quezon City COVID-19 Cases as of 26 June 2020



Source: Quezon City Epidemiology and Surveillance Unit COVID-19 Master Data

Figure 3. Weekly rate of increase of verified COVID-19 cases, Quezon City (June 2020)



Source: Quezon City Government, 2020

‘Shoot Them Dead’: Punitive Policies as Added Vulnerability

The Philippine National Police (PNP) recorded around 152,000 curfew and quarantine violations since the beginning of the lockdown and 71,540 people have been arrested (CNN Philippines, 2020d; Bajo, 2020). Some of these arrests have led to deaths--a police shooting and killing of a retired military personnel at a checkpoint on 22 April and a 28 April mauling of a fish vendor without a mask are only two of the publicised incidents of alleged abuse of power by state actors (Ferrerias and Cahiles, 2020; Gonzales, 2020).

Local village officials also employed punitive approaches in punishing alleged quarantine violators in their jurisdiction. Punishments are largely arbitrary and have ranged anywhere from monetary fines, to being imprisoned in cages made for impounded dogs, to doing ‘duck walks’, push-ups or squat jumps, or other forms

of public humiliation (Human Rights Watch, 2020b). Gated communities are also not exempt, with incidents of the police entering the pool area of a posh condominium or engaging in an altercation with a foreigner resident in an exclusive village in Metro Manila (Ong, 2020). While alleged violators from poor communities get punished immediately, the treatment and handling of violations in affluent communities and positions of power tends towards greater leniency.

That this highly securitised approach has led to multiple cases of excessive use of force by police officers and barangay officials is not surprising given the escalation of human rights violations in the Philippines, particularly those tied to the Duterte administration’s so-called ‘war on drugs’. Duterte’s “shoot them dead” order for quarantine violators echoes the public shoot-to-kill order he gave earlier in his administration, but this time instead of advocating the executions of the so-called “nanlaban”, or drug personalities who fight back, the crosshairs are set on the so-called “pasaway” - those who do not comply. All of this is consistent with the findings of a 2020 UN Human Rights Council report (OHCHR, 2020) on widespread killings and arbitrary detentions in the country, which are made even more deadly by disinformation and the vilification of dissent.

The COVID response powers given to Duterte also had provisions that have been used to go after perceived critics of the administration. A “Task Force COVID Kontra Peke” whose mandate is “prevent and report fake news” led to the arrest of at least 32 people in April including teachers and other individuals tagged as left-wing supporters (CNN Philippines, 2020b). The government also cemented the conviction of investigative journalist Maria Ressa over trumped-up cyber-libel charges, and fast tracked the passage of the controversial Anti-Terrorism Bill, which was signed into law by the president on 3 July 2020. Its loose

definition of terrorism allows police, law enforcement, and military personnel authorised by an appointed Anti-Terrorism Council to carry out warrantless arrests on tagged “terrorists” who can then be detained for up to 24 days, wiretapped for up to 90 days, and if found guilty, imprisoned from 12 years to a full life sentence (Ratcliffe, 2020; CNN Philippines, 2020c).

Other major human rights concerns related to COVID-19 include infections in prisons and amongst internally displaced populations and protocols for LGBTQ+ families whose partners die from COVID-19 but are not given the full spousal or civil partnership rights accorded by law to heterosexual couples (Human Rights Watch, 2020a). As in other countries, the lockdown and its behavioural stresses have led to a rise to violence against women and children (UN Women, 2020). The Department of Justice reported online sexual harassment cases increased by an alarming 264% since March 2020 (Chapman, 2020). The Commission on Human Rights and the Department of Social Welfare and Development has already set up hotlines for referral of these kinds of cases, but the burden for monitoring also depends on stretched local government mechanisms.

Keeping each other alive: Reimagining collective resilience in a time of COVID-19

As the world realizes that old methods of crisis response and recovery no longer apply, the Philippine case points to how a securitised approach that prioritises punitive policy over health and social protection—especially one that implements these policies in a one-sided, arbitrary fashion—will not succeed in stamping out COVID-19 infections. One of the overused concepts by the national government throughout this pandemic has been the concept of *bayanihan*, or the Filipino practice of community action to accomplish a specific task. By using a familiar rallying call to work

together to “flatten the curve,” the national government was able to stealthily pass on the burden of response and survival to the populace—specifically the private sector, local government units, and everyday citizens. However, *bayanihan* is impossible in an environment of fear and mistrust.

As in many other countries, the health crisis is occurring in an environment of populism, impunity, anti-poor sentiments and an assault on human and civil rights. At the same time, the Duterte administration’s pivot to China has very local implications. Secret Chinese-only underground clinics have been discovered treating the uncensored POGO (Philippine offshore gaming operators) workers, a euphemism for online gambling workers who have set up shop in the country to sidestep mainland China law. It appears that they may have spread the coronavirus undetected (Straits Times, 2020).

For all of these reasons, the COVID-19 battleground is not just in hospitals but also within communities. The country’s existing vulnerabilities call for a community-centred approach that promotes accountability and puts citizens, especially the poor and vulnerable, at the centre of its programs and interventions. Beyond imposing mobility restrictions and creating a climate of fear, the outbreak countermeasures require harmonised efforts to address the problems of poverty, mobility, and food security as critical elements in disease prevention.

The pandemic is testing the limits of the social contract on a global scale. When the national government fails to deliver on its promises, local community leaders are forced to innovate to deliver basic services and protect citizens’ rights. Modest attempts by local officials include setting up local testing facilities and mobile markets to make fresh produce available to their communities (GMA News Online, 2020a). Local officials have also pushed

back against the national government's *Balik Probinsiya* program as a means to tighten border controls which contribute to the spread of the disease in the provinces (Marquez, 2020b). Community led innovations are being developed with support from the private sector such as food chain models where pop-up neighbourhood kitchens and volunteers have been distributing hot meals and relief goods in poor communities (Layno, 2020). Mental health services led by volunteer psychologists and counsellors are also being offered for free for both health workers and citizens. These early models are indications that the community plays a vital role in collective resilience (Biong, 2020; Lozada, 2020).

However, these social services are not enough. Battling COVID-19 means breaking the anti-science culture and focusing on aggressively testing, treating, and isolating cases while keeping priority industries running and families fed. A major part of this is transparency and ensuring community access to accurate information—which is currently at odds with the media crackdown and official government claims that the Philippines has among the lowest number of COVID-19 cases and deaths in Asia (Rappler.com, 2020a).

The economic impact of the pandemic is likely to worsen in the coming months. With the monsoon season, food security and income support for the poor and vulnerable is no longer optional. Instead of sending the poor back to the provinces, proper preconditions to enable households to comply with the 'stay at home' directive must be put in place. This includes access to decent housing and sanitation in addition to income support for those who lost their jobs and sources of livelihood. Existing systems must adjust to handle prolonged periods of relief and response and ensure basic food security of affected households, while reopening the local economy. All these require laser-sharp focus on keeping citizens alive—not shooting them dead.

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This report contains maps by spatial planner **Wilfredo Dizon, Jr.** and the authors.