

# To Heal

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MY ONLY BROTHER Romulo died an infant, years before I was born. His birth was much awaited by my parents, who had five female offspring before him. Before Romulo's birth, my father had worked in Hawaii a few years, and so my infant brother's arrival marked a new beginning for my parents, who had also left their farming hometown for the city, after my father's return. My brother was barely three when he died suddenly. In a black and white photograph in the family picture album, he is a boy infant in a small casket. In the photograph, my parents are a distraught couple, with some of their children, standing around the casket, on the church steps.

Each year on All Saints' Day, my mother visited the small tomb in the graveyard, often with my father. I used to wonder what Romulo had died of, and my own parents did not seem to know for certain. My mother spoke of fever that went on for days, and how she had asked a nurse next door to give him an injection to treat the ailment. It was the early 1950s, and my parents would oftentimes rely on folk remedies for the usual complaints, which usually worked. They were not as fortunate with my brother Romulo. It was likely a case of measles, and proper early treatment may have saved my parents much grief. As it turned out, the neighbor whom my mother turned to was not much help. For years after that death, my mother nursed her resentment over this apparent wrong done to her family.

My youngest sister Luisita was a sickly infant as well, and my parents worried that she would go the way of Manong Romulo. She was hurriedly baptized at the Baguio Cathedral, with my father's aunt Leodegaria standing as *ninang*. Another photograph shows my mother holding a crying baby, standing beside my father and Nana Dayyang the godmother, in front of the church door. It must have been a sunny morning, because my elder sister Florita and myself, both not quite of school-age, are seen squinting into the camera. My mother was greatly relieved that Luisita survived; I guess she was convinced that somehow the church blessing had a beneficial effect on her frail youngest child. All through my sister's childhood and adolescence, my mother was solicitous toward her youngest daughter; perhaps at the back of her head she feared that the old ailments would return any time.

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We did not see medical doctors very often in childhood, even if we had gone to a Catholic school. The physician I came to know to a considerable degree was my eldest sister's future mother-in-law, Doctora Jacinta. She was the school physician at St. Louis, and she had a clinic in a building attached to the high school, just behind the clinic was the nuns' residence. She was a quiet and gentle lady doctor who had the demeanor of a nun, very different from our image of doctors who stuck needles into our young arms without as much as a word of comfort. I recall lining up with schoolmates for the annual vaccine shots at school, vaccines for childhood maladies like polio. The shots were always feared, but I think now that it helped that Doctora's presence was particularly calming.

Even before my sister had married *Manong* Larry, Doctora's son, we would see her for the usual medical complaints—a fever, stomach pains. She would receive patients even in her spacious residence at General Lim, close to Burnham Park. Often, especially when the patients appeared needy, she would not charge fees and would even send patients home with some medicine and vitamins. It was clear to friends and family that she was a servant doctor, one who would not enrich herself through her practice. When she passed away, she left to her heirs her house and the spacious land in the center of the city, but not much else.

Many years later, I met Alice, another lady doctor who had gone to South America as a missionary. On returning to the Philippines she served poor communities in remote areas of the Cordilleras, earning very little from her practice, and living a modest and nondescript life. I was reminded of Doctora Jacinta: Alice and Jacinta—gentle, soft-spoken, generous to a fault. Alice was later stricken by an aggressive

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cancer, but throughout the treatment and convalescence, she was uncomplaining, even cheerful. On one visit, we saw that she was weak and frail, but she continued to smile as she expressed concern about the comfort of her visitors. It was a painful disease that struck her, but it appeared she faced it with uncommon strength and acceptance. Sometimes I wonder whether it was because she had seen more pain and destitution through ministering to others over the course of her life as a doctor. Doctora Jacinta passed away also from a debilitating ailment, in an earlier time.

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My father came from a farming family in the Ilocos, and when most of the family had left for the city, or for America, his two unmarried sisters—Herminia and Maria—remained in the barrio, tending to the farm, living a quiet and bucolic, if uneventful life. In childhood, we would visit our aunts during the summer, and though the memories of these visits were pleasant, we would later be occupied with other things during most of our grown-up summers. Season after season, our aunts watched the rice turn golden in the fields, or the tobacco leaves turn brown, or the tamarind trees bear fruit. It was hardly an unhappy life, though my aunts were known to live very frugally, almost to the point of parsimony. Memories of hardship and near starvation during the war were the stuff of stories told over and over by my parents and my aunts, memories of a distressing time that left victims scarred for life.

Occasionally we would find the time to take the long and dusty ride to the barrio. It was during these rare visits that we would notice that they were growing old, the younger Auntie Iniang walking less briskly, the elder Auntie Maria walking much more slowly, with a severe stoop. Still, they worked the loom, and at times pounded rice on the stone mortar, like in the old times. My aunts relished a smoke of rolled tobacco leaves after an early supper, and this was so for as long as I can remember. Yet they hardly complained of any ailment, and probably saw a doctor very rarely in their entire lives. It was difficult enough to go to the *poblacion* from the barrio, let alone to Vigan, where many had to go, when the town doctor—likely a general practitioner—was unable to give a proper or satisfactory diagnosis and treatment. In one of my last visits to my aunts, Auntie Iniang seemed exceptionally frail and unwell. She was advised to go to the doctor, which she probably did, but months later she passed away. Distant cousins who had come to do chores for the ailing aunt said she had lost her appetite, and slowly wasted away. In less than a year, Auntie Maria, who had shown signs of imminent dementia, also passed away. It was not clear what befell Auntie Iniang, or her elder sister Auntie Maria. In the barrio, a

fever or a childhood malady was sometimes thought to have been caused by spirits one had disturbed by simply walking on some field, or perhaps resting under a tree inhabited by creatures. Herbs and other *sapsapo*—ointments made from a mixture of oil and plant extracts—and some rest, usually worked, with the usual incantations to appease the spirits. I surmise that my aunts were afflicted with some form of tuberculosis, their bodies made weak by age and years of hard work. It is difficult to speculate whether toward the end, a physician could have done much to cure Auntie Iniang, or even Auntie Maria. Sometimes I rue the life they lived, yet who is to say how much happier, or more miserable they would have been, living elsewhere, getting far better medical attention than they did, where they lived.

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Our daughter's infancy was made difficult by medical conditions she had at birth. Born a month short of the normal nine months, she was diagnosed with sepsis some days after birth. She was born with a clubbed left foot, and so was kept in the hospital for several days after I had returned home from childbirth. Her pediatrician had advised that her foot should be put in a cast by the resident orthopedist as soon as possible. As it turned out, the orthopedist could not attend to the baby, and so we brought her home days later, without the cast. But the baby was irritable and had difficulty feeding and sleeping, and it seemed she was ill. We chose to bring her to the city's public hospital for treatment, since we knew several resident physicians who had years before, gone to school with us. A blood infection, possibly picked up at the private hospital where she had been born, was suspected. Blood had to be extracted, samples had to be cultured, and we had to wait for days to get a clear idea what the problem was. Meantime, we shared the ward with other patients, mostly young children with varied complaints, some more serious than others. It was not what we had envisioned of the early months of our parenthood, spending days and nights in hospital wards where the air hung heavy with dread, even sadness. The nights were especially hard, when things quieted down, except for occasional late admissions into the ward. At times, one heard someone sigh, or cry, out of pain, or perhaps fear and loneliness. There were nights when one was jolted by weeping and the rushing of feet down the corridor.

We were first-time parents with hardly anyone else to help quell our fears. My husband Francis left the baby's bedside only to do errands, or talk to doctors and nurses, who were patient and solicitous despite his repetitive questions, demanding clearer answers, seeking reassurance. The baby slowly got better, but it was never

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made clear exactly what ailed her. The blood cultures did not give conclusive results, but once other vitals were deemed satisfactory, we were more than happy to be discharged.

At the public hospital we found a young orthopedic surgeon who had just returned from training overseas, and we turned to him for correction of the baby's problem foot. He was confident and reassuring, a pleasant contrast to the prospective orthopedic specialist in the baby's birthing hospital. The foot was put in a cast for several months, and later orthopedic shoes were made to correct the bone's orientation. Through all those months the foot seemed to improve only slightly, even as we struggled to distract the infant from evident discomfort from the cast, and later the shoes were too heavy and too constricting for very tiny feet. Surgery was suggested, a terrifying thought for a first-time parent with a year-old child who had been through more than the usual medical procedures early on. We spent days and nights worrying about the child's readiness for anesthesia and the long-term effects, yet we dreaded what her future might be if the foot was not corrected early. While we mulled over the prospects of surgery, I chanced on a pediatrician friend who had been a grade-school classmate, and I reached out for help and advice. There was no offer of assistance; I recall that she gave vague remarks about doctors at the hospital being competent and reliable. I had expected more, but perhaps she had reasons for not coming up to my expectations. I knew that physicians would not take on family members for patients, but I was hardly that to this friend. In the end, what helped us through our deep anxiety was the orthopedic surgeon's assurance that this was a safe procedure, and that it would be much harder to correct the impairment if surgery were done at a much later time, when the bone would have been less pliant.

And so after only a year out of hospital, we were back in the all-too-familiar children's ward, spending days awaiting the baby's schedule at the busy operating room, and days thereafter waiting for the wound to heal. Coming out of the operating room, the surgeon seemed exhausted but was still quite cheerful, reassuring us that the baby was well and was not a difficult patient at all. It felt as though we had aged considerably through the ordeal. Months after the procedure, after several post-surgery consultations, all that had remained of the early impairment was a scar behind her heel, and the young bone doctor sent us off, beaming with pride over his handiwork. Years later, we were to learn that the orthopedist we were first referred to had some unhappy patients for a time, and that he had passed on, a few years after our daughter's birth. It was just as well that he was unavailable at the time we wanted his services badly.

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Francis, my late husband, was not particular about his health in youth. He spent years in college and graduate school away from home, in dormitories or boarding houses, taking his meals in eateries charging cut-rate prices. Like most young men of his generation, he smoked and drank and was generally in good health, except for a bout with hepatitis in his twenties, which he later suspected he contracted from carelessly prepared street food. Spending a summer in Bongao, an island in southern Mindanao, he contracted malaria, but he quickly recovered. Before we were married, he rarely saw a doctor, though one story he repeated often was how he frantically brought his landlord's wife to the hospital, as she was having a heart attack. The woman survived, but the landlord, whose behavior repelled the boarders, was later the object of ridicule and made the butt of many jokes.

In later years, after he became a father, Francis became concerned about health issues, for his daughter and his family. His own early bouts with hepatitis and malaria made him all the more anxious for his child's well-being. A few years after our daughter's birth, he complained of occasional swelling of the foot and knees, a condition which he dealt with by going to a *hilot* in the city market. The woman, a large bodied, cheerful market vendor, suggested it was a pulled or stressed muscle or bone—a *pilay*, a *pasma*—and proceeded to apply a concoction of coconut oil and herbs, followed by heavy massage. It relieved him considerably even if the massage was oftentimes painful. He returned repeatedly to the hilot, whom he knew only as “the painful woman,” until one day, she was no longer at her market stall. My husband was to find out soon enough that he had gout, and that many things he enjoyed, like a drink of beer, and beans and some types of fish, were now forbidden.

He had stopped smoking and drinking before his daughter started school, and he took on the role of family health watchdog, being anyway the main market-goer and cook. Though he had begun seeking medical advice for his gout, and later, his elevated blood pressure, he was constantly on the lookout for herbal remedies, like *pansit-pansitan*, a small weed growing near clean flowing water, garlic, virgin coconut oil, even tea made from the dried husk of mangosteen fruit. He visited the clinic whenever he dropped me off at school, and when the doctor was quite free, he would sit to chat and trade stories with the lady doctor, a pleasant-mannered physician who had earlier been a company doctor at a mining firm. Having had brief teaching stints in his younger years, Francis learned that some students he had taught in Literature classes had become physicians. A good number of them were specialists whose accomplishments he would speak of with admiration and pride. He knew them as

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thoughtful and intelligent young men and women, and he felt in his heart that these students had it in them to become servant doctors.

I remember taking my husband a couple of times to the emergency room, before his demise. Once he got a fishbone stuck in his throat, and no matter his efforts to spit it out, the bone was not to be ejected. At the hospital the attending nurses said his blood pressure was elevated, and so he was made to rest, to bring down the reading, but strangely, the fishbone seemed to have vanished. It was probably the pain and the anxiety that caused the high blood pressure. The attending physician, though somewhat amused, assured us that there was little to worry about. The second incident had to do with a dizzy spell, accompanied by vomiting. At the emergency room, he was made to wait for close to an hour, and when he was attended to, the doctor could not determine what was wrong, because even his blood pressure was normal. As in his previous visit, he was made to rest on an ER bed, for observation. Shortly after, ambulances arrived, with injured passengers from a bus that had met an accident on the highway approaching the city. It turned out there were not enough beds for the number of people wheeled into the hospital, and so he was asked to vacate the bed. It was not an unreasonable request, but the sight appeared to us somewhat bizarre, with the dizzied patient sitting on a bench, like a bystander in the busy ward. In the end, he was sent for an eye and a blood test. Nothing wrong was seen in the test results; it seemed pointless to take up precious hospital space for no apparent reason.

When it finally happened, my first thought and hope was that it would be like the earlier episodes at the emergency room. There was little warning that this was serious. He had climbed up the hilly road to go to the neighborhood *talipapa* for provisions, and rice cakes. It was a cloudy July day, and he ignored suggestions to stay home, since the walk would do him good. On returning home, he mentioned in passing that he had felt a pain going up the road, but that the pain was gone. When he finished his bath toward late afternoon, he came to my workroom, and asked to be massaged on the chest. On our way to the living room, he collapsed. I remember asking him to *stay with me, stay with me*, before he lost consciousness. At the emergency room in the hospital, the attending doctors and nurses tried to revive him, as I waited helplessly nearby. A middle-aged woman who was then at the emergency room with a family member, came over asking about us, about what had happened, a stranger attempting to be of comfort at one's most anguished moment. Some fifteen minutes into the procedure, a young doctor came tell me my husband was unresponsive, and should they proceed, anyway. I said for them to go on. I recall she came again, and again, saying the same, until I said they could stop. I did not

realize then what this all meant, until much later when I figured that the longer it took to get back a heartbeat, the less of him would remain, even if they could have done something. When it was over, some of the nurses stood around his bed and said a prayer.

One can never capture in words the terrible feeling of loss, a shared life suddenly gone, without warning. The stranger's attempt to comfort was an intrusion, yet also a distraction from unbearable pain. It was a gesture that I will remember for a long time, a gesture that spoke of fellow-feeling, of not being utterly alone in unspeakable grief. It was more than I got from those who had attended to my husband, but it may be that many of them had to steel themselves from such heart-wrenching emotion if they were to go on doing what they did, dealing with illness and death day after day.

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A week before the 2020 Luzon-wide community quarantine was announced, I went to two wakes. In Mapandan, Pangasinan, Manong Rammie—a retired budget officer whose service coincided with my term as school head—had suddenly passed away. He had not told his wife about the physician's advice to have his lungs checked, after an x-ray showed a suspicious growth. On one of his postretirement visits to the campus the year before, I had breakfast with him at the school canteen. I remember suggesting that he should travel overseas, to visit relatives who had settled in Canada. I was taken aback by his response, that he would rather the money be spent for a decent casket. It did not occur to me that this was not said in jest, although I realized later, as I looked at his remains in the casket in Mapandan, that he did appear somewhat frail during that last visit. His widow said she was not aware of the illness until a few months before his demise. He took pains to conceal his condition, and was up and about until he had to go to the hospital, some weeks before he passed away. From her we learned he did not go through a lot of pain, that he seemed accepting of his imminent passing. In the company of his former coworkers, I had travelled from our mountain city to Mapandan for close to two hours to see a departed colleague and his family. Along the way, I imagined we would have a somber visit, considering this passing was sudden and unexpected. What we found was comforting—the widow was gladdened by our visit, sharing stories about Manong Rammie in happier times. Over a meal of broiled fish and seaweed salad, talk was animated. We spoke about many things, almost as if we had come to visit the living, rather than the dead. We had come to comfort the bereaved, but were ourselves comforted. In the midday heat in that small and sleepy town, it was not hard to cast off sadness, in the company of



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others who shared not just the loss, but also the good memories. When we left there was much hugging and hand shaking; this was not yet forbidden, though there was talk of the virus in the evening news.

A few days afterward, a young coworker's husband also passed away. Cancer was discovered very late, as doctors could not determine what the problem was earlier. Sent home from the hospital after surgery, he was thought to be on his way to recovery. In a matter of days, he was gone. At the wake, the young widow was distraught, unable to hold back tears days after his passing. It was unthinkable that this should happen; they were a young couple with so much ahead of them. I had been widowed several years before, and was much older than this young woman when I bore that terrible loss, but I knew this heartbreak for what it was: deep, bottomless, beyond consolation. One's best gesture at such a moment was to extend a hand, to offer a shoulder to cry on. Days later, it was no longer possible to do that.

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The virus that has disrupted every single life in every corner of the world is not a living thing. Yet it moves from host to host, as people live, move and work in shared spaces. Once the virus invades, it is the body's defenses reacting fiercely that can bring further damage, even death.

For months, fear and anxiety have gripped entire cities and countries, and have brought life to a virtual standstill. People have been made to stay home, told to avoid touching objects or other people, in order to arrest the spread of an unseen but deadly organism. The first days of the virtual lockdown seemed unreal, marked by the absence of people and vehicles on previously crowded roads. One awoke to an eerie silence, an unfamiliar and unsettling quiet that was broken only by birdsong and the occasional cockcrow or the barking of dogs.

One can never tell how much disruption, hardship, pain, or suffering one can bear, until one is thus tested. The same can be said of families, even communities. When Martial Law was imposed in 1972, people awoke to a world much changed. Suddenly, there were no newspapers on the streets, no television shows on the air. Military trucks occupied roads, with soldiers manning checkpoints. "Dissidents" were arrested and detained in military camps, ostensibly for the crime of rebellion, posing danger to the state. I was among those who were confined in military camps, detained for over a year, in the early period of martial rule. Many of those detained were, like myself, young and rash, unable to restrain themselves from speaking out, even if this meant we would be targeted by unthinking intelligence operatives. It was

a dark and uncertain period; no one knew how vicious the dictator's minions would be, given their marching orders to crush any purported act of rebellion. I remember days and weeks shrouded by a feeling of sheer hopelessness, made bearable only by the company of fellow detainees, and the occasional visits of family. While life outside the detention camps went on, it was difficult to imagine the future, outside the camps. Years afterward, it became a source of unabashed pride, even courage, for one to have survived.

It is a different ordeal brought on by the compelling threat of deadly disease. One submits readily to isolation and confinement in order to avoid infection. During the early days of the community quarantine, we cocked our ears for news on the rapidly increasing numbers of people testing positive for the corona virus. Days before the lockdown, one learned of people emptying grocery shelves of food, rolls of tissue paper, bottles of rubbing alcohol. There was a mad scramble of people taking the last buses and planes out of Manila, the center of the epidemic. Those who were not so fortunate found themselves walking for hours and days on end, to get to their home provinces far north, or south. Because the virus worked its way through physical contact, everyone was advised to wash their hands often, use face masks, avoid touching other people or surfaces that may be contaminated, and generally avoid crowds. The very gesture suggesting compassion—one person holding out one's hand for comfort and succor—was now fraught with danger.

In olden times tribes or countries were periodically at war, with tribal warriors ever ready to defend the group's territory. Walls and moats provided protection, as did weapons to be used for battle. Oftentimes, the enemy was known, its movements observable. But disease was an invader that visited, as well, and communities turned to their medicine men, their shamans.

This pandemic has turned into a battle with an unseen enemy, and while the vast majority is made to isolate from each other, to sever physical connection in order to stop the disease in its tracks, today's medicine men and women attend to the sick and dying. Unlike shamans, these doctors are unprotected by supernatural powers, as they themselves are often attacked and defeated by the enemy.

Some afternoons, wearied by news of more restiveness and dying, my daughter and I sit on the front porch to take in a view of the garden and the small ballpark fronting the family house. The air is uncharacteristically clean, and the park, bare. An old woman—possibly the oldest person in the neighborhood—sometimes walks by slowly, unmindful of a voice on the megaphone, exhorting her: “Nana Rita, *agawid kayo*, go home; folks of Nana Rita, bring her home.” Close to ninety now, the old woman was once a laundrywoman with a large family and a husband who worked

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in the mines. Despite years of back-breaking work, she has outlived most of her neighborhood contemporaries, and before this outbreak, had become a regular sight on the neighborhood alleys, walking with a slight stoop, going nowhere in particular. Neighbors say she had once been a folk healer with nimble hands. Unable to bear or comprehend the need for this sudden confinement, Nana Rita the healer takes her walk on the now tidier, less-trodden streets of the neighborhood. In some ways the picture of an old sometime-healer taking her daily walk, unaware of the world's heightened unease, reassure the rest of us, in the midst of stories of stricken patients and doctors dying unexpectedly and alone, many in the prime of their lives. There are sadder stories still, of parents unable to provide sustenance for their children, of people suddenly out of work writing on roads emptied of traffic, or flying kites: "*GUTOM NA KAMI*—We are hungry." So frightening is the specter of disease and hopelessness for many, that some have even taken their own lives, preferring this over possibly infecting his kin. Yet the most unsettling are stories of cruel rejection, when those whose ill fortune is to be stricken by the virus, are barred from returning to their homes by neighbors afraid to catch the infection.

Often, I lie in bed in the wee hours, unable to sleep. Every day the numbers come in, of the dead and the newly infected. This virus has brought profound anxiety, the forced quarantine so deeply isolating, one invariably forms habits of avoidance and suspicion of others. On many nights, I stay awake longing for days when, like Nana Rita, I can walk the neighborhood streets paying no mind to the now fearsome presence of others on the road. I struggle to find reason to hope. I sometimes search for this in the memory of healers and others who have brought comfort in times of grief and pain.

In many ways, memory does heal. We are told that those who recover carry in their blood the very weapon to fight off the virus, antibodies that could help others similarly stricken, to heal. It is as though the survivor's blood carries a memory that brings healing. In the end, it is this bloodletting that will bring back hope and release us from crippling isolation. Many will perish from this pandemic, but the stories will survive; the memories will set us on the road to healing.