

HEALTH PLAN FOR THE COMMON MAN



APPROXIMATELY 30 million Filipinos living in the rural areas today do not have adequate medical care. It is estimated that there is only one doctor for every 3,000 persons.

Of the country's total population, about 24 million are considered indigent. Unable to pay for medical care, most of them are destined to die without the benefit of medical attention.

The administration of President Marcos has pursued a vigorous program to improve the health condition in the rural areas. It has even tapped the private sector and encouraged the work of volunteer organizations such as that of the PANAMIN.

Young medical graduates and undergraduates have responded enthusiastically to the appeal of President Marcos to devote a portion of their time to help the sick in the barrios.

On top of all this, the President has also ordered military doctors and dentists and nurses and medical technicians to give medical assistance to people in the barrios and in the hinterlands, especially in areas where there are no rural health workers.

But these efforts seem inadequate to meet the national health problem that is compounded yearly by the fantastic growth in population.

Senate Bill No. 773, better known as the Philippine Medicare Plan, is an attempt to establish a system to insure that all Filipinos get medical care and attention.

This plan may not mean that all Filipinos with defective hearts could receive a heart transplant but somehow,

they are assured of some form of medical assistance whenever they need one.

The bill proposes to establish a Health Community Fund in each municipality. In building up this fund, "all family heads and all residents of the Philippines, 18 years and over, with an annual income of at least P1,800 shall contribute P1 a month or P12 a year."

As its counterpart obligation, the government will contribute 30 per cent of the total collection of each municipality.

Under this plan, persons who are neither members of the SSS nor the GSIS will be entitled to medical care benefits amounting to P200 a year.

Members of the SSS and the GSIS will receive P600 worth of medical care because they are paying medical insurance to these firms.

All beds of government hospitals, including 10 per cent of the total bed capacity of all private hospitals and clinics will be declared "service beds" for the accommodation of patients under this plan.

When this bill becomes law, the plans and programs for its effective implementation will be prepared by a Philippine Medical Care Commission. It will be headed by the Secretary of Health as chairman and an administrator who will double as vice chairman of the commission.

Other members of the commission will be the chairmen of the health committee of both chambers of Congress, the administrator of the Social Security System, the general manager of the Government Service Insurance System, and one representative each from the Philippine Medical Association, the Philippine Hospital Association, the Department of Labor, the Department of Commerce and Industry and a nationwide civic organization.

Proponents of the plan anticipate that the shortage of qualified personnel to man the various health centers in the different communities will remain a problem unless the pay is attractive enough to lure medical personnel into accepting assignments in the rural areas.

The solution to this problem can also help stop the brain-drain that now plagues the medical profession. **PM**

