

HEALTH IN THE BARRIOS



THE so-called brain drain is actually the annual exodus of trained Filipinos, primarily doctors, nurses, and others in the medical field, ostensibly for further training but really for the opportunity of earning much more and living abroad.

Unquestionably, the migration of these bright young men and women attests to the substantial number of medical graduates turned out every year. Yet the Philippines is notable for the very uneven dispersal of medical talent which is largely concentrated, if not abroad, in the urban areas.

Only a few years ago, 80 per cent of those who died in Mindanao were without medical attendance, and 90 per cent of all births in the same province were attended by inexperienced midwives, the hilots, each of whom had some 10 to 30 barrios to attend to. The mortality rate in the barrios was high: 25 per cent of them were below one year old, and 50 per cent, below three years old.

Since the institution of a more vigorous rural health program by the administration, the deaths have been reduced somewhat, roughly 50 per cent

or an improvement of about 30 per cent.

In 1965 there were some 46 "ghost hospitals" all over the country. These hospitals were built without the corresponding funds for their operation. The President was compelled to set aside funds to operate these hospitals.

There was also improvement in the per capita expenditure of the government for free medicine. In 1965 it was four centavos; today it is about 52 centavos.

The issue of health in the barrios is expressed by President Marcos in these terms: "There is no condition which reflects most accurately the impoverishment, the misery, the desperation of our people in the barrios than the condition of health. Health, like peace and order, is a prerequisite to development."

At the present time, the people who live in the barrios, constituting from 75 to 85 percent of the entire populace, are attended to by the government's program of rural health. This program is participated in by agencies such as the Department of Health rural health units, the National League of Puericulture Centers, the PACD, the civic action groups of the Department of National Defense, the PANAMIN, and other volunteer groups.

There are today about 1,329 rural health units, each of which is supposed to have a doctor, a nurse, a midwife, and a sanitary inspector. Only 330 of these are complete, and there are about 1,400 municipalities. One can therefore see the magnitude of the problem.

To complete all the rural health units, the government must put in about 312 more doctors, 674 more nurses, 707 more midwives, and 199 more sanitary inspectors. The rural health units are regarded as the work horses of the government for health in the barrios.

Health in the barrios is also affected by such projects as sanitary toilets, potable water, the beautification and cleaning of the premises, and of course the nutrition or food intake of the people.

There are still many barrios and many islands in the country that are not touched or seen by any doctor or nurse or sanitary inspector. What the present administration is trying to do is to make up for the programs that were neglected or abandoned in past administrations. The Department of Labor itself has begun to take measures to encourage doctors and nurses to stay for the job is really here at home — particularly in the barrios. President Marcos appealed to the Philippine Medical Association at their convention held recently in Baguio to send more of their members to the rural areas.

There is cause for some optimism. Quite apart from the efforts of the national government, we have the growing number of volunteers working in the barrios supporting the rural health units.

"Operations Kasama" of the University of Santo Tomas, assisted by the Department of Health and the PACD, is one example of a volunteer program. The Integrated Total Health Program in Bay, Laguna of the U.P. College of Medicine is an example of a community health project. The Presidential Assistant on National Minorities (PANAMIN) specializes in giving help to Filipinos in the hinterlands. The student volunteers of the civic action group of the National Defense Department are also in the vanguard of the rural health program. There are also floating clinics, one in Basilan and any other in Sulu. All these are evidence of government and private efforts to improve health in the barrios.

Ultimately it will be the leaders and the people themselves in the rural communities, properly guided and supported who will bring about better health in the barrios. **PM**

