



Medicare: a boon for the needy and the low-wage earner

The Medicare way

Hospitalization in the Philippines had for so long been an expensive affair that it became quite difficult to tell which people dreaded more — the onset of a disease or the prospect of seeing a pile of hospital bills. It used to be said, in fact, that only the rich could afford the luxury of getting sick. The advent of Medicare may well hasten a revision of that saying to include the needy and the low-wage earner.

Low-income people, who almost always ended up in the charity wards of government and private hospitals when they got sick, can now go to any accredited hospital without having to worry how to settle the bills later on. Adequate medical attention is assured them by a new government institution — the Medical Care Commission, or Medicare for short.

When the commission started operations last year and began collecting monthly fees from government and private employees, many greeted it with skepticism. Calling it an unnecessary, additional burden on the low-income group, some people went so far as to urge the now defunct Congress to repeal the law (Republic Act 1611) creating Medicare.

This skepticism has since been replaced by the gratitude of some 65,000 who availed themselves of free medical services last year. The number is expected to increase several times over this year with the expansion of Medicare coverage and as more and more people become aware of its benefits.

This concept of free medical service differs from that of the usual relief services in which the recipient gets some form of aid for nothing. More than once, the latter has been blamed for fostering an attitude of dependence, of mendicancy even. By contrast, Medicare involves, if not hinges on, the participation of a responsible citizenry who, after all, provide the vital ingredient in the building up of a dynamic and progressive society.

Contributions are minimal and based on each one's earning capacity, but because of the pooling of resources, each contribution goes a long way in assuring medical attention for every ailing wage earner or his dependents.

For a contribution of as low as P0.30 (less than the price of a pack of cigarets) a month, beneficiaries receive P12 each daily for room and board in the hospital of their choice. They are also entitled to a maximum of P540

for 45 days' hospitalization a year, P150 for medicine, laboratory examination and operating room fee (if surgery is required), a surgical fee of P50 for a minor operation, P150 for a medium operation, P350 for a major surgery and P100 for physicians' fees (at P5 a day if the doctor is a general practitioner and P10 a day for a specialist). Except for the 45-day maximum limit on confinement a year, all other benefits may be availed of again within the year if the person treated later seeks confinement for a different ailment.

Only recently, Medicare extended its services not only to the some 4 million members of the Government Service Insurance System (GSIS) and the Social Security System (SSS) but also to their dependents. The only condition is that confinement will not exceed the 45-day limit allotted to each family.

Plans are to expand these services to other areas, including resident aliens with a minimum contribution of P0.50 a month and a maximum P5 a month, depending upon their annual income.

Their contributions, which will be handled by a proposed community mutual health fund, will be matched either in cash or their equivalent in terms of services by the national government.

The GSIS and SSS members currently covered by Medicare contribute a minimum of P0.30 a month and a maximum of P3.75 applied on a graduated scale based on annual income.

But regardless of how much one contributes to the Medicare fund, he will get the same services and benefits as those who pay more.

Eventually, Medicare hopes to cover even those who are not members of the GSIS or SSS.

Dr. Pacifico Marcos, the 54-year-old chairman of the commission, has revealed plans for the construction in the next two years of 81 hospitals with 10-15 bed capacities throughout the country. These hospitals, he said will serve as community health and hospital centers to serve people of extreme poverty who cannot contribute to the community health fund.

The centers will be operated jointly by Medicare, which will provide the

equipment and personnel, the Department of Health which will provide part of the personnel and medicine, and the community which will shoulder the operational expenses, including the salaries of additional personnel not paid by Medicare.

In addition, Medicare has devised a system to cope with the shortage of doctors in the rural areas. Today more than 8,000 doctors, or 65 percent of the membership of the Philippine Medical Association, are concentrated in the greater Manila area and other urban areas while only 35 percent are in the rural areas where 70 percent of the 38 million Filipinos reside.

To encourage doctors to go to remote areas, Medicare is working on a plan to set up a scholarship system funded by private individuals or foundations with priorities, initially, to be given to medical students who stopped schooling because of lack of financial support. Later, a nationwide scholarship system will be formed to encourage bright and promising students in the rural areas to take up the medical profession.

Awardees shall be entitled to free tuition and other school expenses, including a monthly allowance of P200 each, to be shouldered by their respective sponsors through Medicare. They shall be so supported up to the medical board examination. All that will be expected from the scholars in return is for them "to serve in the rural community assigned to them following their full accreditation as physicians for two years at reasonable salaries."

Dr. Marcos said Medicare would also encourage doctor-less communities to set up a system of private medical scholarships either through local organizations or through request for the Medicare to find sponsors.

Reviewing Medicare's activities last year, Dr. Marcos said "1972 was a turbulent year for us due to the fact that the Medicare program was initially implemented during that time amid powerful forces trying to blunt its ineffectivity." But he said, "in spite of the barriers put on its way, the Medicare commission faithfully and diligently did its duty." He added that "changing the peoples' attitude (toward Medicare) was our greatest feat."

FAMILY PLANNING

Instrument of economic growth

A Filipino is born every thirty seconds. This is the urgent signal being made by an electronic clock at the Rizal Park to dramatize the country's rapid population growth of 3.5 percent annually. At 4:43 p.m. on March 3, a few days after its installation, the clock ticked a total of 40,082,156 Filipinos, an eerie reminder to the country — ranked by a United Nations survey as the seventh largest in Asia and the 15th most populous in the world.

The present runaway count has far outpaced the country's 1.5 million population in the 1800's and, if not contained within manageable levels, would run true to the Malthusian prophecy that poverty, misery, and suffering would become inevitable.

Aware of this situation, the ad-

ministration has embarked on a national program of family planning involving both the public and private sectors. Although there have been attempts to spread the family planning concept in the country, it was not until 1969, when President Marcos through an executive order created a Commission on Population, that a concerted effort was made to check population growth and dovetail it with socio-economic policies.

The adoption of family planning as part of the administration's policy did not, however, alter the emphasis of the campaign on "motivation." Procreation continues to be a purely affair between husband and wife. The state does not intervene in the couple's decision to the number of children they should have. The decision of "acceptors" to use the pill, the condom, the foam or the rhythm method is still that of the spouses. The task of the "motivators," the people involved in the family planning campaign, is merely to educate and open the eyes of the couple to the necessity of checking population

growth.

To make the government's effort in family planning more effective, the President issued Decree No. 79 late last year amending a Population Act passed by the defunct Congress in 1971. As a corollary step to the nationwide campaign being waged by the Population Commission and a dozen or so private organizations on family planning, the President directed the integration of subjects on family welfare and responsible parenthood into the curricula of schools offering medicine, nursing, midwifery, social work, and allied professions. Students taking up these courses are required to have sufficient knowledge of family planning for them to qualify for licensing examinations. A complementary project in the Department of Education has given population-education training to 187,000 grade schoolteachers, 15,000 secondary schoolteachers, and 360 teacher-training instructors.

The efforts exerted by the Philippine government in meeting squarely the population problem have caught

the attention of experts from the United Nations.

Sam Keeny, resident representative of the Population Council, cited the Philippines as an exception to other Asian nations which are confronted with the problem of how to get heads of state to speak out firmly, explicitly and persistently on the importance of a population program.

The population expert noted that when President Marcos adopted family planning and birth control as part of his socio-economic policy, he was fully aware that galloping population growth cannot be arrested by mere lip service nor rhetoric at the top.

Mr. Keeny also cited as a "welcome" development the sponsorship by the First Lady, Mrs. Imelda R. Marcos, of the P8 million Population Center Foundation now being constructed at the South Superhighway, 14 kilometers south of Manila, which will be a collaborating center for private and public agencies in carrying out an effective family planning program.