PH-AAA-189

PROGRESS IN PUBLIC HEALTH IN THE PHILIPPINES

Joint Report of the Department of Health and the Health Division of USOM / ICA

January 1, 1954

June 30, 1958

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PREFACE

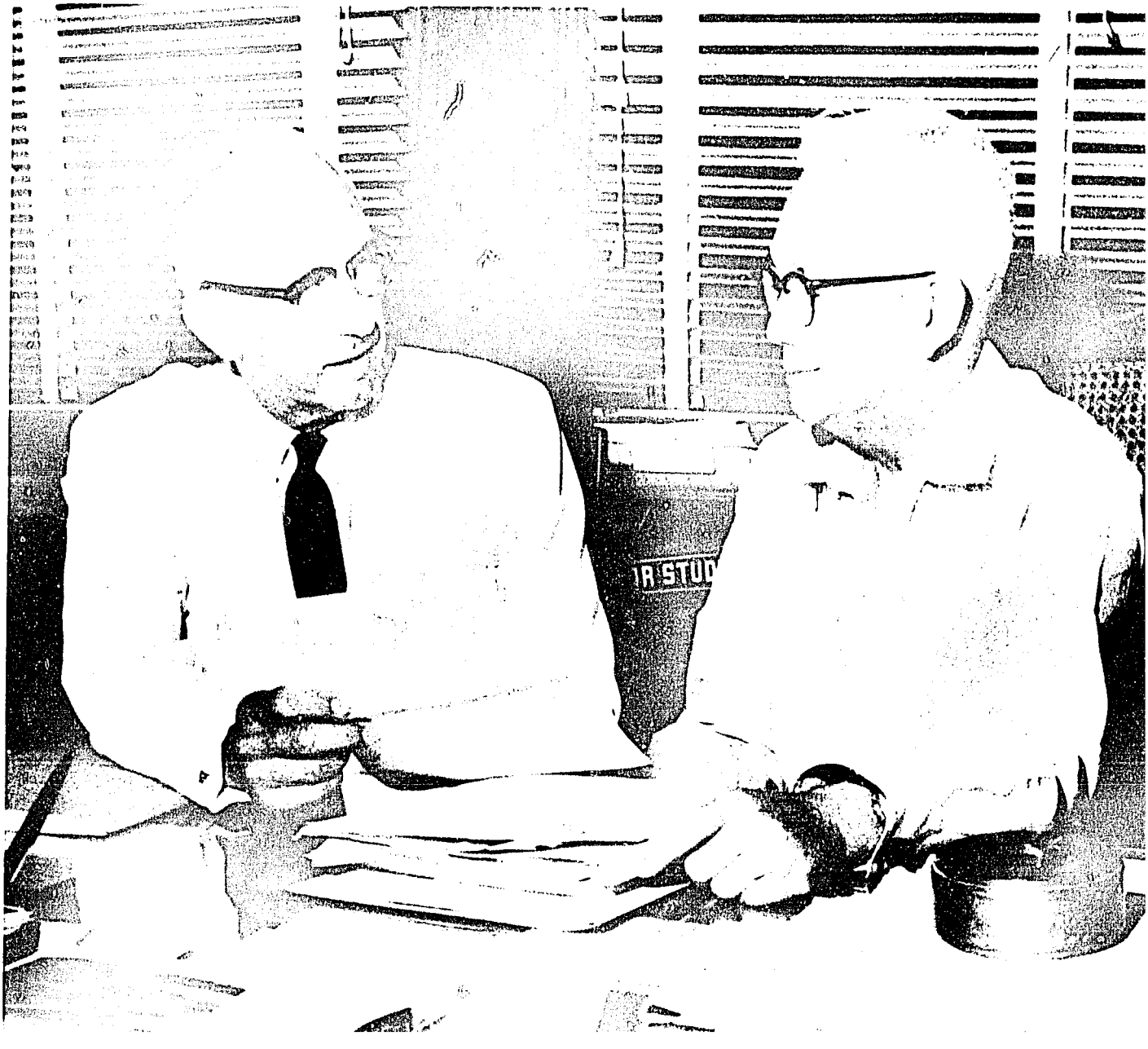
This Joint Report covering a 4-1/2 year period January 1, 1954 through June 30, 1958 is presented by the Department of Health and the Health Division of the International Cooperation Administration. We have tried to present to the reader a description not only of the accomplishments during this period but to give a background of the developments in the joint planning of our two Nations, showing the relationship of public health to the overall economic development of the Philippines and the mutual security to both democracies. The short summary statements are based on official documents some of which are shown as Annexes and still others that are presented in full and compiled in mimeographed form as Supplement No. 1 to this Joint Report. The Supplement is a bulky publication and will be distributed only upon request.

Horace DeLuen, M. D.
Chief, Health Division
USOM to the Philippines (ICA)

Paulino J. Garcia, M. D.
Secretary of Health
Department of Health

Philippine President Carlos P. Garcia and Paul D. Summers, Director of ICA Mission to the Philippines lunching together following the President's inauguration of two ICA-assisted projects in the same province, a new cooperative farmers' refrigeration and cold storage plant at Urdaneta, and the Agno River Irrigation System, largest of eight irrigation systems built under the joint Philippine-United States economic program. On such occasions as this Mr. Summers and the President talk of other matters related to the mutual assistance. They both consider that health for the Filipino people is basic to economic development.

Hon. Dr. Jose Locsin, Chairman of the National Economic Council and Mr. Paul D. Summers, Director of the ICA Mission to the Philippines come to grips with problems on joint planning and reach agreement on projects for FY 1960.



Secretary of Health Paulino J. Garcia, and Dr. Horace DeLien, Chief of Health Division/ICA discuss the long range program of health in the Philippines and talk over some of the "knotty" problems of the reorganization of the Department of Health.

It all started this way...

Mrs. Ramon Magsaysay ascends the steps to the platform assisted by the Secretary of Health to dedicate the North General Hospital (February 28, 1957), a kind of job which she did so frequently for her husband who was busy with the affairs of the State. In the background we see the throng at Rizal Avenue arriving for the ceremonies.

Immediately after his appointment to the Cabinet, January 1, 1954, Secretary Paulino J. Garcia called at Malacañang to pay his respects to the President who gave him the opportunity to serve his country. Mrs Magsaysay is at his side, as she was at all times.

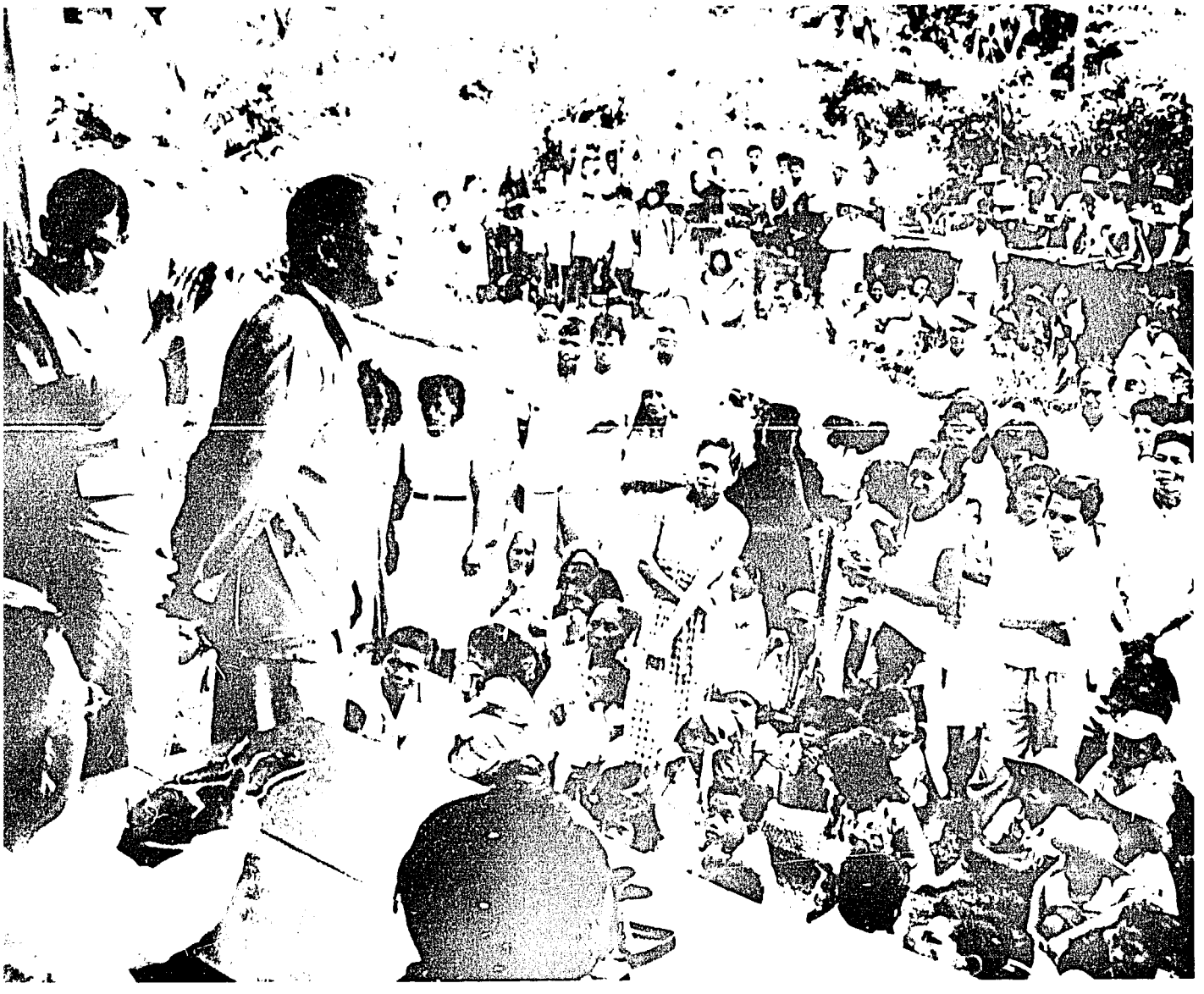
President Magsaysay and Secretary Garcia frequently worked on knotty problems during intimate dinners in the home of the Secretary. Mrs. Garcia personally served the meal. We see on the right Senator Jose P. Laurel, a staunch supporter of President Magsaysay's administration and co-author of the Laurel-Langley Agreement on U. S. - P. I. Relationships. (Dinner above held Dec. 17, 1956)

Just prior to receiving the degree of Doctor of Public Administration, honoris causa, at the Adamson University, March 1956, President Magsaysay lost no time to inquire about public health program and to encourage the Secretary to spread as rapidly as possible his rural health work to the remotest areas.

Mrs Magsaysay escorted by the Secretary of Health and Governor Santos of Bulacan is on her way to dedicate the Maternity Pavilion of the Bulacan Provincial Hospital (February 10, 1956). Below we see her seated on the platform being introduced by the Secretary of Health.

The Secretary of Health introduces Mrs. Magsaysay who is about to dedicate the rehabilitation cottage of the National Mental Hospital, March 10, 1957. At Mrs. Magsaysay's left are Mrs.Paulino J. Garcia and Commissioner Amparo Villamor of the Social Welfare Administration.

Landing on the Calayan Island of the Babuyanes Group on April, 1954 we see Bishop Peregrino de la Fuente, Dr. Horace DeLien and the Secretary of Health. This was the first visit made to this Island by any government official in the past 150 years.



The Secretary of Health speaks to the people in the community about the work which the rural health personnel will carry on. Extra supplies of medicine and health personnel gave services during the 5-day visit to this Island group. (April, 1954)

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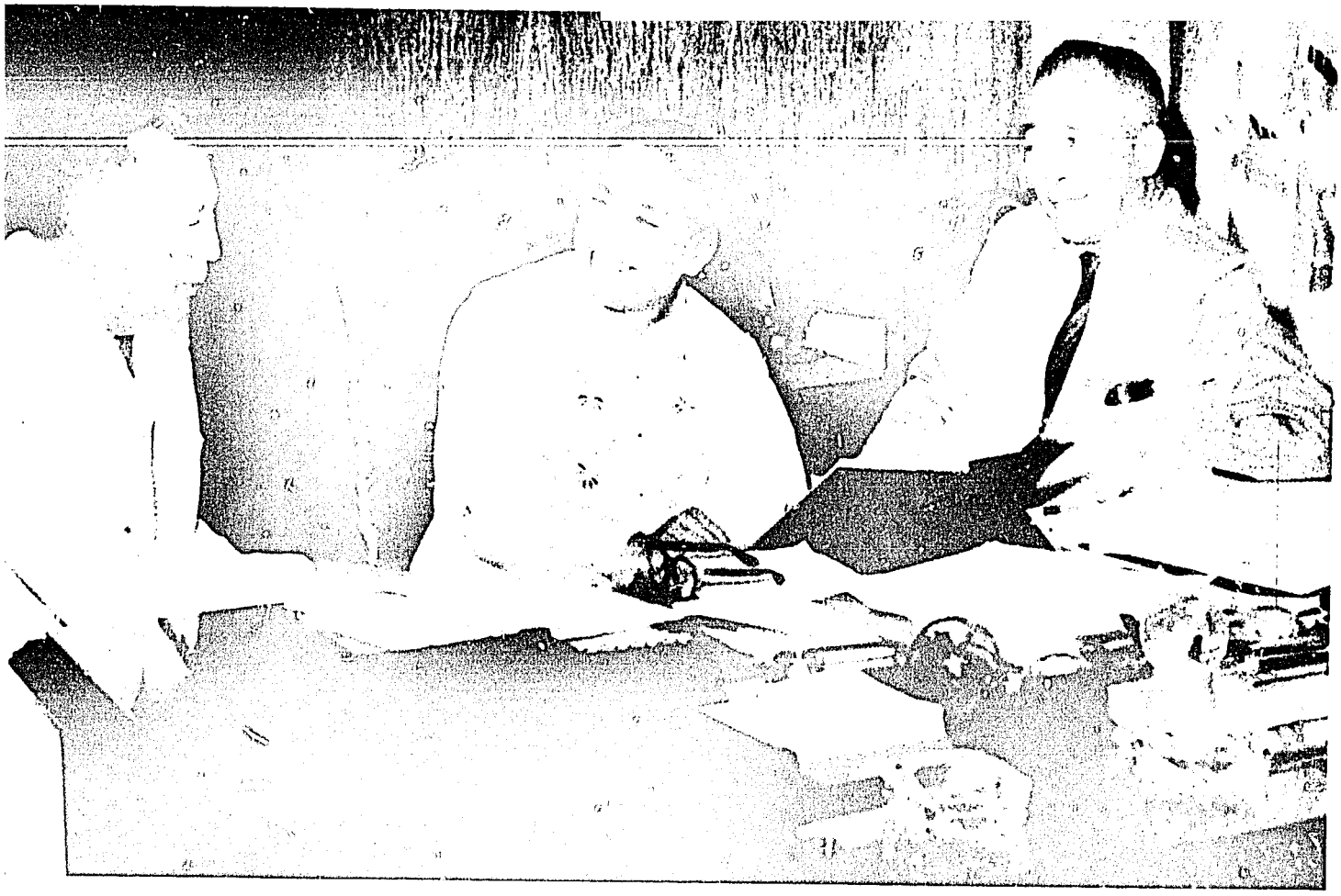


Secretary of Health Paulino J. Garcia, is shown here with Dr. L. C. Fang, Regional Director of the Western Pacific Regional Office of the World Health Organization and Dr. Horace DeLien, Chief of HD/ICA Manila. After discussing plans and progress they find some humorous incidents to enjoy together.

INTRODUCTION

A dramatic period of systematic long-range program planning and implementation encompassing 4-1/2 years beginning January 1, 1954, at the inauguration of President Ramon Magsaysay, through June 30, 1958, is now a matter of historical interest and significance. This period had been preceded by a joint Philippine-American effort which emphasized an "impact program", with emergency and rehabilitation characteristics.

Both periods stemmed from joint agreement between the U.S. and the Philippines.[1/] The Bell Trade Mission, at the request of the Republic of the Philippines, completed its survey [2/] and the Foster-Quirino Agreement was signed on November 14, 1950 in Baguio. The signatories agreed to recommend to their governments a program of mutual assistance and cooperation between the United States and the Philippines in solution of the problems existing after World War II.

Food, water, shelter, job opportunities, recreation, satisfaction of special needs, a normal family life, education, community oneness were major concerns of the two governments. These basic necessities were lacking to a degree in the Philippines, in a post World War II era where malaria was causing not less than 10,000 deaths and 2,000,000 attacks per annum. Of the 20 reported leading causes of death in 1953, 19 were in the preventable category. The major reported causes of death were respiratory disease, deficiency diseases, enteric diseases, arthropod vector-borne diseases, and others associated with inadequate socio-economic conditions, insanitation and the lack of the basic necessities mentioned above. Additional health problems were created by poverty, insufficient understanding of the causal relation between disease and insanitation, maldistribution of health personnel, and unstable peace and order. The hospital and health facilities had been stripped of operating equipment, personnel, funds, supplies, materials and utilities. Potable water and proper waste and excreta disposal facilities were lacking.

1/ - See Annex #1, The Republic of the Philippines, Its Land, Its People, Its Health Problems.

2/ - See Annex #2, Bell Trade Mission.

During the period from January 1, 1954 to June 30, 1958, educational approaches in public health, disease preventive, curative and rehabilitative activities were undertaken to assist in the solution of the country's problems. At the beginning of this period, over fifty percent of the land mass of the archipelago was considered developmental in nature.[3/] Under proper conditions redistribution of population to these areas would be possible. This meant a study of the potential of land areas for developmental and resettlement. Population density, distribution and other characteristics were considered. Communities' attitudes were assessed to the extent possible. Community resources - both human and physical - were estimated. Existing resources that could be reactivated were evaluated.

The catastrophe of World War II and its aftermath had caused a dislocation of people, an uncertainty as to their future, the uneasy state of peace and order, and the upsurge of a destructive force called the "Huks". To these were added the responsibilities of Nationhood resulting from independent status achieved in 1946. The conscience of the people was awakened and the protest against existing conditions produced the framework for social reforms and a course of action for the Republic to follow.

The basic approach was to question the existing health patterns, to review historical and current statistical information and data, to evaluate, to observe, to postulate, to demonstrate, to record and, where necessary, to demonstrate and evaluate again. The existing concept of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, has been the basis of policy-making, programming, and planning. It was recognized that there was no one road to good health nor was there possible an immediate total approach. It was postulated that conditions now existing, whatever their causes, would need the development of immediate and long-range planning in their solution, resolution, or amelioration. To determine the validity of this postulate, observations were made in selected areas of the archipelago; existing information and data were assembled and studied; questioning of all known reliable sources of health information was undertaken; and finally from cumulative mass data, analysis and evaluation were made by multi-disciplinary teams.

3/ - See Annex #3, Map Showing Development Areas.

Three major long-range programs were determined to have priority. They were Malaria Control, Health Personnel Training, Rural Health Units and Health Education. Careful plans were made, personnel for services to the people were selected, trained and assigned in the various regions and provinces of the Islands. Malaria control teams were placed in malarious areas; 4a, 4b/ health personnel training teams 5/ were established in 5 regions to train workers for giving direct medical service to the people in rural areas through the Rural Health Units. 6/ And to support these activities health education of the public was recognized as essential and therefore special personnel were trained to assist in strategic areas and programs. 7/ The rehabilitation of facilities currently needed in the curative and preventive health that had been destroyed were considered necessary but did not have the priority standing in total programming. Flexibility of design was maintained by continuing study, review and re-evaluation.

The following factors were considered and given proper emphasis in the health program:

a. Development of resettlement areas of the country.
b. Population density and health problems.
c. Community attitudes and disease indices.
d. Existing health facilities.
e. Community resources.
f. Potential resources that could be developed as a result of assistance.
g. Existing resources that could be re-activated.
h. Existing pool of trained health personnel.
i. Availability of health services from all sources; private, government, non-government, and international.
j. Demonstrated community need and willingness to indulge in self-help on a cooperative basis to reduce disease and secure good health for the individual, the family, and the community.

4a / - Annex #4a - Map of Malarious Areas, 1955.
4b/ - Annex #4b - Map Showing Location of Malaria Teams (from 1953 to present).
5/ - Annex #5 - Map Showing Location of Training Centers.
6/ - Annex #6 - Map Showing Location of Rural Health Units.
7/ - Annex #7 - Map Showing Location of Health Educators in Strategic Assignments.

Technical and economic assistance was pointed towards the minimum quantity and quality that would bring results. Coordinated and cooperative use, as well as interchange of personnel and commodities between health activities was sought. Effort was made to discover evidence that the community was capable of and willing to expand its own resources and energies for self-help. This was of utmost importance in the projection of health programs if adequate provision were to be made for operation, maintenance, repair and replacement of commodities.

Brief descriptions of the concurrent developments which have added to direct technical and economic assistance and contributed to the achievement of the goals of the Mutual Security follow:

Institute of Hygiene

The Institute of Hygiene of the University of the Philippines has been and is being assisted in strengthening its teaching staff by the addition of a health educator, a hospital administrator, a public health nurse, a public health engineer, and a biostatistician. These individuals have assisted in setting up and developing teaching departments in their respective disciplines. This has made possible better in-country training of health personnel and the acceptance of more students from other countries in this region for training in public health. Commodities for rehabilitation of the Institute have also been furnished by NEC and ICA.

Quezon Institute

ICA-PHILCUSA provided commodities to the Quezon Institute to establish an extension of its activities to the Philippine General Hospital. A chest clinic was organized to support teaching facilities and staff for the students of the University of the Philippines' Medical School. This innovation strengthened the understanding of tuberculosis and other diseases of the chest.

International Agencies

Early in the history of the Philippine ICA Mission it was obvious that a coordination device would be necessary to bring together in conference the international and local agencies interested in the field of public health in the Philippines. In January, 1952, the first meeting

of the Philippine Public Health Coordinating Committee was held and from this there developed a three-fold purpose which was (1) to insure that the governmental programs will not duplicate programs of member agencies; (2) to improve and insure coordination between agencies working in the Philippines; (3) to clear all programs through the Coordination Committee in an informal manner so as to avoid duplication of efforts among agencies.

The scope of its activities has been expanded through the medium of the development of sub-committees of the Public Health Program Coordinating Committee. These sub-committees have representation in the Department of Health in the Philippines, various international agencies in the field of health, and others who are working in activities closely related thereto.

These sub-committees are ten in number and are working in the following fields:

Environmental Sanitation
Health Education and Training
Hospital Rehabilitation
Malaria Control
Laboratory Science and Methods
Maternal and Child Health
Mental Health
Rural Health Units
Schistosomiasis
Medical Science

Their primary function is to develop information and data regarding a specific field and to prepare for the "Parent Committee" necessary documents identifying the problems and all their characteristics and giving their suggestions and recommendations as to how the problem may best be resolved. They are also responsible for assisting in the development of long-range operating programs involving specific problems.

Conferences and Workshops

The staff of the Philippine-American Mutual Assistance Program has been concerned with and involved in regional and bi-lateral conferences, seminars, workshops, and in curricula and manual development. Work conferences have covered many fields of world-wide interest, maternal and child health, mental health, health education of the public, records and reports, nutrition education, performance budgeting, reorganization, hospital administration, vital statistics, community-school health programs, and other areas in the field of health.

Three hospital workshops have been held in different regions of the country and were so successful that others have now been planned to take place in other parts of the Philippines in order to reach all personnel. The persons involved include the chiefs of hospitals, the chief nurses and the administrative officers. Many workshops on Community Health have been held, some at the provincial level, some at the municipal level, and others at the barrio level to demonstrate how long-range planning can be done at those levels.

In all the workshops modern seminar methods have been used which provide for a maximum amount of the work to be done in small group discussions where ideas can be shared, recommendations offered and decisions made. Emphasis is always placed on team work as a means of improving services and skills in cooperative planning and as a basis for actually having the plans carried out.

The Health Division/ICA and the Department of Health staff have jointly participated in planning and carrying out these workshops. Their work with the Department of Education and the Education Division/ICA includes planning and working in the eight normal school curriculum workshops, working with the University of the Philippines' College of Education, assisting in the revision of the health education program for elementary schools and health education of the public. In excess of a hundred working conferences have been held. All the staff have worked as members of committees and working parties for specific purposes of planning programs, and seminars for specific groups and also for public health training.

USOM Staff Development

One of the principal activities of significant worth has been the continuous staff education and interchange of ideas and information within the Health Division of the Mission related to all fields of Mission activities within the Philippines, with special emphasis on their relationship to the health problems in this country. The staff has made frequent use of various kinds of specialists who were in the Philippines for short periods, such as evaluation teams, visiting experts in the health and social sciences.

The Chief of the Health Division has represented the United States Government as chief delegate at the meetings of the Western Pacific Regional Office of the World Health Organization (WHO) for the past several years and has worked closely with the Philippine delegates. This has made possible a better understanding of inter-relationships between this organization and other agencies engaged in the field of health.

Work With Other Countries

The Health Division staff members of ICA have participated in the Second Asian Malaria Conference in Baguio, the Bi-Regional Public Health Conference in New Delhi, and the WHO/FAO Seminar on Health Education and Nutrition. Their tours of temporary duty include the countries of Vietnam for four weeks, Taipeh for three months, Korea for one month, the holding of pre-seminar meetings on health education for WHO in eight other countries in the Western Pacific during January 1955, and study of training programs at Johns Hopkins University, the Communicable Disease Center, the School of Public Health at the University of California, and the International Cooperation Center in Hawaii.

Department of Health and HD/ICA staffs have participated constantly in the activities of many voluntary agencies such as the Philippine Public Health Association, the Philippine Medical Association, the National Council on Community Development, the Philippine Medical Women's Association, the Filipino Nurses Association, the Health Education Association of the Philippines and many others.

The development of long-range plans in the health fields has been a part of the many activities of Department of Health, NEC and HD/ICA. These projections of six-year programs propose activity based on the best data available and have considerable significance in setting up objectives and guiding principles; establishing priorities; setting time and space targets for producing results and accomplishing these objectives. The best example of projecting programs into a long-range effective plan has been that of the six-year malaria control and eradication program. Others include the Rural Health program, Health Education of the Public and Personnel Training.

Training Program

This began with the development of five regional training centers and has passed through three phases: (1) commodity acquisition; (2) limited personnel training; and (3) the development of the regional laboratories. At this time coordination and integration of the major training programs of the Philippines is beginning to crystallize. Training resources of the U.S. Air Force at Clark Field in the Philippines and the U.S. Army in Japan have been utilized by the Health Division in training Filipino technicians in the operation of clinical laboratories and hospital laundries. A fourth phase now includes systematic training of foreign country nationals.

Curriculum Revision and Development

Revision of the curriculum for the undergraduate program in health education in the College of Education at the University of the Philippines was completed in 1954. A graduate program in public health education leading to a degree in public health was completed at the Institute of Hygiene of the University of the Philippines in 1955 and 12 students, public health employees, have completed a year of graduate work during the past three school terms.

The health education curriculum for public schools and normal schools training teachers is in the process of revision through the joint efforts of the Department of Education, the ICA Education and Health Divisions, and some participation on the part of public health personnel.

The curricula of all the government schools of nursing have been revised during the period of 1952-1955. A public health nursing major at the graduate level has been established at the Institute of Hygiene and 15 have completed this.

The graduate program for public health engineers was completed in 1955 and 23 have finished this course.

A program for hospital administrators is in the planning stage and it is expected to be established in the near future.

Attention is being focused on the need for improvement of medical school curricula and training through sending faculty members to the U.S. for study in the basic sciences. These plans have been worked out with a committee of the Deans of the Medical Schools.

The Deans Committee

In 1955 a Committee with membership consisting of the Deans of the recognized medical schools, and with a Chairman appointed by the President was organized primarily related to the operation and staffing of the new Veterans Memorial Hospital. This Committee has continued to function to study medical manpower needs for the country, admission regulations and requirements; undergraduate and postgraduate medical education, faculty needs, basic supplies and equipment required; cadaver supply and distribution; student selection methods, medical research, medical library development, internships and residencies.

Contract and Special Survey Groups

The numerous study teams, contract and special survey groups, employed by the Government through NEC/ICA aid have involved staff of the Department of Health, NEC and HD/ICA in carrying through the objectives of their projects. Some of the outcomes include: the development of the Reorganization Plan of the Department of Health; the Nutrition Survey of the Armed Forces of the Philippines; the Insect-borne Disease Studies of the U.S. Armed Forces Epidemiology Board; the Wage and Classification Act; the Mission Evaluation of Participant Training; and the Evaluation Teams for the Mission Operations.

Representation in Western Pacific Regional Meetings of the WHO and Other International Meetings

The staff of the Department of Health of the Philippines, and HD/ICA have represented their respective countries in the meetings of WHO at both the Regional and International levels and the Pacific Science Congress. Such representation has been in the specialized technical fields of parasitology, health education, rural health, and others.

The League of Provincial and City Health Officers

This organization has been meeting once a year since 1948 for its convention. In 1954 the HD/ICA was requested to take an active part in the preparation of their annual program which was organized quite differently than in previous years. It was held aboard a ship which traveled among some of the main Islands in the Visayas and to Mindanao where visits were made to many kinds of health facilities, rural health units, hospitals, clinics, etc. This meeting was a "traveling" seminar where discussions were held aboard ship while en-route from one place to another. ICA technical staff served as resource persons in the considerations of their problems and plans.

Again in 1956 the HD/ICA had an important role in assisting with the planning of their First National Health Working Conference. Political activities and "old convention" procedures were relegated to the background. This conference was held in Baguio where all the Provincial Health Officers and City Health Officers were housed in Teachers Camp for living and working. The published report of their work is a tribute to their resourcefulness and productivity. It includes their program, their proposals for solution of their various problems in administration, health education of the public, staff development, supervision and also the working papers of their resource people which included social and psychological scientists, educators and specialists in budgeting and administration.

The Association of Local Health Officers of the Philippines (ALHOP)

A group of president of sanitary divisions (these were titles held by workers at that time who are now municipal health officers) and medical officers met at the Institute of Hygiene December 11, 1953

and organized this Association. 8/ Two staff members of HD/ICA assisted this group in launching their organizational activities. These efforts have borne fruit and this organization has continued to work constructively and along the lines of the League of PHOs and CHOs.

A Look to the Future

The forward look of the proposed staffing pattern is to study further the field of education and training so that at least 50% of the time of the Department of Health and HD/ICA personnel may be spent in their offices and the other time in technical advisory capacity in the field. This is the beginning of the phasing down of the health activity of the American component and the more rapid phasing in of the Philippine Technicians into the fiber of the health activities, with the hope that the Department of Health of the Philippines will in turn provide technical assistance to the nations of this part of the world and become the education and training center in health matters for the peoples of this region.

Trends in the Department of Health

There is increased emphasis on providing better health services to all the people in the Philippines. Public health methods of prevention and treatment of disease are being improved through the decentralization of health activities to the provincial hospitals and rural health units, with the regionalization of training, laboratory sciences and supervision. As a corollary to the activities of the Department of Health, the Philippine people are working for the improvement of socio-economic conditions, housing, water supplies, and methods of excreta and waste disposal and cooperating with all the government agencies who have an interest in health and a responsibility for health teaching. This includes: The Department of Education, the Community Development Office, the Bureau of Agriculture Extension and others. Strenuous efforts are being made to provide greater jobopportunities and to become self-sufficient in the necessary agricultural and industrial commodities. The Department of Health is providing better health services in quantity and quality, backstopped by extensive and intensive health education and personnel training programs.

8/ - Annex # 8 , Excerpts from Dr. Belen's letter to all eligible to join ALHOP.

Many private groups, associations, foundations and international agencies are supporting the Philippine people in the approach to solution of their most pressing problems. The Department of Health is continuously surveying its activities at all levels and attempting to make an evaluation of the effectiveness of the total departmental activity and that of its segments. There is a strong trend to provide necessary supplies, commodities, equipment, and funds so that health personnel can operate acceptably in their respective disciplines. The provincial health office has been strengthened and the health officer is now charged, by Executive Order, with assuming responsibility for all health activities within the province to which he is assigned. The Department of Health is making better use of universities, institutes, and educational bodies to bolster both consultative and field health services. Contracts have been made with medical societies to provide training in the specialties with groups such as anesthesiologists, radiologists, and other technicians.

Long-range programming is coming into its own and is having a marked effect on the efficiency and effectiveness of the Department of Health. Strong emphasis is being given to good administration and management in all fields of health. Many of the modern methods for planning for education and program implementation, such as workshops, seminars and working conferences, are finding wide-scale application. Five regional laboratories have been established for giving better service and also for the purpose of training and retraining medical and public health technicians with the ultimate objective of having personnel soundly trained in these disciplines in all units of the Department of Health.

There is a strong trend towards making proper use of good staff and line procedures in administration, management, and budgeting. Development of budget has moved in the direction of performance budgeting with the Bureau of Health being one of the first Bureaus to accomplish this objective. There is also a strong movement to establish improved basic data for the guidance of the health programs. Appraisals have been made of the various bureaus; needs have been determined for the present and have been projected as specific year-by-year goals through three to six-year periods.

The establishment of the Disease Intelligence Center (DIC) indicates the desire of the Department of Health to establish thru centralization the essential investigative, intelligence, analysis and identification services to provide information as a basis for the operating government and non-government entities. There are still many areas in which the identification of the causes of disease, the prevention and control are little known or understood.

Long range programs by Bureaus and Offices and implementation documents, training programs in the various health specialties (and guides for these) were developed to insure the achievement of the objectives of the Department of Health. In addition, staff development has been given much emphasis through in-service education programs in the form of working conferences, workshops and seminars. Reports of these activities have been useful in follow-up and evaluation.

The development and pretesting of educational materials produced for health personnel to use in their health education activities with the public have been most rewarding. All of these efforts constitute a significant trend towards technical competence in public health and allied activities in the Philippines. (See Annex #9a)

The most recent project and plan developed by the Department of Health is a Program for Training of Foreign Country Nationals. (See Annex #9b) American Technical Advisors in the ICA Health Division and technical advisors from other agencies assisted in most all of these undertakings.

Annex #9a - List of Some of the Significant Documents Issued by the Department of Health, 1951 - 1958.

Annex #9b - Program of Training and Education in Health for Foreign Country Nationals.

Reorganization of the Department of Health

The President of the Republic of the Philippines was empowered under the provisions of Republic Act 997, as amended by Republic Act 1241, to reorganize the Government of the Republic of the Philippines by Executive Order. Reorganization Plans Nos. 12-A, 13-A and 14-A are concerned with health and are summarized in Annex #10. The fundamental purpose of the reorganization is to decentralize the operation of the government by transferring the necessary authority and responsibility to regional offices 11/ and to operating units closer to the people. The implementation report has been prepared and the executive order of implementation of the President was signed February 24, 1958.

In preparation for the implementation the eight Regional Directors were appointed in April and a month long seminar 12/ was held with these men and key persons in the Department of Health concerned with formulation of program, policies and guiding principles.

This brief summary has attempted to give the background for and describe the progress of the Philippine-American Program of Public Health during the period of January 1, 1954 and June 30, 1958 through the cooperation of all agencies concerned - The Department of Health, NEC, and ICA and the International Agencies as well as non-governmental groups. Annex #13 is a chart showing the Dollar Expenditure Summary by projects of the ICA Health Division and the Summary of Peso Expenditure is given in the Section of this Report on Administration.

Annex #10 - Reorganization Plans 12-A, 13-A and 14-A.

11/ Annex #11 - Map showing newly formulated Regions and Regional Offices of the Department of Health.

12/ Annex #12 - Brief Description of Seminar for Regional Directors.
Annex #13 - Dollar Expenditure Summary by Projects

ADMINISTRATIVE DIVISION

This is one of the staff arms of the Secretary's Office whose primary function is to carry out the general delegated administrative responsibilities of the Office of the Secretary of Health. The legal services are included in the Administrative Division and are coordinated with the Office of Solicitor General. The financial and budget unit of the Department of Health is part of the Administrative Division. A "Manual of Standard Procedures" is being developed to facilitate all transactions. Reclassification in new folders and rearrangement of files has been completed. The records and files section have been reorganized to make their use more effective.

The table below shows the rapid expansion of personnel and budget to achieve objectives of Philippine joint public health programs with bi-lateral and multi-lateral agencies during the past 4-1/2 years.

Fiscal Year	Authorized Positions	Authorized Appropriations
1954	3,180	₱ 16,236,930
1955	9,712	21,877,150
1956	10,516	31,568,755
1957	11,004	42,391,281
1958	11,850	47,335,125

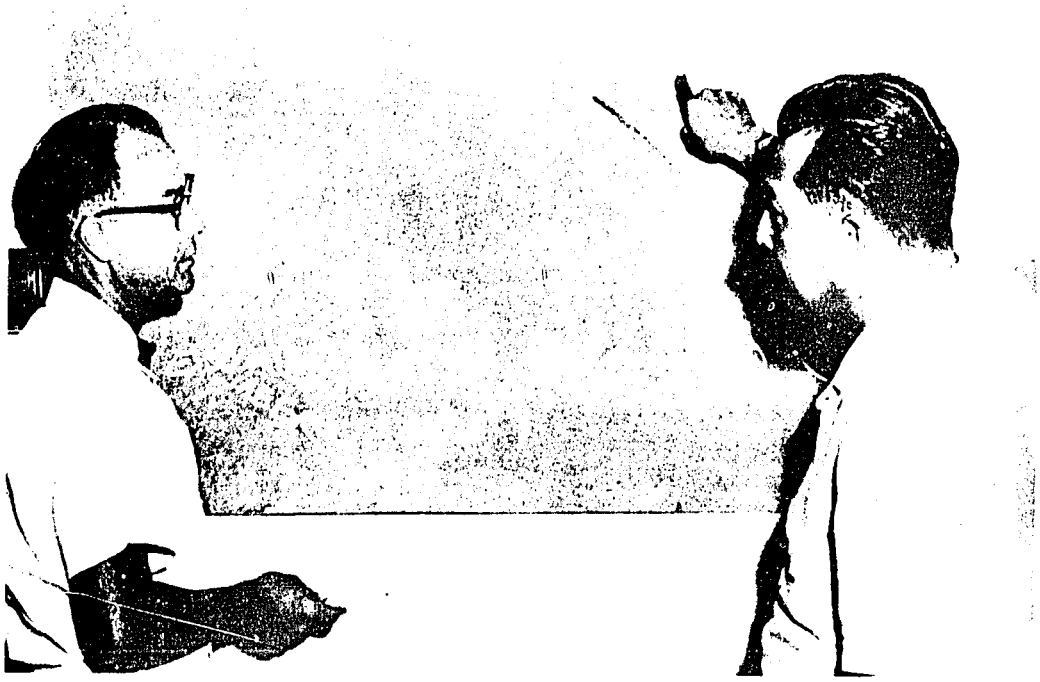
While 11,850 positions are authorized there are in reality approximately 19,000 people engaged in public health, including those paid from special appropriations and local governments, as well as daily wage earners that help provide menial tasks required in giving public health service.

Coordination of Health and Medical Projects

The purpose of Activity is to provide under the Secretary's Office executive direction, coordination and supervision in the development of health projects receiving assistance from the Bi-lateral Programs sponsored by NEC and ICA and to stimulate, guide and advise maximum use of all resources in the orderly growth of public health to give better services to the people throughout the Philippines.

The main projects include strengthening basic medical science teaching in medical and nursing schools, improving medical education and clinical training. to provide adequate flow of assistance to the Institute of Hygiene and the Department of Health in terms of available resources.

During the four years of the 4-1/2 period under review, 150 participants were sent to the U.S. for study and 27 are scheduled to leave in August and September 1958. The dollar and peso authorizations for the 4-year period amount to $7,757,640.12 and ₱20,358,724.00.

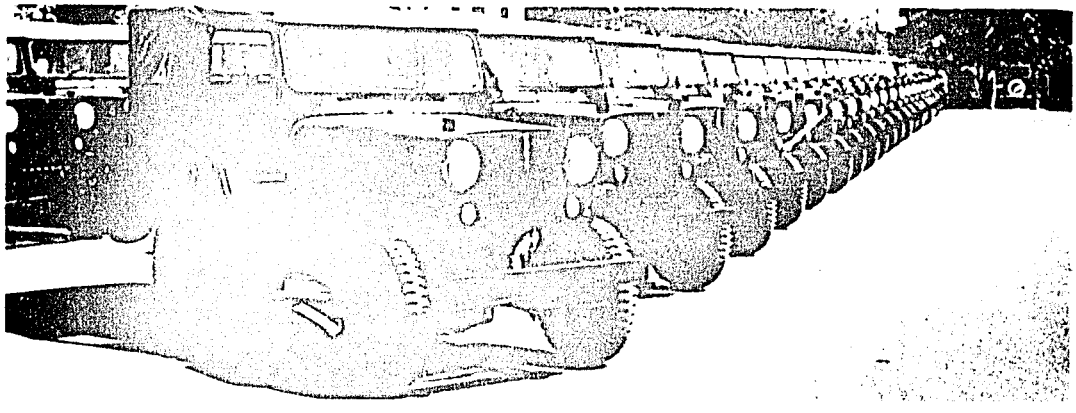


Dr. Antonio Pardo, Coordinator of Medical Projects for the Department of Health and Mr. John E. Raber, Public Health Representative, HD/ICA talk through and agree on the essential elements of medical equipment maintenance project prior to its submission by the Department of Health to the National Economic Council. This is one of the basic steps in the development of all projects in order to expedite processing through NEC and ICA/Manila and for ICA/Washington approval.

RURAL HEALTH SERVICES *

Never in the history of the Philippines has greater consideration been given to the health of the people in remote rural areas than in the period 1954-1958. Congress passed R public Act 1082 on June 19, 1954 and appropriated funds amounting to ₱5 million for this 4-year period to send doctors, nurses, midwives and sanitary inspectors to rural areas. These personnel were increased to 4770 by June 1957 and spread by teams in rural health units in 1200 municipalities supplied with 450 jeeps, 40 outboard motors, 10 station wagons, 790 refrigerators for biologicals, vaccines, and medical supplies to give services to 17 million rural people. In addition, these personnel organized remote barrio councils to help themselves establish barrio centers and placed 800 medical kits that came from ICA in selected centers agreed upon by the people. These have been and continue to be replenished by the people. Gradually in line with the reorganization plan of the Department of Health the rural health units will become municipal health departments responsible for all health activities in their localities, reporting to the provincial health officer who will, in turn, be responsible to the Regional Health Director.

The United States provided technical advisors and working tools in the form of commodities not obtainable in the Philippines.



Some of the 450 jeeps for the 1,268 Rural Health Units.

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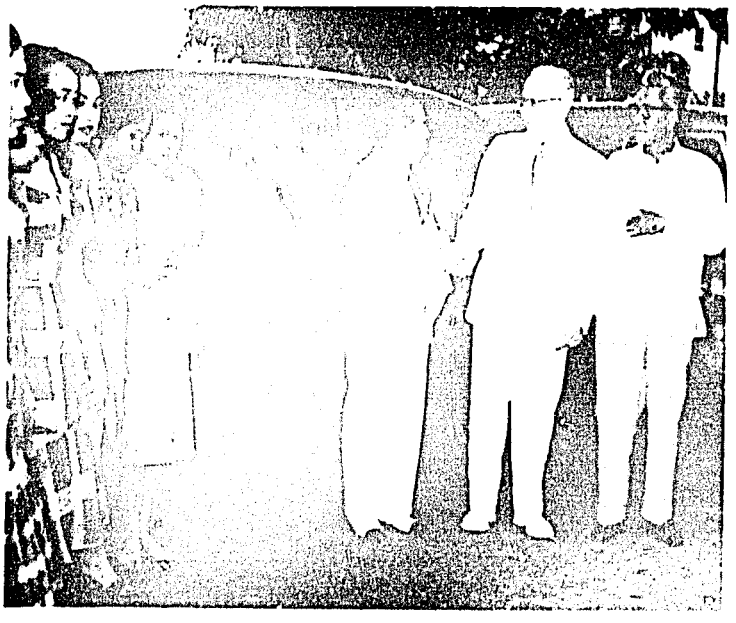
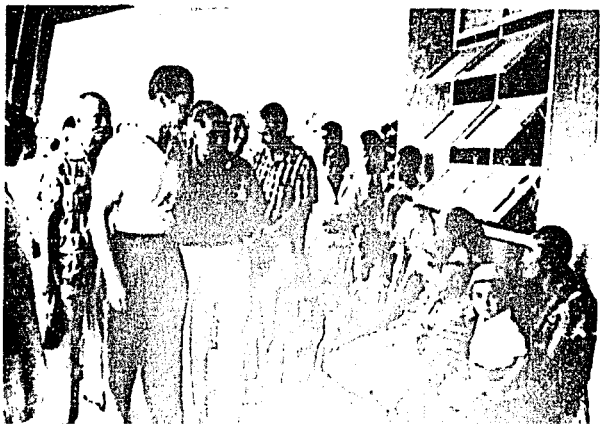
* - Based on the Cumulative Report of Dr. Amadeo H. Cruz, Acting Executive Officer, Bureau of Health, January 1, 1954 to December 31, 1957.

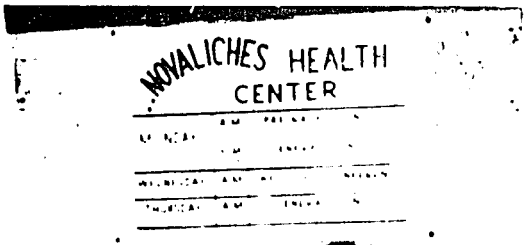
Even in remote areas people come in great numbers to attend the inauguration of their Rural Health Unit.



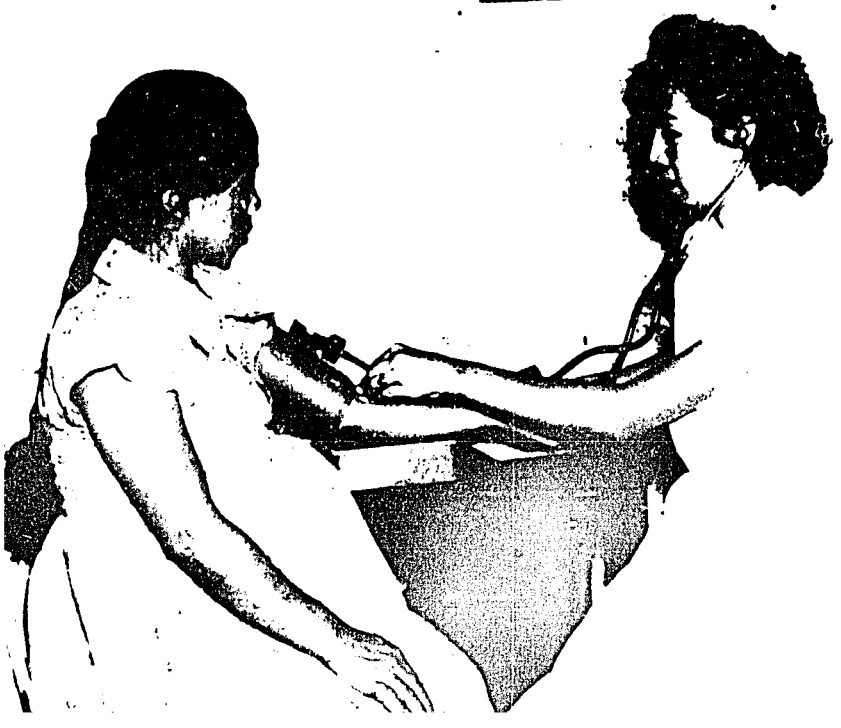
Shown here are Mr Cornelio Crucilio, National Economic Council, Mr. Paul D. Summers, Director of ICA, Dr. Paulino Garcia, Secretary of Health and Dr. Jesus Nolasco, Director of Bureau of Health during a turn-over ceremony of station wagons to the Department of Health for the Rural Health Units. A similar ceremony is always held when large amounts of NEC/ICA equipment arrive in the Philippines for use in the Mutual Assistance Program.

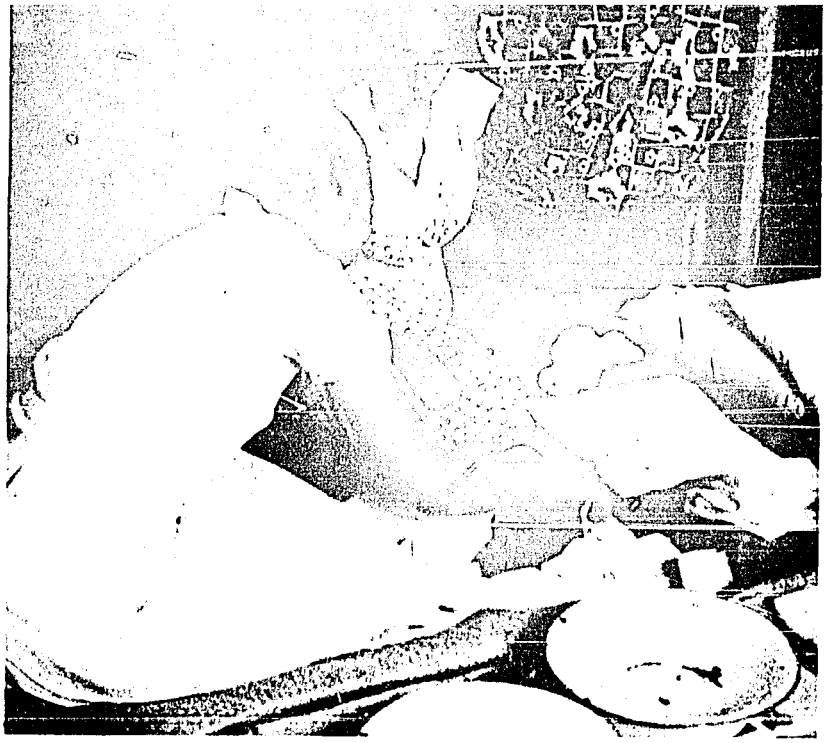


Secretary of Health Paulino J. Garcia shows the Chief of HD/ICA Washington Dr. Eugene P. Campbell and the US Surgeon General Dr. Leroy Burney a Rural Health Unit in Bulacan Province. With the group are Dr. Santiago, Provincial Health Officer, Dr. Horace DeLien and Dr. Tranquilino Elicaño.



Work in the 1,268 Rural Health Units is facilitated by adequate equipment for physical examinations.





A Rural Health Unit nurse demonstrates infant care to a mother in her home during post-natal visit.

A Rural Health Unit nurse shows the young mother how to bathe her baby properly.

A Rural Health Unit nurse talks with the entire family about health problems after she has demonstrated care of the infant to the young mother.

BUREAU OF HEALTH

Sanitation

In 1954 a Community Water Supply Project was begun by the Bureau of Health, with financial and technical assistance from ICA. Upon creation of the National Waterworks and Sewerage Authority, however, the prime responsibility for water supply was transferred from the Bureau to the Authority. The 27 sanitary engineers in the employ of the Bureau were then regrouped and placed under the Division of Environmental Sanitation, with a consequent broadening of their activities to cover all phases of sanitation in all areas of the Philippines.

Within the past 2-1/2 years, a long-range program for the Division has been developed for the purpose of improving sanitation service to the people through the application of sound engineering techniques, improved training of personnel, public health education, and enactment and enforcement of necessary laws and ordinances.

The work accomplished by the general sanitation personnel amounts to more than 132,000 units and includes the following: approximately 62,000 water analyses; inspections of 10,000 buildings, 3,600 swimming pools and areas, 7,500 waterworks and artesian wells, 2,600 privies, 340 septic tanks, 415 refuse disposal areas; review of 200 plans for sanitary facilities and building plans for rat-proofing in Port Area. Inspections have also been made of approximately 12,000 cemeteries and 10,000 public conveyances. Training in several phases of sanitation has been given to approximately 1,100 trainees.

Occupational Health

The Occupational Health Project of the Bureau is charged with protection of workers. To illustrate the work of this unit the figures showing accomplishment during the period July 1, 1955 to June 30, 1957 are presented: 8,727 industrial establishments were given service which affected 148,000 workers; 74,535 visits were made to plants; 74,449 routine inspections were made; and 206 laboratory analyses were made. Other activities included technical investigation

15 on air pollution, 21 on atmospheric contaminants, and 17 on occupational diseases. Educational activities consisted of 61 lectures, training 114 municipal health officers, giving 8 demonstrations and providing 4 court witnesses. From June 1, 1954 thru December 1957, surveys and classification (ratings) of the sanitary conditions had been made on 124,803 industrial and commercial establishments. During the same period 664 samples had been examined and 830 analyses made in the laboratory relative to the above activities.

The Drug and Cosmetic Inspection Section

This Section investigates processing of food and drug manufacturing, and the activities for 4-1/2 years include the following in approximate numbers: 150,000 establishments inspected; 130,000 samples collected; 32,000 requests for laboratory tests received and 28,000 of these completed (27,000 laboratory results were satisfactory and 1,000 were unsatisfactory); 2,600 violations discovered; 82 prosecutions, 1,000 warnings given and 2 establishments closed.

General Administration and Staff Services

These Services include complete physical and medical examination for persons entering government service, epidemiological investigations throughout the country, protecting the health of the school child, furnishing public health administrators with guides for disease control, supervising health activities in private schools, collecting vital statistics through the use of weekly, monthly and annual reports and analyzing these data and the general administrative services.

MALARIA

The spectacular reduction of malaria in the Philippines was based upon the Mindoro Pilot Project, a demonstration in this country where DDT was tested as a residual house spray for the control of malaria. The first of four full coverage operations of the house residual spraying took place in 1954, repeated in 1955, 1956, and 1957. These operations were carried out by 450 technicians and 3,000 laborers, divided into 30 teams of physicians, engineers, technicians, supervisors, clerks, field attendants and others. Nearly a million and a half houses were sprayed annually protecting an average of more than seven million people at a cost of 62 centavos per capita. In addition, one fourth of a million people were given medical treatment each year.

Other economic benefits were the bids for the construction of national highways in malarious areas of the country being reduced by nearly ₱32,000 per kilometer when the government guaranteed malaria control to construction camps.

By 1956 it became evident that malaria eradication from the face of the country was a very real possibility and such a program was laid out with an estimated target date for completion of 1962.

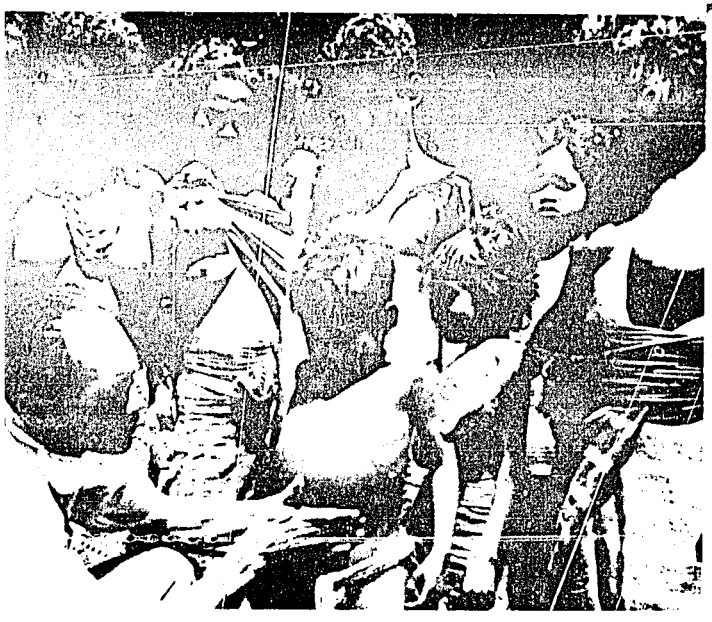
The Philippine Government has provided about 11 million pesos to finance this program. The U. S. has provided Technical Advisors, DDT, spray pumps, jeeps, outboard motors and research equipment to support and maintain the performance of lifting the winged scourge of malaria from the people.

To-date three top level staff have been trained through the NEC/ICA participant program. WHO sent 3 staff members to international conferences and gave travel grants.

We see Mr. Francisco Baisas, Entomologist. Division of Malaria, in a remote barrio teaching families about malaria with the aid of charts and educational materials. The people's questions are answered through discussion. This is an important step in the preparation for the spraying program which is to follow.

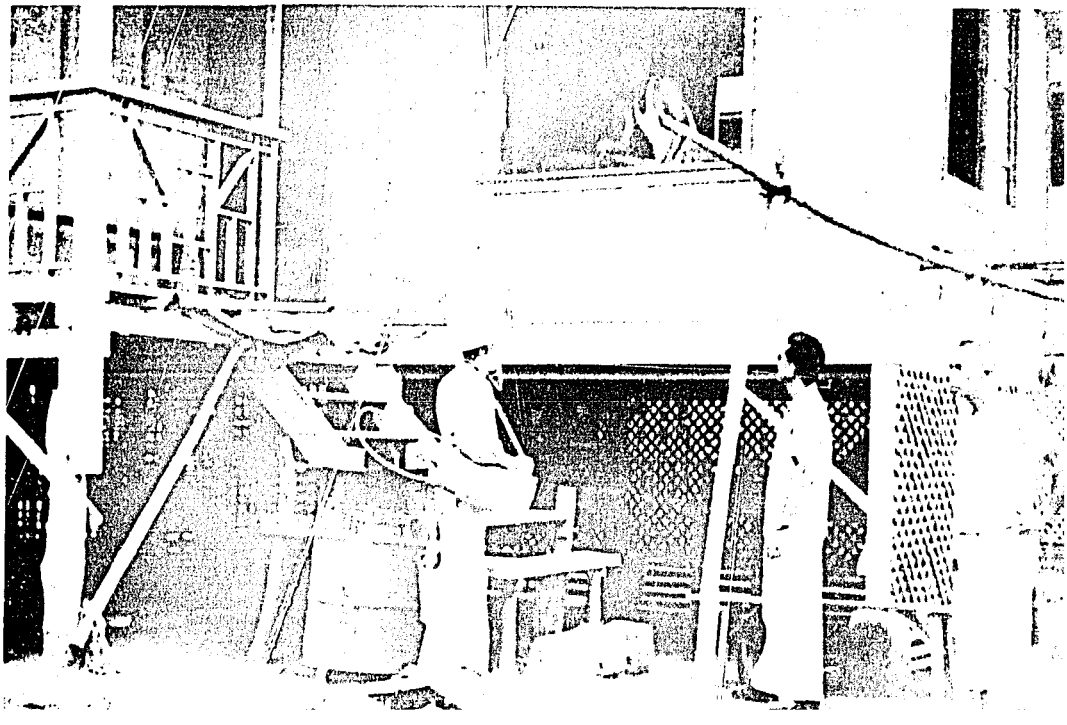
When the Malaria Control Program moved into Malaria Eradication it was necessary to evaluate and re-plan operations. L to R: Dr. Horace DeLien, Chief, HD/ICA, Dr. Antonio Pardo, Project Coordinator, Department of Health, John E. Raber, Public Health Representative HD/ICA, John W. McDowell, Malaria Eradication Advisor, HD/ICA and Dr. Antonio Ejercito, Chief, Division of Malaria, Department of Health.

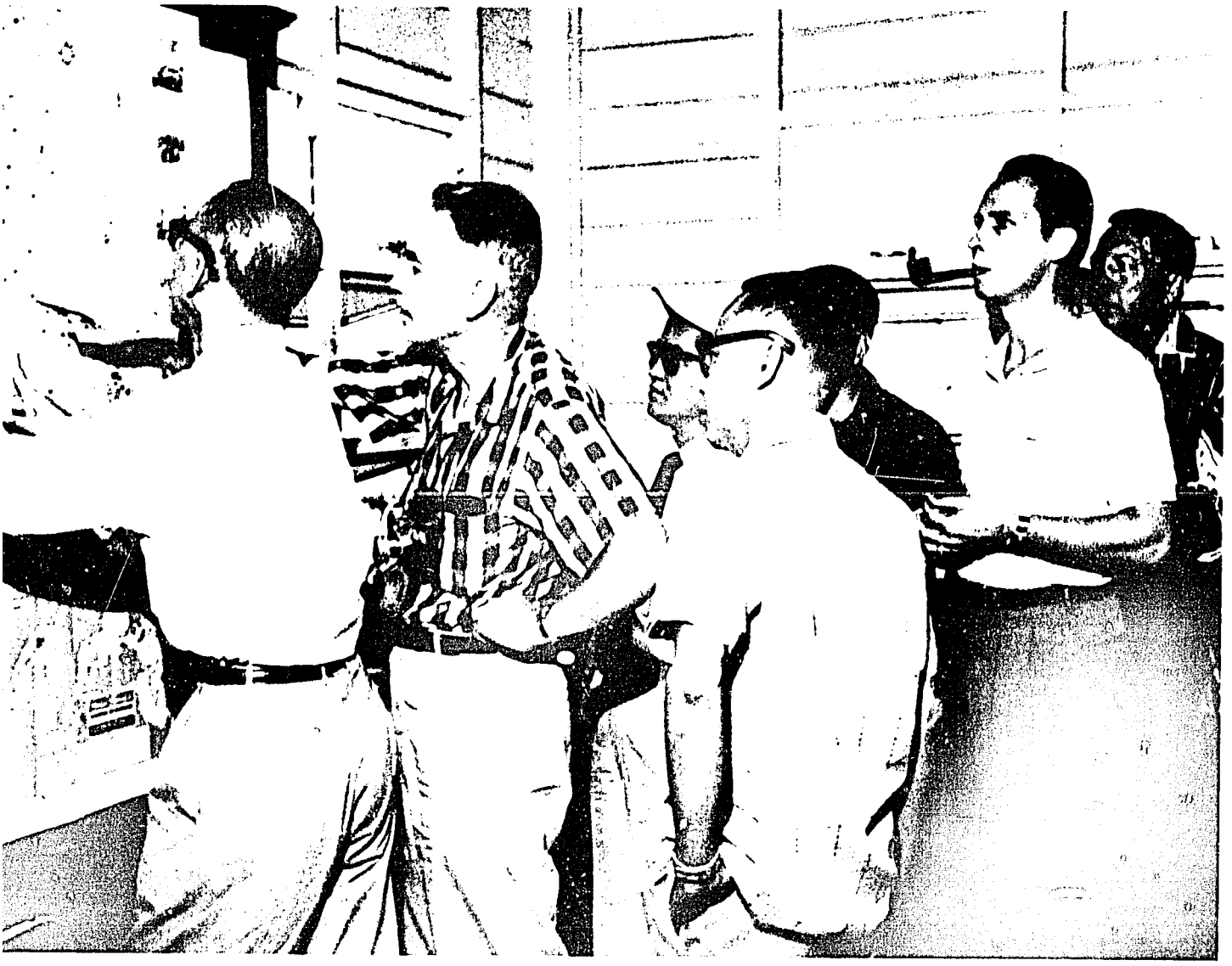
Taking blood smears is an essential part of the Malaria Eradication Program and the people are happy about it when they are helped to understand the value of this examination.



A Batac boy bravely submits to a spleen examination for malaria by Dr. Alfredo Leoncio of Palawan because he understands the need for it. One of the four non-Christian tribes of Palawan, the Batacs are nomadic.

Sanitary Engineer Jacinto Perez (center) and a dieldrin sprayman talk to a house owner in Antipolo, Rizal, before commencing with the spraying phase of the Malaria Eradication Program.





Dr. Eugene P. Campbell, Chief, Public Health Division, ICA/W with US Surgeon General Dr. Leroy Burney and Dr. Horace DeLien visit one of the malaria field stations. Shown with them are Mr. Francisco Baisas showing locations of other malaria field stations, Dr. Jose B. Mendoza and Secretary of Health Paulino J. Garcia (covered by Dr. Mendoza).

EDUCATION AND TRAINING OF HEALTH PERSONNEL AND HEALTH EDUCATION OF THE PUBLIC

Overall Picture

The Republic of the Philippines long ago accepted the responsibilities of a democratic government to provide the basic education of its people and especially the technical personnel who are to provide the necessary social services. During the past 4 years great emphasis has been given to personnel training by the Department of Health. It has concerned itself with the broad spectrum of health training in both private and public institutions and organizations as well as government agencies. This concern has been made manifest in very tangible ways.

Regional Training Centers Established

While the first step toward this goal was to establish a national office to facilitate and coordinate training, steps were taken to staff five regional training centers in various parts of the country. These centers eventually would be expanded to become comprehensive medical centers. For example, the Davao Regional Medical and Training Center which is presently planning new facilities for not only the functions of hospital care and nursing education but also for joint housing with public health programs as well as a training center for a multiplicity of disciplines concerned with the various aspects of preventive and curative medicine.

The Institute of Hygiene

The Institute of Hygiene of the University of the Philippines has been training physicians in public health since 1927. In 1954 it accepted the added responsibility of developing a comprehensive curriculum to include at the graduate level the major fields of public health engineering, public health nursing and public health education. The Department then sent to the Institute in greater numbers their personnel holding key positions. The Department of Health approved through U. S. Aid four ICA Advisory Staff members and fellowships for faculty members in these major fields, as well as commodities for the library and laboratories. Serious considerations by the Philippine hospital people on the need for university education in hospital administration may result in its assimilation by the Institute of Hygiene.

Institute of Malariology

There are 84 personnel at the Philippine Institute of Malariology, established in 1926 as a laboratory and rehabilitated in 1954. They have trained 369 nationals (41 physicians, 21 engineers and 307 technicians); 34 foreign country nationals; 10 WHO fellows and 1 USAF technician.

Basic Education and Hospital Training

Knowing full well that training after basic education can never be a substitute basic education in biological, physical, and social sciences necessary for the training of health personnel, the Department of Health planned ways to strengthen basic education. One of the steps taken was with ICA Aid and cooperation to send the Deans of the four leading Medical Schools abroad to see and to share developments in modern medicine. In addition 34 faculty members from these University Colleges of Medicine and Nursing and from government schools have studied abroad, many receiving advanced degrees.

To improve the internships and training of nurses and physicians 8 hospitals and 7 schools of nursing were provided with ICA technical advisory services and commodities. Two additional private schools of nursing and three medical schools were given assistance in participant training and fellowships for staff to study in the U.S.

Type A Participants

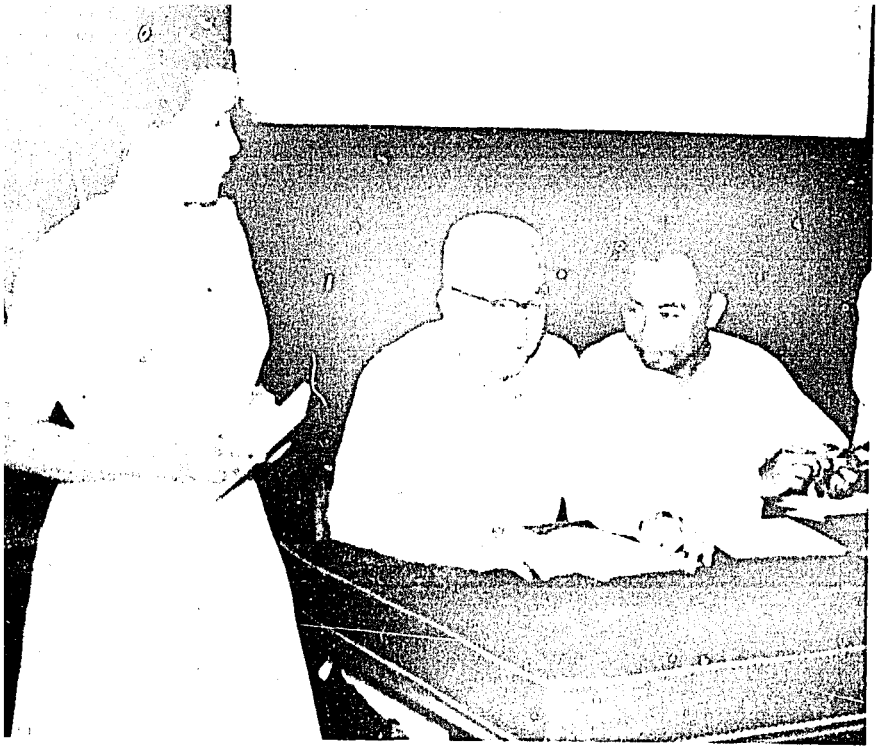
A total of 151 Filipinos have been provided ICA/NEC fellowships to study in the U.S. in various health fields during the past four-year period and the Department of Health has also given training to 54 foreign nationals from 6 different Asian countries.

Of the ICA/NEC fellows 94 are directly engaged in training and education activities. Of the 94, 17 are in basic medical education specialties and 17 are in basic nursing education, and the remainder are in general public health and laboratory "on-the-job" or in-service education work.

Office of Personnel Training and Health Education

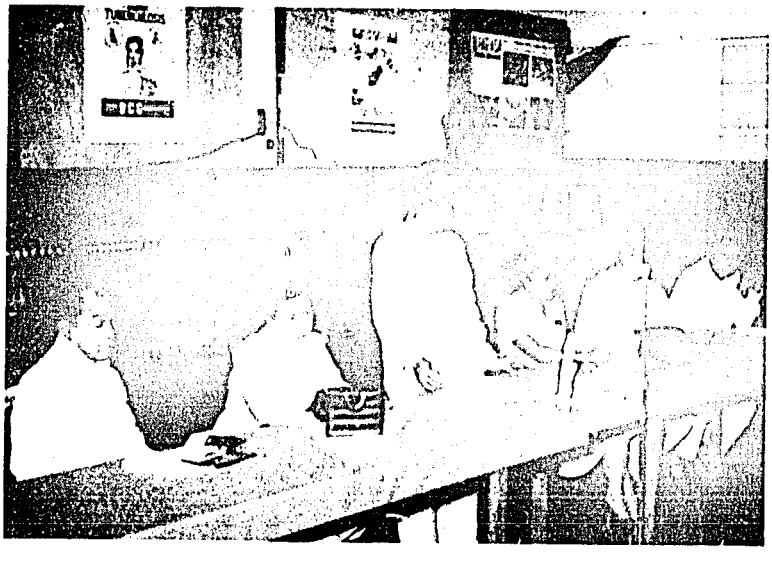
Personnel Training and Health Education staffs consisting of 67 professionals and approximately 137 auxilliary workers were merged in 1953 to provide close coordination and integration of their functions. Nearly four thousand health personnel have been given "on-the-job" training in five regional training centers and in the central office. They include 655 physicians, 1191 nurses, 915 midwives, 806 sanitary inspectors, 203 laboratory technicians, 25 X-ray technicians, 14 health educators and the remainder in quarantine, laboratory helpers, pathologists, etc. In addition, short term (two-three weeks) training has been given in the past three years to 1810 affiliates from nursing schools and 978 affiliates from midwifery schools. These workers are found in rural health units, (municipal) training hospitals, laboratories, and in special programs of malaria, tuberculosis, and schistosomiasis control. In addition to the health services given to the people by the 67 members of this Office's staff their health education work includes approximately 8,000 adult and teen-age study groups, food service and market workers classes. A half million people have been served in clinics and another one-third million have been influenced by the home visits made by training personnel as they taught others to give services. Nearly 4,000 babies were delivered in the process of training nurses and midwives. The training laboratories alone performed a half-million tests of eleven types including food and drug, water, urine, feces, sputum, blood, skin, etc. More than 16,000 film showings were held for more than 2 million people. Through this office more than 3 million pieces of educational literature have been published and distributed.

All these activities do not include the health education work of the rural health unit personnel and provincial staffs, but only the activities growing out of the work of the National Office and Regional Training Centers.



In 1956, Dra. Trinidad A. Gomez, then Technical Assistant for Personnel Training (she is now Acting Director) is shown here introducing the Hon. Jose Locsin, Chairman of the NEC (formerly Chairman of the Senate Committee on Health). He was speaker at the opening session of the First National Working Conference for Personnel of the Regional Training Centers. Sitting on the extreme right is Dr. Eduardo Agustin, Chairman of the Conference. Dr. Agustin at that time Acting Director, PTHEI is now Director for Region #3.

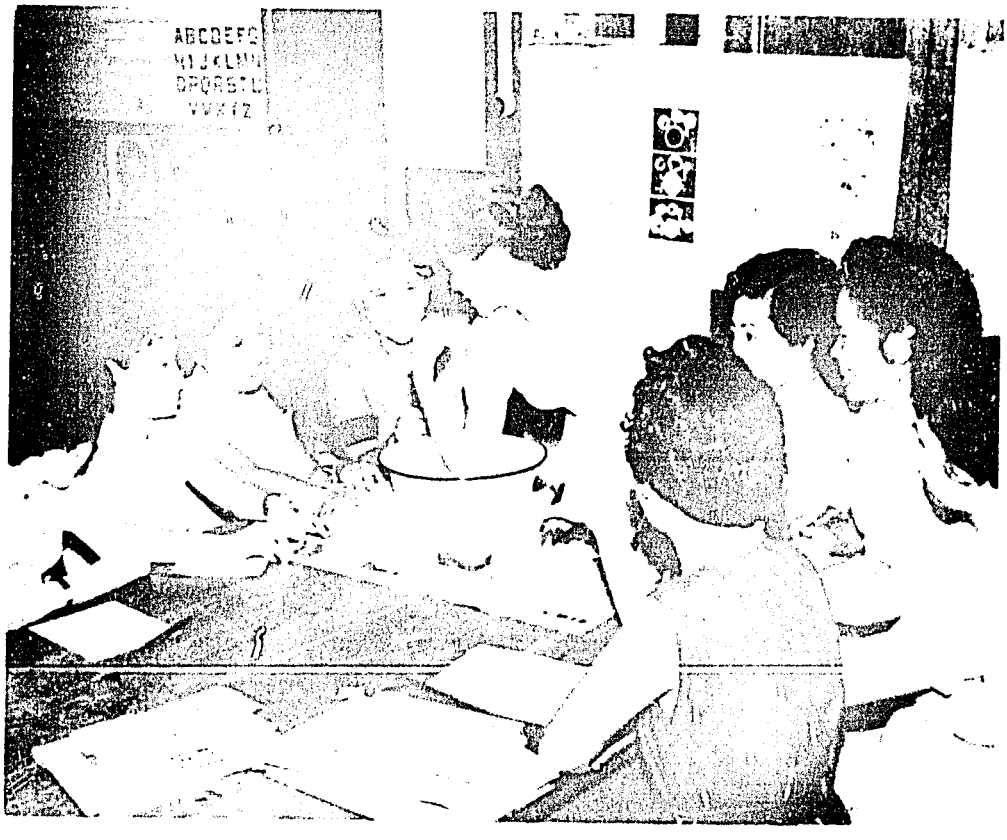
At the head of the table Dra. Trinidad Gomez, Acting Director, PTHEI is shown when she was Technical Assistant for Training leading group discussions with doctors, nurses, health educators and sanitary engineers during the First National Working Conference for Personnel Training in April, 1956.



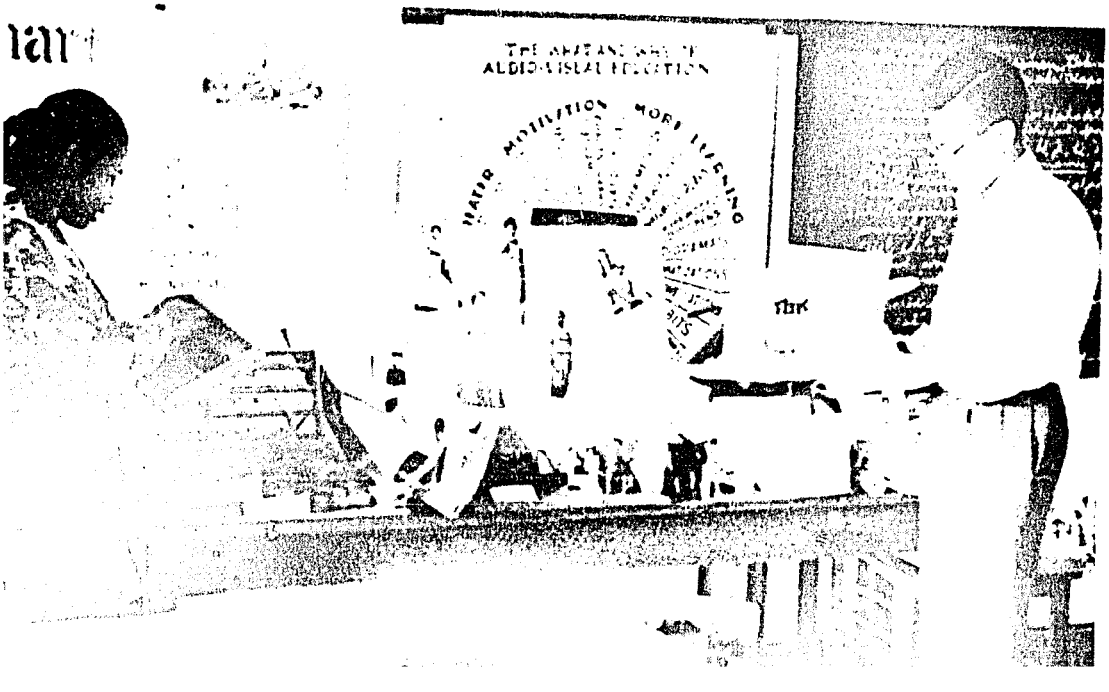
At the first National Working Conference on Personnel Training held in April, 1956, a panel discussed the problems of the regional training center. L to R: Dr. Petronio Monsod, Dra. Trinidad A. Gomez, Dr. Eduardo Agustin, Dra. Josefina Gorospe, and Dr. Mariano C. Icasiano.

Working groups tackle problems of personnel training, public health administration, nursing supervision, health education of the public and other problems faced by regional training centers.

Rural Health Unit personnel learn how to teach through In-Service Education. Here a nurse is practicing before her colleagues a demonstration which she will later give to a group of mothers.



Two of nearly 200 foreign country nationals who have had orientation and training in the Philippines during the past few years are Miss Latifah Maaroef, public health nurse, pilot project for community development, Kabupaten, Indon Ministry of Health and Mr. Dardjat Sukapradja, Sanitarian and Training Officer, Banung Province Health Office shown above examining teaching aids in the library of Bayambang, Pangasinan Normal School, where they observed the cooperative work being carried on in school-community education by all the agencies concerned including rural health units. Miss Maaroef and Mr. Sukapradja spent six months in the Philippines during 1957 as ICA Third Country participants.



THE INSTITUTE OF HYGIENE *

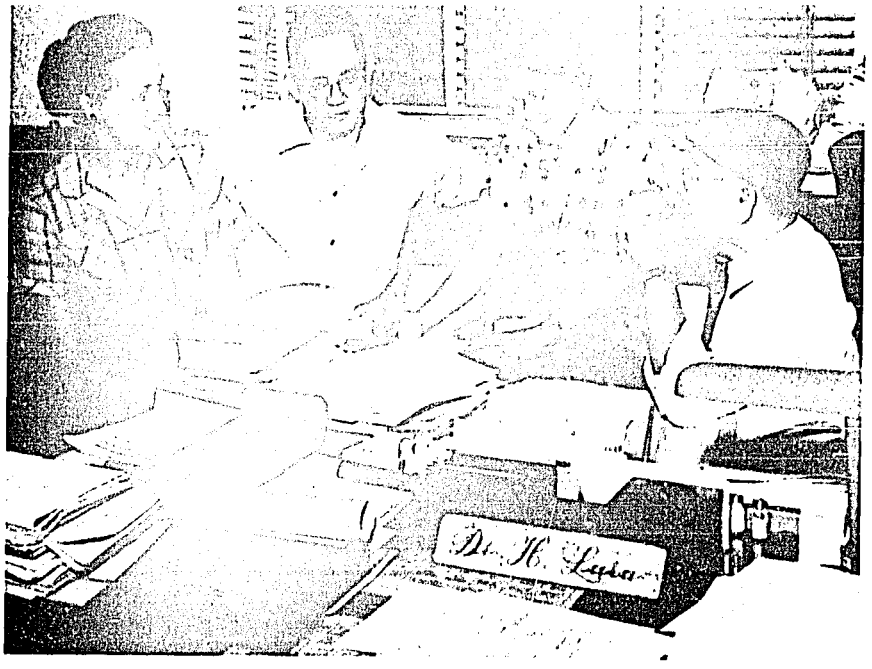
The School of Sanitation and Public Health opened in June 1927 as a result of ₱20,000 being contributed by the Bureau of Health to the University of the Philippines for the purpose of its establishment. At first the courses were designed for medical students or physicians from Health Service. The Rockefeller Foundation through the years has provided funds for visiting professors, for training of staff, for equipment of laboratories and teaching aids.

In 1939 the Institute of Hygiene was established as a Graduate School of Public Health but did not operate as such during the war years, 1942-1948. It has continued through the years to serve as the department of preventive medicine for U.P. College of Medicine.

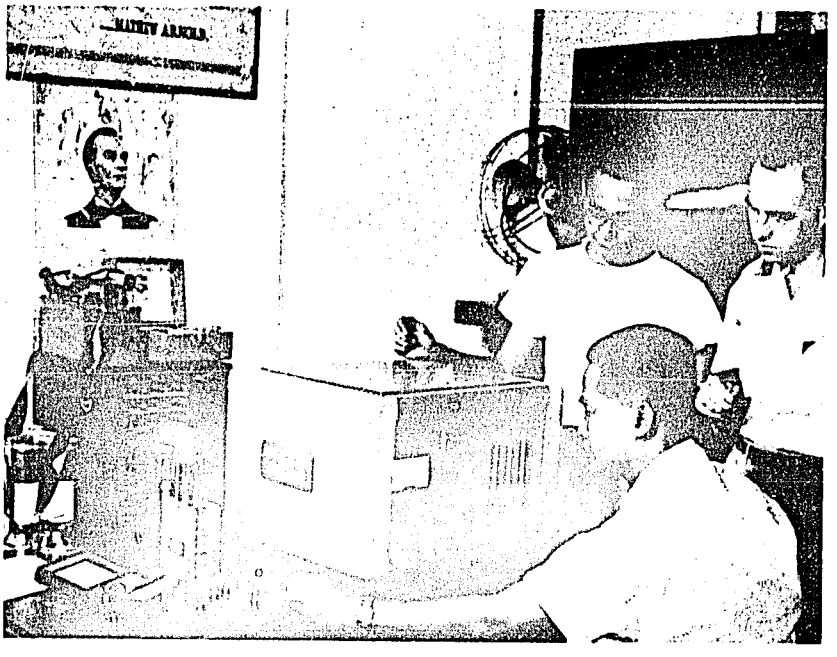
In 1952 a four-party agreement among Johns Hopkins University, WHO, the Rockefeller Foundation and the Institute of Hygiene was further strengthened by NEC/ICA in 1955 when provision was made for additional staff and equipment thru joint planning with the Department of Health and HD/ICA. See Sections in Introduction and in Education and Training of Health Personnel and Health Education of the Public.

Dr. Hilario Lara, Dean, Institute of Hygiene, U.P. (extreme left) talks with Secretary of Health Paulino J. Garcia, Dr. I. C. Fang, WHO Regional Director, and Dr. Horace DeLien, Chief, HD/ICA prior to the establishment in 1955 of the Institute of Hygiene Training Project which is supported not only by NEC and ICA but also by Johns Hopkins University, Rockefeller Foundation and the World Health Organization.

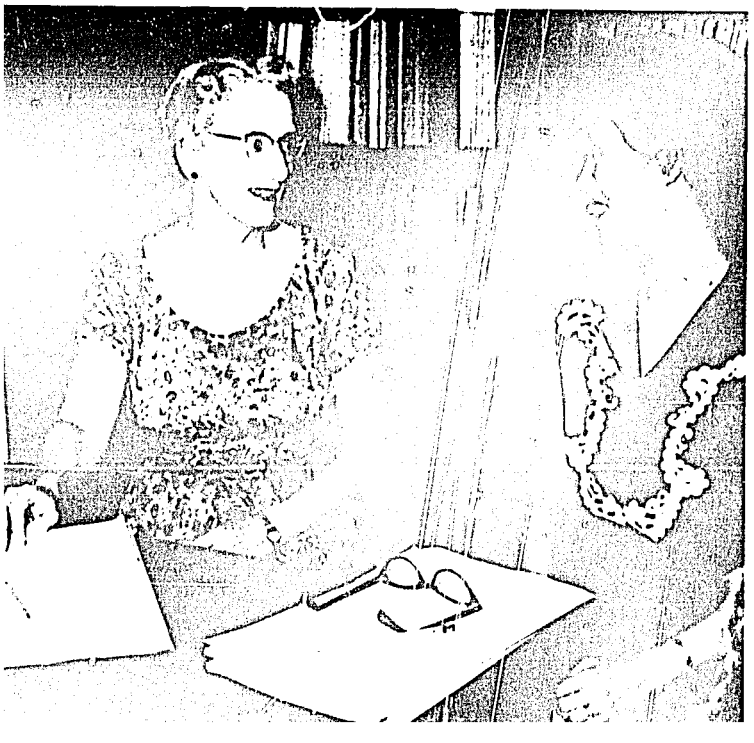
* - Based on a paper entitled, "The History of the Institute of Hygiene" prepared in 1957 by Victor C. Valenzuela and Teodora V. Tiglao, Institute of Hygiene Faculty members.



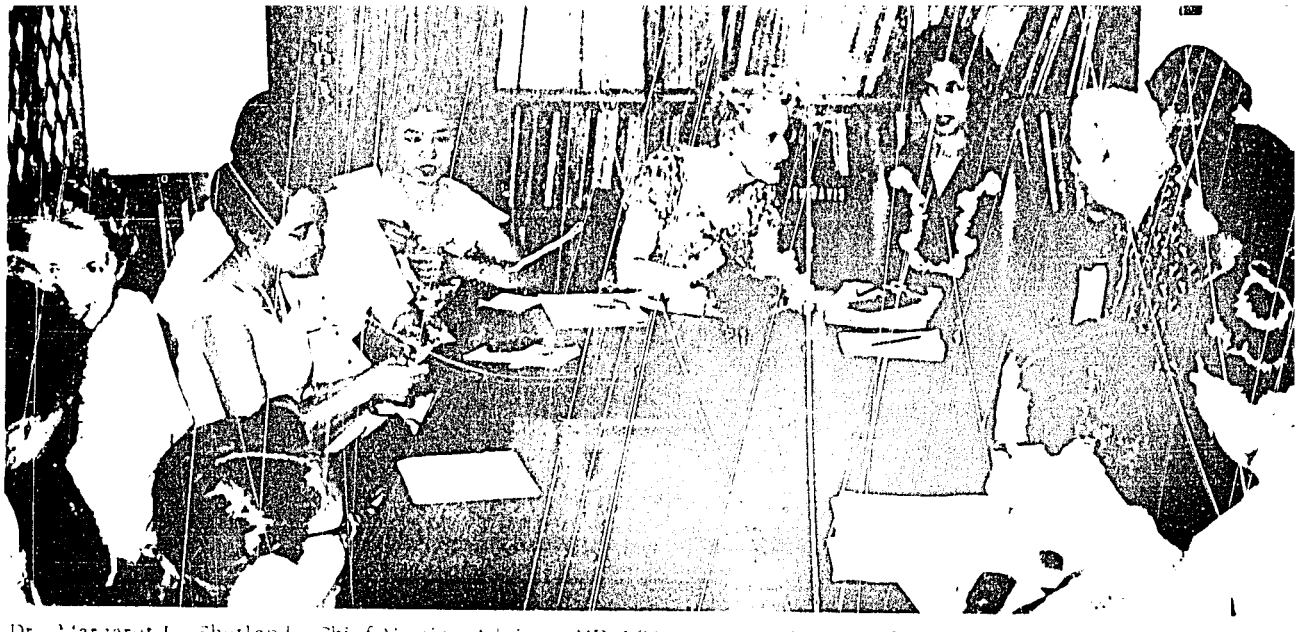
Shown from L to R: Dr. Annie Laurie Keyes, Health Education Advisor, HD/ICA, the first to be assigned to the Institute of Hygiene U. P. in July 1955, Dr. Arturo Reyes, Secretary of the Faculty, Mrs. Teodora Tiglao, Associate Professor and Head of the new Division of Health Education and Dr. Hilario Lara, Dean. They are talking over problems and needs of the public health education division.



Dr. Reynaldo Lesaca and Dr. Albert Talboys observing Asst. Professor Wilfredo Reyes operating a Geiger counter to determine the extent of radioactive fall-out in the Manila area.

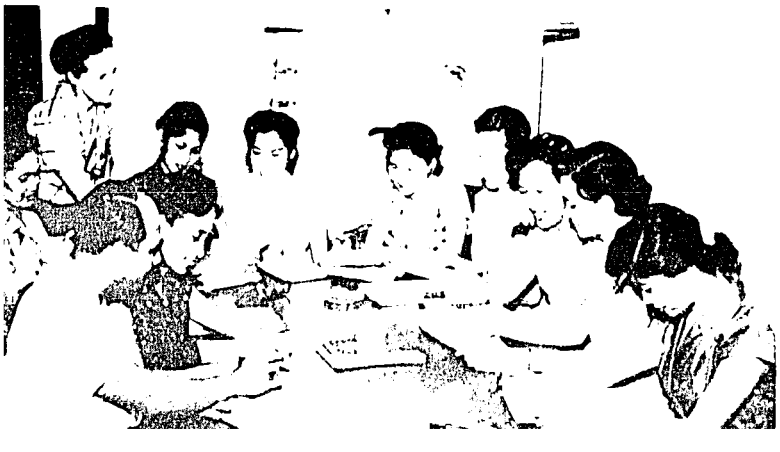


Dr. Margaret L. Shetland, Chief Nursing Advisor, HD/ICA, and Mrs. Amelia M. Maglacas, Filipino counterpart confer before meeting with Filipino nurses.

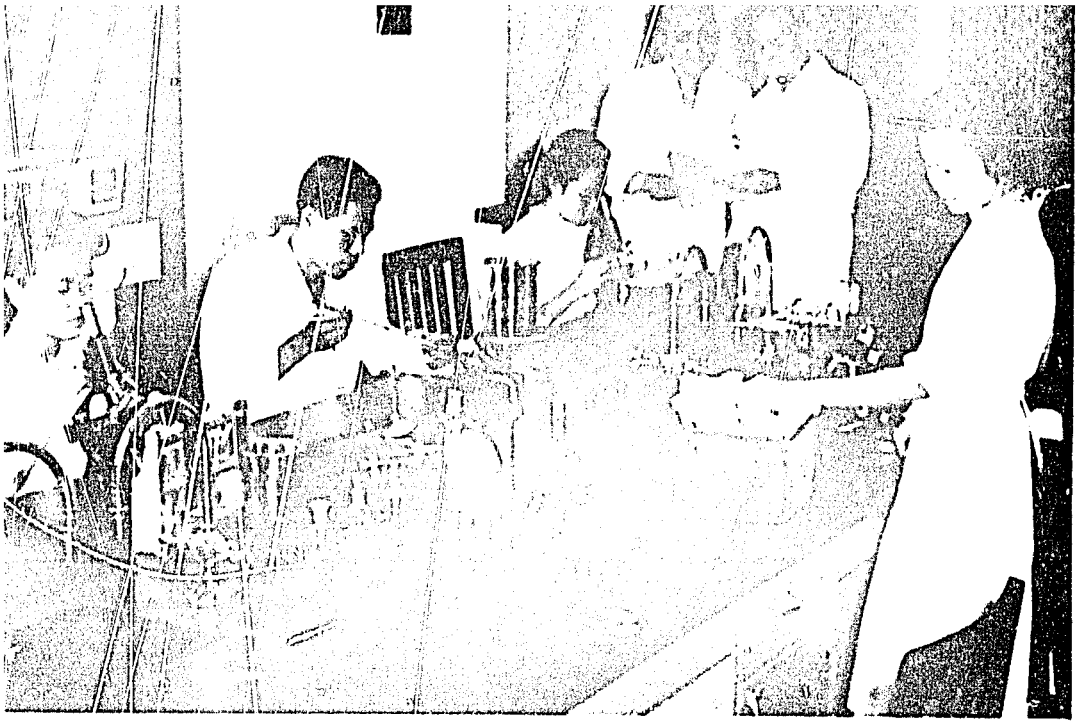


Dr. Margaret L. Shetland, Chief Nursing Advisor, HD ICA secures assistance of Filipino nursing leaders in preparing a paper to be presented at an international meeting.

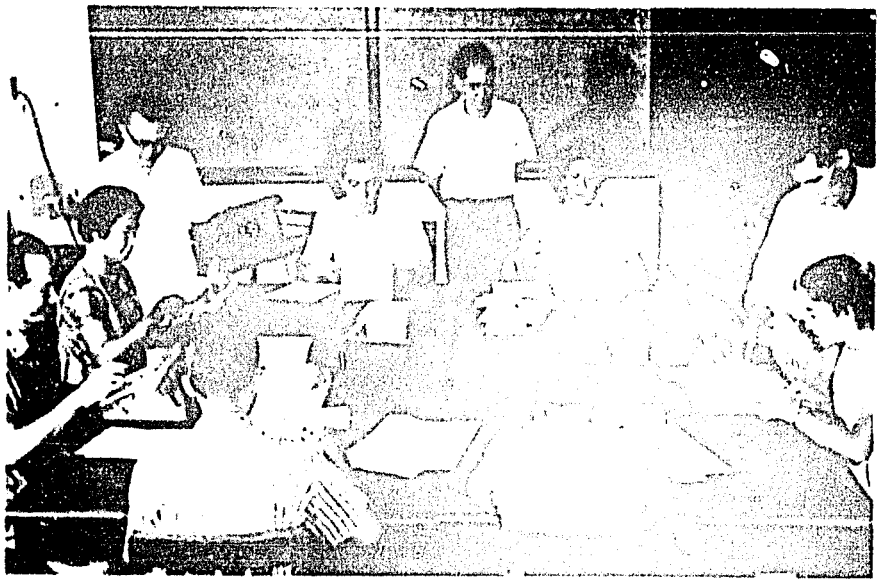
The first four graduates in public health education are evaluating a flip chart which they produced to illustrate the principles of group work. On the left is Dr. Annie Laurie Keyes, Health Education Advisor, HD ICA. On the extreme right is Mrs. Teodora V. Tiglao, Associate Professor in public health education. Students from L to R: Ana Suarez, Manila Health Department, Asuncion Gradiz, Region #1, Zenaida de Leon (using pointer) Region #5 and Lourdes Fortich, Region #1.



The first four graduates of public health education together with the five graduates of the 2nd group and their professors evaluate the first year of training at the Institute of Hygiene, U.P. and plan the 2nd year of work. From L to R: Dr. Gavino Tantoco, District Health Officer, Manila, Asuncion Gradiz, Region #1, Simrona Arevalo, Rizal Province, Prof. Keyes (standing), Flora Fernandez, instructor at the Institute, Perla Pinto, Region #[illegible], Prof. Tiglao, Ana Suarez, Manila Health Department, Linda Layosa, Bicol Region, Lourdes Fortich, Region #1 and Zenaida de Leon, Region #5.



Dr. Potenciano Aragon, Head of the Department of Bacteriology with his colleague Dr. Alejandro Reyes discussing their plans for the day while assistants prepare for laboratory period. New equipment procured through NEC/ICA makes teaching more effective. On the right is Miss Veronica Chan, NEC/ICA participant who studies Virology at the University of Pittsburgh, School of Public Health.



Dr. Victor Valenzuela, Head of the Department of Biostatistics and Dr. Arturo Librea are shown supervising the use of calculating machines which were given by NEC/ICA to supplement the calculators given by the Rockefeller Foundation. These machines as do all the other teaching aids greatly improve the quality of instruction at the Institute of Hygiene.

Dr. Reynaldo Lesaca, Head of the Engineering Department, is shown at the extreme right supervising the use of equipment in the brand new public health engineering laboratory at the top floor of the Institute of Hygiene which was equipped by NEC/ICA. Dr. Albert Talboys, ICA Engineering Advisor is standing on the left.

DIVISION OF NURSING

Nursing in the Department of Health during the last 4-1/2 years demonstrated great progress in spite of many problems encountered after World War II.

After liberation the schools of nursing operated with inadequate facilities. The Division of Nursing of uthe Department of Health in cooperation with ICA nurse consultants and Filipino Nurses Association made a study of 13 hospital schools of nursing in 1953* and this study revealed that the schools were operating with unqualified faculty, inadequate library, classrooms, demonstration rooms and housing facilities. No separate budget was provided for the schools of nursing. As a result, the Department of Health requested from the ICA, scholarships for nursing school faculty. The principals of 5 schools of nursing under the Department of Health and four clinical instructors were sent to the U.S. thru ICA/NEC scholarships for advance study of nursing education. Upon their return these faculty members with assistance from ICA consultants improved immensely the teaching methods, developed a Manual for Nursing Education and initiated in-service programs for the rest of the faculty. Other faculty members were sent to local universities to qualify for the requirements of Bachelor's degree in nursing.

With the rehabilitation program of the ICA the hospitals were provided with equipment and thus nursing care was improved. A separate budget was then provided for the schools of nursing. With the passage of Republic Act No. 877 known as the Nursing Practice Law more and more schools of nursing have improved their facilities. The Filipino Nurses Association and the Division of Nursing with help from ICA consultants produced a curriculum guide for Philippine schools of nursing.

To-date the country has 5 government schools of nursing under the supervision of the Department of Health. There are 19 basic hospital schools of nursing granting a graduate nurse diploma; 7 basic collegiate schools granting Bachelor'of Science in Nursing; 9 post basic collegiate schools of nursing granting Bachelor's degree in nursing to nurses of diploma schools; 3 colleges of nursing granting a Certificate in Public Health; 3 colleges of nursing granting Master's degree in nursing and the Institute of Hygiene, U.P. grants CPH and MPH degrees.

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* See Annex #9a

Nursing educators today are faced with the problems of many qualified applicants to schools of nursing but cannot be accommodated due to a deficiency and inadequacy of clinical services, facilities, budget, etc. One of the major problems today is that more and more schools are being opened with inadequate facilities for instruction and clinical experience. Republic Act 877 requires students to have one year of collegiate work before going into the 3-year hospital schools of nursing. This means that students become an RN in hospital schools in 4 years. This is posing another difficulty since students who go to collegiate schools also complete the course in 4 years and receive a degree. Plans have been discussed on converting hospital schools to collegiate schools but this move needs careful long range planning because of inadequacies in certain hospitals receiving students.

Hospital Nursing Service

Soon after the war hospitals functioned with very limited facilities thus nursing care was greatly affected. The Division of Nursing of the Department of Health in collaboration with the FNA and the ICA prepared a short and long range program for nursing based on an analysis of studies of nursing resources, service and education and it was found that most hospitals had poor equipment and very inadequate supplies. There was evidence of understaffing and nurses were not being given vacation and off-duty time. With the rehabilitation of the hospitals under ICA/NEC program more equipment and supplies were provided and more nursing positions were added so that today nursing services in these hospitals has been greatly improved. Five nurses were sent to the U.S. as ICA participants to study hospital nursing service administration and upon their return they have contributed to the improvement of nursing care in the hospitals by the preparation of An Administrative Manual for Nursing Service and by having workshops, institutes, conferences and in-service education in their individual hospitals. They have used consultation from the Division of Nursing and HD/ICA. Field trips jointly made by nursing consultants of ICA and the Department of Health have greatly helped the nurses in the various hospitals visited in planning, organizing and evaluating nursing service so that at present one finds these hospitals with very much improved patient care.

Public Health Nursing

Public health nursing in the Department of Health includes activities in the rural health units, puericulture centers, or maternal and child health, tuberculosis nursing, limited school nursing, social hygiene, and industrial nursing functions. Studies and field visits have revealed that soon after the war public health nursing was confronted with problems of

answering 24-hour service, poor transportation facilities, lack of preparation for the job being done, understaffing, etc. Several workshops and institutes conducted by the Department of Health and FNA with assistance from ICA consultants helped in a large measures in having the public health nurses plan their solutions to remedy these problems. A definite step forward was the implementation of a policy on supervision to supplant the old practice of functional supervision with generalized supervision on provincial and local levels. With the passage of RA 1082 1,975 nurses and 1,611 midwives were assigned to rural areas to render health services to the people. The Personnel Training, Health Education and Information Office arranged short term general public health training in the five regional training centers before sending them out. Their work in the field is under the supervision of the Bureau of Health.

The problem of lack of preparation among nurse supervisors and staff nurses has been partly solved through the ICA/NEC scholarships granted to nurse supervisors who pursued courses in public health nursing administration and supervision in U.S. universities. Some took courses leading to CPH at the Institute of Hygiene, U.P. and others certificate in public health nursing at the U.P. College of Nursing and other local universities.

Workshops, seminars, and institutes on public health nursing supervision and consultation with ICA nursing consultants and other resource persons assisting the top nurses of the Department of Health proved effective in reducing some of the problems in public health nursing. A public health nursing manual was prepared by representative nurses of various offices, bureaus and units of the Department of Health. This is being edited for final printing.

There is still a need for more supervisory positions in public health nursing. Efforts from the nurses themselves to interpret to administrators the need for adequate supervision is needed if public health nursing service is to be improved. Public health nurses should plan programs based on the total health program of the country and all nursing programs for that matter should be planned cooperatively if the services needed by the people are to be met.

Field visits made by ICA consultants together with central office nurse administrators and supervisors have been very effective in helping nurses in the field to solve many of the nursing problems and they also served to stimulate and encourage the nurses to do their job.

Midwifery and Midwifery Education

Midwifery activities are carried on in rural areas by public health nurses and public health midwives. As of June 30, 1958 there are 1,611 public health midwives assigned to rural health units and puericulture centers. The WHO and UNICEF have in some way helped by providing the assistance of a nurse midwife consultant who collaborated with the training of nurse supervisors and staff nurses for maternal and child health work. Nurse supervisors were trained to teach Hilots (unlicensed midwives). These unlicensed workers still assist deliveries in remotest areas not reached by trained health personnel. There has been a great reduction in the number of deliveries assisted by hilots since the establishment of rural health units throughout the country.

The Midwifery advisory committee of the Department of Health revised the Midwifery School Curriculum. Three nurse midwive instructors of the government schools of midwifery were sent to the U.S. and New Zealand for advanced midwifery education, and they have contributed in a large measure to the improvement of teaching methods in the schools of midwifery. A Midwifery Practice Act has just been registered in Congress and the passage of this Act will do a lot to improve the education and practice of midwifery in the Philippines.

Four nurses were sent to the U.S. under ICA/NEC fellowships to study on public health nursing and supervision with emphasis on Maternal and Child Health. These nurses with the assistance of ICA and WHO nurse consultants were responsible for developing a Maternity Service Manual for Nurses and Midwives, and in improving midwifery training, education and services. *

It is felt that it is about time that nurses are prepared for studies and researches on nursing. Consultants on this phase are needed to assist with this undertaking.

With the implementation of the reorganization program of the Department of Health there will be changes in nursing functions. The transition from centralized to decentralized activities will call for preparing nurses to understand consultation process in their supervisory functions.

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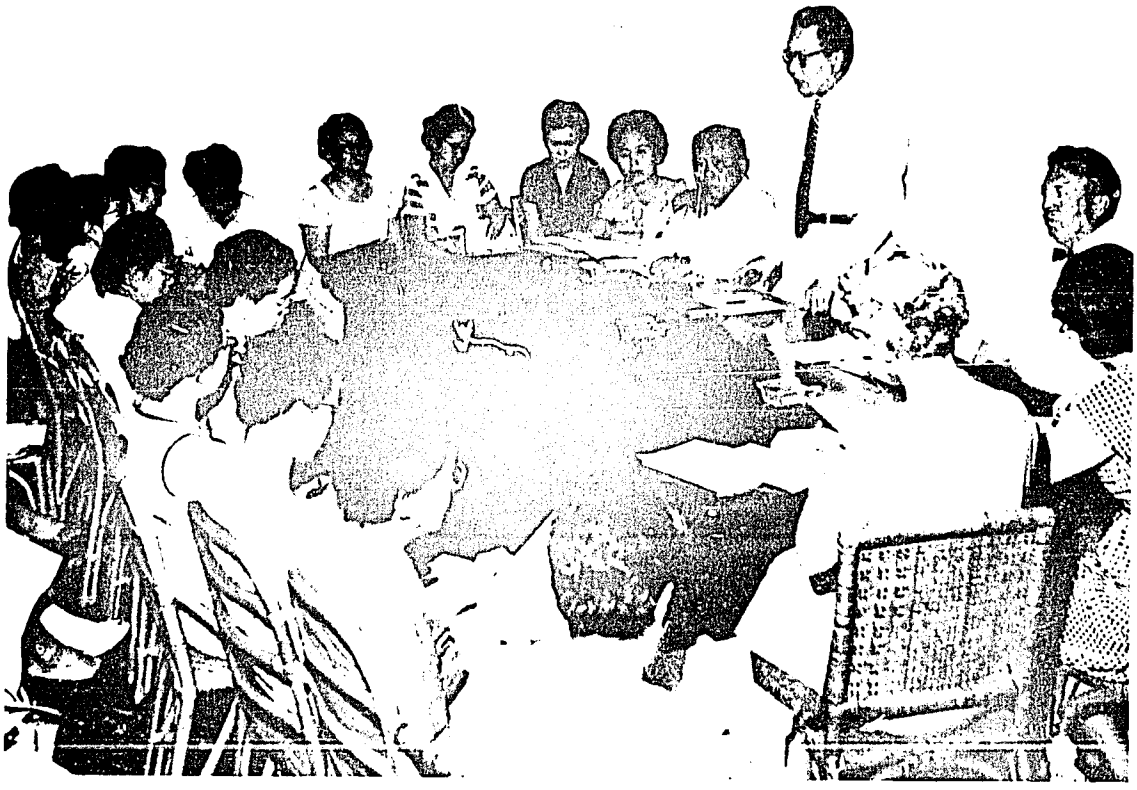
* See Annex # 9a



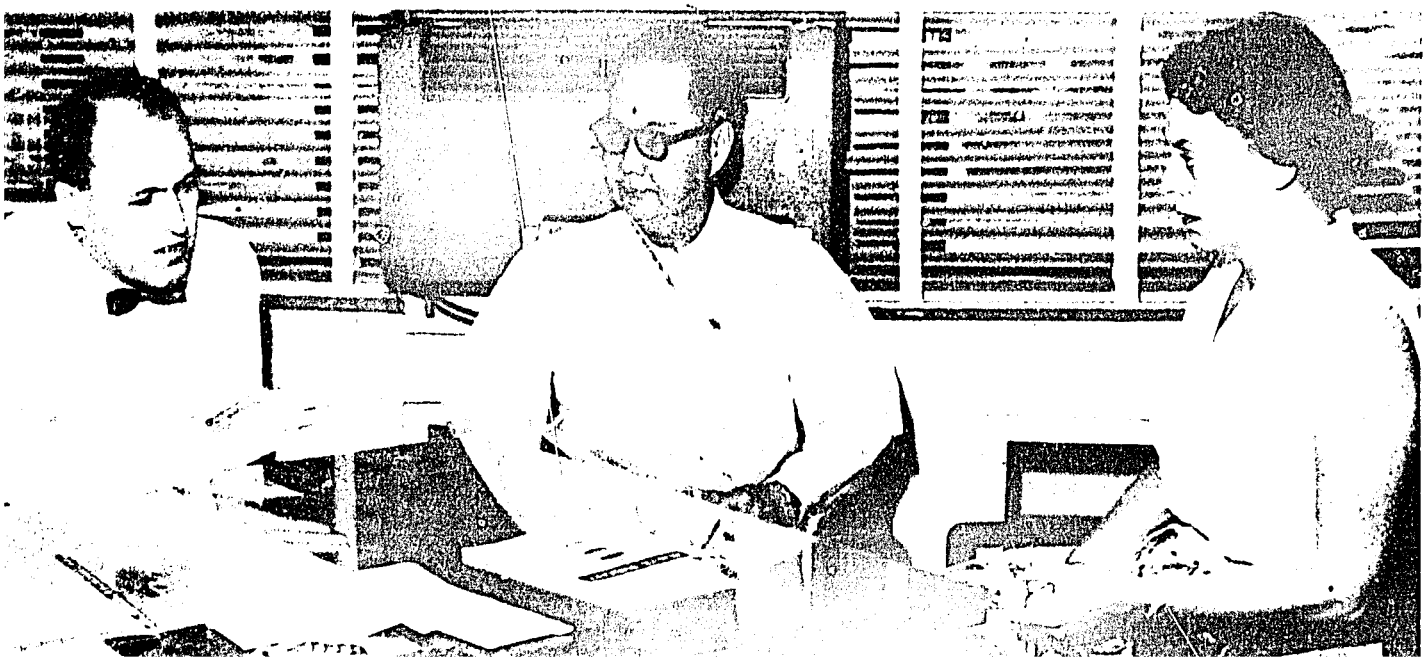
The First National Workshop of public health nurse supervisors held its opening session with resource people assisting. From L to R in the center at the end of the table: Mrs. Rosario Ordiz, President of the Filipino Nurses Association, Dra. Trinidad A. Gomez, Director of Personnel Training, Mrs. Adelaida Makabali, Conference Chairman, Dr. Jesus Nolasco, Director, Bureau of Health, Dr. Manuel Escudero, WHO Mental Health Advisor, Dr. Horace DeLien, Chief, HD/ICA and with back to the camera Miss Annie Sand and Dr. Margaret L. Shetland.

"Cooperative planning by nursing service and nursing education for improvement in patient care" is the topic of conversation. Miss Annie Sand and Miss Barbara Bassett assist Mrs. Felicidad Elegado, Principal, School of Nursing, and Miss Gregoria Balcita, Asst Chief Nurse and staff at the new NGH.

"New NGH initiates use of revised new charting forms" Miss Amparo Abbu, head nurse discusses use of new charting forms developed by Bureau of Hospitals with Miss Annie Sand, Asst. Chief Nurse, Department of Health and Miss Barbara Bassett, Nursing Advisor, HD/ICA.

Dr. Horace DeLien, center, is shown presenting to Dr. Tranquilino Elicaño, Director, Bureau of Hospitals, a supply of braces and artificial limbs donated by the World Rehabilitation Fund through its President Dr. Howard A. Rusk, for use at the National Orthopedic Hospital. On the extreme left is Dr. Aguilar who was Acting Chief of the NOH.

Dr. Jose Kamatoy (center), Chief, Laguna Provincial Hospital, returned in 1957 as Hospital Administration participant from University of Michigan, reporting of his experience to Mr. Owen B. Stubben (on the left) Hospital Administration Advisor, HD/ICA and Miss Barbara Bassett, Nursing Advisor, HD/ICA.



BUREAU OF HOSPITALS

During the past 4-1/2 years more than one million in-patients have been admitted in the 83 government hospitals where there are 10,765 patient beds and nearly 4 million were treated as out-patients during this period. This includes the National Mental Hospital with 4,000 patients but does not include the 7,000 custodial cases of leprosy in the 7 leprosaria. The above services were given by 515 physicians, 1,441 nurses and 4,134 auxiliary and ancillary personnel. These staff have been responsible for approximately 135,396 persons who have had major operations, the 135,635 who had minor operations, the 461,205 medical cases as well as the obstetrical and pediatric cases which were hospitalized during the past 4-1/2 years.

As part of the overall program for improvement of better patient care through improved administration and services ICA and NEC have sent 56 staff members abroad for study and observation during the past four years - 14 in hospital administration, 17 in nursing, 26 in other categories. This is exclusive of persons trained through the resources of other agencies, Foundations which numbers 24 fellowships abroad and 36 at Clark Air Base for in-service training. The United States has provided advisory services and commodities not available in this country to 59 hospitals to the extent of $2,400,000. The general impact of this program is reflected in part by the continuing increased demands for and utilization of hospital facilities and services by the general population.

Puericulture Centers

In the 513 centers which are manned by 161 physicians (full-time and part-time), 291 nurses, 334 midwives, 20 public health nurses and 27 nurse-supervisors, many services have been rendered. Among these services in fiscal year 1956 (July 1, 1955 to June 30, 1956) alone 2,233,186 persons attended clinics. 1,101,896 were given treatment and 348,554 were given medicine. During this period 56,916 babies were delivered, 1,022,918 home visits were made and nursing care given to 326,564 clients.

SANITARIA

Leprosy Control

During the past 4 years, 3988 new cases of leprosy have been discovered and sent to sanitaria. In addition 3,325 new patients discovered and treated in the Traveling and Stationary Skin Clinics. 1,775 patients became negative and were discharged, but there are still 1,403 negative patients in sanitaria awaiting discharge.

The skin clinics treated 131,340 patients for other skin diseases and 8,765 persons were examined who had contacts with leprosy patients. 95,413 school children were examined for skin diseases.

Surveys were carried out in 66 municipalities in five provinces during the period under review. The total number of patients now in sanitaria number 7,142.

One of the greatest steps forward is the increasing enlightened attitude of the people toward leprosy. People flock to the skin clinics and the segregation law has been liberalized and the disease better understood.

NORTH GENERAL HOSPITAL

The new 350-bed North General Hospital was officially dedicated in February 1957 and began operations November 1957. In early January 1958 the first medical trainees in the various specialty fields were admitted. The first internes were admitted in March.

The old North General Hospital has served as a training hospital since 1946 when the Bureau of Hospitals detailed its doctors and nurses from the province there for short in-service training. Since its establishment to 1957 the hospital plant was an old school building and a couple of Army quonset huts. The first medical undergraduate trainees were taken in during 1948 from Manila Central University. As time went on the University of Santo Tomas and Far Eastern University began sending trainees.

By 1954 the hospital's usefulness as a training center had been established and it was envisioned as the principal training hospital for the Department of Health eventually to become the nucleus for a modern medical center for the Philippines Department of Health.

Planning and Construction

In 1954 a long range training program for medical and paramedical personnel, including the school of nursing was developed and construction of the hospital was started. This systematic long range planning was and is a continuing activity, carried on by the chiefs of clinical departments, nursing services and the principal of the school of nursing, under the direction of the chief of the hospital. Resource staffs and individuals who have assisted the NGH and HD/ICA in this extensive undertaking include: the office of Personnel Training, Health Education and Information of the Department of Health, the Bureau of Hospitals and representatives from the World Health Organization.

Equipping the Hospital

The planning of the program made possible determination of the type and quantity of equipment that was necessary to be procured through NEC/ICA assistance.

On March 22, 1956, a most significant document, Department Order No. 22-A was issued and reads as follows:

> "For the implementation of Republic Act No. 1243 entitled 'An Act Providing for the Tenure of Office of Hospital Residents in

> Government Training Hospitals under the Department of Health, ' and pursuant to Section 4 thereof, the following hospitals are hereby designated as Medical Training Hospitals under this department:
>
> 1) North General Hospital
> 2) National Orthopedic Hospital
> 3) San Lazaro Hospital
> 4) Maternity and Children's Hospital
> 5) Rizal Provincial Hospital
>
> Hereafter, all appointments for hospital residency, other than senior residency, in any of the above institutions, shall be governed by Section 1 of R.A. 1243."

It can be seen that this Department Order provided for better training and better service by limiting the period of stay of hospital residents. This new policy made possible a complete turnover every three years and thereby makes provision for the training of larger numbers of personnel.

Some Accomplishments

1. There are presently enrolled 61 graduate physician trainees; 120 undergraduate internes; 113 clinical clerks (4th year medical school students); 5 X-Ray technicians; 8 laboratory technicians; 21 Bureau of Hospital physicians and surgeons undergoing refresher courses.

2. Under NEC/ICA ten of the NGH staff have had training in the U.S. during the past 4-1/2 years.

3. The Home Extension Service has been established. It consists primarily of follow-up of discharged patients, family counselling and treatment of patients who cannot be admitted for lack of bed space.

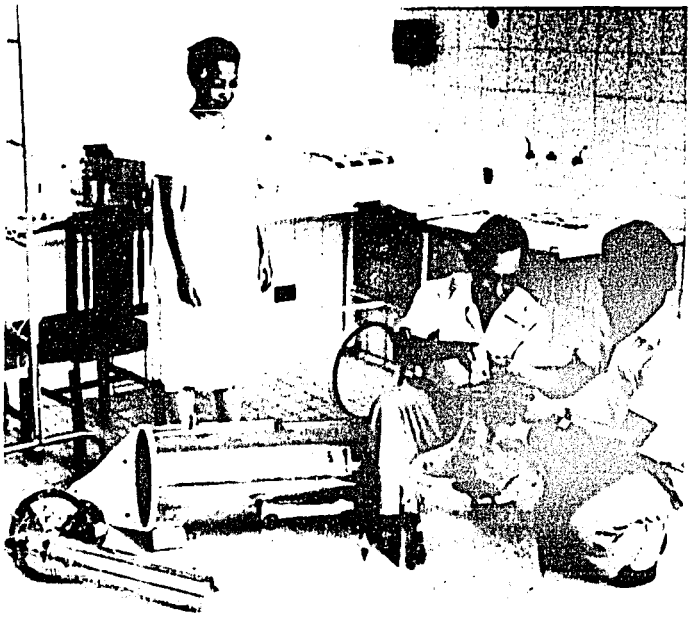
4. The cancer therapy program is being developed which will utilize the cobalt 60 unit obtained from reparations and which is expected to be installed by September this year.

5. Out-Patient Department has been expanded to include specialty clinics and medical social service for an average of 500-800 patients daily.

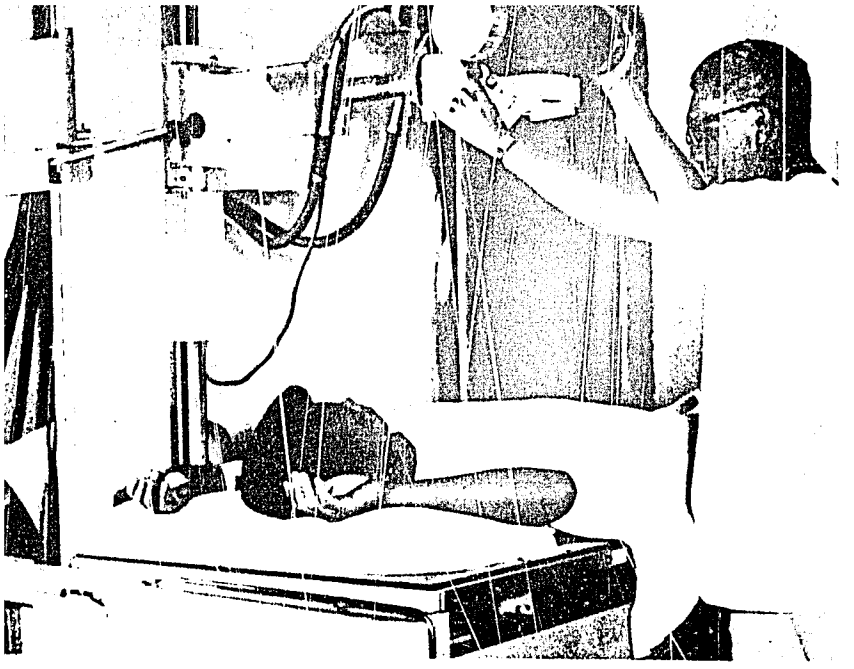
Dr. Jose Reyes, Director, North General Hospital, and Dr. Horace DeLien, Chief, HD/ICA talk together about the plan and operation of the hospital which has been designated as the Principal Training Hospital for the Department of Health.

Through coordination of both hearing as amplified by earphone and visualization of ECG tracings the timing of heart murmurs are accurately placed by the use of this Twin Beam Cardioscope. This instrument provides for more accurate diagnosis.

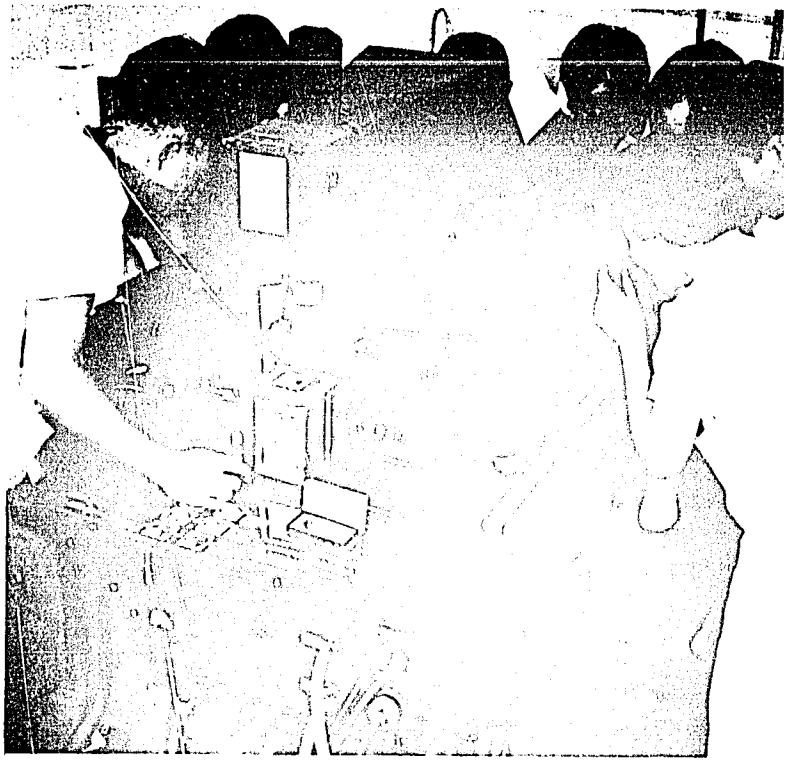
This Barnstead Stilling Apparatus when installed will meet out needs for distilled water. In the picture we see Mr. Roberto Garcia, an NEC/ICA participant trained in maintenance of hospital equipment, supervising and assisting a trainee in proper installation of this apparatus.



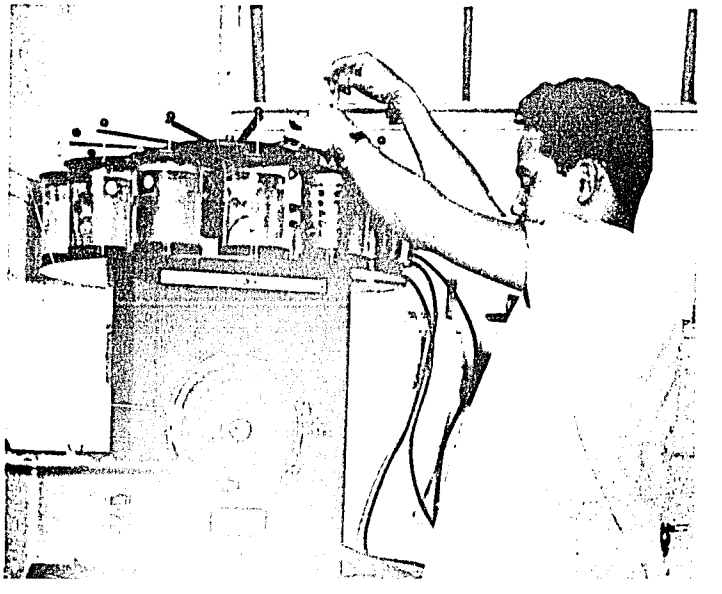
NGH AT WORK



This 100 MA Diagnostic Unit for routine X-Ray meets the needs of clinical departments.



This Scopicon is a valuable piece of teaching equipment suited for small groups of medical trainees or for staff conferences. Both regular glass slide or 35 mm. kodakslides can be used. Doctors and other medical trainees learn to appreciate cellular characteristics and may ask individual questions since each viewer is provided with a pointer.



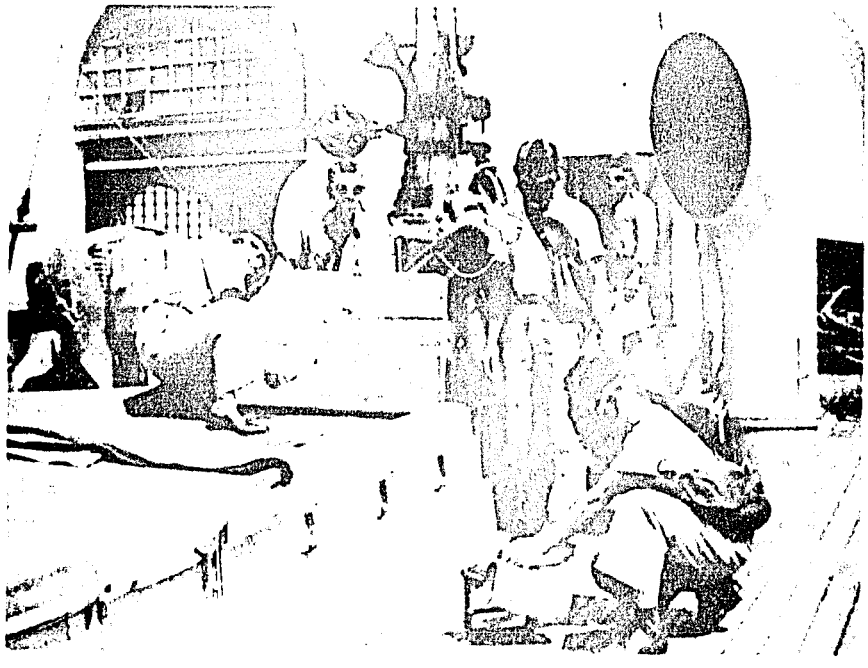
This Autotechnicon is a very valuable labor-saving device enabling the laboratory to cope with the demand for histopathological sections which has increased to over 20 times that of previous years. It is completely automatic and operates almost on a 24-hour basis. With this equipment we are now performing histological sections of almost all tissues removed in Surgery.

BUREAU OF QUARANTINE

The Bureau of Quarantine is devoted to prevention of entry of quarantinable disease in this country and to the implementation of World Health Organization International Sanitary Regulations and Standards and Recommended Practices of the International Civil Organization.

The accomplishments among other administrative services include Inspection Services of approximately 10, 600 vessels, 7, 700 aircraft, nearly 1, 700, 000 control measures in Prevention Services including laying traps and baits, fumigation of vessels and planes, treatment of buildings and water bodies, fogging and immunizations. During the period, no outbreak nor entry of quarantinable diseases was reported.

Training and staff development have been a major concern. Seminars have been held on supervision, executive management counselling, administration, budget and records. In-service education of crew members has been done systematically.



The Fumigation Team of the Bureau of Quarantine fumigates cargo on board a vessel to prevent the entry of plague into the Philippines.

In the Research Laboratories, Miss Alfhild Johnson, Public Health Laboratory Advisor, HD/ICA observes Miss Clarita Centeno, Supervising Analyst of Clinical Chemistry and Hematology Section giving instruction in blood chemistry to trainee Alicia Salazar.

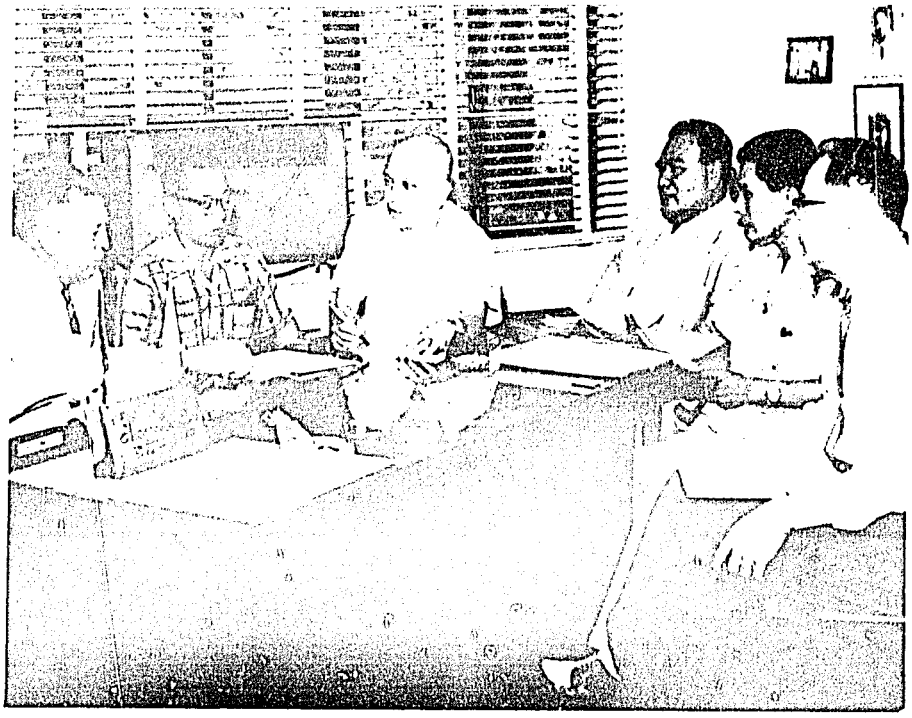
PUBLIC HEALTH RESEARCH LABORATORIES

During the past 4-1/2 years the laboratory diagnostic services examined more than a half million specimens which included approximately 1800 pathology; 163, 500 bacteriology; 169, 400 serology; 27, 450 parasitology; 1680 virology; 62, 270 food and drug; 9330 water, milk and milk products and 65, 000 additional examinations were done in the Regional Laboratories.

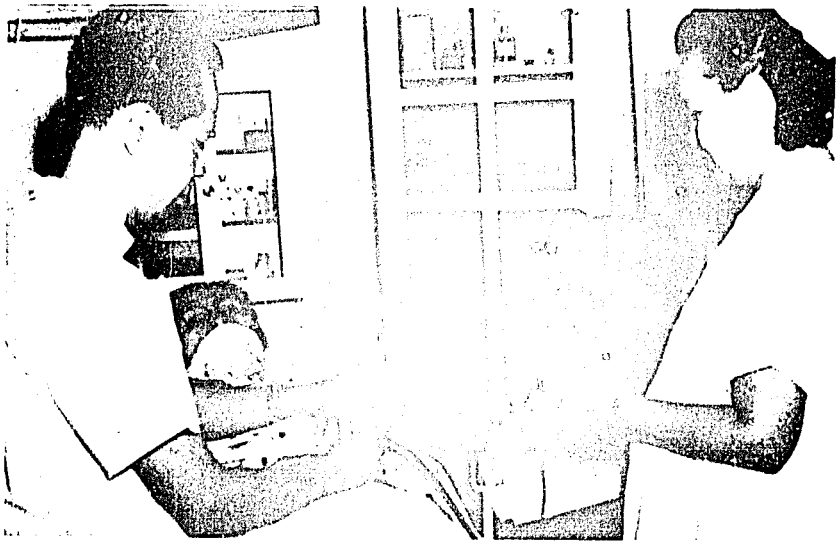
Special research studies have been carried on, most notable of which are three: Treatment of clinical hydrophobia cases thru the administration of rabies immune human plasma; the autopsy findings on cases reported as H. Fever; identification of the viral strain causing the recent flu epidemic as belonging to Group A. Research in Schistosomiasis continues and other researches are being planned.

Nearly 82 million cc of vaccines, sera and toxoids were produced in the past 4-1/2 years for health agencies in the Philippines and neighboring Asian countries. These included approximately 26-1/2 million cc of CDT and nearly 21 million cc human rabies, more than 1/4 million cc veterinary rabies, and 24-1/2 million cc of dried vaccine virus vaccines; 1/4 million cc anti-tetanus, 25, 200 cc of anti-dysenteric, and 2510 cc of anti-cobra venom sera, more than 2-1/4 million cc of BCG vaccine; nearly 6 million cc of tuberculin dilution; more than 3/4 million cc of diphtheria toxoid and nearly 95 thousand cc of tetanus toxoid.

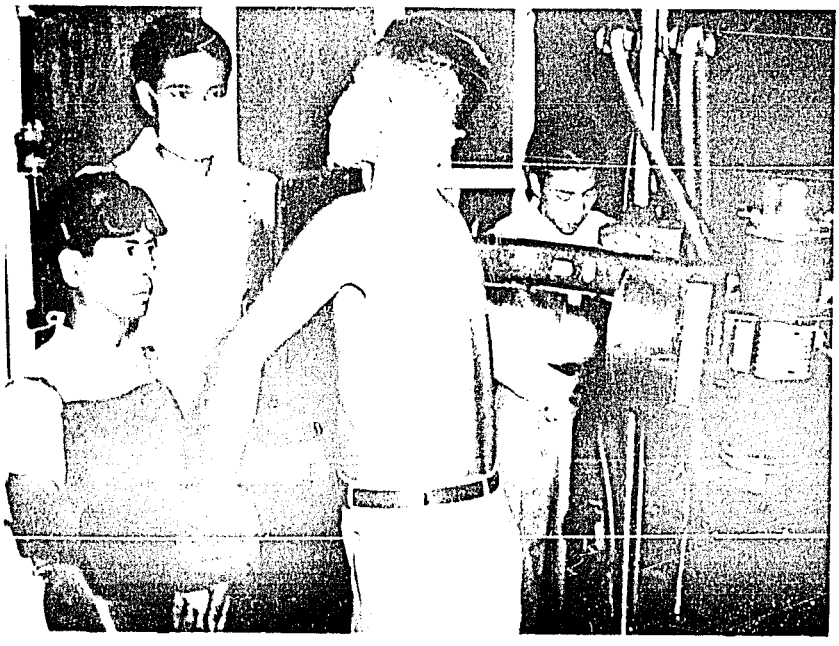
Under the Schistosomiasis program which is primarily research, the treatment and education of patients is a necessary part of this research and so are laboratory services. During this 4-1/2 year period more than one million visits have been made to patients who have received examinations and treatment. More than 397 thousand laboratory examinations have been made, and 12, 554 new cases diagnosed.



Planning must be cooperative among the agencies working in any single program. Here we see representatives from ICA working with the Division of Tuberculosis and Regional Staff. L to R: Dr. Horace DeLien, Chief, HD/ICA, Dr. Fidel Nepomuceno, Chief, Division of Tuberculosis, Dr. Andres Angara, Technical Assistant, Division of Tuberculosis (now Regional Public Health Administrator, WHO), Dr. Severo Senen (deceased) Provincial Health Officer of Ilocos Norte and Regional Director, Dr. Andres Cruz, Division of Tuberculosis and Mr. John Raber, Representative, HD/ICA.



Pneumoperitonium administered by Dr. M. T. Cabrera, Phthisiologist, assisted by Mrs. Luz R. Guiam, nurse of the Maria Clara Chest Center, Tarlac.



Adequate equipment is necessary for the treatment and control of tuberculosis. Shown in the picture fluoroscopy being performed at Maria Clara Chest Center, Tarlac, one of the 10 stationary chest clinics equipped through NEC/ICA.

DIVISION OF TUBERCULOSIS

For decades tuberculosis has been the leading cause of death in the country taking an annual toll of 25,000 lives. Surveys reveal that 5% of the general population have radiologic evidence of the disease. In 1953 only 50,048 cases were known to public health authorities; in 1956, this figure was almost doubled to 96,076. As a result of more intensified case finding efforts, a wider application of powerful anti-tuberculosis drugs and a better guide for the institution of preventive and control measures.

This major health problem has been tackled jointly by NEC/ICA and the Department of Health. WHO and UNICEF have also given aid to this program, supplementing and complementing that of ICA.

Two major units are engaged in Tuberculosis Control, the Division of Tuberculosis in the Department of Health and the Philippine Tuberculosis Society. A very comprehensive and detailed report of these two units was given in the HD/ICA Annual Report of 1955 and will not be repeated here. Significant developments in Tuberculosis Control in the Department of Health since January 1, 1954 thru June 30, 1958 are summarized here.

In FY 1953 the Division of Tuberculosis had an appropriation of ₱625,000. The appropriation has gradually increased to ₱1,183,000 for FY 1958. This was the result of long-range planning for Tuberculosis Control * and provided for the implementation of that program in line with the provisions made by the TB Law, Republic Act No. 1136, passed June 16, 1954. This law provided for reorganization of the Division of Tuberculosis and for an initial expenditure of ₱2.5 million for an expanded program including the establishment of provincial chest centers, mobile x-ray units, mobile preventive units and village rest settlements. The Law also provided that 30 units each of provincial chest centers and mobile x-ray units must be accomplished within four years of the passage of the Act. Thirty mobile preventive units were also authorized while 6 village rest settlements were envisaged. Funds were allocated in the amount of ₱250,000 to construct the National Tuberculosis Center Building which has been completed and now houses the Division staff including the BCG Clinic of the Section of Prevention and Immunization and the Central Chest Clinic of the Section of Clinics and Therapy.

* - "Six-Year Program for Tuberculosis Control in the Philippines, 1952" now under review and a "Five-Year" program is being implemented.

The addition of 6 mobile chest clinics in the past four years brings the total to 9 units operating in rural areas; 6 additional provincial stationary chest clinics bring the total to 10; BCG teams have been increased from 19 to 30; a village rest settlement is under construction for the rehabilitation of convalescing and special TB cases; a long range program of establishing TB wards in general hospitals is being implemented. 10 government hospitals now maintain TB wards with a total bed capacity of 710. The Division of Tuberculosis provides technical services in four of these wards with a capacity of 295 beds.

During the four-year period 5,500,520 persons were given tuberculin tests, of whom 2,198,679 were vaccinated with BCG. This brings the cumulative total to 8,659,290 tests and 3,652,935 BCG vaccinations.

About ₱360,000 of the budget is spent for this activity and gives a unit cost of ₱0.15 per tuberculin test or BCG vaccination. Unit cost increased to ₱0.28 during the last year due to the training activities of the BCG teams with the Rural Health Units preparatory to the integration of this service into their regular activities. About ₱75,000 is spent for vaccine production.

A total of 1,893,356 x-ray examinations were made, giving an annual average of 473,338 examinations. This is 48% greater in volume than that of 1953, (320,122). Of these examinations 213,923 or 11.3% were made on TB cases, or an average of 53,481 which is 90% more than that in 1953, (28,076). Other diagnostic services include laboratory examinations and special procedures.

Treatment has been instituted or prescribed to about 50,000 pulmonary tuberculosis cases every year in chest clinics. The use of antimicrobials (INH, DSM, PAS) in pairs is the standard treatment. Collapse therapy, particularly pneumoperitoneum is given to selected cases in chest centers. Anti-TB drugs are not given free by chest clinics; the Bureau of Health has some free drugs for a limited number of indigent patients. The Division is encouraging the procurement and distribution of drugs at cost by the community health councils to bring down the prices of the anti-TB drugs within the reach of the poor patients. Dispensary services are dispensed with a unit cost of ₱0.75.

Supervised home care has been adopted in lieu of a hospitalization program, in line with latest trends in the care of tuberculosis patients and with the limited resources in our government. The supervision of cases and their contacts in their home environment is being integrated into the generalized public health nursing activity of the Rural Health Unit.

Field studies conducted show that tuberculin testing and BCG immunization can be carried out by the local health personnel, when carried on selected population without sacrifice to other health activities of the Rural Health Units.

Training of all personnel has been stepped up thru cooperation with the Department of Health Office of Personnel Training, Health Education and Information. Many staff specialists have taken general public health training at the Institute of Hygiene and the practical In-service education has been provided all staff.

Closer coordination of all resources for TB control work is coming about as joint working committees on the various phases of TB control make plans and help to implement them.

Health Education of the public has been improved through the pilot field studies in Ilocos Norte and several other provinces.

Constant evaluation and re-planning are the trends which promise the eventual control of this killing disease in our Republic.

PHILIPPINE GENERAL HOSPITAL

Philippine General Hospital opened in September 1910 as a 350-bed hospital. The purpose and objectives were "good facilities for the care and treatment of the sick and injured, sick government employees and their families; research and study of disease and education of physicians and nurses." *

In 1910 the Philippine Medical School was transferred from the School for the Deaf and Blind to the Philippine General Hospital and was re-named the University of the Philippines College of Medicine. The Philippine Normal School nurses training program was transferred to PGH and graduated its first class of six nurses in 1911. Although badly destroyed during World War II the hospital, College and School continued to function. Today PGH has an official capacity of 950 beds. The College of Medicine has 481 students and has graduated 429 since 1954. The School of Nursing currently has 384 enrolled and has graduated 480 since 1954.

Equipment and Commodities

"A 10-millimeter X-ray machine was installed in OPD resulting in greatly increased services. Currently 60 X-rays a day are being taken. The kitchen equipment was installed and has improved dietary service to patients. Equipment for the wards is installed and functioning. The station wagons provided Social and Home Service have greatly extended hospital service to the homes of discharged patients." **

Currently equipment for the College of Medicine is being programmed.

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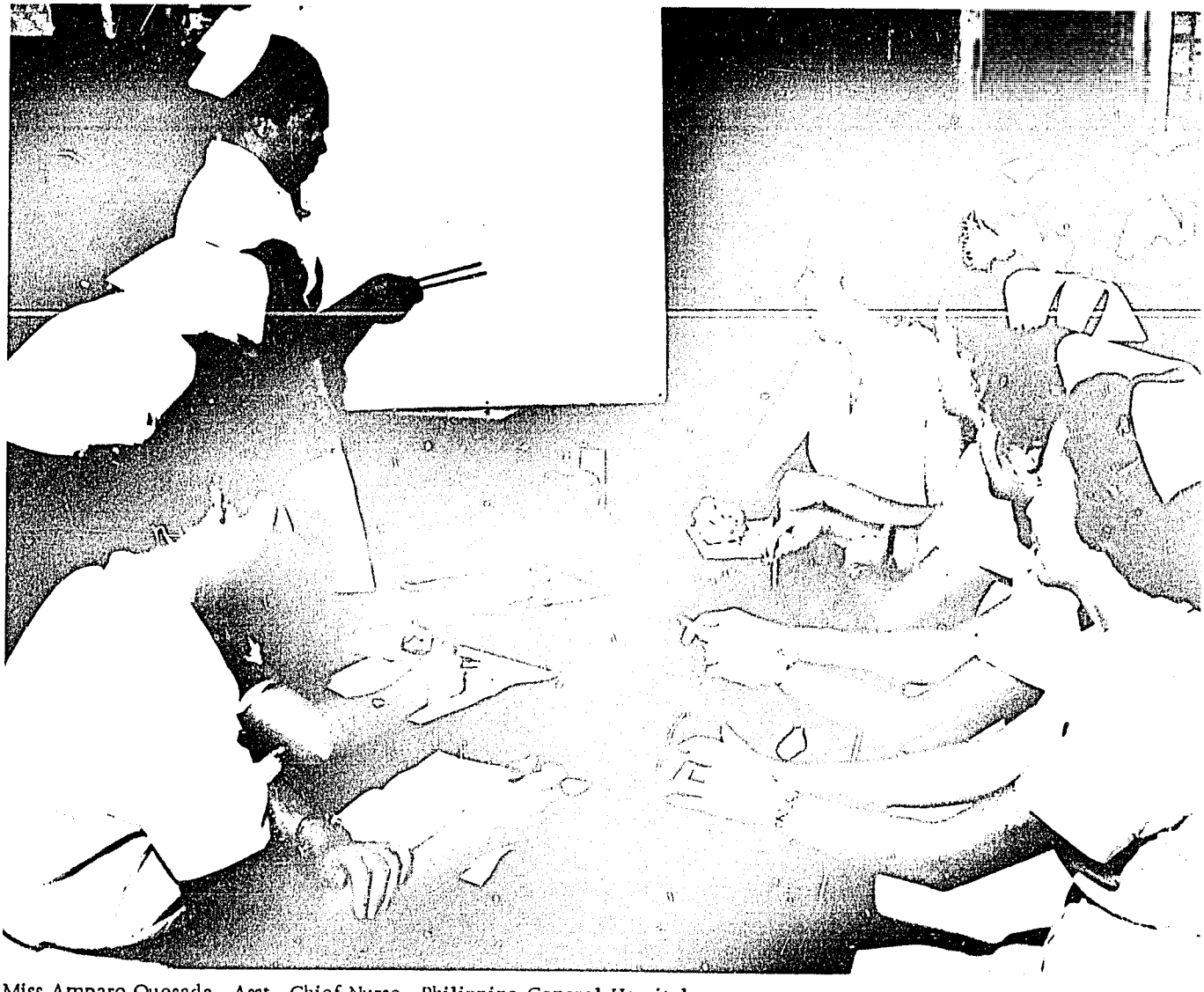
* - Quoted from "Golden Jubilee Souvenir Program Alumni Homecoming", Philippine General Hospital, 1907-1958.

** - Excerpt from 1954-1955 Annual Report.

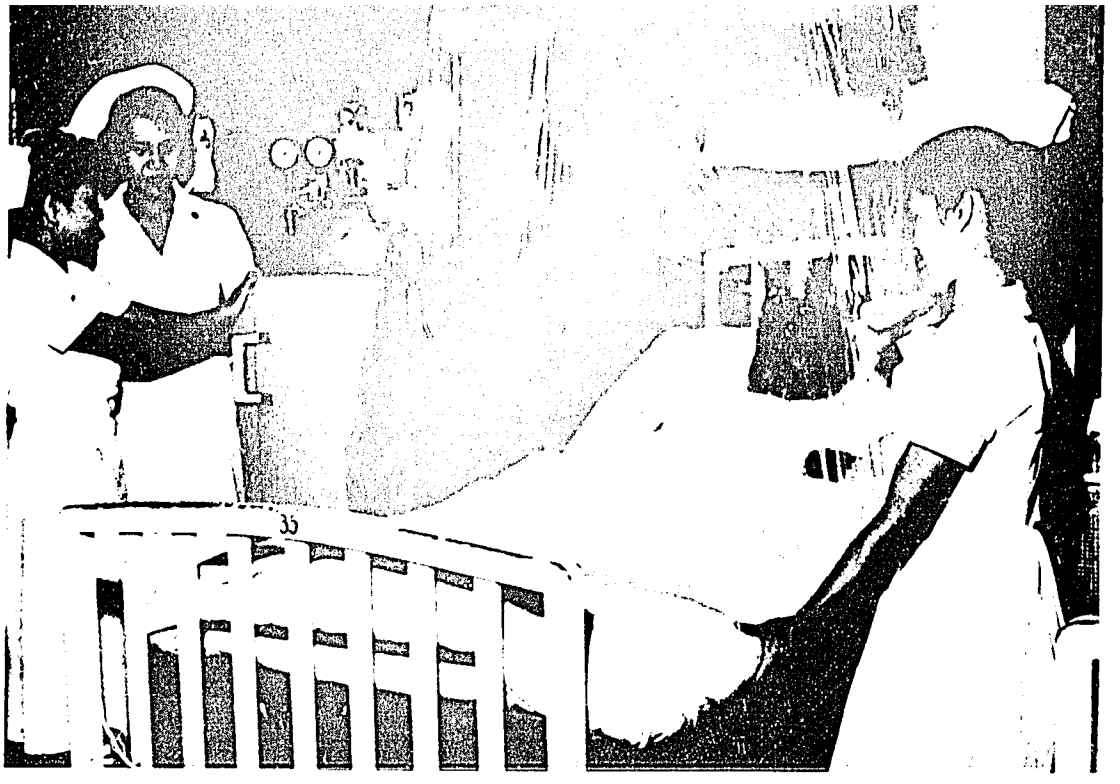
Nursing Service

In November, 1956, a basic document of recommendations formulated by Nursing Service-Education was presented to the Administration. It was accepted in December 1956 and since that time Nursing Service-Education has worked to implement their recommendations. This has been a slow learning process for everyone concerned. The following are some of their accomplishments. After seven months of work justifying the need, 50 staff nurses were added as well as two assistants for the Chief Nurse. A year's work produced generalized job descriptions for all categories in nursing. Seven months of concentrated effort produced the first detailed and itemized nursing service budget. Unfortunately, however, it was not accepted by the Budget Commission. One and a half years work has been devoted to revision of the Rules and Regulations Manual and the Procedure Manual. This work is partially completed. After a year and a half a physician was assigned as part time Public Relations Officer. Three months of work by the chief nurse and one of her assistants produced a Patients Welcome Manual in English. This Manual was then translated into Tagalog by the assistant personnel officer.

In February 1957 an in-service education program was started. This effort has suffered many interruptions and has been stopped and re-started several times. The appointment in September 1957 of one assistant to the chief nurse who is responsible for the in-service education program has added strength and more continuity to the program. Several months of study brought some changes in the Civil Service Rating form and work continues to develop more useful criteria for evaluation. A month's study of the traffic problems in the hospital compound justified the need for a pilot project in developing a centralized transportation and errand service. Work moves very slowly because of insufficient staff and lack of budget to implement recommendations. Nursing education has been greatly handicapped because of lack of the faculty that is required to produce acceptably trained graduates. At present they are in need of 12 full-time instructors, dormitory facilities and classrooms. This slow growing process has resulted in improvement in the morale of the nursing staff; it has strengthened communication between departments. The Director of the hospital now looks to nursing service for leadership and guidance. It is felt that gradually nurses are becoming active members of the health team which is essential in the proper operation of teaching hospital.



Miss Amparo Quesada, Asst. Chief Nurse, Philippine General Hospital, responsible for In-Service education of staff is shown conducting staff conference with head nurses on transportation problems within the hospital which include the transporting of patients to surgery and special treatment areas and other errands. Miss Barbara Bassett, Nursing Advisor, HD/ICA is shown fourth from the right.



Miss Obdulia Viado, head nurse of the Medical Ward at Philippine General Hospital is demonstrating new NEC/ICA equipment to new staff members.

One of the head nurses at Philippine General Hospital supervising student nurse in nursing care.

THE INSTITUTE OF NUTRITION

The main purposes of the Institute of Nutrition are to develop a country-wide nutrition program based on sound research which the Institute itself carries out for the specific and long range objective of improving the nutritional status of the Filipino people.

Based on long range program plans the Institute during the past 4-1/2 years has carried out services, research, training and education activities as follows:

Research - The results of several studies on the composition of Philippine foods are incorporated in the Institute of Nutrition Handbook I which contains the data on edible portion, energy value, proximate composition, five minerals and five vitamins of 700 food items. Preliminary studies on the evaluation of coconut protein using both microbiological and biological assays showed that while it is a good source of lysine, it is proportionately low in tryptophan. Regarding the determination of the physiological requirements of Filipinos for some nutrients, studies on the ascorbic acid requirement showed that (a) our requirement is lower than those reported for Americans; (b) our urinary total ascorbic acid excretion values are lower than those reported in American literature; and (c) the adequacy of vitamin C intake is reflected in both the serum level and urinary excretion.

Clinics for diabetes and hypertension were held daily, so that there were as many clinics as office working days for the period.

From January 1954 to December, 1957 there were 6,136 patient visits at the clinic distributed as follows:

January to June 1954	356
July 1954 - June 1955	1524
July 1955 - June 1956	1376
July 1956 - June 1957	1729
July 1957 - December 1957	1151

Two nutrition surveys in 2 regions: Bicol and Central Luzon

Each nutrition survey was made up of three phases: dietary, clinical and biochemical.

Eleven dietary surveys in 10 regions were made by the Food Commission on a grant-in-aid from the Institute of Nutrition.

1954 to 1957 were spent in the collection of dietary intake and nutritional status data. Follow-up by way of informing the families regarding their food and nutrient intake, accompanied by advice on how their diets may be improved, starts during the fiscal year 1958 for Bicol and Central Luzon regions.

Nutrition Education - Materials:

No. of pamphlets developed	4
No. of leaflets developed	9
No. of posters developed	5
No. of visual aids and exhibits developed	56
Articles published in various journals and magazines - Nutrition News, Journal of Science, and Medical Journals	18
Manual of Hospital Diets for the Philippines - published	1
Special studies completed and reported	4
Nutrition Surveys (in 2 regions)	2
Handbooks revised	2
Revisions of Food Charts, posters and menus completed	4

Nutrition education materials prepared by the Institute of Nutrition were varied in nature intended to suit the various needs of public health and allied workers as well as students, home-makers and the general public. These were used either as guides in planning everyday menus or as aides in teaching nutrition. They likewise served as a useful medium for maintaining interest of workers in nutrition and allied fields and as a source of information on the newer findings in nutrition.

Some of these materials were technical so that distribution was necessarily limited to professional groups, school libraries and libraries of scientific agencies, organizations and institutions

here and abroad. Others were simple interpretations of nutrition facts and therefore were distributed rather freely. Channels of distribution were the health centers and puericulture centers, the schools, rural health and extension workers. Some requests, however, were being received from individuals from almost all points of the country - either personal or thru correspondence. The number of materials given out depended on the availability of supplies, facilities and funds for printing them. In many instances, requests for these materials were refused because of inadequate supply.

Education and Training

1. Public health workers and school officials (from the Bureau of Hospitals, Quezon City Health Department, Manila City Health Department, Philippine National Red Cross, Bureau of Public Schools, the Philippine Tuberculosis Society, etc.). Trained in a two-week orientation course on nutrition -------- 250

2. Public health workers and students (from the Bureau of Health, Rural Health Demonstration and Training Center, Manila Health Department, Mary Johnston Hospital, schools, etc.) given training in nutrition (average: 1 to 2 days each)--- 2,163

3. Volunteer nutrition workers trained ---------- 146
(Applicants with the following degrees: M.D., M.S. Nutrition, B.S. Nutrition, Home Economics, major in Nutrition, Chemistry, Pharmacy, Chemical Engineering.)

4. Implemented Rice Enrichment Law.

As of June 30, 1956 about 3,011 rice mills in 41 provinces and 15 cities have premix feeders installed. This figure represents approximately 1/4 of the total rice mills in the country.

Participation in curriculum development for colleges, International FAO/WHO Seminar and planning of training programs with the Department of Health are among some of the inter-agency activities.

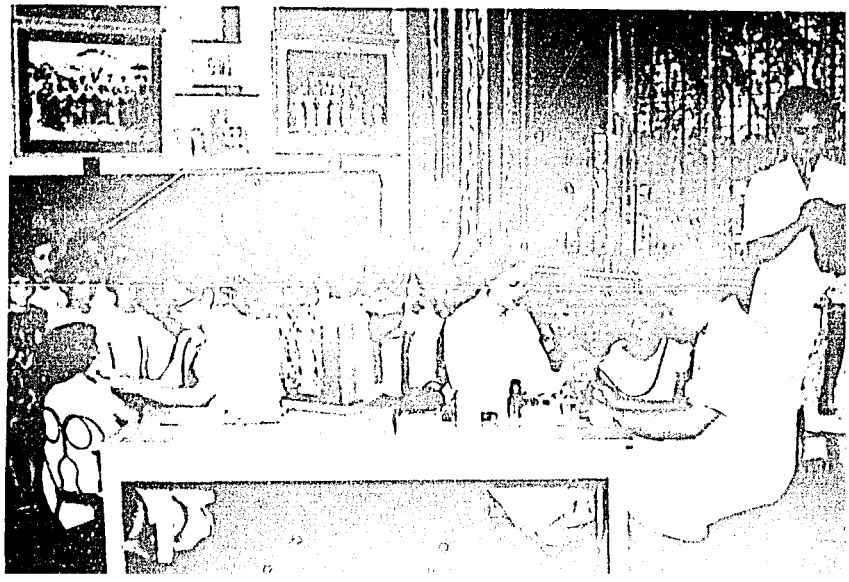
Evaluation - Pre-testing of nutritio. education materials has been carried out which aimed to seek information about the general appearance of the leaflet, its presentation, whether simple and interesting or otherwise; its practicability and usefulness to the particular group the leaflet is intended for and understandability.

Interviewees are requested to write down words or phrases that are difficult to understand. Suggestions as to what the interviewees would like included in the leaflet and a summary of the message given in the particular leaflet further provide information that will serve as a guide in making the necessary changes in the leaflet before it's finalized for printing and in the preparation of other needed materials.

The data resulting from the studies on Philippine food composition. have been incorporated in the Institute of Nutrition Handbook I which is intended for officials concerned with estimating and planning for adequacy of food supplies; for researchers engaged in dietary surveys or related studies; for dietitians in planning, preparing and evaluating dietaries; for teachers, students, nutritionists, doctors and other public health workers concerned with the nutritive values of food. The Nutrition Education and Publicity Division has made use of the food data in the preparation of nutrition education materials.

Looking Ahead - The general objective of our nutrition survey is the assessment of the nutritional status of the Filipino people by regional groupings.

Once the nutritional status baseline of the population in the different regions of the country has been established, this baseline will serve as basis for determining how the nutritional status of the people may be improved where such improvement is needed. Basic information along these lines will provide sound scientific bases for local, national, and international agencies in the planning of nutrition, health, educational, and agricultural programs. For example, planning for food production can be oriented towards foods that will meet with the nutritional needs of the people as determined in the surveys.



Medical and Biochemical Teams of the Institute of Nutrition undertaking Clinical Survey and Collecting Blood Samples for Biochemical Study From L to R: Dr. Josefina Bulatao-Jayme, Mrs. Carmen Ll. Intengan, Mr. Leon Ale o and Mrs Rosario B. Guiang.

Annex # 1

THE REPUBLIC OF THE PHILIPPINES
ITS LAND, ITS PEOPLE AND ITS HEALTH PROBLEMS

The Islands

The Philippines are located between 4° 31' and 21° 20' North Latitude; and 116° 55' and 126° East Longtitude. There are 7,100 islands and islets of which 2,773 are named; 4,327 unnamed. The total land area is 114,830 square statute miles, or 299,681 square kilometers. The Philippines have a coast line of 10,850 statute miles. From the extreme northern to extreme southern limits of the Sulu Archipelago is a distance of approximately 1,200 miles. The northern islands are about 100 miles from Formosa, and the Sulu Archipelago extends to within approximately fifty miles of the coast of Borneo. There is an extensive mountain system, from which the plains extend to the sea, and the islands are traversed by many large rivers. Typhoons occasionally strike the islands sometimes resulting in extensive damage.

The climate is tropical, with an average temperature of 80°F. The fall and winter months constitute the rainy season, the remainder of the year being dry, with higher temperatures, ranging up to nearly 100° F in the lower altitudes.

The Philippine economy is essentially agricultural, the principal products being rice, sugar cane, tobacco, copra, abaca, corn, poultry and livestock. The principal industries include fishing, textile weaving, mining, lumber products, leather and leather products, liquors and beverages, petroleum products, clay and stone products, tobacco manufactures. Mineral products include gold, silver, lead, zinc, copper, manganese, chromite, iron, coal, cement and asphalt. Industrial expansion is encouraged, but is increasing rather slowly.

The People

The estimated population of the Philippines as of July 1, 1957 was 22,689,700. * Manila, the largest city and the capital, had an estimated population of 1,160,670. The Philippine population density is 198 per square mile, or 75 per square kilometer. The population is about 60% literate. Percentages of population by mother tongue and language spoken, according to the 1948 census, were as follows:

Mother Tongue	Percent	Language Spoken	Percent
Visaya (Cebuano)	24.7	English	37.2
Tagalog	19.4	Tagalog	87.1
Visaya (Hiligaynon)	12.3	Visaya (Cebuano)	25.2
Iloko	12.2	Iloko	14.1
Bikol	7.6	Visaya (Hiligaynon)	12.7
Visaya (Samareno)	6.3	Bikol	8.0
Pampango	3.3	Visaya	6.4
Pangasinan	2.7	Pampango	3.7
Others	11.5	Pangasinan	3.5
		Spanish	1.8
		Others	12.6

Tagalog has been designated as the national language.

The population percentages by religious affiliation were: Roman Catholic - 82.9%; Aglipay - 7.6%; Mohammedan - 4.1%; Protestant - 2.3%; Pagan and no religion - 1.8%; Other and not reported - 1.3%.

Extensive population dislocation occurred due to war and the Japanese occupation, and since then there has been a substantial population movement due to government resettlement programs. The general trend of this movement has been from north and central areas to the south.

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* Source: Bureau of Census and Statistics.

SUMMARY OF VITAL STATISTICS

Following is a summary of vital statistics, giving comparative figures, for 1954, 1955, 1956, and 1957:

Estimated Population, Births, Deaths, & Infant Mortality, w/Rates per 1,000/Population.[1/]

Year	Estimated Population	Births	Rate/1000 Population	Deaths	Rate/1000 Population	Infant Deaths	Rate/1000 Live Births
1954	21,180,951	702,662	33.17	217,650	10.28	66,175	94.18
1955	21,518,463	734,761	34.14	212,798	9.89	61,958	84.32
1956	21,856,875	757,794	34.67	219,719	10.05	63,583	83.91
1957	22,195,287	748,331	33.72	241,469	10.88	69,592	93.00

1/ - Source: Bureau of Health

REPORTED CASES AND DEATHS FROM SELECTED CAUSES, WITH RATES PER 100,000 POPULATION 2/

Diseases	YEAR 1954				YEAR 1955				YEAR 1956				YEAR 1957		
	Cases	Rate	Deaths	Rate	Cases	Rate	Deaths	Rate	Cases	Rate	Deaths	Rate	Cases	Rate	Deaths
Respiratory Tuberculosis	52,161	246.3	23,491	110.9	71,448	332.0	23,192	107.8	93,259	426.7	23,474	107.4	144,442	515.61	25,351
Beri-beri	39,560	186.7	23,306	110.0	53,762	249.4	22,055	102.5	60,137	275.1	22,191	101.5	63,008	283.88	21,679
Broncho-pneumonia	30,626	144.6	20,023	94.5	35,179	163.5	19,256	89.0	41,993	191.7	20,533	93.9	57,911	260.92	25,261
Bronchitis	74,698	352.7	19,192	90.6	140,428	652.6	17,546	81.5	215,954	988.0	19,192	87.8	277,560	1250.54	20,157
Gastro-enteritis and colitis (not including ulcer)	*	*	*	*	107,634	500.2	13,463	62.7	136,600	624.9	14,136	64.7	205,457	925.68	18,990
Pneumonia	9,001	42.5	6,561	30.9	10,572	49.1	6,173	28.7	13,380	61.2	6,915	31.6	16,464	74.18	8,367
Influenza	58,344	275.5	4,200	19.8	64,608	300.2	3,361	15.6	196,667	899.9	3,719	17.0	1,250,082	5632.19	6,239
Cancer	2,888	12.2	2,553	12.1	2,836	13.2	2,786	12.9	3,582	16.4	3,528	16.1	3,641	16.40	3,582
Malaria	71,363	336.9	5,236	24.7	79,707	370.4	3,714	17.3	73,560	365.6	2,804	12.8	60,029	270.46	2,376
Tetanus	2,226	10.5	1,693	7.9	2,447	11.4	1,763	8.2	2,803	12.8	2,126	9.7	2,858	12.87	2,106

2/ - Rank ordered in descending order of mortality rates for 1956. Source: Bureau of Health

* - Not available in comparable classification.

Annex # 2

BELL TRADE MISSION

"1. It is realized that the Philippines must have greater production, a more diversified economy, and a higher family income for its industrial and agricultural laborers, all of which will greatly contribute to the enhancement of free institutions in the Philippines.

"2. The President of the Philippines, highly appreciative of the proferred help on the part of the President of the United States, to bring about social and economic well-being in the Philippines, announces his determination to lead his country in the attainment of this great goal, through total economic mobilization and the bold implementation of measures that will bring about a higher degree of social justice in the Philippines.

"3. The main recommendation of the report to the President of the United States by the Economic Survey Mission to the Philippines will be the basis for serious and immediate consideration by the Philippine Government in order to attain the objectives mentioned above, and may be considered a practical and sound point of departure in working out a program of social, economic and technical assistance and cooperation.

"4. To this end, and considering that time is of the essence, the Council of State shall forthwith formulate a legislative program of the following measures for prompt consideration by the Congress of the Philippines:

> "(a) Tax legislation of an equitable measure designed to balance the budget and build up a surplus to gradually eliminate previous deficits and at the same time to help in counteracting the inflationary trend. It is estimated that, in order to be able to take advantage fully of U. S. aid, it will be necessary to fix as an immediate goal a total of not less than ₱565,000,000 in tax revenues. It is proposed that new and increased taxes go into effect January 1, 1951.

"(b) A minimum wage law for all agricultural workers as the first step towards labor and rural legislation designed to raise the level of wages, especially in agricultural and industrial workers.

"(c) A bold resolution expressing the general policy of Congress to accelerate the carrying out by congressional enactment of the social reform and economic development measures recommended by the Economic Survey Mission to the Philippines.

"5. The United States Government agrees, at the request of the Philippine Government expressed herewith, to furnish with the least possible delay technical assistance particularly in the field of taxation and revenue collection, social legislation and economic development, to act in an advisory capacity to the appropriate departments or agencies of the Philippine Government.

"6. Both Governments will appoint their respective committees to resume the negotiations for a Treaty of Friendship, Commerce and Navigation. It is assumed that these negotiations will re-examine at the same time the provisions of the present Trade Agreement. It is realized that the Philippines needs special U.S. assistance in trade and privileges for several years.

"7. Each Government will be represented in matters of social and economic assistance and cooperation by its own commission, as follows:

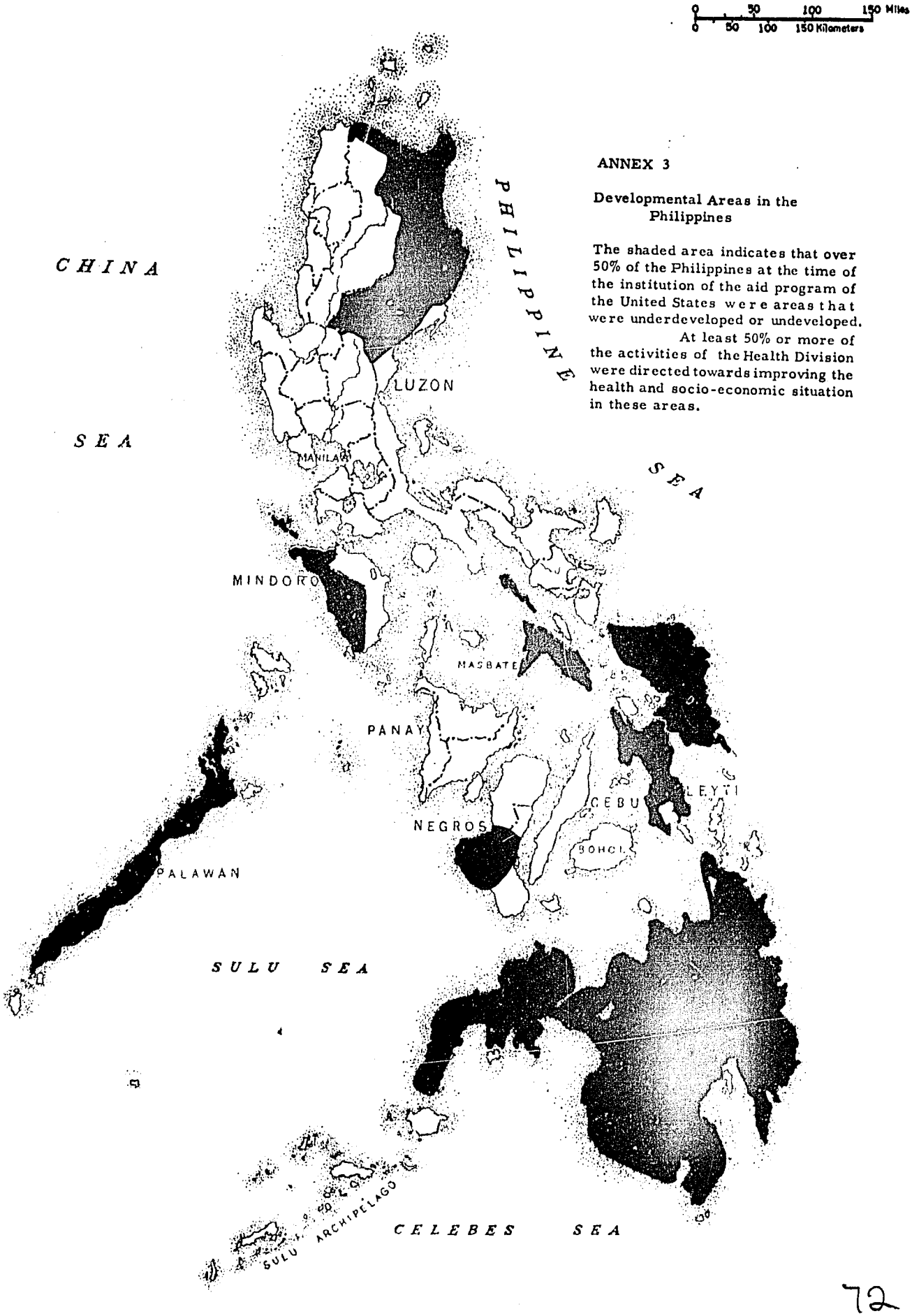
"(a) A Philippine Council for U.S. Aid will represent the Philippine Government in its relationship with the agency selected by the United States Government (the ECA) to represent the assistance and cooperation program.

"(b) The ECA will be the agency of the United States Government to collaborate with the Philippine Council for U. S. Aid. Its functions will be to advise with the Council, in planning the use of American social, economic and technical assistance and cooperation, and in advising and assisting the Philippine Government in carrying out the general aims and recommendations of the Economic Survey Mission to the Philippines.

"8. In consideration of the determination of the Philippine Government to act bold and promptly on the major program designed to fulfill the aspirations of the Filipino people, the President of the United States intends to recommend to the U. S. Congress the appropriation of the necessary funds that will be required for a social, economic and technical assistance program which will require several consecutive years of substantial aid, envisioned in the report of the Economic Survey Mission at $250,000,000.

"9. It is understood that subject to such modification as may be agreed upon by the two countries, the operation of the ECA in the program of the Philippines will be along general lines already established by the ECA in its relationship with other sovereign states.

"10. A bilateral agreement will be negotiated between the two Governments to give force and effect to the pertinent paragraphs above."

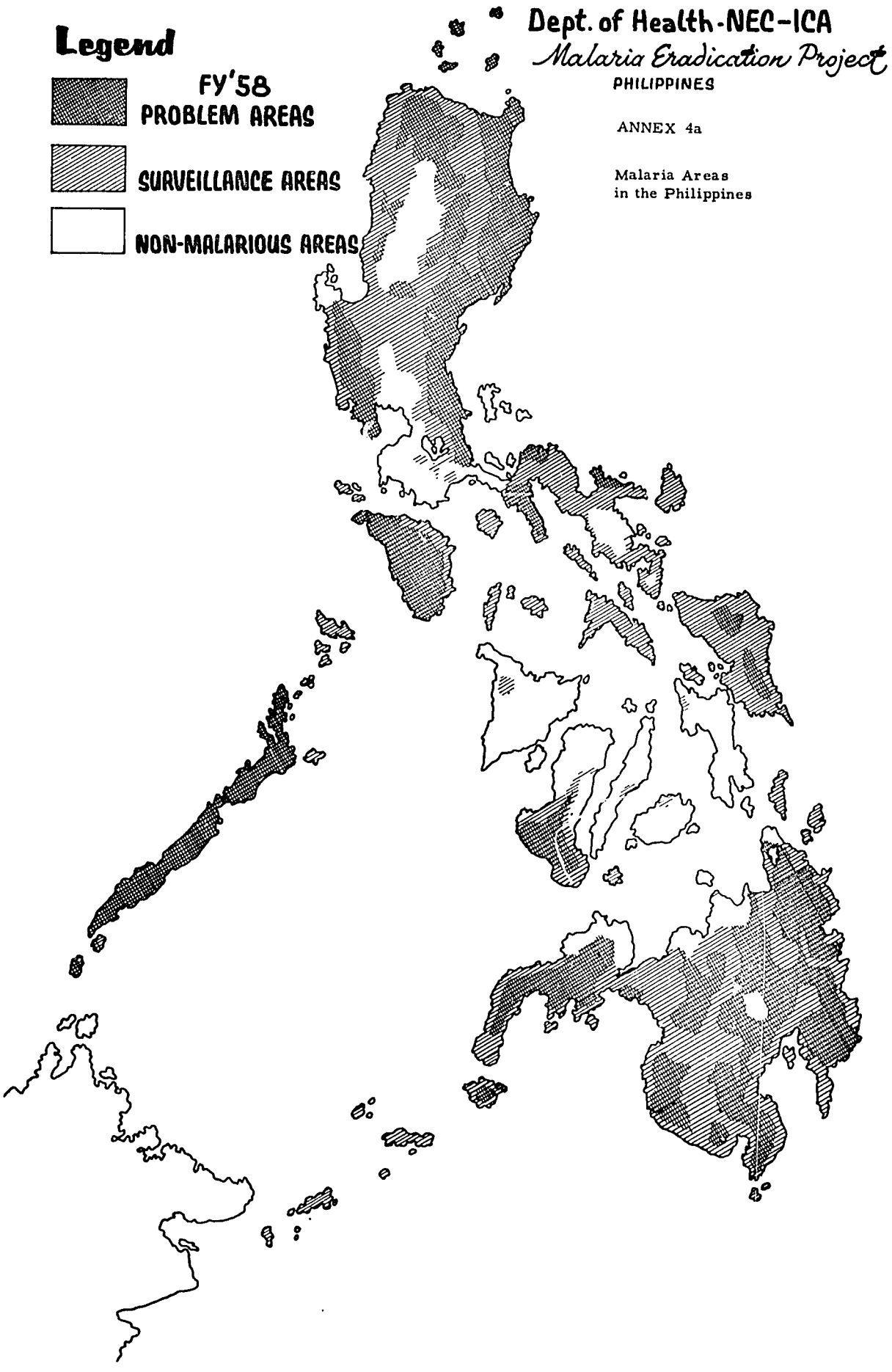


ANNEX 3

Developmental Areas in the Philippines

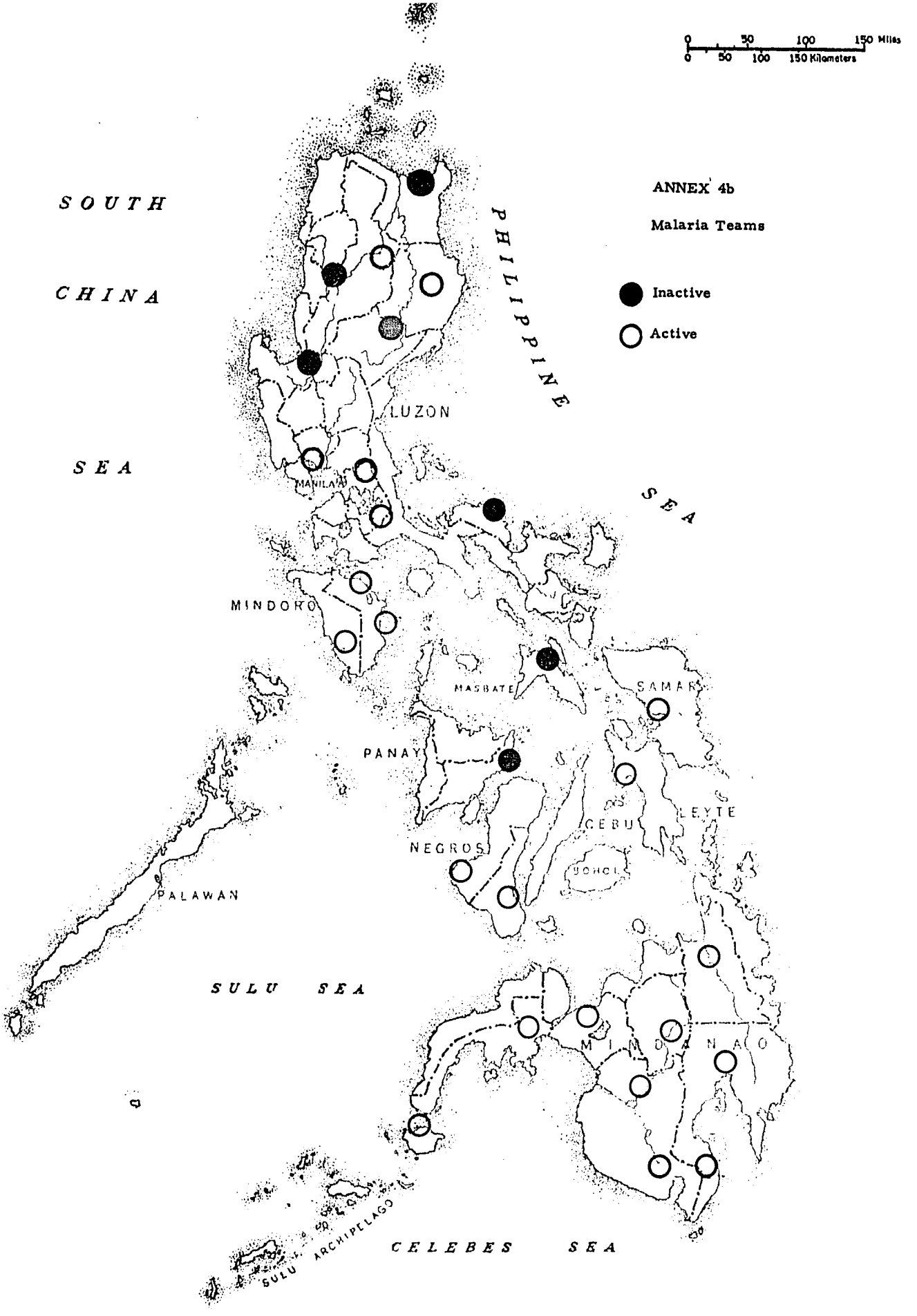
The shaded area indicates that over 50% of the Philippines at the time of the institution of the aid program of the United States were areas that were underdeveloped or undeveloped.

At least 50% or more of the activities of the Health Division were directed towards improving the health and socio-economic situation in these areas.



ANNEX 4a

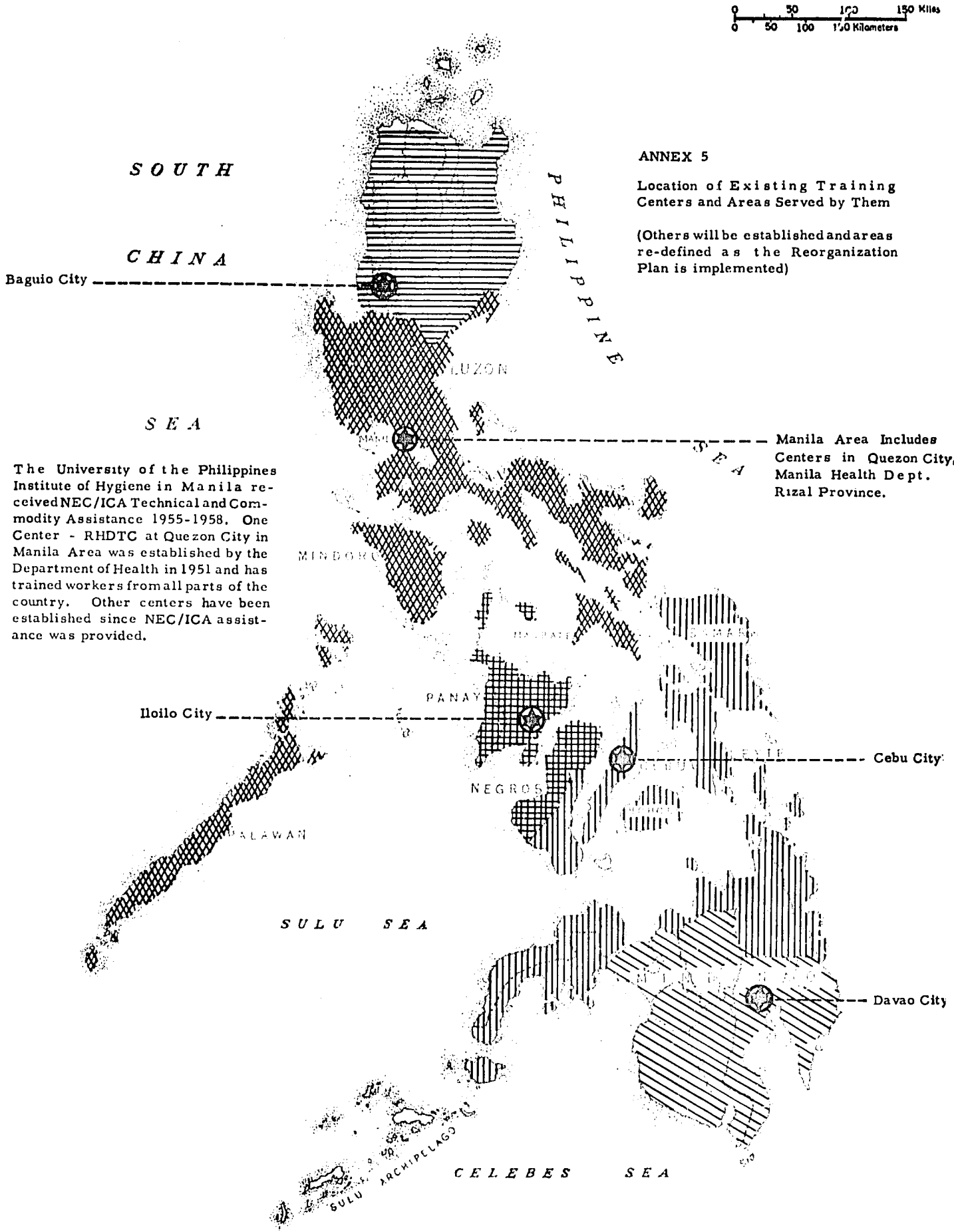
Malaria Areas
in the Philippines


0 50 100 150 Miles
0 50 100 150 Kilometers
ANNEX 4b
Malaria Teams
Inactive
Active
SOUTH
CHINA
SEA
PHILIPPINE
SEA
LUZON
MANILA
MINDORO
MASBATE
SAMAR
PANAY
LEYTE
CEBU
NEGROS
BOHOL
PALAWAN
SULU SEA
MINDANAO
SULU ARCHIPELAGO
CELEBES SEA

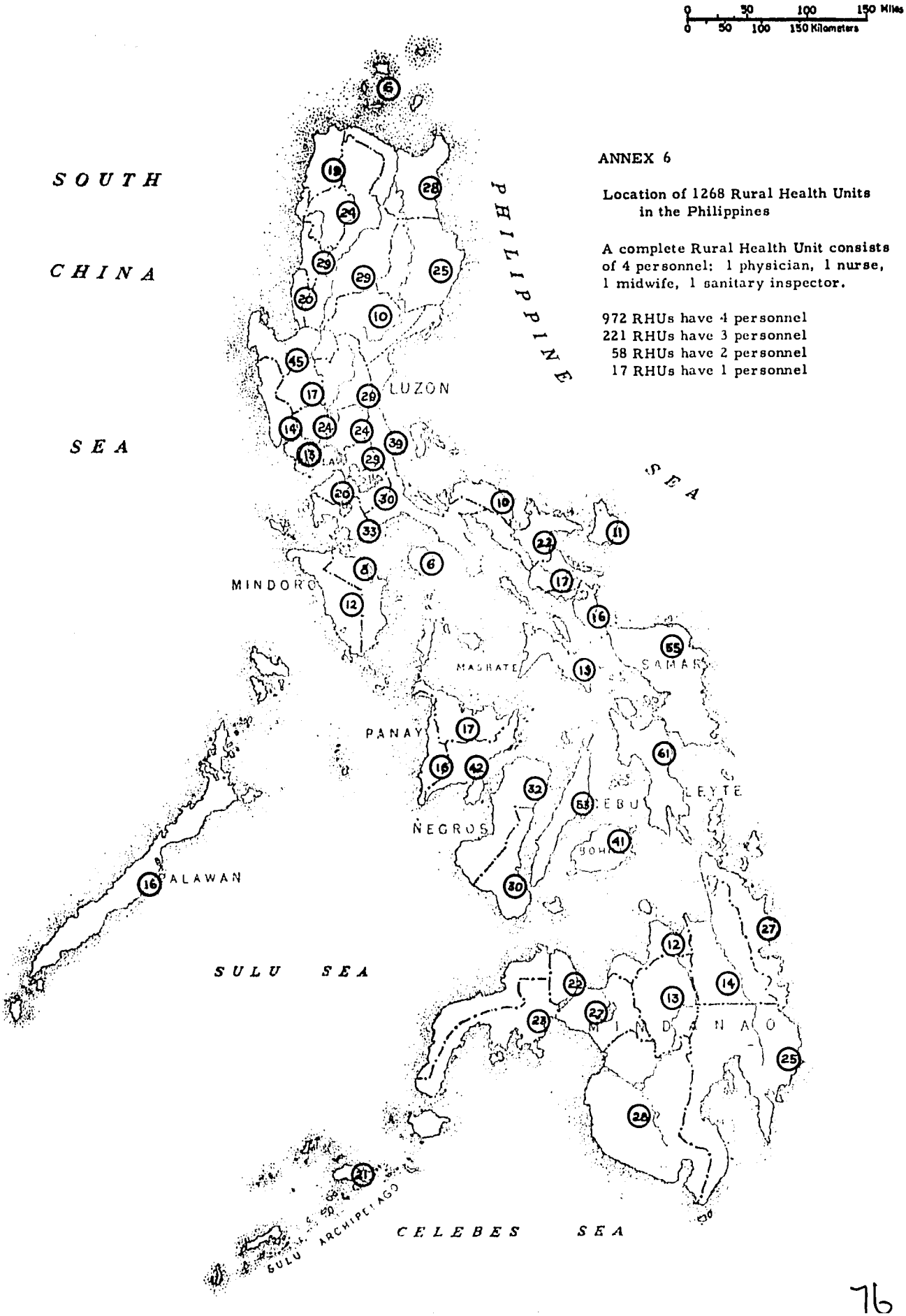
ANNEX 5

Location of Existing Training Centers and Areas Served by Them

(Others will be established and areas re-defined as the Reorganization Plan is implemented)



The University of the Philippines Institute of Hygiene in Manila received NEC/ICA Technical and Commodity Assistance 1955-1958. One Center - RHDTC at Quezon City in Manila Area was established by the Department of Health in 1951 and has trained workers from all parts of the country. Other centers have been established since NEC/ICA assistance was provided.

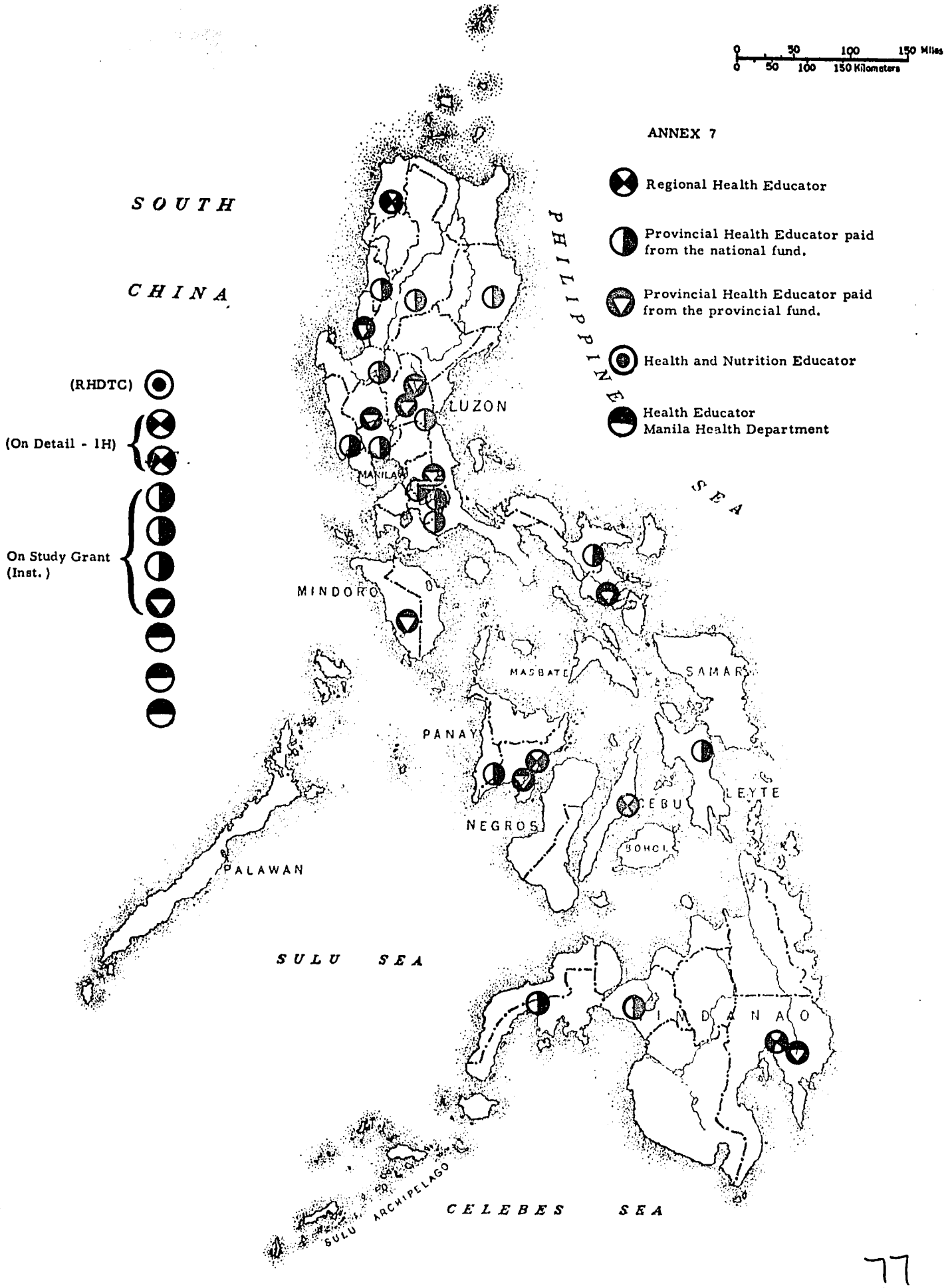


ANNEX 6

Location of 1268 Rural Health Units in the Philippines

A complete Rural Health Unit consists of 4 personnel: 1 physician, 1 nurse, 1 midwife, 1 sanitary inspector.

972 RHUs have 4 personnel
221 RHUs have 3 personnel
58 RHUs have 2 personnel
17 RHUs have 1 personnel


0 30 100 150 Miles
0 50 100 150 Kilometers
ANNEX 7
Regional Health Educator
Provincial Health Educator paid from the national fund.
Provincial Health Educator paid from the provincial fund.
Health and Nutrition Educator
Health Educator Manila Health Department
(RHDTC)
(On Detail - 1H)
On Study Grant (Inst.)
SOUTH CHINA SEA
PHILIPPINE SEA
LUZON
MANILA
MINDORO
MASBATE
SAMAR
PANAY
NEGROS
CEBU
LEYTE
BOHOL
PALAWAN
SULU SEA
MINDANAO
SULU ARCHIPELAGO
CELEBES SEA

Annex # 8

ASSOCIATION OF LOCAL HEALTH OFFICERS
OF THE PHILIPPINES
Institute of Hygiene
Manila

December 18, 1953

Dear Dr. _____

It is a pleasure to send you this letter knowing well that it will receive your careful consideration. Before proceeding, allow me to introduce myself and the circumstances that lead to this letter.

I am a president of Sanitary Division in Sta. Cruz, Laguna, presently taking the C.P.H. course in the Institute of Hygiene, U.P. As a result of group discussions with fellow health officers from other provinces, especially during the Pacific Science Congress held last November 16 through November 28, the glaring fact that nearly all local health officers are not justly compensated was crystallized. A lot of other problems and difficulties which we believe are yours as well.

We became conscious of that long-felt need for concerted action among ourselves; that if we desire to improve our lot as government officials, we must act together as one. Our comparatively low salary which is not commensurate with our duties and responsibilities, especially the unreasonably low pay of ₱ 120.00 which some of our fellow health officers are still receiving; the apparent lack of prestige that our office commands are some of the more common and universal difficulties confronting us all.

So serious are our problems and so sad our plight as government officials that the necessity of a solid and national organization among ourselves became only too apparent - a dynamic, vigilant group, united as one for force and strength so as to be able to "influence the world", so to speak. Since we have common interest and problems they partake of national importance. You and I are aware that to act alone is useless and avails nothing.

Other groups of health workers realized this and have formed associations of their own. Such is the League of District and City Health Officers, the Association of Sanitary Inspectors and the Association of

Public Health Nurses. We alone as a group have not organized and consequently in all health programs of our Department we are not consulted and do not have any voice. What is the result?

When Act 675 (Standardization of Salary Act) was being prepared, no provisions were made to insure the implementation of the salary scale of P.S.D. Up to the present, roughly 88% of us are receiving salaries ranging from ₱120 to ₱ 210 a month. The law says the minimum must be ₱ 260 a month.

Another is the complications arising from the presence of the rural health units in some sanitary divisions. But for the present the writer will not go further than this.

Two years ago the salaries of district and city health officers were as greatly disproportional and nearly as unreasonable as our pay. Due to their united efforts, it is a pleasure to know that all of them are receiving the standard minimum ranging from ₱ 350 to ₱ 550 a month. On the other hand almost all of us are being paid a salary much lower than the low minimum of ₱260.

It was directly through the efforts of the Public Health Nurse Association that they are receiving salaries much higher than some of us. We do not mean that they (PHN) do not deserve such pay but we most emphatically believe that we deserve something better than our present pay.

These are some instances of benefits derived through collective efforts.

Suffice it to say that the question of salary is but one objective of our association. By the nature of our positions, we are charged with the duty to carry out successfully and efficiently health projects. We actually do or direct all health programs in our respective localities, so that we meet different problems and difficulties. To discuss and study these various problems and to find ways and means to implement them successfully is another objective of this association.

To meet this challenge, a group of presidents of sanitary divisions and medical officers from different provinces and cities met together last December 11, 1953 at the Institute of Hygiene and organized the

Association of Local Health Officers of the Philippines. (ALHOP)

The following were elected officers for 1954:

President - Dr. Benjamin Za. Belen, Sta. Cruz, Laguna
Vice-President for Luzon - Dr. Nicolas Santiago, Tagiig, Rizal
Vice-President for Visayas - Dr. Amado San Diego, Janiuay, Iloilo
Vice-President for Mindanao - Dr. Justiniano San Agustin, Davao
Secretary-Treasurer - Dr. Serafin Cruz, Cardona, Rizal

Councilors:
For Luzon - Dr. Domingo Modales, Cauayan, Isabela
Dr. Jose Suva, Bureau of Health
Dr. Macario Tanchoco, Cabanatuan City

For Visayas - Dr. Blas Clavel, Cadiz, Occ. Negros
Dr. Pedro Cortez, Cataingan, Masbate
Dr. Amparo del Rosario-Sison, La Carlota, Occ. Negros

For Mindanao - Dr. Alfonso Apdujan, Calamba, Misamis Occ.
Dr. Gaudioso Mandunas, Initao, Misamis Or.
Dr. Gregorio Meneses, Tacurong, Cotabato

In a separate sheet is an extract of the constitution and by-laws as ratified by the organizing members. We hope the aims and objectives (Art II) fully cover all of our legitimate claims and that they meet with your approval.

We hope you will find some merits to join us. Should it be so, please fill up the attached application for membership and information sheet and return it as soon as you can with the annual fee if possible. Feel free to add any information or suggestion which you think might be helpful. We shall give it careful study and consideration. Address your communications to either the President or Secretary-Treasurer.

It is our fervent hope that you too, have felt the need for such an organization. May we expect you to contribute your share, that we may all realize our aims and objectives.

Fraternally yours,

Benjamin Za. Belen
President

Annex # 9a

DOCUMENTS

A list of significant documents which have been developed and published by the Philippine Department of Health, Institute of Hygiene, U.P. and other government and non-government agencies. Technical assistants in the Health Division/ICA have assisted in one way or another in the development and production of most of these materials. Because of the length of this list only titles, year of publication and office where each can be obtained are shown. Those preceded by an asterisk are no longer available. A full bibliography is available in the HD/ICA.

Administrative

*Plans 12-A, 13-A, 14-A of Report of Government Survey Reorganization Commission (Health Department Reorganization) 1955, Secretary of Health.

Implementing Details of Same (October, 1956), Secretary of Health.

Recapitulation of All ICA Participants with Fields of Study, 1951-1957 - Training Division/ICA.

Malaria

Syllabus for Malaria Training Courses for Malariologists, 1955, Division of Malaria, Department of Health.

Engineers and Technicians, 1953. Revised in 1954 and again in 1955, Division of Malaria, Department of Health.

*A Six-Year Philippine American Plan for Malaria Control in the Philippines, 1953.

Manual of Instruction for Malaria Field Personnel on DDT Residual Spraying, 1954, Division of Malaria.

Abridged general and specialized courses for malaria technicians, 1955, Division of Malaria.

Malaria - General Information for the Public, 1955, Division of Malaria.

Malaria Control - Suggestion of duties to be carried out before beginning a DDT Residual Spraying of Houses, Program for the Control of Malaria, 1955, Division of Malaria.

Five-Year Supplement to the Joint Philippine American Eradication Program for the Philippines, 1957, ICA.

Review of Filariasis Literature and Suggested Procedures for Establishing a Pilot Project, 1957, ICA.

Malaria Surveillance, 1958, ICA.

Technical Report on Malaria in the Philippines, 1958, ICA.

Training and Health Education of the Public

*First School Health Workshop - Rural Health Demonstration Training Center, 1953.

*Philippine American Public Health Education A Six-Year Plan, 1953.

*Report on School and Community Health Work Conference held in Bayambang, Pangasinan, 1954.

*Manual for Barrio Health Committe, Bureau of Health, 1954.

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Annex # 9b

A BRIEF SUMMARY OF PROGRAMS OF TRAINING IN HEALTH FOR FOREIGN NATIONALS

Because of the increasing number of requests from ICA, WHO and other Agencies for the training of foreign nationals, the Department of Health, Office of Personnel Training, Health Education and Information, has planned a systematic program of training in the fields of general public health and in the various public health specialties as well as an extension training program for Malaria personnel.

Nearly 150 foreign nationals have been trained in health fields in the Philippines during the past few years and requests have been received for nearly 100 next year. The Institute of Hygiene also has a graduate program in Public Health it can offer to as many foreign nationals each year. Majors are offered in Public Health Engineering, Public Health Administration, Public Health Education, Public Health Nursing and other specialties.

Public Health

This program has the following objectives:

1. To train public health workers such as physicians, nurses, sanitarians, health educators, and others in general public health practices and to provide individualized field experiences.

2. To provide educational experiences which will make it possible for these several disciplines to work together as a team.

3. To provide supervised work experiences in their special fields of study such as nursing, public health administration, community health education, tuberculosis control, leprosy control, sanitation, etc where they can apply the principles of public health.

4. To provide for the exchange of ideas which may be mutually beneficial to the Philippines as well as to the foreign country represented by the participant or trainee.

5. To foster fellowship and goodwill in order to strengthen the bonds of friendship among nations and countries.

This program will offer training in the basic services of a well-organized and functional Department of Health, namely:

1. Administration and operational aspects of public health.
2. Environmental sanitation.
3. Public health nursing.
4. Communicable disease control (especially high incidence and morbidity diseases)
5. Public health education.
6. Public health statistics.
7. Public health laboratory.
8. Medical care.
9. Maternal and Child Health Service -
   a. School Health
   b. Dental Health

In order to achieve these objectives, the training will begin and end on specified dates. The first two months of the six months training period will consist of a general public health seminar in which all disciplines work together. In the seminar, the trainees will give country reports, define the common health problems of their countries, participate in field trips in order to observe health work in the Philippines and particularly be exposed to the 'team' approach in public health work and the role of the community itself in the solution of health problems. The participants will meet in plenary sessions where pertinent subject matter will be given them. Provision also will be made for small group meetings by disciplines and by special interests - the latter may be multi-disciplinary in nature, that is, may include physicians, nurses, health educators, etc. A wide variety of teaching methods and tools will be used in the seminar for the purpose of demonstrating effective educational approaches toward the improvement of health behaviour.

The trainees will then spend three and one-half months in the field with Filipino public health personnel observing the carrying out of the public health services which they will be expected to provide their own people.

The last two weeks will consist of a work conference in order to summarize and evaluate and prepare reports and plan back-home application of training. Announcements of this program to other countries and USOMs are being processed. The implementation document is available from HD ICA and PTHEI, Department of Health. See Annex #9a.

Malaria

The Institute of Malariology of the Department of Health has trained 34 foreign nationals under the auspices of ICA and 10 foreign nationals under the auspices of WHO. In view of the increasing need as well as demand for more training of this nature, the Philippine Government together with ICA has recently approved a project which establishes the Institute as a training center for the Western Pacific and Southeast Asia Regions. The WHO is participating in this project and are presently considering the provision of a full-time training coordinator. When the training center is completed 100 persons can be trained annually.

Annex #10

Reorganization Plan No. 12-A

Article I - Creation of an Office of Administrative Services

1. . . . . All the existing administrative and legal units in the Department of Health are abolished and all the functions transferred to the Office of Administrative Services. Such transfer shall include related appropriations, equipment, property, records, and such number of personnel as may be necessary.

2. This new entity shall have the following divisions:

(a) Personnel and Records Division;
(b) Budget and Finance Division;
(c) General Services Division; and
(d) Legal Division

It shall assist the Secretary of Health in the general over-all administration and coordination of entities in the Department, and shall give consultative and technical services in administrative and legal problems.

3. This Office shall have as its head a Chief of Administrative Services who shall be ex-officio Assistant to the Secretary. He shall be appointed by the Secretary in accordance with existing Civil Service law and rules.

Article II - Creation of An Office of Health Education and Personnel Training

5. There is created an Office of Health Education and Personnel Training to plan and direct the program for public health education and information for Health personnel; provide for personnel training; collect, process, tabulate, and analyze vital statistics. All related functions and activities heretofore performed by the following entities in the Department are transferred to this new entity:

(a) Division of Health Education and Information in the Office of the Secretary;

(b) Division of Statistics and Survey in the Institute of Nutrition;
(c) Division of Nutritional Education and Publicity in the Institute of Nutrition;
(d) Statistical Section in the Research and Standardization Service, Bureau of Hospitals; and
(e) Division of Rural Health Demonstration and Training Centers in the Bureau of Health.

These transfers include appropriations, equipment, property, and records involved and such number of personnel as may be necessary.

6. This Office shall have as its head a Chief of Health Education and Personnel Training who shall be appointed by the Secretary in accordance with existing Civil Service law and rules.

7. This Office shall have three divisions:

(a) Health Education Division;
(b) Personnel Training Division; and
(c) Statistics Division.

Article III - Creation of Two Positions of Undersecretaries

10. The two Undersecretaries are responsible to the Secretary of Health. All authority is vested in Said Secretary to delegate to the Undersecretary such authority as he may determine.

11. The Undersecretary for Health and Medical Services, subject to delegation of authority from the Secretary, shall supervise three staff bureaus:

(a) Bureau of Health Services;
(b) Bureau of Medical Services; and
(c) Bureau of Disease Control.

He shall be responsible for line authority from the Secretary to the operating level, and to this end he shall have an Assistant as Chief of Field Operations. Said Chief shall provide liaison with the other entities of the Department for the use of staff services available and shall supervise and coordinate the Regional Offices.

12. The Undersecretary for Special Health Services, subject to delegation of authority from the Secretary, shall be responsible for the formulation, coordination, and execution of balanced programs of basic and applied research on problems relating to health and sanitation, for maintaining a close working relation with other entities of the Department, and providing investigative and consultative services in connection with special health problems. He shall have under his supervision the following Bureaus to assist him in the performance of his duties:

(a) Bureau of Research and Laboratories; and
(b) Bureau of Quarantine.

Article IV - Abolition of the Bureau of Health and Creation of a Bureau of Health Services

18. The Divisions to compose the Bureau of Health Services are as follows:

(a) Division of Environmental Sanitation;
(b) Division of Preventable Diseases;
(c) Division of Maternal and Child Health, which is created by partial transfer of personnel as may be necessary from the present Bureau of Hospitals' Division of Charity Clinics and Puericulture Centers; and
(d) Division of Industrial Hygiene, which is created by partial transfer of personnel as may be necessary from the present Section of the same name in the Division of Sanitation, and by transfer of doctors as may be necessary now employed in the Medical Division of the present Bureau or Department of Labor.

Article V - Abolition of the Bureau of Hospitals and Creation of a Bureau of Medical Services

20. There is created a Bureau of Medical Services which is staff in nature and shall provide consultative services in the field of curative medicine. The Bureau of Hospitals is abolished and the present entities under it, except as provided, are transferred

to the Bureau of Medical Services. Such transfer includes related functions, duties, appropriations, equipment, property, records, and such number of personnel as may be necessary.

26. The Bureau of Medical Services shall have one division, namely, the Division of Hospitals which shall have such personnel as may be necessary transferred to the new entity from the old. Others are reassigned to Regional Offices as may be necessary. This Division shall be composed of Chief Advisers or Chief Consultants with individual specialties in the field of Hospital Management, Dental Services, Nursing, and Special Hospitals (i.e. Leprosaria, Orthopedic, etc.,). The Secretary of Health may name additional chief advisers in particular specialties as long as he remains within the limitation established in this section.

Article VI - Creation of a Bureau of Disease Control

29. There is created an entity to be known as the Bureau of Disease Control. To it are transferred the following entities:

(a) Division of Malaria, shall have such personnel as may be necessary transferred to the new division from the old entity. Other necessary personnel are reassigned to the Regional Offices. The functions, activities, equipment, property, records, appropriations, and funds with such personnel as may be necessary of Malaria Institute, are transferred to the Regional Office for use as a training center for malaria and other diseases control.

(b) Division of Tuberculosis, shall retain not more than twelve of its present personnel in this new division. Others are reassigned to the regions as may be necessary under the direction of the Regional Directors.

(c) Division of Sanitaria.

(d) Division of Social Hygiene shall have such number of its present personnel as may be necessary retained in the new division. The others shall be reassigned to the regions as may be necessary.

(e) Division of Cancer Control .

(f) Division of Mental Hygiene.

Article VII - Abolition of the Public Health Research Laboratories and Creation of a Bureau of Research and Laboratories

30. There is created a Bureau of Research and Laboratories. The Public Health Research Laboratories is abolished and the present entities under it, except as provided, are transferred to the Bureau of Research and Laboratories. Such transfer shall include related functions, duties, activities, equipment, property, records, appropriations, funds, and such number of personnel as may be necessary.

32. The Division of Social Hygiene is abolished and such personnel thereof as may be necessary are reassigned as indicated in section 29(d).

36. The Bureau of Research and Laboratories shall have three divisions, as follows:

(a) Division of Laboratories as created in section 30.
(b) Division of Foods and Drugs Testing which is created by transfer of such personnel as may be necessary engaged in this function in the present Manila Laboratories and the Bureau of Health, including equipment and records in equal proportion to personnel; and
(c) Institute of Nutrition.

37. The Board of Food Inspection, transferred to this Bureau from the present Bureau of Health under section 17, shall be attached to the Division of Foods and Drugs Testing for a close working relationship. The Director of Research and Laboratories shall provide this Board with necessary secretarial and clerical assistance.

Article VIII - Abolition of the Division of Nursing

38. The Division of Nursing, now attached to the Office of the Secretary of Health, is abolished and such personnel as may be necessary are reassigned to other health functions depending on their qualifications.

Article IX - Creation of Regional Offices

40. Regional Offices are established to function as administrative and coordination units. Each shall be under a Regional Health Director who shall be in charge of both preventive and curative health services in his region, subject to delegation of authority and responsibility from the Secretary.

40a. There shall be compulsory rotation of top administrative personnel between the regions and the department headquarters every five years.

41. Subject to the availability of funds and the limitations provided below, each Regional Office shall consist of the following:

(a) A staff of consultants in special fields such as doctors and nurses (hospital and public health), a health educator, public health engineer, sanitary inspector, malariologist, etc., whose principal duties among other things, shall be to interpret to the field health personnel the policies, plans, programs, standards, operating procedures, and criteria to be used in initiating, continuing and evaluating activities, and to consolidate and allocate budget estimates and appointments.

(b) A Health Training Center to coordinate training and education for all public health personnel, utilizing national health advisers and consultants.

(c) A Regional Laboratory to which are transferred all or part of provincial hospital laboratories; laboratories for social hygiene, malaria, and schistosomiasis in the region, including such personnel as may be necessary, equipment, property, and records involved.

(d) An Administrative Unit to handle regional budget data, supply and procurement, and closely related functions.

42. Such personnel as may be necessary to staff these Regional Offices are provided by transfer from headquarters offices in Manila as prescribed throughout this Plan, and in Reorganization Plans Nos. 13-A and 14-A.

43. The Provincial Health Officers in the region are placed under

the administrative direction and technical guidance of the Regional Health Director. They shall be responsible for the administration, management, and coordination of all health activities in both the curative and preventive fields.

44. City Health Departments heretofore existing as semi-independent units shall be placed under, and henceforth be subject to, the administrative direction of the Regional Health Directors who serve as the representatives of the Secretary of Health in their respective jurisdictions.

45. The Municipal and Rural Health Units and the Provincial Hospitals shall be under the immediate administrative direction, supervision, and control of the Provincial Health Officers concerned.

Article X - Abolition of the National Advisory Health Council, Creation of a National Advisory Board of Health and an Advisory Committee on Training

46. The National Advisory Health Council is abolished. Other advisory boards on special subjects shall be maintained. There is created an entity to be known as the National Advisory Board of Health hereinafter referred to in this Article as the "Board." The members of the Board are to include equal representation of both professional and non-professional representatives who are either in or out of the government service. There shall be 12 members appointed by the President upon the recommendation of the Secretary of Health. Members shall serve for six years in staggered terms to insure continuity of policy.

47. It shall be the duty of this Board to advise and consult with the Secretary of Health on all health activities of significance and to make appropriate recommendations. To carry out this function properly the Board shall be required to meet at least once each month.

48. There is created an Advisory Committee on Training, hereinafter designated in this Article as the "Committee," to advise and consult with the S cretary of Health in providing training programs for health personnel, liaison, and assistance in related projects, and to make appropriate recommendations to all schools and institutions.

49. The Committee shall be composed of seven representatives of professional schools and institutions who shall be appointed by the Secretary of Health.

50. The members of either entity shall serve without compensation but shall be allowed necessary traveling expenses and per diems while engaged in official duties.

51. The Secretary of Health shall provide these entities with necessary clerical and secretarial assistance.

Article XI - Repealing Provision

52. All acts, executive orders, and regulations, or parts thereof inconsistent with any of the provisions of this Plan are amended and/or repealed.

Reorganization Plan No. 13-A

WHEREAS, Republic Act No. 997, as amended by Republic Act No. 1241, authorizes the Government Survey and Reorganization Commission, among other things.

(a) "to transfer functions, appropriations, equipment property, records and personnel from one department, bureau, office, agency or instrumentality to another;"
(b) "to do whatever is necessary and desirable to effect economy and promote efficiency in the government;"

Now, therefore, the Government Survey and Reorganization Commission submits to the President and recommends that he submit to Congress the following Reorganization Plan.

1. The Bureau of Quarantine, which is hereby retained as a Bureau, shall hereafter perform only staff functions of providing consultative services to the Regional Offices to which are transferred all its functions, including the powers, duties, and activities connected therewith.

2. The following entities in this Bureau are abolished:

(a) Office of the Executive Officer;
(b) Vermin Control Division; and
(c) Inspection Division

3. The Quarantine Stations and Detention Stations now belonging to, and being operated by, the Bureau shall be transferred to the Secretary of Health for use as government health facilities at the regional level, except the Manila Quarantine Station which shall be directly under the supervision and control of the Director of Quarantine.

4. All launches and/or small craft, except five, likewise belonging to and being operated by the Bureau, shall be transferred to the Surplus Property Unit of the Board of Liquidators or its successor, for proper disposition.

5. All special privileges such as army pay, army rank, and quarters allowance heretofore conferred on, or granted to, and enjoyed by the present personnel of the Bureau shall continue not beyond the date of complete effectivity of Government Reorganization Plans Nos. 1-A and 2-A. All future appointees shall be appointed according to Civil Service rules.

7. Quarantine stations shall be responsible for inspection of inter-island vessels and aircraft for purposes of enforcing proper standards of sanitation. . . . . .

8. All acts, executive orders, and regulations, or parts thereof inconsistent with any of the provisions of this Plan are hereby amended and/or repealed.

Reorganization Plan No. 14-A

This Plan provided for the Reorganization of the Institute of Nutrition, but has been superseded by:

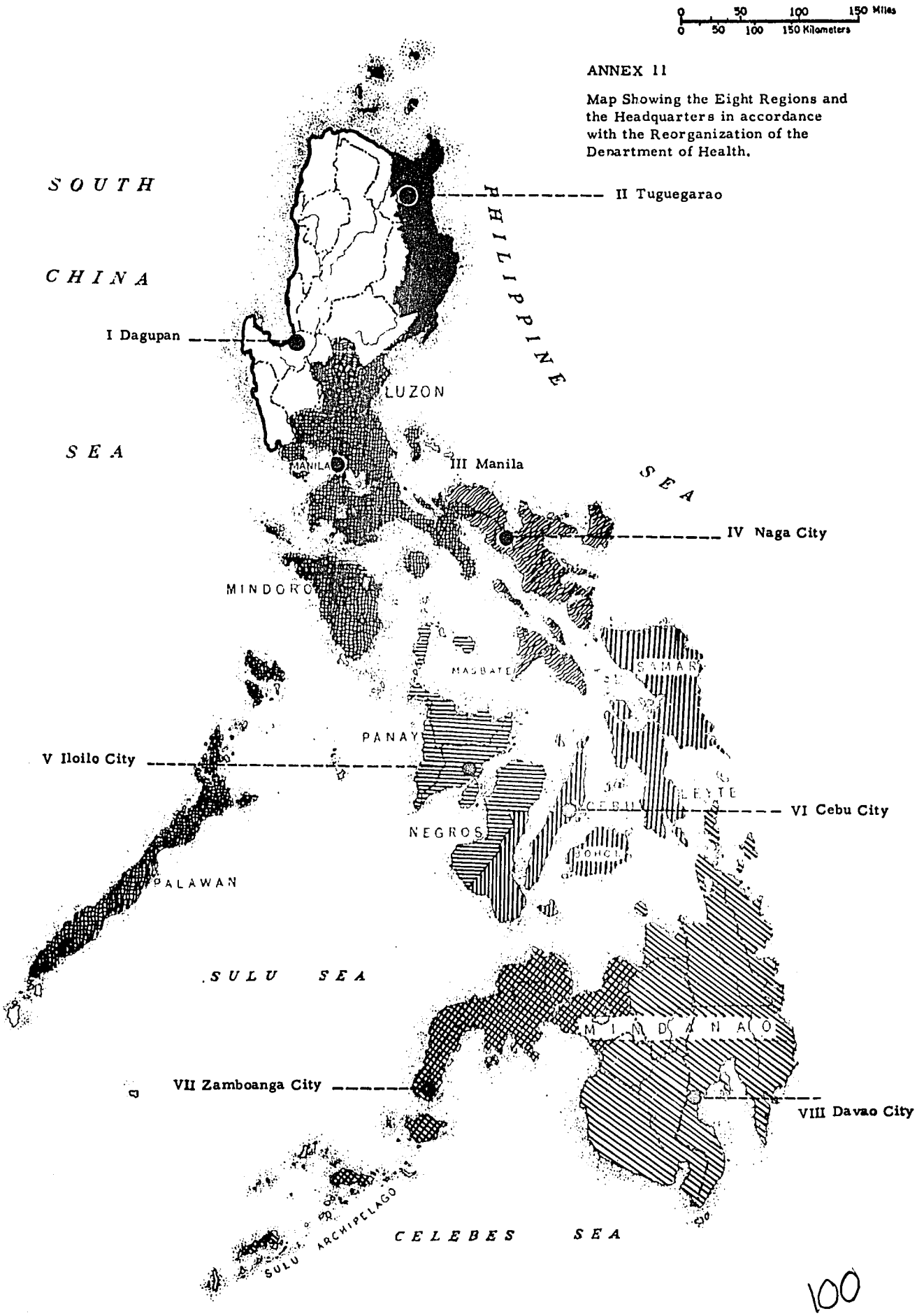
Republic Act No. 2067 - Otherwise Known as Science Act of 1958

"The existing Institute of Nutrition under the Department of

Health, together with its personnel, appropriations, supplies and equipment with all its functions and powers, is hereby transferred to the National Institute of Science and Technology, under which it shall become one of its research centers and shall function as presently organized, Reorganization Plan No. 14-A under Republic Act No. 997, as amended, notwithstanding, without prejudice to its reorganization by the President, as above provided. The said Institute of Nutrition is hereby renamed Food and Nutrition Research Center."

ANNEX 11

Map Showing the Eight Regions and the Headquarters in accordance with the Reorganization of the Department of Health.



Annex #12

REGIONAL DIRECTOR'S SEMINAR ON IMPLEMENTATION OF THE REORGANIZATION PLAN
(12-A, 13-A, 14-A on Health)

Resource Persons

Members of the Staff - Department of Health and Health Division/ICA
Institute of Public Administration and Other Government Agencies

Guest Speakers

Hon. Francisco (Soc) Rodrigo	Senator
Mr. Juan D. Agcaoili	Chief, Budget Planning Staff Budget Commission
Prof. Edwin Stene	Institute of Public Administration
Miss Ligaya Jorge	Bureau of Civil Service
Miss Carolina Custodio	Bureau of Civil Service
Mrs. Emma Arce	Budget Commission

Objectives

1. To become familiar with philosophy and details of Reorganization Plan (Executive Order No. 288).

2. To develop understandings of how this will be implemented in the various regions.

3. To acquaint the Regional Directors of the policies and standards of operating procedures of the various bureaus of the Department of Health.

4. To explore processes for planning and programming implementation of the reorganization.

   a. Set target dates for various steps.

5. To explore methods of developing estimated requirements of personnel, funds, equipment and facilities.

6. To develop explicit understandings of functions of Provincial, Regional, and Central Offices and their operating relationships.

7. To review broad principles of administration pertinent to the responsibilities of participants:

   a. Public health practice
   b. Personnel management
   c. Inter-personal relationships
   d. Public relations
   e. Training and health education
   f. Others

Participants

Eight (8) Regional Directors

Place

Bureau of Quarantine, Customs Building, Port Area

Duration

30 April 1958 to 20 May 1958

Nature and Methods

Working conference related to objectives stated above.

Samples of Daily Programs

First Session - 30 April 1958 (Wednesday)

0830-0845 hrs. - Briefing (Methodology) -- Dr. J. C. Azurin
0845-1000 hrs. - The Reorganization of the Department of Health - Dr. Paulino J. Garcia, Secretary of Health

1000-1015 hrs. - Coffee Break
1015-1100 hrs. - The Philosophy and Principles of Regionalization - Dr. Horace DeLien, Chief, HD/ICA
1100-1200 hrs. - Group Discussion -------- Dr. Gabino Balbin (Discussion Leader)

Seventh Session - 9 May 1958 (Friday)

Planning, Administering and Evaluating Regional Public Health Program

0830-0930 hrs. - Planning Session -- Group Participation
0930-1030 hrs. - Administration of Regional Public Program
1030-1045 hrs. - Coffee Break
1045-1145 hrs. - Evaluation -- University of Michigan Team

Eighth Session - 12 May 1958 (Monday)

Personnel Policies

0830-1030 hrs. - Determining Requirements (discipline, numbers and qualifications -- Miss L. Jorge
Recruitment Training -------- -- Miss L. Jorge
1030-1045 hrs. - Coffee Break
1045-1200 hrs. - Orientation and Induction
Direction, Guidance and Counselling - Mrs. C. Custodio

Tenth Session - 14 May 1958 (Wednesday)

0830-1000 hrs. - Consultation-Supervision
Working Papers ------- Dr. E. Villegas
Dr. A. Uyenco
Miss A. Sand
Engr. B. Adan
1000-1015 hrs. - Coffee Break
1015-1130 hrs. - Open Forum

ANNEX 13

EXPENDITURE SUMMARY

BY PROJECTS

HEALTH DIVISION-USOM/Manila

FISCAL YEARS (ALL AMOUNTS IN THOUSANDS OF U.S. DOLLARS)

	1951-2	1953	1954	1955	1956	1957 1/	1958 1/	TOTAL 1/
MALARIA ERADICATION	515.5	1,090.1	54.7	538.1	299.4	767.5	515.0	3,780.3
RURAL HEALTH PROGRAM	217.1	296.0	464.7	34.0	524.4	419.6	815.0	2,770.8
SCHOOL HEALTH PROGRAM	165.7	405.4	16.7	–	–	–	–	587.8
HEALTH TRAINING	51.5	105.6	142.3	343.5	326.5	197.5	496.0	1,662.9
HEALTH EDUCATION	93.5	32.4	80.0	12.0	–	–	–	217.9
SERUM & VACCINE PRODUCTION	198.6	–	2.4	–	–	–	–	201.0
HOSPITAL REHABILITATION	1,450.7	533.4	36.4	–	–			2,020.5
TUBERCULOSIS CONTROL	135.3	117.2	–	–	–	120.0		372.5
NORTH GENERAL HOSPITAL	–	–	–	–	–	400.0		400.0
OVERALL TECHNICAL ASSISTANCE	0.6	44.9	28.1	27.0	31.1	77.9	30.0	245.6
TOTAL (EXCLUDING WATER PROGRAM) 2/	2,828.5	2,625.0	825.3	954.6	1,187.4	1,982.5	1,856.0	12,259.3
WELLS & SPRINGS	360.8	541.8	486.5	828.5	2,099.9	981.0	830.0	6,128.5
WATER SYSTEMS	671.5	10.8	19.3	19.3	–	–	–	701.6

1/ 1957 AND 1958 FIGURES ARE PROGRAMMED AMOUNTS. OTHERS ARE ACTUAL NET OBLIGATIONS.
2/ WATER PROGRAMS ADMINISTRATIVELY UNDER PUBLIC WORKS DIVISION AFTER FY 1954

Department of Health personnel whose staff members participated in the preparation of this Report.

Dr. Paulino J. Garcia, Secretary of Health
Dr. Antonio Ejercito, Chief, Division of Malaria
Dr. Walfrido de Leon, Chief, Public Health Research Laboratories
Dr. Tranquilino Elicano, Director, Bureau of Hospitals
Dr. Jesus Nolasco, Director, Bureau of Health
Dr. Amadeo Cruz, Project Director, RHU, Bureau of Health
Dr. Jesus Azurin, Director, Bureau of Quarantine
Dr. Jose Rodriguez, Chief, Division of Sanitaria
Dr. Conrado Pascual, Director, Institute of Nutrition
Dra. Trinidad A. Gomez, Acting Director, Personnel Training
Dr. Antonio Pardo, Project Coordinator, Department of Health
Dr. Fidel Nepomuceno, Chief, Division of Tuberculosis
Mrs. Genara de Guzman, Chief, Division of Nursing
Miss Annie Sand, Assistant Chief Nurse, Division of Nursing
Mr. Marcelo Angeles, Administrative Officer, Department of Health

Other personnel from various agencies.

Dr. Jose Reyes, Director, North General Hospital
Dr. Florencio D. Quintos, Director, Philippine General Hospital
Mrs. Rosario Diamante, Principal, School of Nursing, PGH
Dr. Hilario Lara, Dean, Institute of Hygiene, U.P.
Dr. Benjamin Belen, First President, Association of Local Health Officers of the Philippines

HD/ICA Technical Assistants and Advisors who participated in the work which made this Report possible.

* Dr. Horace DeLien, Chief, EOD-Nov. 9, 1951 to Aug. 11, 1958
Mr. Travis E. McNeel, Chief Malariologist, EOD-Mar. 4, 1954 to April 7, 1956.
Dr. Malcolm J. Ford, Rural Health Consultant, EOD-Aug, 2, 1954 to September 10, 1956.
* Dr. Annie Laurie Keyes, Health Education Advisor, EOD-Nov. 1952 to June 22, 1958.
Mr. Samuel Rogers, Sanitarian Training Officer, EOD-Feb. 1954 to Feb. 25, 1956.
Mr. Joel Connolly, Sanitary Engineer, EOD-Dec. 18, 1952 to Aug. 19, 1955.
Mr. James G. Williams, Hospital Administrator, EOD-Oct. 5, 1954 to Oct. 5, 1956.

* Mr. Frank Morrison, Analytical Statistician, EOD-Dec. 21, 1954 to Jan. 6, 1958.
Mrs. Genevieve Soller, Health Officer (Nurse), EOD-Feb. 29, 1952 to May 28, 1955.
Dr. Bertha L. Moore, Medical Officer, EOD-Nov. 16, 1952 to Dec. 9, 1954.
Miss Elinor D. Stanford, Nurse Consultant, EOD-Sept. 26, 1952 to March 5, 1955.
Dr. Archie D. Hess, Chief Malariologist, EOD-Nov. 17, 1952 to May 24, 1954.
Dr. Henry K. Beye, Rural Health Consultant, EOD-March 13, 1952 to Feb. 11. 1954.
Mr. Lindon Murphy, Waterworks Design Engineer, EOD-Oct. 6, 1953 to Aug. 18, 1954.
Mr. Aubrey L. Willard, Sanitary Engineer, Malaria Control, EOD-May 26, 1952 to May 28, 1954.
Mr. Ronald G. Macomber, Sanitary Engineer, EOD-Sept. 14, 1951 to Sept. 17, 1953.
Mr. John T. Goltman, Hospital Rehabilitation and Supply Officer, EOD-Aug. 27, 1951 to Aug. 28, 1953.
Mrs. Frankie S. Hansell, Health Education Specialist, EOD-Mar. 19, 1952 to June 6, 1953.
Mr. David Walker, Entomologist, EOD-March 1952 to March 1953.
Dr. Leroy Young, Acting Director 1951 for a few months until arrival of Dr. DeLien. (Private Practitioner)
* Mr. John E. Raber, Public Health Representative
Dr. Margaret L. Shetland, Chief Nursing Advisor
* Dr. Albert Talboys, Sanitary Engineering Advisor
* Miss Barbara A. Bassett, Nursing Education Advisor, EOD-July 1956 to Aug. 14, 1958.
* Miss Alfhild Johnson, Laboratory Advisor
* Mr. Owen B. Stubben, Hospital Administration Advisor
* Dr. John W. McDowell, Malaria Eradication Advisor

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* - Assisted in the preparation of this Report.
EOD - Entered on Duty.