

1: History Of The Public Health System In The Philippines | Download eBook PDF/EPUB

Health Education, Public health Training Centers, Rehabilitation of Public Health Laboratories and of the Philippine Quarantine Service. Among the Highlights of this period are.

In this chapter the history of the existing public health system is briefly described. This history is intended to provide some perspective on how protection of citizens from health threats came to be a public responsibility and on how the public health system came to be in its current state. History During the past years, two factors have shaped the modern public health system: In earlier centuries, when little was known about the causes of disease, society tended to regard illness with a degree of resignation, and few public actions were taken. As understanding of sources of contagion and means of controlling disease became more refined, more effective interventions against health threats were developed. Public organizations and agencies were formed to employ newly discovered interventions against health threats. As scientific knowledge grew, public authorities expanded to take on new tasks, including sanitation, immunization, regulation, health education, and personal health care. Chave, ; Fee, The link between science, the development of interventions, and organization of public authorities to employ interventions was increased public understanding of and social commitment to enhancing health. The growth of a public system for protecting health depended both on scientific discovery and social action. Understanding of disease made public measures to alleviate pain and suffering possible, and social values about the worthiness of this goal made public measures feasible. The history of the public health system is a history of bringing knowledge and values together in the public arena to shape an approach to health problems. Before the Eighteenth Century Throughout recorded history, epidemics such as the plague, cholera, and smallpox evoked sporadic public efforts to protect citizens in the face of a dread disease. Although epidemic disease was often considered a sign of poor moral and spiritual condition, to be mediated through prayer and piety, some public effort was made to contain the epidemic spread of specific disease through isolation of the ill and quarantine of travelers. In the late seventeenth century, several European cities appointed public authorities to adopt and enforce isolation and quarantine measures and to report and record deaths from the plague. Goudsblom, The Eighteenth Century By the eighteenth century, isolation of the ill and quarantine of the exposed became common measures for containing specified contagious diseases. Several American port cities adopted rules for trade quarantine and isolation of the sick. In Massachusetts passed laws for isolation of smallpox patients and for ship quarantine as needed. After , inoculation with material from smallpox scabs was also accepted as an effective means of containing this disease once the threat of an epidemic was declared. By the end of the eighteenth century, several cities, including Boston, Philadelphia, New York, and Baltimore, had established permanent councils to enforce quarantine and isolation rules. Hanlon and Pickett, These eighteenth-century initiatives reflected new ideas about both the cause and meaning of disease. Diseases were seen less as natural effects of the human condition and more as potentially controllable through public action. Also in the eighteenth century, cities began to establish voluntary general hospitals for the physically ill and public institutions for the care of the mentally ill. Finally, physically and mentally ill dependents were cared for by their neighbors in local communities. This practice was made official in England with the adoption of the Poor Law and continued in the American colonies. Grob, ; Starr, By the eighteenth century, several communities had reached a size that demanded more formal arrangements for care of their ill than Poor Law practices. The first American voluntary hospitals were established in Philadelphia in and in New York in The first public mental hospital was established in Williamsburg, Virginia in Turner, The Nineteenth Century: The Great Sanitary Awakening The nineteenth century marked a great advance in public health. Sanitation changed the way society thought about health. Illness came to be seen as an indicator of poor social and environmental conditions, as well as poor moral and spiritual conditions. Cleanliness was embraced as a path both to physical and moral health. Cleanliness, piety, and isolation were seen to be compatible and mutually reinforcing measures to help the public resist disease. At the same time, mental institutions became oriented toward "moral treatment" and cure. Protecting health became a social responsibility. Disease control continued to focus on epidemics, but the manner of controlling turned from

quarantine and isolation of the individual to cleaning up and improving the common environment. And disease control shifted from reacting to intermittent outbreaks to continuing measures for prevention. With sanitation, public health became a societal goal and protecting health became a public activity. The Sanitary Problem

With increasing urbanization of the population in the nineteenth century, filthy environmental conditions became common in working class areas, and the spread of disease became rampant. In London, for example, smallpox, cholera, typhoid, and tuberculosis reached unprecedented levels. It was estimated that as many as 1 person in 10 died of smallpox. More than half the working class died before their fifth birthday. In New York, as late as , "the filth and garbage accumulate in the streets to the depth sometimes of two or three feet. Winslow, In Massachusetts in , deaths from tuberculosis were per , population, and infant mortality was about per 1, live births. Hanlon and Pickett, Earlier measures of isolation and quarantine during specific disease outbreaks were clearly inadequate in an urban society. It was simply impossible to isolate crowded slum dwellers or quarantine citizens who could not afford to stop working. Wohl, It also became clear that diseases were not just imported from other shores, but were internally generated. Wohl, Urbanization, and the resulting concentration of filth, was considered in and of itself a cause of disease. In earlier centuries, disease was more readily identified as only the plight of the impoverished and immoral. The plague had been regarded as a disease of the poor; the wealthy could retreat to country estates and, in essence, quarantine themselves. In the urbanized nineteenth century, it became obvious that the wealthy could not escape contact with the poor. Almost all families lost children to diphtheria, smallpox, or other infectious diseases. Because of the the deplorable social and environmental conditions and the constant threat of disease spread, diseases came to be considered an indicator of a societal problem as well as a personal problem. Insanity came to be viewed at least in part as a societal failing, caused by physical, moral, and social tensions. The Development of Public Activities in Health Edwin Chadwick, a London lawyer and secretary of the Poor Law Commission in , is one of the most recognized names in the sanitary reform movement. The report of these studies, General Report on the Sanitary Conditions of the Labouring Population of Great Britain, "was a damning and fully documented indictment of the appalling conditions in which masses of the working people were compelled to live, and die, in the industrial towns and rural areas of the Kingdom. Hanlon and Pickett, To remedy the situation, Chadwick proposed what came to be known as the "sanitary idea. To remove disease, therefore, it was necessary to build a drainage network to remove sewage and waste. Further, Chadwick proposed that a national board of health, local boards in each district, and district medical officers be appointed to accomplish this goal. The report, which influenced later developments in public health in England and the United States, documented the extent of disease and suffering in the population, promoted sanitation and engineering as means of controlling disease, and laid the foundation for public infrastructure for combating and preventing contagious disease. In the United States, similar studies were taking place. Inspired in part by Chadwick, local sanitary surveys were conducted in several cities. The most famous of these was a survey conducted by Lemuel Shattuck, a Massachusetts bookseller and statistician. His Report of the Massachusetts Sanitary Commission was published in Shattuck collected vital statistics on the Massachusetts population, documenting differences in morbidity and mortality rates in different localities. He attributed these differences to urbanization, specifically the foulness of the air created by decay of waste in areas of dense population, and to immoral life-style. He showed that the poor living conditions in the city threatened the entire community. Further, Shattuck determined that those most likely to be affected by disease were also those who, either through ignorance or lack of concern, failed to take personal responsibility for cleanliness and sanitation of their area. Rosenkrantz, Consequently, he argued that the city or the state had to take responsibility for the environment. The report recommended, among other things, new census schedules; regular surveys of local health conditions; supervision of water supplies and waste disposal; special studies on specific diseases, including tuberculosis and alcoholism; education of health providers in preventive medicine; local sanitary associations for collecting and distributing information; and the establishment of a state board of health and local boards of health to enforce sanitary regulations. Massachusetts set up a state board of health in The creation of this board reflected more a trend of strengthened government than new knowledge about the causes and control of disease. Nevertheless, the type of data collected by Shattuck was used to justify the board. Many of the

principles and activities he proposed later came to be considered fundamental to public health. And Shattuck established the fundamental usefulness of keeping records and vital statistics. This report eventually led to the establishment of the first public agency for health, the New York City Health Department, in 1862. During this same period, boards of health were established in Louisiana, California, the District of Columbia, Virginia, Minnesota, Maryland, and Alabama. Fee, ; Hanlon and Pickett, By the end of the nineteenth century, 40 states and several local areas had established health departments. Although the specific mechanisms of diseases were still poorly understood, collective action against contagious disease proved to be successful. For example, cholera was known to be a waterborne disease, but the precise agent of infection was not known at this time. The sanitary reform movement brought more water to cities in the mid-nineteenth century, through private contractors and eventually through reservoirs and municipal water supplies, but its usefulness did not depend primarily on its purity for consumption, but its availability for washing and fire protection. Blake, Nonetheless, sanitary efforts of the New York Board of Health in 1862, including inspections, immediate case reporting, complaint investigations, evacuations, and disinfection of possessions and living quarters, kept an outbreak of cholera to a small number of cases. During this period, states also established more public institutions for care of the mentally ill. Dorothea Dix, a retired school teacher from Maine, is the most familiar name in the reform movement for care of the mentally ill. In the early nineteenth century, under Poor Law practices, communities that could not place their poor mentally ill citizens in more appropriate institutions put them in municipal jails and almshouses. Beginning in the middle of the century, Dix led a crusade to publicize the inhumane treatment mentally ill citizens were receiving in jails and campaigned for the establishment of more public institutions for care of the insane. In the nineteenth century, mental illness was considered a combination of inherited characteristics, medical problems, and social, intellectual, moral, and economic failures. It was believed, despite the prejudice that the poor and foreign-born were more likely to be mentally ill, that moral treatment in a humane social setting could cure mental illness. Dix and others argued that in the long run institutional care was cheaper for the community. The mentally ill could be treated and cured in an institution, making continuing public support unnecessary. Although the practice of moral treatment proved to be less successful than hoped, the nineteenth-century social reform movement established the principle of state responsibility for the indigent mentally ill. Grob, ; Foley and Sharfstein, New ideas about causes of disease and about social responsibility stimulated the development of public health agencies and institutions. As environmental and social causes of diseases were identified, social action appeared to be an effective way to control diseases. When health was no longer simply an individual responsibility, it became necessary to form public boards, agencies, and institutions to protect the health of citizens. Sanitary and social reform provided the basis for the formation of public health organizations. Public health agencies and institutions started at the local and state levels in the United States. Federal activities in health were limited to the Marine Hospital Service, a system of public hospitals for the care of merchant seamen. Because merchant seamen had no local citizenship, the federal government took on the responsibility of providing their health care. A national board of health, which was intended to take over the responsibilities of the Marine Hospital Service, was adopted in 1879, but, opposed by the Marine Hospital Service and many southern states, the board lasted only until 1882. Anderson, Meanwhile, several state boards of health, state health departments, and local health departments had been established by the latter part of the nineteenth century.

2: History of medicine in the Philippines - Wikipedia

Philippine Studies, the Department of History and the Ateneo School of Medicine and Public Health (ASMPH) held the "Public Health and Medicine in the twentieth-century Philippines: An international and interdisciplinary conference" last July, at the Ricardo and Dr. Rosita Leong Auditorium, Ateneo Loyola Heights campus.

Twitter OUR geographical location and growing population are still the top and perennial reasons why developing the Philippine health care system remains a challenge, said the Department of Health DoH and several United Kingdom-based pharmaceuticals executives in a recent dialogue. The World Health Organization recommends that there should be 20 beds in a hospital per 10,000 people. The current population of the Philippines is over 100 million. Beds, among our many needs, are usually insufficient. The sufficiency of beds is one indicator of a good or a failing health care system. She pleaded for assistance from PhilHealth central branch manager Arsenia Torres, who said PhilHealth would help but it could not enter if there is no hospital to begin with. The DoH data available on its website said private hospitals outnumbered government-owned hospitals in all levels. There are four classifications of hospitals. Level one is comparable with infirmaries and has a limited level of access. Level one hospitals are scattered around the country, but level four hospitals -- which have the most advanced technology -- are concentrated in Metro Manila and Region III only. Hartigan-Go said the formulary was last updated in 2008. Many drug innovations have happened since then; new drugs need to be listed and entered into the formulary. He added that sometimes, choosing more innovative and yet expensive drugs is more cost-effective than cheap but inefficient drugs. A panel of experts decides on what drugs should make it to the list based on their cost-effectiveness and safety. Now the number of experts in the panel is down to five members only, said Mr. It makes the evaluation faster. The market, however, remains self-pay the public pays for its health needs. Hartigan-Go said the DoH is also increasing its spending. The majority leave the country and work for international companies. He said the DoH is working on better incentives for skilled workers to address the problem of brain drain, or the exodus of professionals in pursuit of greener pasture. Still, the Philippines is the third biggest country in the Association of Southeast Asian Nations region, next to Singapore and Thailand, when it comes to clinical research, said GlaxoSmithKline general manager Francis del Val. Clinical research ensures the effectiveness and safety of drugs and treatments for human use. But the country has all the right ingredients to be one. He said we are English proficient, have a good pool of experts, and service-oriented. But then again, perhaps, we need to address other significant issues first.

3: Healthcare in the Philippines - Support | Allianz Care

E. PHN in THE Philippines Pre- Spanish Era- no records Spanish Regime () Bro. Juan Climente () - Started Public Health Services through a dispensary in Intramuros Started water sanitation Introduced small pox vaccine Creation of position of district, provincial, national health officers.

A hand pump was located right on Broad Street, and Snow was immediately suspicious. Water samples did not reveal gross contamination, but Snow persisted and began to collect detailed information on where the victims had gotten their drinking water. He obtained the names and the addresses of the first 83 victims who had died by the end of the first week. He went to their homes and learned from relatives that the vast majority of them had obtained their water from the Broad St. He argued that the pump handle should be removed in order to prevent further contamination. The board was not convinced, but agreed to remove the pump handle as a precaution. The epidemic quickly subsided. Ultimately, Snow was able to track down victims, the vast majority of whom lived within walking distance of the pump. It was also noted that there was an extremely low incidence of cholera at a nearby work house and also at the Lion Brewery, and both of these businesses had their own water supply. The workers at another large business used water from the Broad St. The map below shows the location of the pump, and the home or business location of the victims is shown by stacks of small dark marks that are clearly clustered around the pump. This type of map, which marks the location of disease cases, is now referred to as a "spot map. The timing of her death indicated that she had been the first cholera case. The cesspool and the pump well were then excavated, revealing that the cesspool, which was within three feet of the well, was leaking, and the wall of the well was decayed, allowing the contamination from the cesspool to seep in. In retrospect, it appeared that once the child died, there was no further contamination of the well, and the epidemic ended. This graph shows the number of cholera deaths over time. There is an abrupt increase in cholera deaths at the very end of August. Deaths peak on September 2, when there were about deaths, and the cholera death rate gradually declines to near zero over the next three weeks. With knowledge of the incubation period for the disease, the shape of an epidemic curve can sometimes provide clues regarding the source of the epidemic. Cholera has an incubation period of only days, and this graph indicates that new cases occurred over a period of about 10 days. This suggests a "continuous source" epidemic, because new cases continue to occur for more than one incubation period, suggesting an ongoing source of contamination.. In retrospect, Snow made several important contributions to the development of epidemiologic thinking: He proposed a new hypothesis for how cholera was transmitted. He tested this hypothesis systematically by making comparisons between groups of people. He provided evidence for an association between drinking from the Broad St. He argued for an intervention which prevented additional cases removal of the pump handle. The Sanitary Idea In many respects, public health as we think of it today i. However, the circumstances that propelled the development of public health as a discipline are more complex with many contributing factors. First, there was the notion of the importance of the monarchy and the power of the state. The influence and power of the state could be assessed in many ways including commerce and trade, but also by the size of the population and the health and fitness of the working population. This crude notion made the work of John Graunt quite compelling, and the importance attached to "numbering the people" grew. A second factor was the emergence of the Enlightenment in the 18th century, which embraced democracy, citizenship, reason, rationality, and the social value of intelligence the value of information gathering. These ideas provided important underpinnings for public health. In the early s, Jeremy Bentham and his disciples the theoretical radicals developed the philosophy of utilitarianism which provided a theoretic underpinning for health policy and wider social policies. One theme was that the reduction of mortality and improvements in health had an economic value to society. Healthy workers were more able to contribute to the economy of the state. To Bentham the welfare of both the wealthy and the poor could be achieved most efficiently with good government. Yet another factor was the recognition that poor health was a burden that fell disproportionately on the poor. Villerme, a physician in Paris had noticed that mortality rates varied widely among the districts arrondissement of Paris. None of these things correlated. However, when he used tax rates as an indicator of

wealth, Villerme found a striking correlation with mortality rates. The graph below shows the correlation between poverty and mortality rates among different districts arrondissements in Paris found by Villerme. This relationship has persisted for centuries, and it is a powerful predictor of health. He concluded that what was really needed was not more physicians, but civil engineers to provide drainage of streets and to devise more efficient ways of delivering clean water and removing sewage and other noxious substances. It is interesting to note that many of the proponents of the "Sanitary Idea," including Edwin Chadwick shown on the right, were "miasmatists" who clung to the belief that disease was caused by breathing foul vapors. Since sewage and garbage smelled bad, they were associated with disease, so the miasmatists pushed to clean up the environment. And despite the fact that their belief in miasmas would prove to be incorrect, the end result was that many of the sources of infectious disease were removed. Chadwick was instrumental in creating a central public health administration that paved the way for drainage, sewers, garbage disposal, regulation of housing, and regulations regarding nuisances and offensive trades. This "sanitary idea" resulted in remarkable improvements in health and well-being, as illustrated in the graph below, which shows a remarkable decline in mortality from tuberculosis from the mid 18th century until the mid 19th century. Among others, these included: Through their efforts landmark legislation was passed including: In the 1840s The Epidemiologic Society of London was formed, consisting of local physicians, ex-military commanders, and civil servants who presented papers related to public health issues. John Snow presented "The comparative mortality of large towns and rural districts and the causes by which it is influenced". This intersection of statistics, philosophy, and economy sparked a new agenda for social reform. These efforts had an enormous impact. The graph below shows the remarkable decline in mortality from tuberculosis in the United Kingdom from 1800 to 1850. The remarkable decline in mortality from TB and other infectious diseases is believed to have been the result of the many environmental improvements that occurred as a result of the implementation of the "Sanitary Idea. Louis Pasteur late Louis Pasteur was a French biologist and chemist who made enormous contributions to germ theory, to prevention of food spoilage, and to the control of disease. In 1854 Pasteur began studying fermentation in wine and beer and rapidly concluded that microorganisms were responsible. He discovered that some microorganisms require oxygen aerobic organisms, while others reproduce in the absence of oxygen anaerobic. Pasteur pioneered the idea of artificially generating weakened microorganisms as vaccines. Pasteur was able to artificially weaken strains of anthrax and cholera in order to generate vaccines. Pasteur developed vaccines against anthrax in sheep and cholera in chickens. In 1885 he developed a vaccine for rabies by growing it in rabbits and then drying the nerve tissue that had been infected with the virus. This vaccine was successfully used to save the life of a boy who had been bitten by a rabid dog. The US also underwent a rapid transition from a rural, agricultural society to one that was intensely urban and industrial. Inventions such as the cotton gin that promoted agricultural production, but also decreased the need for farm workers, driving many to the cities for work. Economic growth and inventions spawned factories and textile mills in US cities. Seamen often became ill while at sea and often were unable to find adequate health care in port cities. Their health was viewed as essential to the developing country, and a network of marine hospitals, mainly in port cities, was established by Congress in 1794 to care for sick and disabled seamen. Seamen were taxed 20 cents a month in order to raise funds to pay physicians and support the network of hospitals. This tax was abolished in 1800. From 1800 to 1850 funds were raised by a levy on merchant ships, and after funds were allocated by the US Congress. Thomas Welsh, a Harvard College graduate and participant in the Revolutionary War battles at Lexington and Bunker Hill, was appointed as the physician in charge. Paul Revere is named as the first health officer. Benjamin Waterhouse was appointed the physician in charge from 1794. Benjamin Waterhouse introduced smallpox vaccination to the United States. Lemuel Shattuck, a Massachusetts legislator, established the first US system for recording births, deaths and marriages. Largely through his efforts Massachusetts legislation became the model for all the other states in the Union. The report was enthusiastically received by the New England Journal of Medicine, but the 50 recommendations in the report were otherwise ignored. It became national in scope and military in outlook and organization. Medical officers, called surgeons, were required to pass entrance examinations and wear uniforms. In 1800, when the Commissioned Corps was formally recognized by legislative action, the medical officers were given titles and pay corresponding to Army and Navy grades. Physicians

who passed the examinations were appointed to the general service, rather than to a particular hospital, and were assigned wherever needed. The goal was to create a professional, mobile, health corps, free as possible from political favoritism and patronage, and able to deal with the new health needs of a rapidly growing and industrializing nation. They killed many people, spread panic and fear, disrupted government, and caused Congress to enact laws to stop their importation and spread. As a result of these new laws, the functions of the MHS were expanded greatly beyond the medical relief of the sick seamen to include the supervision of national quarantine ship inspection and disinfection, the medical inspection of immigrants, the prevention of interstate spread of disease, and general investigations in the field of public health, such as that of yellow fever epidemics. The laboratory later moved to Washington, D. The video below is a segment from a PBS documentary on public health. This particular segment focuses on events at the dawn of the 20th century when bubonic plague threatened San Francisco. Note the futile and inappropriate use of quarantine to deal with the threat of plague. The last section of the clip describes a broad array of public health interventions that eventually emerged. [Link to transcript of the video](#) The Immigration Act of 1892 required that all immigrants entering the US be given a health examination by PHS physicians. The law stipulated the exclusion of "all idiots, insane persons, paupers or persons likely to become public charges, persons suffering from a loathsome or dangerous contagious disease," and criminals. The s Some estimates indicate that HIV was transmitted from monkeys to humans as early as 1900, but was either unrecognized or failed to initiate human to human transmission until later. The legislation required the Surgeon General to organize conferences of local and national health officials in order to coordinate state and national public health activities. They also passed the Food and Drugs Act. The law forbade adulteration and misbranding of foods, drinks, and drugs in interstate commerce, but contained few specific requirements to insure compliance. Investigations in the garment making industry, as illustrated by these women making flowers, revealed unsanitary conditions and an excessive rate of tuberculosis. Other studies were done of silicosis among miners, sanitation and working conditions in the steel industry, lead poisoning in the pottery industry, and radiation hazards in the radium dial painting industry.

4: Public Health and Medicine in 20th Century Philippines Conference

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Page 72 Share Cite Suggested Citation: A History of the Public Health System. The Future of Public Health. The National Academies Press. A History of the Public Health System In Chapter 1, the committee found that the current public health system must play a critical role in handling major threats to the public health, but that this system is currently in disarray. In this chapter the history of the existing public health system is briefly described. This history is intended to provide some perspective on how protection of citizens from health threats came to be a public responsibility and on how the public health system came to be in its current state. In earlier centuries, when little was known about the causes of disease, society tended to regard illness with a degree of resignation, and few public actions were taken. As understanding of sources of contagion and means of controlling disease became more refined, more effective interventions against health threats were developed. Public organizations and agencies were formed to employ newly discovered interventions against health threats. As scientific knowledge grew, public authorities expanded to take on new tasks, including sanitation, immunization, regulation, health education, and personal health care. The growth of a public system for protecting health depended both on scientific discovery and social action. Understanding of disease made public measures to alleviate pain and suffering possible, and social values about the worthiness of this goal made public measures feasible. The history of the public health system is a history of bringing knowledge and values together in the public arena to shape an approach to health problems. Although epidemic disease was often considered a sign of poor moral and spiritual condition, to be mediated through prayer and piety, some public effort was made to contain the epidemic spread of specific disease through isolation of the ill and quarantine of travelers. In the late seventeenth century, several European cities appointed public authorities to adopt and enforce isolation and quarantine measures and to report and record deaths from the plague. Several American port cities adopted rules for trade quarantine and isolation of the sick. In Massachusetts passed laws for isolation of smallpox patients and for ship quarantine as needed. After , inoculation with material from smallpox scabs was also accepted as an effective means of containing this disease once the threat of an epidemic was declared. By the end of the eighteenth century, several cities, including Boston, Philadelphia, New York, and Baltimore, had established permanent councils to enforce quarantine and isolation rules. Hanlon and Pickett, These eighteenth-century initiatives reflected new ideas about both the cause and meaning of disease. Diseases were seen less as natural effects of the human condition and more as potentially controllable through public action. Also in the eighteenth century, cities began to establish voluntary general hospitals for the physically ill and public institutions for the care of the mentally ill. Finally, physically and mentally ill dependents were cared for by their neighbors in local communities. Grob, ; Starr, By the eighteenth century, several communities had reached a size that demanded more formal arrangements for care of their ill than Poor Law practices. The first American voluntary hospitals were established in Philadelphia in and in New York in The first public mental hospital was established in Williamsburg, Virginia in Sanitation changed the way society thought about health. Illness came to be seen as an indicator of poor social and environmental conditions, as well as poor moral and spiritual conditions. Cleanliness was embraced as a path both to physical and moral health. Cleanliness, piety, and isolation were seen to be compatible and mutually reinforcing measures to help the public resist disease. At the same time, mental institutions became oriented toward "moral treatment" and cure. Protecting health became a social responsibility. Disease control continued to focus on epidemics, but the manner of controlling turned from quarantine and isolation of the individual to cleaning up and improving the common environment. And disease control shifted from reacting to intermittent outbreaks to continuing measures for prevention. With sanitation, public health became a societal goal and protecting health became a public activity. The Sanitary Problem With increasing urbanization of the population in the nineteenth century, filthy environmental conditions

became common in working class areas, and the spread of disease became rampant. In London, for example, smallpox, cholera, typhoid, and tuberculosis reached unprecedented levels. It was estimated that as many as 1 person in 10 died of smallpox. More than half the working class died before their fifth birthday. In New York, as late as , "the filth and garbage accumulate in the streets to the depth sometimes of two or three feet. Hanlon and Pickett, Earlier measures of isolation and quarantine during specific disease outbreaks were clearly inadequate in an urban society. It was simply impossible to isolate crowded slum dwellers or quarantine citizens who could not afford to stop working. Wohl, It also became clear that diseases were not just imported from other shores, but were internally generated. Wohl, Urbanization, and the resulting concentration of filth, was considered in and of itself a cause of disease. 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Massachusetts set up a state board of health in The creation of this board reflected more a trend of strengthened government than new knowledge about the causes and control of disease. Nevertheless, the type of data collected by Shattuck was used to justify the board. Many of the principles and activities he proposed later came to be considered fundamental to public health. And Shattuck established the fundamental usefulness of keeping records and vital statistics. This report eventually led to the establishment of the first public agency for health, the New York City Health Department, in During this same period, boards of health were established in Louisiana, California, the District of Columbia, Virginia, Minnesota, Maryland, and Alabama. Fee, ; Hanlon and Pickett, By the end of the nineteenth century, 40 states and several local areas had established health departments. Although the specific mechanisms of diseases were still poorly understood, collective action against contagious disease proved to be successful. For example, cholera was known to be a waterborne disease, but the precise agent of infection was not known at this time. The sanitary reform movement brought more water to cities in the mid-nineteenth century, through private contractors and eventually through reservoirs and municipal water supplies, but its usefulness did not depend primarily on its purity for consumption, but its availability for washing and fire protection. Blake, Nonetheless, sanitary efforts of the New York Board of Health in , including inspections, immediate case reporting, complaint investigations, evacuations, and

disinfection of possessions and living quarters, kept an outbreak of cholera to a small number of cases. During this period, states also established more public institutions for care of the mentally ill. Dorothea Dix, a retired school teacher from Maine, is the most familiar name in the reform movement for care of the mentally ill. In the early nineteenth century, under Poor Law practices, communities that could not place their poor mentally ill citizens in more appropriate institutions put them in municipal jails and almshouses. Beginning in the middle of the century, Dix led a crusade to publicize the inhumane treatment mentally ill citizens were receiving in jails and campaigned for the establishment of more public institutions for care of the insane. In the nineteenth century, mental illness was considered a combination of inherited characteristics, medical problems, and social, intellectual, moral, and economic failures. It was believed, despite the prejudice that the poor and foreign-born were more likely to be mentally ill, that moral treatment in a humane social setting could cure mental illness. Dix and others argued that in the long run institutional care was cheaper for the community. The mentally ill could be treated and cured in an institution, making continuing public support unnecessary. Although the practice of moral treatment proved to be less successful than hoped, the nineteenth-century social reform movement established the principle of state responsibility for the indigent mentally ill. Grob, ; Foley and Sharfstein, New ideas about causes of disease and about social responsibility stimulated the development of public health agencies and institutions. As environmental and social causes of diseases were identified, social action appeared to be an effective way to control diseases. When health was no longer simply an individual responsibility, it became necessary to form public boards, agencies, and institutions to protect the health of citizens. Sanitary and social reform provided the basis for the formation of public health organizations. Public health agencies and institutions started at the local and state levels in the United States. Federal activities in health were limited to the Marine Hospital Service, a system of public hospitals for the care of merchant seamen. Because merchant seamen had no local citizenship, the federal government took on the responsibility of providing their health care. A national board of health, which was intended to take over the responsibilities of the Marine Hospital Service, was adopted in 1890, but, opposed by the Marine Hospital Service and many southern states, the board lasted only until 1893. Meanwhile, several state boards of health, state health departments, and local health departments had been established by the latter part of the nineteenth century. Rapid advances in scientific knowledge about causes and prevention of numerous diseases brought about tremendous changes in public health. Many major contagious diseases were brought under control through science applied to public health. Louis Pasteur, a French chemist, proved in 1856 that anthrax is caused by bacteria. By 1881, he had developed artificial immunization against the disease. During the following few years, discoveries of bacteriologic agents of disease were made in European and American laboratories for such contagious diseases as tuberculosis, diphtheria, typhoid, and yellow fever.

5: Public Health Internships in the Philippines | Projects Abroad

Open Document. Below is an essay on "The Public Health Situation of the Philippines in the 19th Century" from Anti Essays, your source for research papers, essays, and term paper examples.

Social Media Introduction Overall, the healthcare system in the Philippines is of a high standard. Filipino medical staff are expertly trained, but the facilities may not be as impressive as those found in high-end US or European hospitals. Private healthcare in the Philippines provides much more consistent care and facilities tend to be better equipped than public ones. English is also spoken throughout the Philippines, meaning that there should be few language barriers preventing expats from accessing healthcare. Public healthcare Doctors and nursing staff in public hospitals are highly proficient, however public healthcare in the Philippines faces some limitations. Despite having achieved universal healthcare, the Philippines still struggles with unequal access to medical care. As such, the standard of public healthcare in the Philippines generally varies from excellent in urban centres to poor in rural areas. Public healthcare also faces strain both from treating the large number of Filipinos who rely on public healthcare and from the trend of Filipino medical staff migrating to Western countries. This has resulted in understaffing in some hospitals and patients may experience delays in treatment. Public healthcare in the Philippines is administered by Philhealth, a government owned corporation. Philhealth subsidises a variety of treatments including inpatient care and non-emergency surgeries, although it does not cover all medical treatments and costs. Enrolling with Philhealth is mandatory for expats who are employed in the Philippines. Philhealth contributions are derived from employers, employee salaries and the state. Expats can voluntarily enrol with Philhealth if they have residency status. Private healthcare Private healthcare services are well-established and growing in the Philippines. Although doctors in private hospitals are as good as doctors practising in the public sector, private facilities are much better equipped and treatment is typically faster. Private services are considered to be expensive by locals, but are relatively cheap by most expat standards. The relative affordability of private healthcare can be seen in the increasing popularity of the Philippines as a medical tourism destination. Pharmacies and medicine There are numerous pharmacies in the Philippines and many hour pharmacies can be found in major cities and attached to most hospitals. Although most medicine is available in the Philippines, some prescription medicine may not be available in the country, so expats should ensure that they either bring the necessary medication with them, or that alternatives can be prescribed in the Philippines. Health hazards Expats should speak to their doctor at least six weeks before travelling to the Philippines to ensure that their vaccinations are up to date. Although contraction rates are low, mosquito-borne diseases such as Japanese encephalitis, malaria, dengue fever and the chikungunya virus are health hazards in the Philippines. These are best avoided by adopting preventative measures, such as sleeping under a mosquito net and wearing mosquito repellent. Emergency services is the general national emergency number in the Philippines. The quality of ambulance services differs significantly and this problem is compounded by the lack of strict policies governing how emergency services operate. This may result in slow response times and poor pre-hospital treatment. The public emergency system also directs most serious emergencies to designated public facilities which may delay emergency care. Private ambulances generally have highly proficient staff and better equipment while also promising faster response times. Private ambulance services are often secured through monthly subscriptions, or their services are included as part of a medical insurance package. Many private hospitals also have their own ambulance services.

great public health official, having graduated from the School of Hygiene and Public Health, John Hopkins and the London School of Tropical Medicine coupled with a vast experience of public health and welfare work in the Philippines.

The annual population growth rate, estimated at 1. The documented gap between actual total fertility 2. It is estimated that one million Filipinos have TB and they may or may not know it. One in 15 TB deaths worldwide happens in the Philippines, and one in 20 new drug-resistant TB cases is found in the country. TB kills at least 60 Filipinos every day. USAID-supported programs strengthen health systems while increasing the demand for and access to family planning and maternal and child health services and TB prevention, treatment and control. The quality of midwifery care should benefit from continuous improvement. Its predecessor, CMSU1, developed the clinical, mentoring and organizational capacities of the Integrated Midwives Association of the Philippines, enabling the group to develop leaders, trainers and mentors. Building on the gains of CMSU1, the CMSU2 institutionalizes the peer mentoring approach and expands the roles of midwives in improving access to family planning services. The project also optimizes opportunities for midwives to provide family planning services to the underserved and strengthen public-private collaboration for a synergized health service delivery system. Significant variations in the availability of and access to quality health services, and deficiencies in supervision and mentoring result in inequities in health outcomes. IHLGP institutionalizes leadership and governance capacity building in central and regional health management systems. LuzonHealth works with the Department of Health and its regional offices in Luzon, local governments, private sector and other partners to enhance and sustain provision of quality and patient-centered care programs at the household level, in communities, and in public and private facilities. For those wanting to achieve their desired family size, access is often limited and quality is often low. VisayasHealth works with national and local government partners, the private sector, civil society organizations, academic institutions and health professional associations to promote health, provide high-impact family planning and maternal and child health counseling and services, remove local policy and health systems barriers and improve data management. VisayasHealth works with the Department of Health and its regional offices in the Visayas, local governments, private sector and other partners to enhance and sustain provision of quality and patient-centered care programs at the household level, in communities, and in public and private facilities. Integrated FP-MCH Program

“Mindanao MindanaoHealth Decades of poverty and internal conflict in certain parts of Mindanao have imposed tremendous economic costs, often leaving local governments unable to adequately serve people. The Autonomous Region in Muslim Mindanao is marked by the worst health indicators in the country, especially in maternal and infant deaths. MindanaoHealth supports the Department of Health-led scale up of high-impact services and client-centered information to improve child health and nutrition, to reduce maternal and infant deaths and to decrease the number of unmet need for family planning services, especially among the lowest wealth quintiles, and conflict-affected areas in Mindanao. MindanaoHealth helps the Department of Health to strengthen health systems, sustain health service improvement and reach people living in rural areas. It also provides humanitarian assistance in conflict-affected areas, including Marawi City and its environs. Gaps in case detection and access to TB care services persist, ranking the Philippines among the countries with high TB burden. TB Innovations supports the Government of the Philippines to end the TB epidemic by expanding the adoption of state-of-the-art technologies and approaches for case detection, appropriate treatment seeking behavior and treatment adherence interventions for vulnerable and high-risk populations. TB Innovations assists the Department of Health to actively identify, develop, test and scale-up innovative technologies and approaches adapted for the Philippines. Healthcare-seeking behavior of people with symptoms suggestive of TB remains low. Approximately 35 percent of TB-affected households face severe financial difficulties. The national efforts to fight TB need to be coupled with local capacity building, system strengthening and community engagement, including the private sector. TB Platforms aims to strengthen essential supportive and cross-cutting TB interventions at the provincial, local government and community levels to increase TB

and drug-resistant TB case detection and treatment success rates. MDR-TB is a particular challenge, with an estimated 15, cases in The officer provides technical leadership; assists in shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; sets norms and standards; promotes and monitors implementation of these standards; and articulates ethical and evidence-based policy options. September 17, Share This Page.

7: A History of the Public Health System - The Future of Public Health - NCBI Bookshelf

This can be tricky, as public health can be seen as a profession (as in public health professional), a specialty (like an MD specializing in public health), a system (as in public health system), an arena for action, a collection of issues, and ultimately a state of society (as in state of public health).

Diseases have provided the stimulus for much of the activity in public health. In a handful of instances, overcoming a disease has removed a barrier to commerce or another desired goal. For example, overcoming yellow fever facilitated construction of the Panama Canal in the early s, and finding a cure for scurvy allowed mariners to make longer voyages of exploration. It is important to note that advances in public health usually have impacts on people throughout the world and that public health is an international effort. Public health researchers are focusing on heart disease and type 2 diabetes in response to contemporary epidemics. Efforts to understand and cure diseases have had the unintended consequences of developing tools. The science of epidemiology emerged from efforts to stop cholera in England. In addition, forces other than disease have affected public health. Examples include the sanitary movement that began in England and was quickly duplicated in a new England mids , social concerns that reformers used to promote mandatory schooling for children as a way to stop child labor in factories mids , and concern for wholesome food late s. A small number of diseases have had a disproportionate impact on the history of public health throughout the world. Smallpox is noteworthy for its mortality rate and because it is the only disease that has been eradicated. Influenza became a human disease after individuals domesticated pigs. Because influenza mutates so readily, it continues to challenge public health planners. In periodic pandemics, influenza kills many people. Tuberculosis, like influenza, migrated to humans after cattle were domesticated. TB is a concern for public health for at least two reasons. Experts estimate that one person in three carries the TB pathogen. Because the length of time required to treat TB is long months , most strains of TB have developed drug resistance. The smallpox vaccine provided the means for eradication, whereas influenza mutates so readily that the vaccine must be frequently revised. A vaccine for TB is also available, because it is not effective in all recipients, it is not used in the United States as a matter of public health policy. General Overviews Several books have been written about the history of public health. Each emphasizes a different aspect of public health, reflecting the background and interests of the authors. Duffy was the first historian to analyze the work of sanitarians. The history of public health in Rosen is comprehensive through its original publication date ; the expanded edition features a new introduction by Elizabeth Fee. Porter provides a much longer historical time frame that is international in scope. Schneider and Lilienfeld is a comprehensive but brief history of public health, whereas Ravenel is a history of public health in the United States that has been republished. The latter was complete through the original date of publication in A history of American public health. These encompass water quality, safe disposal of wastes, air quality, and environmental cleanliness. Fee, Elizabeth, Theodore M. Brown, Jan Lazarus, and Paul Atherman. American Journal of Public Health The author provides biographical material about individuals that have had an impact on the history of public health. The writing is outstanding. As of , the series continues. Available online for purchase or by subscription. He also notes that the PHS has played a role in most health initiatives in which the United States has become involved. Although well known for its epidemiological studies, the PHS has conducted or collaborated with research on diseases and treatments. Throughout is history, the PHS has been an advocate for improving health for people throughout the world. Health, civilization and the state: A history of public health from ancient to modern times. This history of public health covers a longer time span, beginning before public health was formally recognized. The author is an historian with training in public health. The coverage is reasonably complete. A half century of public health. The beginning reflects the advent of a uniformed professional service employing individuals based on their training, credentials, and examinations. The last major episode in the book is a description of the influenza pandemic of 1918 and the role assumed by the Public Health Service. The book was originally published by the American Public Health Association in A history of public health, expanded ed. It traces the history of public health by focusing on epidemiology, disease surveillance, and disease eradication.

The book was originally published in Elizabeth Fee, Chief of the History of Medicine Division for the National Library of Medicine, wrote an introductory commentary for this expanded edition. Schneider, Dona, and David E. The development of a discipline, from the age of Hippocrates to the Progressive Era. They succeed but at the cost of brevity for many interesting eras in public health. In general, the coverage in the book is reasonably balanced. Major problems in the history of American medicine and public health: Major Problems in American History Series.

8: 10 Shocking Facts About Healthcare in the Philippines

Introduction Two Centuries of Health Promotion. Protecting and advancing the health of our nation's people and contributing to the delivery of health care world-wide is very important work and the main task of the Public Health Service (PHS).

Print History does matter. This statement must have been self-evident over the years, decades, and centuries past. Nursing in the Philippines has a deep and enigmatic history. This article illustrates the considerable weight and influence of nursing history while at the same time disclosing the challenges of applying the past to the present. These were the early beliefs of health and illness in the Philippines. The cause of a disease was primarily believed to be due to either another person, whom which was an enemy, or a witch or evil spirits. These evil spirits could be driven away by persons with power to banish demons. Early Care of the Sick The early Filipinos subscribed to superstitious belief and practices in relation to health and sickness. Midwives assisted in childbirth. If the birth became difficult, witches were supposed to be the cause. To disperse their influence, gunpowder were exploded from a bamboo cane close to the head of the sufferer. Health Care During the Spanish Regime The context of nursing has manifested through simple nutrition, wound care, and taking care of an ill member of the family. Certain practices when taking care of a sick individuals entails interventions from babaylan priest physicians or albularyo herb doctor. The religious orders exerted their efforts to care for the sick by building hospitals in different parts of the Philippines. The earliest hospitals were: Bautista of the Franciscan Order. The emergence of Filipina nurses brought about the development of Philippines Red Cross. She provided nursing care to the wounded night and day. Capitan Salome "a revolutionary leader in Nueva Ecija; provided nursing care to the wounded when not in combat. Nursing students in the Philippines studied many of the same subjects as nursing students in the U. This began when American missionary doctors and nurses realized that they manpower is insufficient. Thus it resulted to a decision of training Filipino nurses that would be catering to the hospitals that Americans established in the 20th century. The first hospital in the Philippines which trained Filipino nurses in was Iloilo Mission Hospital, established by the Baptist Missionaries. When this health institution was built, there were no strict requirements for the applicants as long as they are all willing to work. This has been the beginning of development of more nursing schools in the country. In this period, Pensionado Act of or Act was mandated, allowing Filipino nursing student to study in United States. It moved from its present location to Jaro Road, Iloilo City in Miss Flora Ernst, an American nurse, took charge of the school in Paul de Chartres located in Intramuros. It provided general hospital services. It opened its training school for nurses in , with Mother Melanie as superintendent and Miss Chambers as Principal. In , Mary Coleman Masters, an educator advocated for the idea of training Filipino girls for the profession of nursing with the approval of Government officials, she first opened a dormitory for Girls enrolled at the Philippine Normal Hall and the University of the Philippines. In , with the support of Governor General Forbes and the Director of Health and among others, she opened classes in nursing under the Auspices of the Bureau of Education. Admission was based on an entrance examination. The applicant must have completed elementary education to the seventh grade. Julia Nichols and Charlotte Clayton taught the students nursing subjects. American physician also served as lecturers. In , the Act No. It began as a small dispensary in In , the school opened with three girls admitted. Miss Helen Hicks was the first principal. Vitaliana Beltran was the first Filipino superintendent of nurses and Dr. Jose Fores was the first medical director of the hospital. It was called the Bethany Dispensary and funded by the Methodist Mission for the relief of suffering among women and children. During this period the Board Examiners for Nursing was also created. The first nursing board examination was given on The first executive officer of the Board Examiners for Nurses is a physicians. In , Miss Mary Chiles of Montana donated a large sum of money with which the preset building at Gastambide was bought. Benito Valdez, the board of inspectors and the executive board of the hospital passed a resolution to open school of nursing. The school has been run by the Daughters of Charity since then. PH Lerrigo to Capiz for the purpose of opening a hospital. Miss Rose Nicolet assisted him. The school offered a 3-year training course for an annual fee of Php

The school opened in with Anastacia Giron-Tupas as the organizer. The Filipino Nurses Association was established on October 15, and the organization initiated the publication of Filipino Nurse Journal. Later, this journal was changed to The Philippine Journal of Nursing. Amendment of certain sections of the Act was conducted in under Act passed by the 5th Legislature. This policy is entitled An Act Regulating the Practice of Nursing Profession in the Philippine Islands, which necessitates all nurses who are practicing the profession to register yearly. In , the organization also became a member of the International Council of Nurses. Through the s, Philippine schools of nursing continued to adopt those aspects of American professional nursing they deemed relevant and appropriate, such as higher admission standards and the specialization of public health nursing. Public Health Nursing Development: During this period, they have implemented that to enter nursing education an applicant must be able to complete secondary education. The first collegiate nursing graduates of the Philippines graduated from University of the Philippines School of Public Health Nursing in Other Schools of Nursing 1. Zamboanga General Hospital School of Nursing 2. Chinese General Hospital School of Nursing 3. Baguio General Hospital School of Nursing 4. Manila Sanitarium Hospital and School of Nursing 5. Paul School of Nursing in Iloilo City 6. North General Hospital and School of Nursing 7. In the US, the government empowered the women to contribute. And just like in the US, a lot of public health nurses joined the guerillas or went to hide in the mountains during this time. In , post war records of Bureau of Health showed that there were public health nurses and 38 supervisors compared to the pre-war public health nurses and 38 supervisors. Sotejo, graduate of the Philippine General Hospital School of Nursing, tackles on the development of a nursing education within a University-based College of Nursing. This dissertation was the beginning of nursing curriculum that have made the Nursing Institution of the country as a baccalaureate course. During this period, College of Nursing was also created. In , the Bureau of Private Schools permitted UST to grant the title Graduate Nurse to the 21 students who were of advanced standing from up to the present. The college has offered excellent education leading to a baccalaureate degree. Sor Taciana Trinanes was its first directress. Miss Consuelo Gimeno was its first principal. Presently, Professor Lina A. University of the Philippines Manila-College of Nursing

9: Health | Philippines | U.S. Agency for International Development

Public health in Arthashastra (4th century BC) Human resource aspect of society was a part of private concern Hygiene was emphasized The following shall be called upon to counteract diseases and epidemics affecting human beings: physicians by using medicines, ascetics by purificatory and expiatory rites and experts by occult means.

Bring fact-checked results to the top of your browser search. Local government Before the arrival of the Spanish in the 16th century, most people lived in small independent villages called barangays , each ruled by a local paramount ruler called a datu. The Spanish later founded many small towns, which they called poblaciones, and from those centres roads or trails were built in four to six directions, like the spokes of a wheel. Along the roadsides arose numerous new villages, designated barrios under the Spanish, that were further subdivided into smaller neighbourhood units called sitios. Elements of both Spanish and indigenous local settlement structures have persisted into the early 21st century. The country is divided administratively into several dozen provinces, which are grouped into a number of larger regions. Each province is headed by an elected governor. The provinces collectively embrace more than cities and some 1, municipalities. The poblaciones are now the central business and administrative districts of larger municipalities. Although contemporary rural and urban settlement revolves around the poblaciones, the population is typically concentrated in the surrounding barangays , reinstated during the Marcos regime as the basic units of government replacing the barrios. The barangays, which number in the tens of thousands, consist of communities of fewer than 1, residents that fall within the boundaries of a larger municipality or city. Cities, municipalities, and barangays all have elected officials. Justice The constitution of , which reestablished the independence of the judiciary after the Marcos regime, provides for a Supreme Court with a chief justice and 14 associate justices. Supreme Court justices are appointed by the president from a list submitted by the Judicial and Bar Council and serve until they reach the age of Because justices and judges enjoy fixed tenure and moderate compensation, the judiciary has generally been less criticized than other branches of the government. However, the system remains challenged by lack of fiscal autonomy and an extremely low budget that long has amounted to just a tiny fraction of total government spending. In order to reduce the load of the lower courts, local committees of citizens called Pacification Committees Lupon Tagapamayapa have been organized to effect extrajudicial settlement of minor cases between barangay residents. In each lupon committee there is a Conciliation Body Pangkat Tagapagkasundo , the main function of which is to bring opposing parties together and effect amicable settlement of differences. The committee cannot impose punishment, but otherwise its decisions are binding. Political process Partisan political activity was vigorous until , when martial law restrictions under Marcos all but eliminated partisan politics. Organized political opposition was revived for legislative elections held in , and, since the downfall of Marcos, partisan politics has returned to its pre level, with a large number of political parties emerging. The Filipino political scene is marked by parties constantly forming, re-forming, merging, and splintering into factions. Among the most prominent parties in the early decades of the 21st century were the Liberal Party and the Lakas Kampi Christian Muslim Democrats, the latter coming into being after the mergerâ€”completed in â€”between the National Union of Christian Democrats known as Lakas and the Alliance of Free Filipinos known as Kampi. Many smaller parties are splinters from the larger organizations or are associated with particular regional interests. In addition, political victories are often achieved through party coalition, such as the United National Alliance, a coalition between the PMP and the Filipino Democratic Partyâ€”Laban that elected boxer Manny Pacquiao to the lower house in Certain armed political organizations also operate within the country. Other groups included the Abu Sayyaf Group ASG , a local fundamentalist Muslim organization that gained notoriety though its kidnap-for-ransom activities and alleged links with international terrorism, and the National Democratic Front NDF , a communist-led insurgency movement. Moro Islamic Liberation FrontMembers of the separatist Moro Islamic Liberation Front celebrating the announcement of a politically autonomous region on the southern Philippine island of Mindanao, October Suffrage was granted to women in Since that time women have become prominent leaders at all levels of government, including the

presidency. Security The Department of National Defense is divided into three services: The army is the largest division. Service in the military is voluntary and is open to both men and women. The commander in chief of the armed forces the president of the Philippines is a civilian. The armed forces are responsible for external defense. Both the military and the police participate in international peacekeeping efforts of the United Nations ; Philippine forces have been deployed in such a capacity to Afghanistan , East Timor Timor-Leste , Sudan , and other sites of conflict. The armed forces additionally engage in nonmilitary activities, such as providing disaster relief, constructing roads and bridges, and participating in literacy campaigns. Under a series of agreements reached in , shortly after Philippine independence, the United States continued to maintain several bases in the Philippines and to provide the Philippines with military equipment and training. Revision of the agreements in recognized Philippine sovereignty over the bases. All installations subsequently raised the Philippine flag and were placed under Filipino command. When the revised treaties expired in , the U. However, the two countries remained military allies, carrying out joint military exercises and engaging in mutual military assistance. Following the September 11 terrorist attacks against the United States in , the Philippines joined the U. In so doing, the Philippines aimed to upgrade the effectiveness of its armed forces in combating terrorist activity, not only in the international arena but also within its own borders. In the two countries signed a new year agreement that gave the U. The PNP falls under the supervision of the Department of the Interior and Local Government and is organized into regional and provincial commands. There are also numerous private armies organized by landowners and local politicians. Unsuccessful attempts have been made by various administrations to disband these civilian forces. The DOH maintains general, specialized, and research hospitals in urban centres throughout the country. There are also government-operated regional health centres and rural units, as well as private hospitals. Incorporated into the DSWD are several government agencies that address the needs of children, youths, women, families, and people with disabilities. A number of nongovernmental organizations and private social welfare agencies also cooperate with the department. The rate of mortality in the early 21st century was considerably lower than it had been a few decades earlier in the latter part of the 20th century, particularly among infants, children under the age of five years, and mothers. There was also a generally steady increase in average life expectancy. The improvement in health is credited to better prenatal care and the services of more trained midwives, doctors, and nurses; improved housing, sanitation, and social security benefits; the provision of health services to government employees; the increasing number of medical and nursing school graduates; and the requirement that a medical graduate render rural service. Nonetheless, the demand for health care continues to outstrip available resources; a large number of trained medical professionals emigrate, particularly to the United States, and many of the poorest people still rely on the services of practitioners of traditional medicine and unlicensed midwives. Housing There is a serious housing shortage everywhere, although it is especially acute in Manila. In many places, people live in their own dwellings, but the houses are often substandard and lack elementary facilities for health and sanitation. Assorted housing plans also have been instituted by various administrations since the Marcos era. Such projects generally consisted of model communities that provided residents with hygienic dwellings, a number of amenities, and facilities for raising livestock and for pursuing cottage industries and other means of making a living. Other important programs have included converting vacant government lands into housing sites for low-income individuals, as well as providing mortgage programs that allow needy families to acquire tracts of land for housing construction and improvement through membership in a specific development community. Education The Department of Education ensures that all school-age children and youths receive a basic high-quality education that will allow them to function as productive, socially responsible citizens. Elementary education in the Philippines is compulsory; it starts at age five and lasts for seven years one year of kindergarten and six years of primary education. Secondary education begins at age 12 and lasts for an additional six years; undergraduate college instruction typically is four years. Vocational schools offer specialized training for one to three years, some in collaboration with the Technical Education and Skills Development Authority, an organization formed through the merger of several government agencies in the mids. The Bureau of Alternative Learning System offers opportunities to attain a basic education outside of the formal school system. There are dozens of state-run universities and colleges, a

large portion of them in Metro Manila, as well as a number of private institutions. The University of Santo Tomas, the oldest university in the Philippines, was founded in 1611. Many technical institutions and community colleges serve the provinces. Pilipino Filipino is the medium of instruction in all elementary-school subjects except science, mathematics, and the English language, which are taught in English. The medium of instruction at the secondary and tertiary levels typically is English. A chronic shortage of supplies and facilities was partially remedied by a textbook program begun in the mid-1950s and by the large-scale manufacture of prefabricated classrooms.

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