VOL. 1 NO. 3 JUNE-JULY 1975

CRUSADERS ALL!

65th ANNIVERSARY ISSUE

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Miguel Cañizares
1970-1974



Francisco Ortigas Jr.
1974



Eleanor F. Egan
1910 - 1914



Basilio J. Valdes
1969-1970



Henderson S. Martin
1914



MANUEL L. QUEZON



Julia V. vda. de Ortigas
1932-1969



Sixto de los Angeles
1914 - 1916



Vicente J. Fernandez
1929 - 1931



Teodoro R. Yangco
1917-1918



Rafael Roces
1928

Rafael Palma
1927



Ramon J. Fernandez
1926





Maximino Paterno
1919-1926

July 22-29 is Anti-TB Week

PROCLAMATION NO. 1451

DECLARING THE PERIOD FROM JULY 22 TO JULY 29, 1975 AS ANTI-TB WEEK IN CONNECTION WITH THE COMMEMORATION OF THE 65TH FOUNDATION ANNIVERSARY OF THE PHILIPPINE TUBERCULOSIS SOCIETY, INC.

WHEREAS, the Philippine Tuberculosis Society, Inc. since its establishment on July 29, 1910, has spearheaded the nationwide campaign to control the spread of tuberculosis, one of the most vicious killer-diseases in the country today;

WHEREAS, for the last 65 years, thousands of dedicated men and women have contributed their time and effort in the service of the Society, thereby making it a symbol of hope, survival and cure among the indigent victims of tuberculosis; and

WHEREAS, it is fitting and proper to bring to the attention of our countrymen the humanitarian endeavor of the Society and its important role in improving public health in the New Society;

NOW, THEREFORE, I, ALEJANDRO MELCHOR, Executive Secretary, by order of His Excellency, FERDINAND E. MARCOS, President of the Philippines, do hereby declare the period from July 22 to July 29, 1975 as Anti-TB Week in connection with the commemoration of the 65th Foundation Anniversary of the Philippine Tuberculosis Society, Inc.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Republic of the Philippines to be affixed.

Done in the City of Manila, this 27th day of June in the year of Our Lord, nineteen hundred and seventy five.

(SGD.) ALEJANDRO MELCHOR
Executive Secretary

By the Executive Secretary:

(SGD.) ROBERTO V. REYES
Deputy Executive Secretary

the crusade
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Bohol TB Pav., Tagbilaran City
Cebu TB Pav., Cebu City
Tacloban TB Pav., Tacloban City
Cagayan TB Pav., Tuguegarao
Albay TB Pavilion, Legaspi City
Aklan Chest Clinic & Disp., Kalibo
Calapan Chest Clinic & Disp., Or. Mind.
E.J. Valdes Memo. TB Pav., Angeles City
Iloilo TB Pav., Iloilo City
Negros Or. TB Pav., Dumaguete City
Roxas Memorial TB Pav., Roxas City
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Dagupan Chest Clinic & Disp., Dagupan City
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EDITORIAL

New directions in TB Control

Since the advent of the 1970s, new directions in the control of tuberculosis in the country have been adopted by the Philippine Tuberculosis Society, Inc.

For many decades since its founding in 1910, the Society had stuck to the old concept of waiting for TB patients to come to their pavilions and clinics for treatment. Adopting the basic method in TB control, which has been found successful in other developing nations, the Society now gears its efforts, projects and programs toward the rural communities where the great majority of TB patients are found.

This new thrust of the Society is a most laudable one. This way, the TB problem that has plagued the country for a half a century will be met in the very places where most cases are – the rural areas.

The Society's Operation TB Phase-Out, which was proposed by PTS President Francisco Ortigas, Jr. and subsequently approved by the Board of Directors, is a step in the right direction. Through this mass case-finding program, TB treatment defaulters and symptomatics could easily be pinpointed and could be given the necessary care and medicine.

However, this gigantic job can only be undertaken by the Society in coordination with the Department of Health, local officials and civic organizations.

On this score, the Department, through Health Secretary Clemente S. Gatmaitan, must be commended for giving their all-out support and endorsement to the project.

It has been pointed out in recent reports of the World Health Organization, the International Union Against Tuberculosis and the World Bank that the great majority of TB sufferers are in the rural areas. Through Operation TB Phase-Out, the Society will be able to reach the greatest number of people who need medical care most.

Complementing the operation will be the establishment this year of additional chest clinics in Mindanao and the Visayas. The areas chosen for the establishment of these clinics are those where TB mortality rates are much higher than the national figure of 76.3 per 100,000 population.

Once these clinics are operational, the Society will be helping more indigent TB patients, especially in the Muslim areas.

It is indeed most significant that as the Society celebrates its 65th foundation anniversary, it is venturing in new directions in the control of tuberculosis – bringing its services to the rural areas where these are most needed.



MESSAGE

Sincerest greetings to the Philippine Tuberculosis Society, Incorporated, as it marks its 65th year of continuous and dedicated service to the nation.

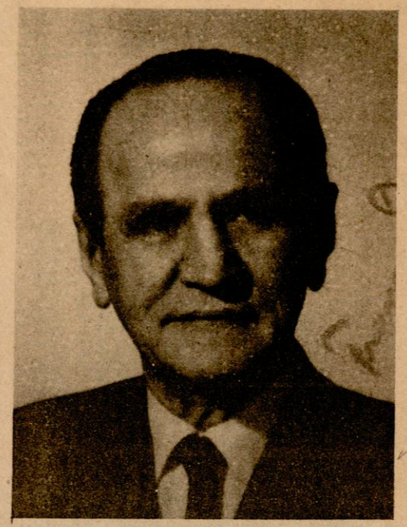
With its organization in 1910, the Society pioneered in tuberculosis control in this country. Since that time, it has been contributing tremendously to the total effort of the government in controlling this killer-disease which persists as one of our leading causes of illnesses and deaths until the present.

Hand in hand, the Department of Health and the Society have worked closely in implementing a national tuberculosis control program which emphasizes the community approach in rendering assistance to tuberculosis victims. This fruitful cooperation, which set a model for the ideal partnership that should exist between a private health agency and the government health service, helped in reducing greatly the incidence of the disease.

As the Society celebrates its 65th anniversary, I exhort the thousands of men and women who have devoted the best years of their lives to the cause of tuberculosis control to carry on the good work. Only with concerted effort and coordination could we succeed in this humanitarian mission.

More power to the Society!

CLEMENTE S. GATMAITAN
Secretary of Health



MESSAGE

For the last 65 years, the Philippine Tuberculosis Society, Inc. has carved a name for itself in the humanitarian task of controlling tuberculosis in the country.

During this span of time, thousands of dedicated men and women have contributed their time, money and effort to a gigantic undertaking that is not only geared to benefit the destitute TB sufferers but also in the continuing fight to control tuberculosis.

As we turn another page in our history marked by unbounding sacrifices that expect no reward, permit me to commend the officers, members, staff workers and volunteers of the Society without whose efforts and assistance, this voluntary organization would not have been successful in its mission.

In celebrating our 65th year of existence, it is only proper to note that despite the success of our coordinated efforts, there is still a big job that lies ahead of us. TB continues to take a heavy toll on our fellowmen and still poses a danger as one of the leading killer-diseases in the Philippines.

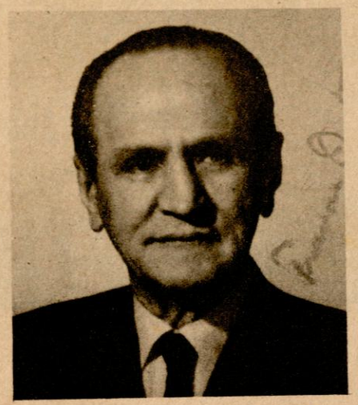
Against this background, may I again appeal to all my co-workers and friends to continue the good fight for only through continuous and concerted efforts can we achieve our goal – eradicating TB in the country.

FRANCISCO ORTIGAS JR.
President

PTS OFFICERS
(1975-76)



DR. MIGUEL CAÑIZARES
President Emeritus



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Symbol of hope survival and cure

BY LILY A. OCAMPO

Since its founding on July 29, 1910, the Philipppine Tuberculosis Society, Inc. has become the symbol of hope, survival and cure among the indigent victims of tuberculosis. For the last 65 years, thousands of dedicated men and women have contributed their time and effort in the service of the Society.

Originally called the Philippine Islands Anti-TB Society, the organization was founded by a group of private Filipino citizens and American residents.

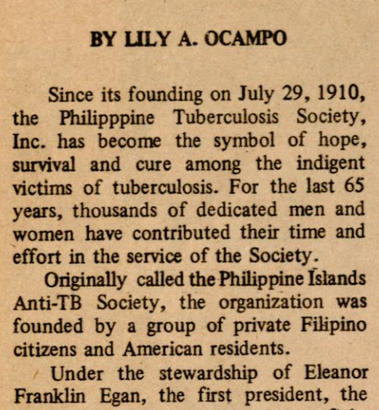
Under the stewardship of Eleanor Franklin Egan, the first president, the Society started its unremitting fight against the White Plague in a humble headquarters on Escolta.

Financial matters became the primary concern of the organizing group to raise funds which will provide for an effective working mechanics for the Society, different fund campaigns were launched. Thus, donation flowed from various segments of the community.

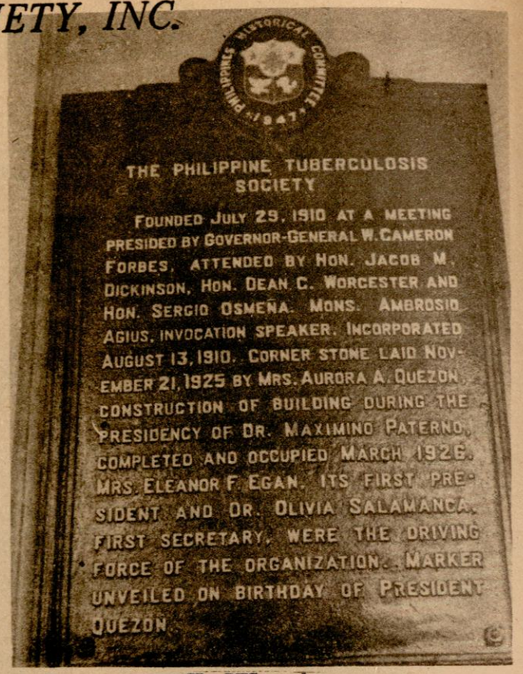
With all the funds on hand, the Society was able to venture on the establishment of San Juan del Monte Sanatorium.

On December 14, 1918, the Santol Sanatorium was inaugurated. Three decades later, this institution became the Quezon Institute.

Despite its dramatic advent, there is nothing unusual in having a TB Society organized. What is unique with the PTS is that while other TB associations confine their services to prevention, mainly through health education, the Society, right from the start, dealt mainly on the preventive as well as the curative aspects of the long and unremitting anti-TB crusade.



ELEANOR F. EGAN
First PTS President



The PTS marker

The original incorporation papers of the Philippine Islands Anti-TB Society have a long list of aims and objectives. Foremost of them is to fight tuberculosis with all the available resources.

That infant Society has grown up and is 65 years old today but its resources are not enough for the increasing needs of an organization determined to stay in the thick of an exhausting seige of tuberculosis.

The initiative at the start of this seige in 1910 fell into the hands of the PTS by sheer necessity. With the advent of two wars – the Philippine Revolution against Spain and the Philippine-American War – diseases were ravaging the country. Cholera epidemic was decimating as war-weary people. Smallpox and malaria were exacting a heavy toll of human lives. These plagues claimed priority attention of the Department of Health which was organized in 1902 by the newly-instituted civil government of the American regime all over the archipelago.

Hastily, the fledging Society had to step in and fill in the gap in the second front of the eternal war of Man vs. Germs. Thus started the partnership between the government and the Society. Through the years, the alliance prospered in strength and mutual trust.

Pillars of the anti-TB crusade like the late President Manuel L. Quezon and Doña Julia Vargas vda. de Ortigas devoted the best years of their lives with exemplary dedication. Other presidents of the Society were Henderson S. Martin, Sixto de los Angeles, Teodoro R. Yangco, Maximo Paterno, Ramon J. Fernandez, Rafael Palma, Rafael Roces, Dr. Miguel Cañizares and its present president, Francisco Ortigas, Jr.

Two world wars and three regimes of the Philippine government did not alter the chartered course of the Society – not even the four years of Japanese occupation. The discovery of streptomycin and INH and other wonder drugs compensated for all the drawbacks encountered in the lonely quest during the first half of a century.

The present morbidity rate of 76.3 per 100,00 is still one of the highest in the world today.

The United States was the greatest obstacle in the universal use of BCG immunization. Right from the discovery of BCG serum, the US repudiated its usefulness and this negative attitude was more or less imposed on the Philippines, or at least became the predominant concept of public health policy and the credo of tuberculosis practitioners at that time.

Following America's footsteps, TB prevention was limited to the obsolete control of the transmission of the disease from one person to another.

On the other hand, colonies of European countries that adopted BCG readily were able to reduce TB morbidity and mortality rates impressively and today enjoy a marked advantage in TB control over the Philippines. BCG vaccination gained a foothold in the Philippines in 1950's. The Department of Health since has immunized 10 million children or one fourth of the country's 40 million population.

The PTS believes that BCG vaccination and home treatment are effective tools in any TB control program. Sputum examination is now being recommended instead of the expensive chest x-ray.

About 15 million people suffer from infectious TB in the world today. The disease still claims more than three million lives every year.

It is true that there has been a spectacular decline in TB death rates in nearly all economically-developed countries. Between 1950 and 1960, the TB death rate fell from about 14 to nearly two per 100,000 population in Netherlands, from 21 to 1.8 in the USA, from more than 47 to less than 20 in France, and from 122 to 31 in Japan, to mention only a few examples.

Unfortunately, the number of TB sufferers has not declined nearly as rapidly as the number of deaths and TB remains a grave problem even in more favored countries.

In the world as a whole, it can be estimated that two to three million new cases occur each year. In the less developed areas of the world morbidity, statistics are not so reliable, but special surveys have indicated that one person in every 100 may suffer from infectious tuberculosis.

Even more serious, up to 70 per cent of the children may be infected before they reach the age of 14. In India alone, for instance, there may be as many as three million cases. In Latin America, there are about 600,000 known cases of active TB and probably 1.8 million undeclared cases.

Slow decline in TB problem observed in many countries seems to be in contrast to the programmed resources



Nipa shacks at the Santol Sanatorium



The old PTS building on Tayuman Street

expended on tuberculosis. This is positively the reason why the Philippines had been very slow (compared to the neighboring countries) in bringing down the local TB death rate.

Ten years ago, the PTS has been undertaking the basic concept in TB control program with emphasis on the domiciliary or home treatment since hospitalization cost is very prohibitive.

Hospitalization today of TB cases is recommended only for emergency, surgical and acutely-ill cases. Records at the QI, the biggest PTS unit, show that 95 per cent of its admissions are emergency cases.

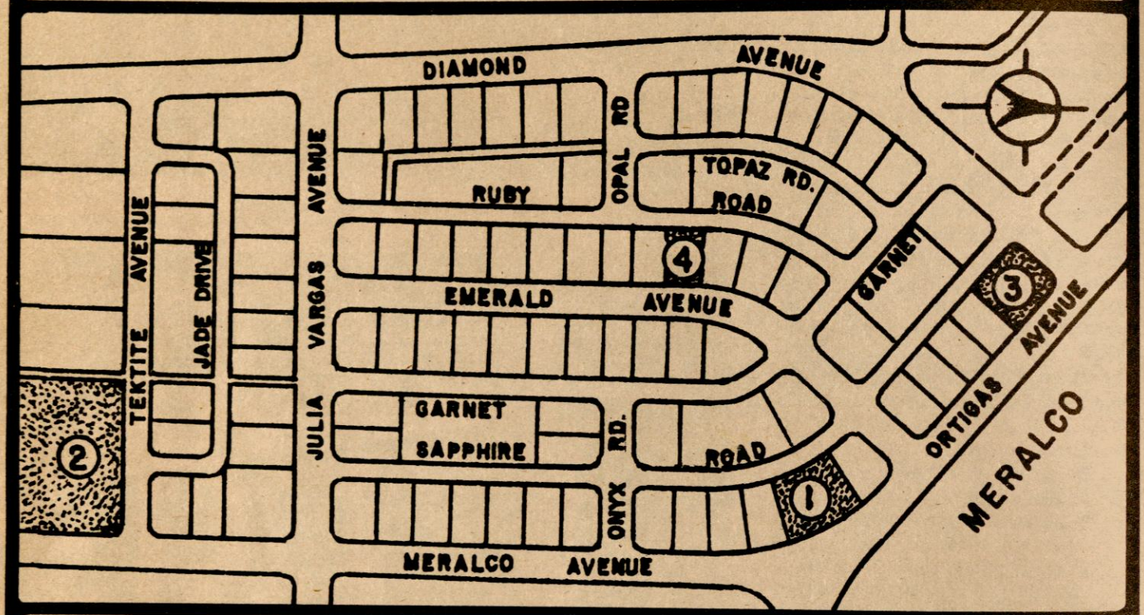
Based on reports from the Department of Health, World Health Organization, International Union Against Tuberculosis and the World Bank, majority of TB sufferers are in the rural communities.

With this as the basis, the PTS has geared all its TB control programs in the barrios and the rural areas. This has been started with a mass case-finding program, called Operation TB Phase-Out, which is being undertaken on a pilot basis in Mabalacat, Pampanga.

This program is designed to flush out TB treatment defaulters and symptomatics for examination and treatment. This is being done through the help of provincial, municipal and barangay officials. The assistance of various civic and voluntary organizations had also been sought.

With the adoption of this community approach in TB control, it may not be long when the dream of thousands of men and women who have given everything, including their lives, will come to reality. That is to control and eradicate tuberculosis in the Philippines.

LOTS AVAILABLE FOR OFFICE BUILDINGS



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PTS is 65 years!

SIMPLE RITES MARK FETE

The Philippine Tuberculosis Society, Inc. marks its 65th Foundation Anniversary on Tuesday, July 29 with simple but fitting week-long celebrations.

To focus public attention on the Society's role in the fight against tuberculosis since its inception in 1910, President Marcos has issued Proclamation No. 1451 declaring the period from July 22-29 as Anti-TB Week.

SCHEDULE OF ACTIVITIES
65TH ANNIVERSARY
PHILIPPINE TUBERCULOSIS SOCIETY, INC.
JULY 22—29, 1975

JULY 22 — TUESDAY

8:00 a.m. — Mass at the QI Social Hall to be officiated by Msgr. Jaime L. Sin.

9:30 a.m. — Wreath-laying ceremonies at the tombs of President Quezon and Dr. Basilio J. Valdes at the North Cemetery and Doña Julia Vargas Vda. de Ortigas at the La Loma Cemetery.

11:30 a.m. — Opening of exhibits at the National Library.

After the opening, the exhibits will be opened for public viewing from 8 a.m. to 5 p.m. daily until July 29.

JULY 23 — WEDNESDAY

2:00 p.m. — Chess exhibition.

JULY 24 — THURSDAY —

9:30 a.m. — Volleyball competitions among female employees of the Central Office and QI.

JULY 25 — FRIDAY

9:30 a.m. — Closing ceremonies of the Quezon Institute in-service training. Certificates of participation will be distributed to over 50 new PTS and QI employees. This training program started last June 17.

JULY 26 — SATURDAY

9:00 a.m. — Formal launching ceremonies of Operation TB Phase-Out at Barrio Atlu Bola, Mabalacat, Pampanga.

JULY 27 — SUNDAY — Free

JULY 28-30 — MONDAY TO WEDNESDAY

Post graduate course at the QI Social Hall. This course is co-sponsored by the Philippine College of Chest Physicians, Quezon Institute Physicians Association and the Philippine Association of Thoracic Surgeons. About 150 physicians are attending the Course.



Operation TB Phase-Out, main highlight of the 65th anniversary celebration, is now being conducted in Mabalacat, Pampanga on a pilot basis. Photo shows a PTS medical team in one of the Mabalacat barrios.

Activities will start July 22 with a Mass, wreath-laying and opening of the technical, educational and cultural exhibits at the lobby of the National Library on T. M. Kalaw Street, Ermita.

The Mass, set to start at 8 a.m., will be officiated by Archbishop Jaime L. Sin and will be held at the social hall of the Quezon Institute.

As a recognition of their invaluable services to the Anti-TB cause, wreaths will be laid at the tombs of the late President Manuel L. Quezon, founding father of the QI; Doña Julia Vargas Vda. de Ortigas, PTS president from 1932 until her death in 1969; and Dr. Basilio J. Valdes, also a former PTS president. PTS officials and members of the family of the three pillars will be present during the ceremonies.

The exhibits, which will last for one week, will feature the history of the Society, its services and the various media it uses in the health education campaign. The technical phase of the exhibition will show the different stages of tuberculosis as seen through the X-ray films.

Physical fitness will also be featured in the week-long affair with competitions in chess, volleyball, softball and basketball. The chess exhibition match on July 23 will feature a national master playing simultaneously against 20 opponents. The volleyball and basketball series will be staged July 24.

The main highlight of the anniversary will be the launching of Operation TB Phase-Out in Barrio Atlu Bola, Mabalacat, Pampanga at 9 a.m. on July 26.

The project, which is being undertaken in Mabalacat on a pilot basis, is designed to minimize the number of TB treatment defaulters and help PTS indigent clients and suspects in outlying rural areas to enable them to submit to chest X-ray and sputum examinations.

The transportation of the qualified indigent patients to and from their homes to the Emilio J. Valdes Memorial TB Pavilion in Angeles City, the operation's base, will be provided by the Society through the assistance of various civic organizations in the province.

Health Secretary Clemente S. Gatmaitan, who fully endorses and supports the project, will lead health department, World Health Organization, PTS, provincial, municipal and barangay officials during the launching ceremonies.

As part of the celebrations, a post-graduate course on chest diseases will be held from July 28-30 at the QI in order to acquaint doctors on the latest trends and methods in the treatment of chest disorders, particularly tuberculosis.

The course, which will have noted chest specialists as speakers, is sponsored jointly by the QI Physicians Association, the Philippine College of Chest Physicians and the Philippine Association of Thoracic Surgeons.

OPERATION TB PHASE-OUT

Launching set in Mabalacat July 26



Tuberculin testing for children in the barrios.



BCG vaccination for children of Baluga tribes in Mabalacat.

A revolutionary thrust in nationwide TB control known as "Operation TB Phase-Out," aimed at bringing the services of the Philippine Tuberculosis Society, Inc. to provincial areas, including the farthest barrios, is the main feature of the 65th anniversary of the Society, scheduled at 9:00 a.m. on Saturday, July 26, when PTS officials motor to Mabalacat, Pampanga, to officially launch the new PTS major project.

Proposed by PTS President Don Francisco Ortigas Jr. and approved by the Board of Directors, the new operation involves seeking out TB sufferers in the barrios and providing them with the means to avail of modern TB treatment, in contrast with the old concept of simply waiting for TB patients to come to the Society.

The program, which is fully endorsed and approved by the Department of Health, is in accordance with findings of the Department, the World Health Organization and the International Union Against Tuberculosis that the great majority of TB sufferers are found in the rural areas. In addition to this, the project is in consonance with the program of the New Society to bring health services directly to the people.

The National TB Control Program was conceived to provide services particularly in the rural areas through the rural health units and chest clinics and to bring such services closer to the people. It is the observation, however, that many patients failed to take advantage of these existing services because of the following:

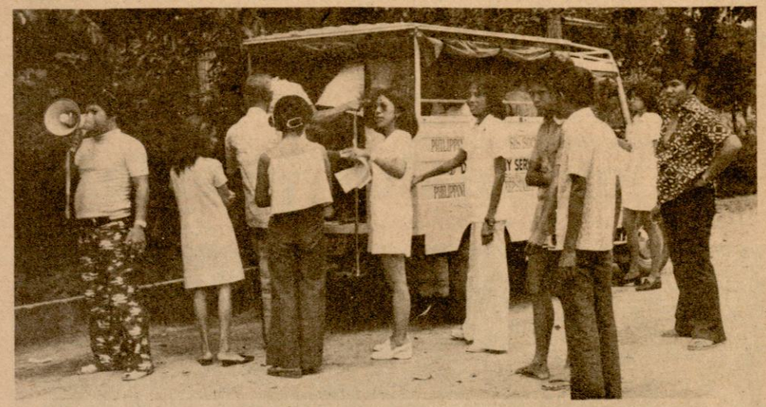
1. They do not have the means to travel from their homes to the chest clinic and back.

2. Lack of proper motivation and knowledge about TB.

In view of these, the project was initiated with the following objectives:

1. Identify the indigent TB cases and give them the needed assistance. This will be done through the cooperation of barangay leaders and civic organizations.

2. To find out further why in spite of the presence of services in the rural areas, majority of TB sufferers fail to take advantage of said services.



Transportation facilities for indigent patients

3. To bring the services to the masses of the population in the rural areas in consonance with the program of the New Society.

4. Motivate the community, through the help of barangay leaders, in getting the necessary examinations and treatment.

5. To find how effective the project is in providing transportation facilities to deserving patients for follow-up and treatment.

Participating agencies and group

1. Philippine Tuberculosis Society, Inc.
2. Department of Health through the provincial and rural health units.
3. Barangays
4. Civic organizations
5. Rural health nursing and paramedical trainees

Procedures

1. Questionnaires prepared by the PTS to determine the symptomatics in the provincial and rural communities will be distributed to the various families through the barangay leaders.

2. The questionnaires are then evaluated by PTS workers to find out who among the respondents are symptomatics. Barangay leaders also assist in the determination of who among the patients are indigents.

3. Symptomatics who can afford to travel are instructed to report to the rural health units located in the town for sputum microscopy examination. The indigent patients are provided transportation facilities so they could report to the rural health units.

4. Symptomatics found sputum positive shall be treated immediately by the rural health unit. Indigents are likewise provided with transportation facilities in returning to their homes in the rural areas.

5. Symptomatics who are sputum negative for two times are then referred to the PTS pavilion or chest clinic (Angeles TB Pavilion) for X-ray examination. If found positive by X-ray and will require treatment per evaluation, they will be given immediate treatment in the pavilion or chest clinic. Indigent patients are then returned to their homes through transportation facilities provided by the PTS.

6. As arranged with the rural health units, follow-up of treatment shall be referred to them, including the distribution of needed medicines

7. The motivation and education of these patients to regularly report for their follow-up treatment in the rural health units will be the joint undertaking of the government and the Society's TB workers, including the barangay leaders and other paramedical personnel that may be assigned to the area.

8. In the absence of medicines in the rural health units needed for these patients, the Society will provide the Anti-TB drugs and if necessary secure the assistance of civic-organizations.

9. The BCG mass vaccination program, the most important tool in the overall TB Control Program, is integrated into the health services of the rural health un t for which the PTS will render assistance as required.

Everyone's cooperation needed

This project is being undertaken on a pilot basis in Mabalacat, Pampanga and shall require the needed resources and manpower to make the program successful. If the project in Mabalacat proves to be feasible and effective, the program will be implemented on a nationwide basis.

The basic mechanics of operation may be subject to changes and/or adjustments depending on the situation of the involved area or locality.

However, it is to be emphasized that to make the project successful, it needs the involvement and joint cooperative efforts of all sectors in the community.

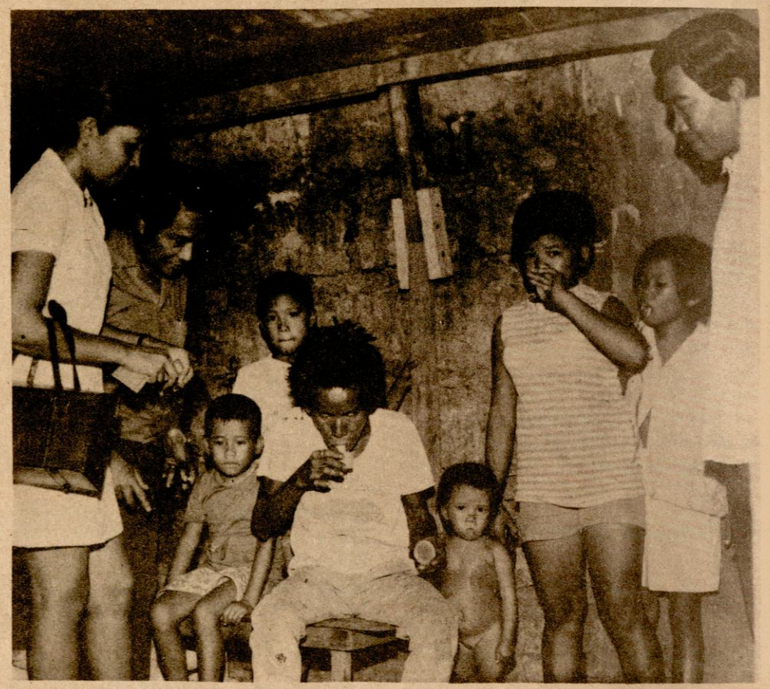


X-ray examination at the TB Pavilion

WHAT'S THE REAL SCORE?

TB is still major health problem

By DR. IGNACIO B. NEBRIDA
PTS Deputy Executive Director



Sputum microscopy is most effective method in case finding

Tuberculosis continues to be one of the major public health problems in the country today.

Recent reports from the Division Tuberculosis of the Department of Health and the World Health Organization show that 76.3 Filipinos out of 100,000 population die annually from tuberculosis. TB ranks second among the 10 major causes of death in the Philippines.

It is reported that TB, in all forms, kills almost 30,000 Filipinos every year, 2,000 die before reaching the age of six 3,000 die before the age of 15 and the infection rate is very high in the age group of 15 and above. Seventy per cent of all TB deaths and 85 per cent of advanced cases occur in the productive ages of 15 to 65 years.

As estimated, no less than one million are TB sufferers in the country and about 300,000 are of advanced cases. These cases are the dangerous ones that spread the infection. On the basis of these reports, one Filipino dies from TB every 20 minutes.

The consoling fact, however, is after almost 65 years of anti-TB work through the joint efforts of the government and the Philippine Tuberculosis Society, Inc., TB death rates have remarkably gone down from 480 per 100,000 in 1910 while the population was only eight million to 76.3 per 100,000 population our latest figures. In 1935, our TB rate was 214.8 and after 20 years or in 1955, it dropped to 107.7 per 100,000 population. In 1955, one Filipino died from TB every seven minutes – at present one every 20 minutes.

However, despite this big reduction, ours is still among the highest in the world. It is quite disheartening to compare our TB death rates with other countries of the world. To cite a few: In Hongkong, the death rate is 30.2; Japan – 11.2; South Vietnam – 26.1; New Zealand – 1.3; Australia – 1.5; United States – 1.8 and the Scandinavian countries have one to 1.5 deaths per 100,000 population.

These are the hard facts and we are faced with a gigantic task – a job that needs the support and cooperation of everyone.

The concept of TB control is based on three basic principles:

1. Prevention – this involves mass BCG vaccination and health education.

2. Case finding-this is accomplished through x-ray examination and sputum microscopy.

3. Treatment – rendered by institutional and by ambulatory or domiciliary.

The Society now adheres to these basic methods in TB control in cooperation with the Department of Health. We conduct BCG vaccination and undertake a health education program. X-ray and microscopic examination are being rendered regularly by the Society aside from admitting emergency cases for hospitalization treatment and rendering services to ambulatory or domiciliary cases.

The services rendered by the various units of the Society are essentially in line with the National TB Control Program. Today, changes in approach to the TB problem have been revolutionized. The Society started on the concept of isolation and hospitalization where emphasis was on clinical approach.

With the development of modern drug therapy throughout the world, concepts of TB control have radically changed. The emphasis on hospitalization has been replaced by ambulatory and domiciliary treatment. The triad of rest, good food and fresh air is not so much emphasized. What is essentially important now is a continuous and uninterrupted treatment for a minimum of one year to prevent treatment failures and relapses.

This one-year continuous treatment could be undertaken through the ambulatory and domiciliary services. In the words of the Secretary of Health Dr. Clemente S. Gatmaitan, the best weapon against tuberculosis is prevention through BCG vaccination and to go out to the fields and homes to treat the cases. Studies and observations made in various developing countries show that 90 per cent of TB cases can be cured through domiciliary service thereby reducing greatly treatment expenses in hospitals.

Hence, the need for hospitalization is reduced on the following conditions: emergency, surgical and acutely-ill cases. Our TB hospitals and pavilions admit patients only on these conditions.

We are emphasizing the domiciliary service because it follows the community and public health approach concept wherein not only the patient but also the members of his family are being served. Through this method, defaulters and treatment failures are minimized. Our domiciliary teams also undertake health education, including family planning.

Two of our Medical Officers have been to Mindanao to assist and supervise the establishment of static chest clinics in Marawi City, Lanao del Sur, in Iligan City, Lanao del Norte, and in Ozamis City, Occidental Misamis. As planned, these chest clinics will principally support the domiciliary service teams all equipped to serve the rural areas in these localities. As scheduled, by next month, we shall establish another static chest clinic in Tagum, Davao del Norte. I would like to mention that through the efforts of our President, Mr. Ortigas, the Shaw Foundation donated the sum of P250,000.00 for the construction of our clinic in Tagum. Hopefully, if resources would allow, the Society shall further establish units in South Cotabato and in Surigao before the year ends.

To further accelerate our Domiciliary Service this year, our President, Don Paquito Ortigas Jr. has conceived a program which will flush out the defaulters and treat the symptomatics right in their homes. We call this program, Operation TB Phase-Out.

According to studies made by our Chest Clinic and Dispensary at Tayuman, about 36 per cent of patients examined and undergoing treatment fails to return due to economic reasons. By this, we mean lack of transportation money.

Likewise, it was found out that persons sick with TB could not take advantage of the health services in static chest clinics because they also do not have the money to go to our static clinics for treatment.

The main targets of this program are the defaulters and the unattended symptomatics and if there is really any need for further examination and treatment, the Society will provide the necessary transportation so they could be brought to the TB Chest Clinics and Pavilions.

This program is approved and endorsed by the Secretary of Health. At present, this project is being undertaken on a pilot basis in the barrios of Mabalacat, Pampanga in cooperation with the Health Department, provincial, municipal and health officials and the barangay leaders. At the same time, the assistance of various civic organizations in the area is also being solicited.

May I add that this project is in consonance with modern trends in TB Control Program. Until recently, we have been concentrating our TB services in the urban areas when it should be in the rural. The findings of the Division of Tuberculosis, Department of Health, WHO, and the reports from he International Union Against Tuberculosis on the TB incidence of other developing countries including the Philippines show that positive infectious TB cases are far greater in number in number in the rural communities because facilities are not easily accessible or often not available.

Also, until recently we have been waiting for patients to come to our chest clinics but now, as it has been observed effective, is for the TB workers to go out, find and treat the patients. This approach is in consonance with the

(Turn to page 39)



BCG vaccination is best weapon in TB control

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MANUEL L. QUEZON



Vanguard in fight vs. TB

By Lydia G. Ordoñez

Posterity offers lasting memories to individuals who have contributed much to so many in any field of endeavor, whether it be in politics, science, economics, the military, sports or the cultural sphere.

One such individual is Commonwealth President Manuel L. Quezon, who dedicated himself untiringly to the task of building a healthy Philippines.

A major project that preoccupied him in his life was the injection of dynamism to the Philippine Tuberculosis Society.

This great man, together with another illustrious person of that time, Sergio Osmeña Sr., were appointed honorary Vice-Presidents of the Philippine Islands Anti-Tuberculosis Society on December 16, 1916. Henceforth, Quezon became closely identified with the organization and served as a benevolent benefactor of the revitalized Society.

President Quezon took positive steps to further bolster the effectiveness of the PTS. He was responsible for the construction of the Quezon Institute, formerly known as the Santol Sanatorium. He averted what could have been a catastrophic blow rendered by depression years to the Society, by mediating in the brewing controversy between the newly-established agency, the Tuberculosis Commission headed by Dr. Jacobo Fajardo, and the Society's Board of Directors, regarding the constant delay in the release of government subsidy for the organization. This he accomplished by exerting his influence in the Philippine Legislature and endorsing a bill initiated by Marcos Roces which provided for the holding of horse race benefits to increase the Society's finances.

Quezon also steered the speedy approval of the Sweepstakes Law which later was amended to allocate 25% of the net sweepstakes proceeds to sustain the continuous struggle against tuberculosis. This moved enabled the Society to improve its resources.

Ironically, Quezon too was not spared by the disease. Though oftentimes suffering from boredom and restlessness, he never lost his decorum when dealing with doctors and nurses attending to his needs. However, knowing the restrictive implications of his illness, he told his doctors, "I know that I'm going to die and I don't care, but please let me know how long can I expect to live so I may adjust my progress of activity, accordingly."

After the Commonwealth Government, the Society's prestige reached its peak. President Quezon did everything in his official life to promote the anti-tuberculosis work of the Society. He witnessed its historic progress during his regime when he was Honorary President of this charitable organization. He even allowed the Society to use his name in the nationwide anti-tuberculosis birthday celebration not thinking of personal glory, but of generating much needed funds necessary for combatting tuberculosis in the country. In recognition of his great interest and material support to the Society the name of Santol Sanatorium was changed to Quezon Institute.

All these vividly portrayed the zest of a man dedicated to a noble cause. His inherent love for his people, coupled by the pathetic personal tragedy of holding his mother in his arms while she was dying of tuberculosis, and of experiencing how it is to be afflicted with the same disease, fervently motivated him to lead personally the crusade against this malady. And in this task, Quezon was unflinching.

DOÑA JULIA VARGAS VDA. DE ORTIGAS

An outstanding civic leader and humanitarian

Without realizing it, women's liberation started long ago and it is only now that our present young females are adopting the trend. The complete woman does not merely confine herself to household chores but she has made extensions in various fields like business, industry and civic organizations.

She also shows concern for the needy, particularly the sick.

Ever since its incorporation in 1910, Philippine Tuberculosis, Society Inc. had active women behind the challenge of decreasing the alarming menace of TB to public health in the country. Their deep involvement in the cause shown during the time of the late President Manuel L. Quezon is still reflected among the women workers of the present time.

At the spearhead of the anti-TB fight for a long time was Doña Julia Vargas Vda. de Ortigas, an outstanding mother and civic leader who had spent 37 best years of her life in this worthy cause.

Born Julia Vargas in Santa Cruz, Manila on April 27, 1881, to Eduardo Vargas and Amalia Camus, she was sent to Spain when she was only nine years old for her early education. Upon her return to Manila four years later, she spent the next two years at the Colegio de la Immaculada Concepcion. Afterwards, she studied in the private school directed by Leon Quintos.

In 1900, she married Francisco Ortigas, a young promising law practitioner from Porac, Pampanga, who eventually became the foremost Filipino lawyer of his time.

As an outstanding mother, she has contributed to our nation seven exemplary Filipino citizens: Eduardo, well-known businessman, Rosario, Asuncion, Carmen, Julia, Amelita and Francisco Jr., who is known for his leadership in business and civic organizations.

As a citizen, Doña Julia served God and country with exemplary zeal. Her work in civic and religious spheres is known to many and her accomplishments are outstanding. She typified the humble citizen who does not need to occupy a public office in order to serve her people.

She received no less than 21 awards from various religious and civic groups. Among them were:

* Outstanding Women Citizen Award, conferred by the National Federation of Women's Club (1948).
* Certificate of Merit, "in recognition of outstanding contributions in the field of Social Work." (April 2, 1950)



Doña Julia with former President and Mrs. Diosdado Macapagal



DOÑA JULIA

* Recognition Certificate, for "Outstanding Institutional Leadership" from the Association of Red Feather Agency Executives, for her "long, devoted, tireless and fruitful leadership in the crusade against the White Plague" (April 18, 1952).
* Certificate of Floral Commendation, from the Philippine Orchid Society, for "Wanda Sanderiana" (Sept. 16, 1952).
* Gold Medal and Diploma of Honor as "Outstanding Mother of 1952" in recognition of her humility, industry and self-abnegation – virtue that are ever the glory and ornament of the Filipino Mother (December 1, 1972).
* "Diploma of Merit," from the Philippine International Fair, 1953, for . . . Exhibit of Phalaenopsis Sanderiana.
* "Certificate of Honor" from the Orchid Society, March 1953, for Phalaenopsis Sanderiana (First Prize at 1953 Orchid Show).
* "Award of Merit" from the Community Chest of Greater Manila, "in sincere recognition and appreciation of valued services and support to the 1975 Annual Fund Campaign of the Community Chest of Greater Manila."
* "Diploma of Honor" from the Jose Rizal National Centennial Commission for generous contribution to the Jose Rizal Centennial at Malacañang (March 15, 1957).
* "Award of Merit" from the Civic Assembly of Women" as volunteer leader in the crusade against tuberculosis" (July 4, 1957).
* "Certificate of Appreciation" from the Redemptorist Father of our Mother of Perpetual Help Church in Baclaran, "in recognition of generous gifts toward the building of a church.
* "Certificate of Appreciation" from the National Federation of Women's Clubs, for unstinted cooperation in the promotion of Civic and Welfare Projects." (April 12, 1958).
* "Certificate of Gratitude" from the Prepasio de la Provincial de Extremo Oriente de la Compaña de Jesus . . "for the disinterested help and charity extended to the Jesuit missionaries of China who took refuge in the Philippine Islands (April 13, 1958)
* Commemorative Plaque from the League of Women Voters of the Philippines in its Fifth Biennial Convention and 23rd Anniversary . . . "in recognition of outstanding humanitarian and civic service . . . as a tribute of admiration, respect and gratitude."
* Model citizen of 1960 from the Philippine Institute, as Distinguished Leader for the Poor and Downtrodden."
* "Medallion of Honor" from the Philippine Institute of Public Opinion, as "Freedom from Want" Distinguished Crusader (July 4, 1960)
* Order of the Golden Heart, First Degree from the government of the Philippines, "in recognition of meritorious and distinguished services to the Republic and in the amelioration and improvement of the moral, social and economic condition of the masses of our people" presented by President Carlos P. Garcia at Malacañang on August 16, 1960, on the Golden Jubilee of the Philippine Tuberculosis Society, Inc.
* Certificate of Appreciation, from the La Salle Brothers in behalf of De La Salle College on its Golden Jubilee for "noteworthy contribution of assistance and encouragement to their 50 years of Christian Education of Filipino Youth" (1961).
* Certificate of Appreciation from the XXV Anniversary Committee, XXXIII International Eucharistic Congress held February 8 – 11, 1962 "for generous and qualified cooperation and support in ensuring the success of the Archdiocese Eucharistic Congress commemorating the 25th Anniversary of the 33rd International Eucharistic Congress held in Manila in 1937."



. . . foodstuff for indigent families.



. . . relief materials on Christmas for the poor

(Turn to page 39)

PTS SERVICES

Society adopts community approach

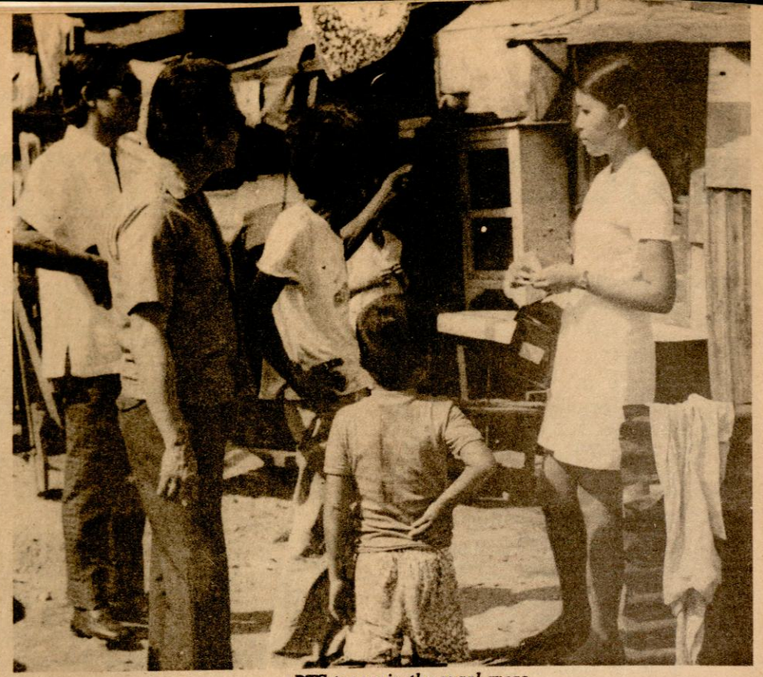
By DR. ERNESTO I. MAQUILING

The concept of tuberculosis control is based on the principle that tuberculosis, being a communicable disease, should be aimed at breaking the chain of transmission of the causative organism.

This is done by rendering non-infectious the infectious source or preventing infection to spread in the community by vaccination. The discovery of highly effective, practically safe and inexpensive anti-TB drugs has revolutionized the treatment scheme. Likewise, the development of a freeze-dried vaccine, which is thermo-stable and whose potency and variability can easily be assessed, has contributed to the progress in TB prevention. With a treatment scheme that is standardized and BCG vaccination that is potent and stable, it is now possible to formulate a basic control program that can cope up with the TB problem.

As tuberculosis is a community problem, control measures are the prime concern of the government. However, the same authorities cannot do everything. The voluntary organizations must supplement the government effort by filling up the inadequacies in terms of services for TB control. The Philippine Tuberculosis Society, Inc. is involved in the noble crusade for the curtailment of the tuberculosis menace in our country. However, to reach that objective, a lot depends on the active participation of the community in general.

The Philippines, being a developing nation, has limited financial resources. The available funds are channeled for the maintenance, improvement and growth of the government's socio-economic program. Health is only a sectoral part of the overall program, hence a corresponding share of the budget is alloted to it.



PTS teams in the rural areas

TB services in return are but a fraction of the general health program and funding for their operation and improvement is limited. To maximize the TB services impact, problem reduction and budget allocation are based on priorities. The PTS is also observing this government concept. Hospitalization is limited to cases where hospital care is absolutely required. Emphasis of the PTS services is being directed to ambulatory chemotherapy case-finding by sputum microscopy, BCG vaccination of pre-schoolers and out-of-school youths and health education campaigns in relation to national TB control measures.

Recent findings in the field of basic and applied TB research has broaden our knowledge. Standardized and effective control technology is now available. The TB control method has shifted from the clinical to the public health approach. Much of the work for TB control is being done by the auxiliary workers, nurses and medical technologists. The physician's role has also changed from mainly a clinician to planner, supervisor, coordinator and administrator of TB work. The PTS is no exception. It has joined the bandwagon of such a concept, though not fully.

This is understandable as radical shift may lead into confusion and chaos to the detriment of the TB services. Transition is a necessity for adjustment. However, this transition period should be short, as changes in policies for TB services are on the high gear.

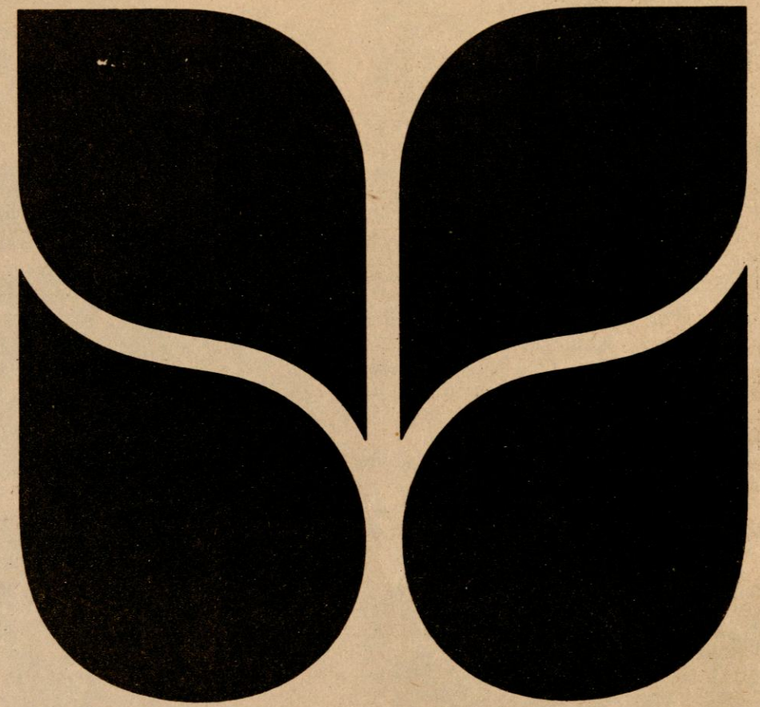
Epidemiological surveys have shown that tuberculosis is almost equally distributed in urban and rural areas. In developing nations, particularly the Philippines, majority of their population are in the rural areas. Because a greater part of the TB problem is in the rural areas, TB services must be on a nation-wide basis. The government is expanding its TB services with the objective of practically covering all rural communities. The PTS, on the other hand, is putting up new compact TB static clinics in cities or capital towns where there are no such facilities with the same objective.

To succeed, services for TB control must be permanent, not emergency or temporary. Tuberculosis pathogenesis tells us that infection to the development of an active disease may take months on few instances, but years in majority of cases. Even if it were possible to treat and cure all of the infectious cases, TB will continue to remain a community problem because from the infected pool, new TB cases will develop for several more decades.

A reduction of new TB cases can only be attained by the gradual replacement of the infected pool by the non-infected or BCG protected population through effective chemotherapy and BCG vaccination. It is obvious that a patchy or spasmodic case finding and treatment scheme cannot reduce the infectious source. The number of cases

(Turn to page 45)

The new look. The growth outlook.



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For this diversity, we have created a new symbol. But we will keep the escudo on our brewery products.

Above is our new corporate symbol. More expressive of what we are today. Adaptable. Responsive. Growth-oriented.

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What our new symbol represents:

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The very source of life.
And growth.



Growth.
It signifies vitality.
Food. Abundance.
And progress.

THE PTS BRANCHES

They bring the services to the rural areas

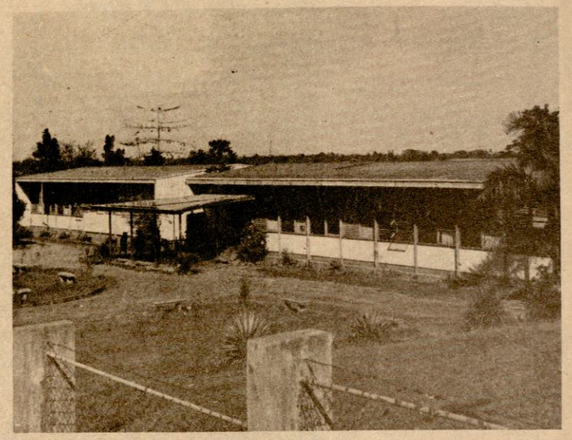


Dr. M. CLEMENTE

ANTIQUE

On August 14, 1958, the Philippine Tuberculosis Society, Inc. established its chest clinic and dispensary in Antique. This was made possible through a donation from Vicente Ca-asalan of a two-hectare lot in Barrio Concepcion, Patnongon, Antique. A building was constructed on this land through the efforts of former Rep. Tobias Fornier.

On October 2, 1960, the chest clinic was inaugurated and started serving the public the next day. The branch was first headed by Dr. Artemio Serquina. The chest clinic and dispensary was later transferred to San Jose. It is now headed by Dr. Mindanao V. Clemente.



Antique Chest Clinic and Dispensary

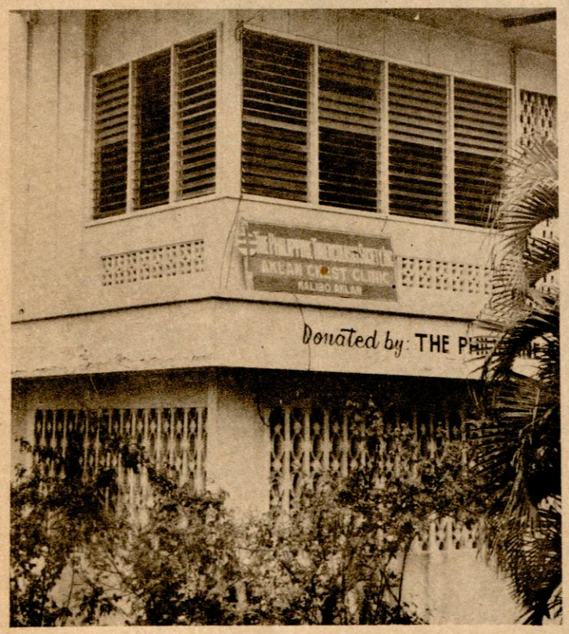


Dr. R. SOLIDUM

AKLAN

The Aklan Chest Clinic and Dispensary was established in January 1962. It occupied the whole building of the puericulture center in Malinao, Aklan. Because of the distance from other towns, scarcity of transportation and inadequate facilities, the Society decided to transfer the clinic to Kalibo, the capital town.

The transfer to Kalibo in 1971 resulted in more and better services to a greater number of the populace. In the same year, the laboratory service was opened and more services, like tuberculin testing and BCG vaccination, were added. The present chief of the clinic is Dr. Rafael A. Solidum.



Aklan Chest Clinic and Dispensary



Dr. E. SEVILLE JR.

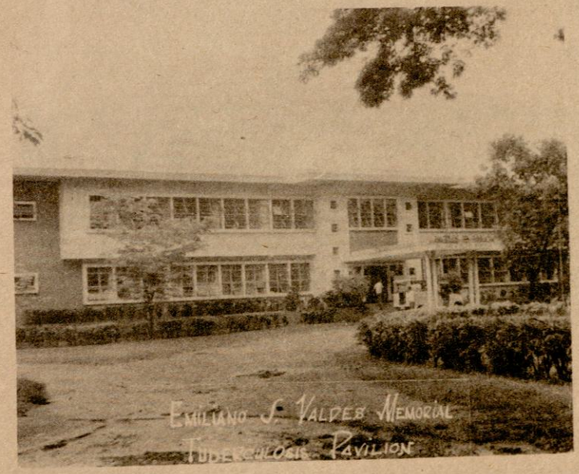
ALBAY

The Albay TB Pavilion started operations in April 1948 on a rented house in Legaspi City. With only two personnel, a doctor and a nurse, the pavilion serviced TB patients in the province.

With a sizeable donation from the Philippine Charity Sweepstakes Office and the help of the Albay provincial government, the pavilion building was built with a 25-bed capacity. It was inaugurated on October 12, 1963. At present, the pavilion is operating with 12 personnel with Dr. Ellizer R. Seville Jr. as chief.



Albay TB Pavilion



E. J. Valdes Memorial TB Pavilion



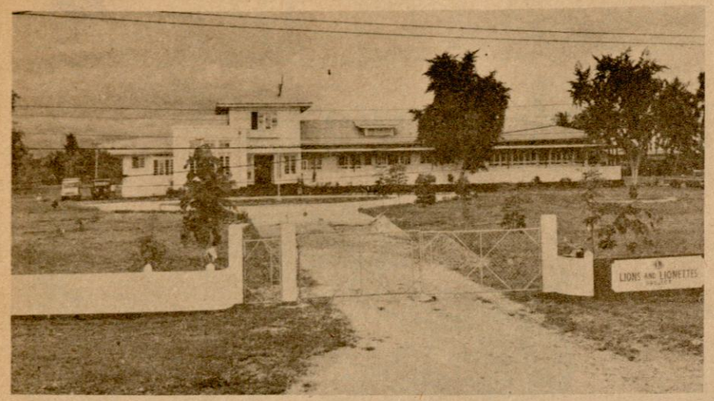
Dr. B. VILLANUEVA

ANGELES

The Angeles TB Pavilion was constructed in 1951 through the joint efforts of the PTS and Don Emiliano J. Valdes, who donated the site and a considerable sum for the building's construction. Assistance was also given by the Pampanga provincial board, the municipal officials of Angeles and the heirs of Don Jose P. Henson. Inaugurated in August 1952, the pavilion started operations as an out-patient clinic.

The pavilion's 4.7-hectare compound was improved and planted to various fruit and shade trees. In 1957, a nurses' dormitory was constructed inside the compound through donations from the heirs of Don Emiliano. In 1958, the branch was renamed Don Emiliano J. Valdes Memorial TB Pavilion in honor of its benefactor.

For the last 23 years, the pavilion has attended to an average of 22,000 patients annually. The head of the pavilion is Dr. Benjamin J. Villanueva.



Bohol TB Pavilion

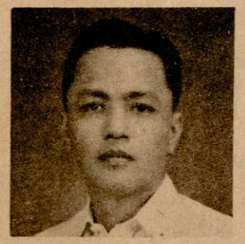


Dr. A. VELASCO

BOHOL

The construction of the Bohol TB Pavilion in 1956 was made possible through the initiative of provincial officials headed by former Gov. Juan C. Pajo. The building's construction was shouldered by the PCSO while the maintenance and operation was undertaken by the PTS. The pavilion is located in Tagbilaran City.

Under the stewardship of Dr. Alfredo S. Velasco, the Bohol TB pavilion is now a by-word among the TB sufferers in the province mainly due to the services that it renders, especially in going out to the rural areas and finding the TB victims who should be given care and treatment.



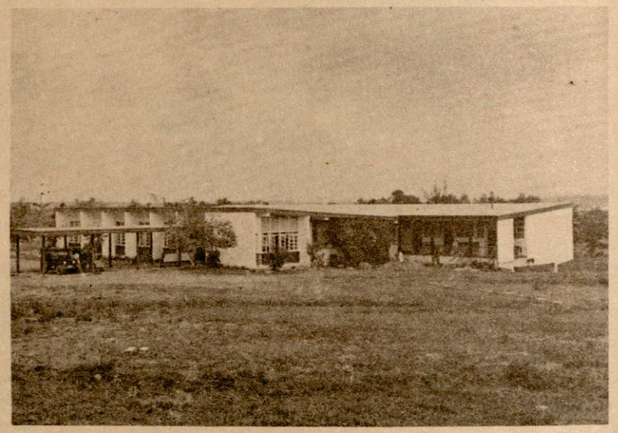
Dr. L. BANEZ

CAGAYAN

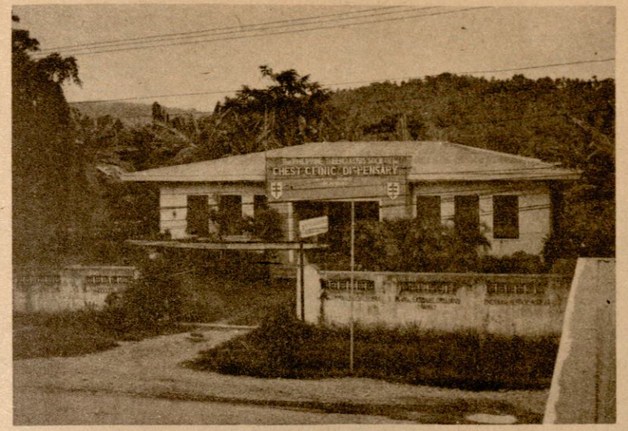
After the war was over, the Cagayan TB Pavilion in Carig, Tuguegarao resumed operations in October 1945. Although inadequate in personnel and facilities, the pavilion maintained its services to indigent patients in the province.

Seeing the necessity to expand the pavilion's services, the heirs of the late Don Antonio Carag and Victoria Turingan donated a three-hectare lot for the pavilion. The building's construction got under way in 1960.

Servicing mainly TB sufferers from the barrios, the 35-bed pavilion is headed by Dr. Leon Bañez.



Cagayan TB Pavilion



Calapan Chest Clinic and Dispensary



Dr. A SOLITARIO

CALAPAN

The Calapan Chest Clinic and Dispensary in Oriental Mindoro was established in September 1951. It started operations on a rented building in the poblacion.

But as the number of patients increased, the need to transfer or construct a bigger building came about. This was realized in 1958 when the provincial government donated a piece of land (5,000 sq. m.) to the Society.

Its patients continue to swell, coming from as far as Romblon, Marinduque and Batangas. Its present head is Dr. Armando Solitario.



Dr. R. GARCIA JR.

CEBU



Cebu TB Pavilion

The Cebu TB Pavilion was constructed in 1936 through the help of the city's municipal board. During the second world war, the pavilion was occupied by the 58th Evacuation Hospital and was later vacated in 1945.

The pavilion resumed operations the next year and catered to thousands of TB sufferers in the province. Although the building was dilapidated because of the ravages of the war, this did not hinder its services.

The building was repaired in 1948. Dr. Rafael A. Garcia Jr. is the present director of the pavilion.

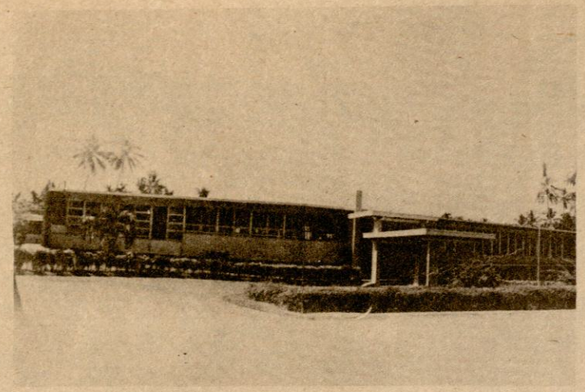


Dr. D. BATTAD

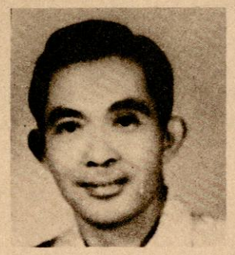
NEGROS ORIENTAL

The Negros Oriental TB Pavilion in Dumaguete City was built through the efforts of the Negros Oriental Tuberculosis Association, Inc., an affiliate of the PTS. Through fund-raising activities, a chest clinic and dispensary was established in 1956. Because of the big number of patients, the clinic was transformed into a 50-bed capacity pavilion through the joint efforts of the Society, the provincial government and the private sector.

Headed by Dr. Demosthenes F. Battad, the pavilion has an annual admission of 500 patients and attends to 20,000 clients a year.



Negros Oriental TB Pavilion



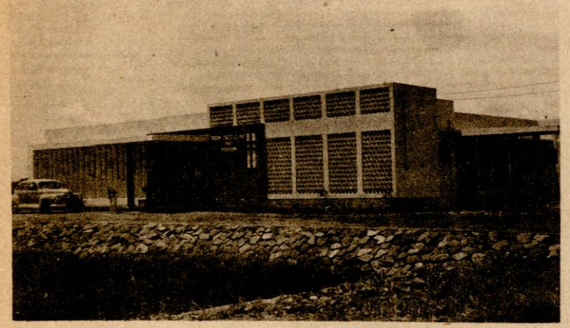
Dr. G. EVANGELISTA

PASAY-PARAÑAQUE

On October 8, 1946, the PTS opened its Pasay branch to the public on a rented building. This chest clinic and dispensary catered mainly to residents on the southern sector of Metropolitan Manila.

The Society was able to acquire the site of the chest clinic in 1959. The construction of a new building started in 1960 and was inaugurated the next year.

Renamed Pasay-Parañaque Chest Clinic, it is now headed by Dr. Gerardo Evangelista.



Pasay-Parañaque Chest Clinic and Dispensary

PGH CHEST CLINIC

The extension service at the Philipppine General Hospital was conceived by Dr. Miguel Cañizares and Dra. Soledad Florendo for the purpose of making a survey of admitted patients in a general hospital with positive X-Ray findings. Arrangements were then made with the then Director Florencio Quintos of the Philippine General Hospital. On March 8, 1955 the Q.I. Extension Service was inaugurated.

In the beginning, X-Ray examinations were limited to in-patients but later, due to its importance, patients of the out-patient department were also included. This was a great help to the Medical Department, principally and also to the other departments like Surgery, EENT and Pediatrics. It provided a place for screening patients for pulmonary and for Cardiac conditions. It is headed by Dr. Alfredo I. Plana.



Dr. A. PLANA



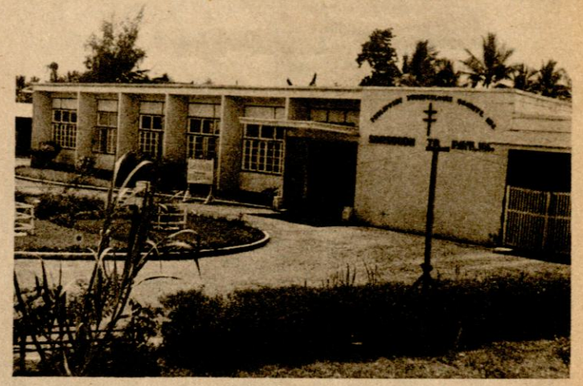
Dr. C. LOPEZ JR.

SORSOGON

The enthusiasm of Gov. Juan Frivaldo and the late Rep. Vicente L. Peralta to control the spread of tuberculosis in the province of Sorsogon led to the establishment of the pavilion in the province.

The provincial government donated the one and a half hectare lot for the pavilion while Congressman Peralta made personal representations with the PCSO for financial aid to construct the building. The building's construction started in 1958 and was inaugurated the next year.

The pavilion is serving TB sufferers in the Bicol region and Northern Samar.



Sorsogon TB Pavilion



Tacloban TB Pavilion



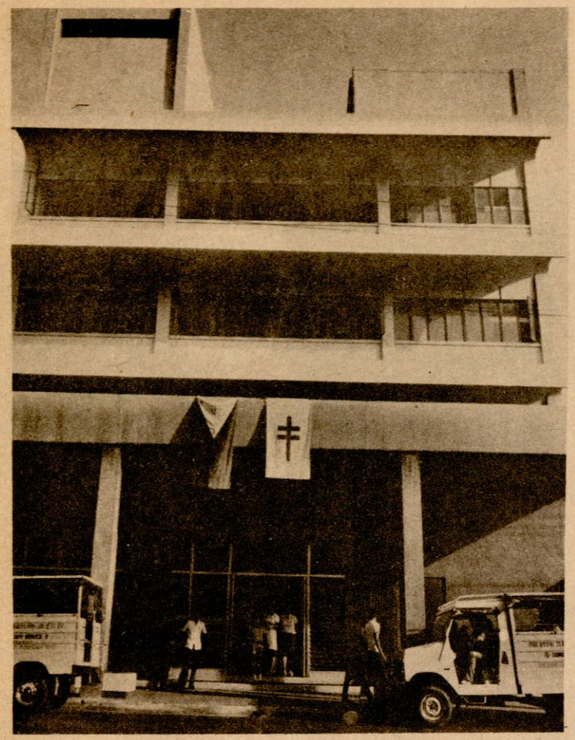
Dr. G. C. DE GUZMAN

TACLOBAN

The Leyte TB Pavilion in Tacloban City was formally opened on April 27, 1936 as a chest clinic and dispensary. Due to the inadequacy of its services, the clinic was transformed into a pavilion just before the outbreak of the second world war. During the war, it was used either as an emergency hospital or quarters for the Occupation forces.

It resumed regular operations in 1946. A bigger pavilion was constructed on a lot donated by the late Miss Gregorio Baranda and it was finished in 1959.

Today, the pavilion, under Dr. Gerardo C. de Guzman, stands as a symbol of cure and survival for thousands of TB sufferers in Leyte and nearby provinces.



Central Chest Clinic and Dispensary



Dr. G. DAVID

CENTRAL CHEST CLINIC

Formerly, the Central Chest Clinic and Dispensary building was located on 1853 Rizal Avenue, Sta. Cruz, Manila. On December 27, 1967, a fire of accidental origin gutted some portions of the building.

On October 29, 1971, the Central Chest Clinic and Dispensary was transferred to the new building located on Tayuman St., Sta. Cruz, just beside the former old and dilapidated Clinic.

The present Clinic is housed in a very imposing modern four-story concrete edifice. For the convenience and comfort of both the patients and the office personnel, the building is provided with a centralized air-conditioning system.

Record in attendance of patients and clients is steadily and tremendously increasing every year. This present state of affairs in the Central Chest Clinic and Dispensary could be ascribed and attributed to the efficient, expert, prompt and courteous service to the general public.

The clinic is presently headed by Dr. Geronimo David.



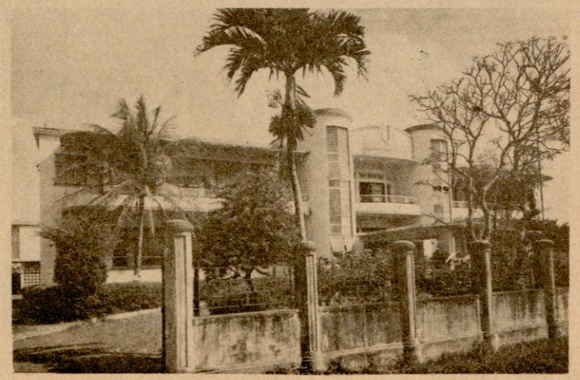
Dr. A. LOPEZ

ILOILO

The Iloilo TB Pavilion came into being through the generous aid of civic-minded individuals like Serafin Villanueva, Anita de Leon de Villanueva and Governor Consing. The province of Iloilo appropriated P15,424.89 to the total cost of the construction of the TB Pavilion.

Immediately after the inauguration of the TB Pavilion in 1936, it started to render services to the provincial and barrio folk in form of treatment, dessimination of information concerning TB control, and diagnosis. The outbreak of the second world war halted the activities of the pavilion. On November 22, 1945 the pavilion was reopened.

Today, the Iloilo TB Pavilion continues serving the sufferers under the supervision of Dr. Alfredo Lopez, the present director.



Iloilo TB Pavilion



Dr. A. BOLUSO

ROXAS

The Roxas Memorial TB Pavilion in Capiz has a 50-bed capacity serving not only the province of Capiz but parts of Romblon, Masbate, Aklan and Iloilo.

It started operations as a dispensary in 1950 but transformed into a pavilion the next year after a permanent building was constructed.

The pavilion is under the stewardship of Dr. Agamemnon B. Boluso.



Roxas Memorial TB Pavilion



Dagupan Chest Clinic and Dispensary



Dr. P. RAMOS

DAGUPAN

The PTS chest clinic and dispensary in Dagupan City was constructed on August 19, 1950. It was originally housed in a quonset hut on a lot on Torres Bugallon ave. near the Pantal river.

Despite the poor conditions, the clinic rendered services to the TB sufferers in Pangasinan, especially the indigents and those in the far-flung areas.

In 1959, the PTS appropriated P35,000 for the construction of a new clinic building on a lot acquired through a presidential proclamation. It was inaugurated in the same year. The clinic is presently headed by Dr. Pablo S.J. Ramos.



Dr. A. PALMA

VIGAN

At the advent of World War II, the activities of the Vigan chest clinic and dispensary were halted.

But in 1945, the services of the clinic were resumed in view of the high death rate from TB in the province of Ilocos Sur. Due to the inadequacy of its facilities, a new building was constructed in 1971. The clinic is presently under Dr. Adriel L. Palma.



Vigan Chest Clinic and Dispensary



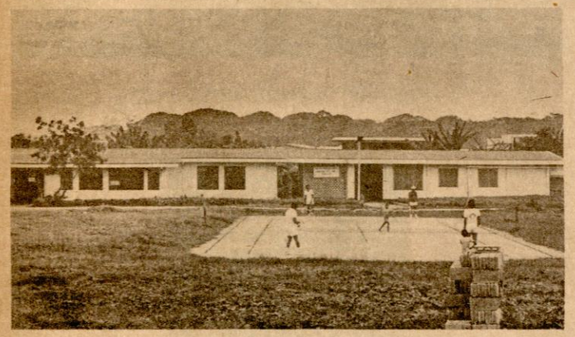
Dr. C. BABAN

ZAMBOANGA

The Zamboanga chest clinic and dispensary in Zambonga City was inaugurated on May 5, 1935 and immediately started rendering service to TB patients in the land of promise.

However, this lasted only a decade as the building was reduced to ashes by a big fire in 1946.

It was not until 1965 that another building was constructed and PTS services to TB patients in the province were resumed. The chest clinic is presently housed in the Zamboanga General Hospital compound in Zamboanga City with Dr. Caridad Ysmael-Baban as the head.



Zamboanga Chest Clinic and Dispensary

TAWI-TAWI

Although a distant area in Mindanao, the PTS had seen it fit to establish a chest clinic and dispensary in Bongao, Tawi-Tawi to extend medical care and treatment to TB sufferers in the area, especially the Muslims.

The chest clinic was established in 1974 with Sister Lourdes Kangleon as physician-in-charge. Although new, many residents have already been flocking for treatment to the clinic.

Its present head is Sister Divina Ilustre.



Tawi-Tawi Chest Clinic and Dispensary

EXPANSION PROGRAM



The newly-established clinic and dispensary in Marawi City.

PTS to establish additional clinics in Mindanao, Visayas

By Dr. Jose S. Lopez
Chief Medical Supervisor

In its desire to serve a greater portion of the citizenry, especially in the rural areas, the Philippine Tuberculosis Society, Inc. will establish this year additional static chest clinics and dispensaries in Mindanao and the Visayas.

These proposed clinics will be established in places where there is no existing facilities that provide care and treatment to TB sufferers based on an agreement between the Society and the Division of Tuberculosis of the Department of Health.

The clinics will be set up in Marawi City, Lanao del Sur; Ozamis City, Misamis Occidental; Jolo, Sulu; Tagum, Davao del Norte; Iligan City, Lanao del Norte; and Gen. Santos City, South Cotabato.

These places were chosen because the target areas of the expansion program are those with a population of 100,000 and will cover adjacent municipalities where the proximity to the existing PTS clinics and government health units are considerably remote.

The chest clinic and dispensary in Marawi City had already been established this month in the Mindanao State University.

In addition to this, the number of TB cases and mortality rates, based on statistics, are higher than the national figure. Records show that the average number of TB cases in the chosen areas is 337 per 100,000 population.

It is clear in the reports released by the Department of Health, the World Health Organization, the International Union Against Tuberculosis and the World Bank that majority of TB sufferers are found in the rural areas. This is true even when there are existing services either from the government or the Society.

Priority was given to Mindanao in the expansion program because this is coordinated closely with the amelioration project of the government of the Muslim areas. The Society presently maintains only two clinics in the big island, one in Zamboanga City and the other in Bongao, Tawi-Tawi.

The proposed clinics will undertake the following services:

– case-finding and treatment
– BCG vaccination
– health education
– encouragement of active community participation
– researches with particular emphasis on TB epidemiology.

As a jump-off point, the Board of the Directors of the Society has earmarked P2 million in its 1975 budget for the establishment of the new clinics.

On the staffing pattern, each clinic will have a physician-in-charge, a nurse-in-charge, a domiciliary nurse, a medical technologist, a clerk, a driver, an X-ray technician and an attendant or janitor. These personnel, based on the availability of manpower, will be recruited preferably from among residents of areas to be served by the clinics.

When these clinics are finally established, the Society will be able to accelerate its services to the TB sufferers particularly the indigents in the far-flung communities.

The amount involved in their establishment could be justified as far as the services that will be rendered to the afflicted and the total effort to control TB are concerned.

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Dr. E.M. GARCIA
QI Director

QUEZON INSTITUTE

Specialty hospital for chest diseases

By PRISCILLA J. TABLAN, M.D.
Chief of Clinics, Quezon Institute

The Quezon Institute is the country's specialty hospital dedicated to the treatment and prevention, not only of pulmonary tuberculosis, but other complicated chest diseases as well.

On December 14, 1918, the forerunner of the Quezon Institute, the Santol Tuberculosis Colony, was established, consisting of rows of some 15 to 20 nipa shacks. These very first facilities for confinement and isolation of tuberculous patients were provided by a civic spirited group that formed the core of the Anti-Tuberculosis Society. The first patient was admitted to this TB colony on January 2, 1919. Only seven employes served that colony headed by Dr. Hermenegildo Serrano.

In 1920, more beds were provided. The colony was under the care of Dr. Anicio Pascual. By 1928, wooden buildings were donated and named after donating companies. Some of the buildings were called the Aloha, Ynchausti, San Miguel and Roxas buildings. By 1925, the colony was called Santol Tuberculosis Sanatorium under the joint care of Drs. Juan Sellosa and Angel Trinidad. The first Medical Director was Dr. Jose Avellana, who served for five years (1926 to 1931), after which Dr. Andreas Trepp took over.

Dr. Trepp started fellowship training programs in tuberculosis for doctors from the Bureau of Health. In 1934, the first fellow was sent abroad for further TB work training. At this time, the sanatorium was being maintained with subsidies from horse races authorized by law. In 1934, President Manuel L. Quezon, the foremost crusader against TB in the country, signed Act 4130, commonly called the Sweepstakes Law, for the exclusive benefit of the Philippine Tuberculosis Society (formerly Anti-Tuberculosis Society), for the construction and maintenance of the Quezon Institute and other anti-TB projects and activities.

Through the increased funding and to meet the needs for hospitalization of TB patients, the concept at that time, the sprawling buildings of the Quezon Institute, with a 1,350-bed capacity, was started, finished on February 21, 1938 and formally inaugurated on August 18, 1938 when facilities and staffing had been provided.

Dr. Miguel Cañizares, fresh from TB work abroad and Jacobeaus operation in line with pneumthorax collapse therapy which was in extensive use at that time, became the seventh Director of the Quezon Institute. Training of doctors and nurses in TB work continued. All medical interns from the University of the Philippines and the University of Sto. Tomas trained for one month in the QI until 1941 when the war broke out. Clinical research works by the staff were published in the Bulletin of the Quezon Institute, whose editor for many years was Dr. Carmelo P. Jacinto, eminent chest specialist, radiologist and prolific writer.

During the Japanese regime, in early January 1942, all patients, staff and the most necessary equipment were evacuated upon orders of the Japanese high command to San Juan de Dios Hospital in Intramuros and the QI was occupied by the Japanese forces. The TB hospital operations continued under the supervision and funding from the Bureau of Health and supplies from the government's Bureau of Supply.

This was known as the Philippine Tuberculosis Hospital during the war. At the height of the liberation, only a few patients and hospital staff remained. Among them were Dr. Lañoz and some nurses. A number of patients, nurses and a few doctors were massacred by the retreating Japanese soldiers.

After the liberation, the tremendous task of rehabilitating the damaged QI buildings and its facilities, including staffing, fell on Dr. Cañizares and a handful of doctors and Pedro Lopez, who later became the Executive Secretary of the Philippine Tuberculosis Society.

Almost no facilities were left in the Quezon Institute, as these were either destroyed, looted or burned in the evacuation and retreating forces' confusion when the Japanese occupying the QI left. By January 2, 1946, the Quezon Institute reopened its services. Some of the old employes returned and patients started coming in. A number of equipment supplies were left behind by the U.S. 54th Evacuation Hospital Forces and the 80th General Hospital which took care of army and civilian casualties during the liberation of Manila and environs and those were availed of by the rehabilitated QI.

Full-scale QI operations started in late 1947, training programs for doctors and nurses were resumed. Many doctors and nurses were assigned to the branches of the Philippine Tuberculosis Society. Some of these came from the private hospitals and the Department of Health chest centers. Continuing staff development programs were provided by WHO and Colombo Plan and with the help of the Department of Health, QI staff members were involved in the public health aspect of anti-TB work after their training in Japan. The scope of the QI's involvement in tuberculosis work began to transcend beyond just treating TB and health education as preventive work was added to its services.

In February 23, 1963, Dr. Cañizares retired from a distringuished and colorful public service. Dr. Heraldo del Castillo became the Director and by Semptember 7, 1964, he initiated the Home Service of the Quezon Institute with two vehicles donated by the Philippine Charity Sweepstakes. The research work of the staff once more found expression in the revival of the Bulletin of the Quezon Institute by editor Dr. Laureano Bautista and to date, this is now the Chest Diseases Journal edited by Dr. Fermin Manalo.

Dr. Castillo retired on May 28, 1974 and a well-known thoracic and general surgeon, Dr. Enrique M. Garcia, took over.

Under his leadership, the Institute has initiated better coordination with the Department of Health in the implementation of the TB Control Program.

Dr. Garcia is instrumental in accelerating the domiciliary service of the

(Turn to page 39)

Valencia is still at helm!



TEODORO F. VALENCIA
General Campaign Chairman

For the third straight year, Teodoro F. Valencia, noted newspaper columnist and civic leader, is again at the helm of the 1975 Anti-TB Educational and Fund Campaign as general chairman.

The choice of Valencia, which was unanimously agreed upon by the fund campaign volunteers during the Appreciation Ceremonies last March, was based on his outstanding achievements during the previous fund drives. In both campaigns, Valencia has oversubcribed his overall goal by a substantial margin.

In accepting the job anew, Valencia suggested that he should be assisted by the same line up of volunteers as in last year's drive. To this proposal, all the volunteers agreed.

Valencia also expressed optimism that with the same working team, this year's overall goal of P2 million will be easily oversubscribed.

In last year's fund drive, the total collections amounted to more than P2.4 million, which was considered as unprecedented in the Society's fund raising history.

The kick-off for this year's drive has been set on August 19. This will be timed with the celebration of the birth anniversary of the late President Quezon, the founder of the Quezon Institute and the vanguard in the fight against the dreaded disease.

General co-chairmen for the campaign are Presidential Assistant Guillermo C. de Vega, GSIS General Manager Roman Cruz Jr., Abelardo **Buenaventura** and Undersecretary Aber P. Canlas.

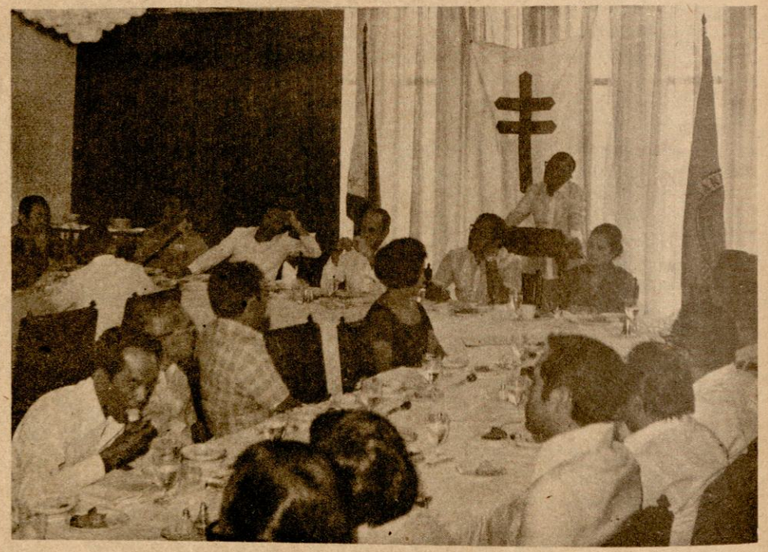
The various division heads are Buenaventura, advance gifts; Undersecretary Canlas, business; Cruz, corporations and financing institutions; Budget Commissioner Faustino Sy-Changco, national government employes; Gen. Romeo C. Espino, armed forces; Education Undersecretary Narciso Albarracin, educational institutions; Local Government and Community Development Secretary Jose Roño, provinces and chartered cities;

Dr. Desiderio Coronel, Manila; Col. Honesto M. Isleta, Quezon City; Mrs. Rufina Rancudo, Pasay; Mayor Florencio Bernabe, Parañaque; Health Secretary Clemente S. Gatmaitan, professionals; David Perianes, Santiago Yu, Dr. Isidora Y. Zalamea and Mrs. Rosie Mendoza, residential; Labor Secretary Blas F. Ople, labor; Printing Director Manuel Agustin, civic, religious and youth groups; Foreign Undersecretary Manuel Collantes, diplomatic corps and overseas; Secretary De Vega, special events; and National Media Production Center Director Greg S. Cendaña, publicity.

All campaign divisions have already been organized and progress report meetings are now under way to assesss the collections of donations.

In issuing Proclamation No. 1388 which authorized the Society to conduct the fund drive, President Marcos noted that only the unremitting moral and financial support of the entire nation can accelerate the concerted efforts of the national government and the PTS in intensifying material amelioration and medical relief to the indigent TB victims.

He also called on all citizens and residents of the Philippines to support actively and give generously of their means to the Anti-TB cause so as to hasten control of this impoverishing and highly communicable disease and thereby minimize human sufferings among the poor who, in our humane and compassionate community, need not be underprivileged or abandoned.



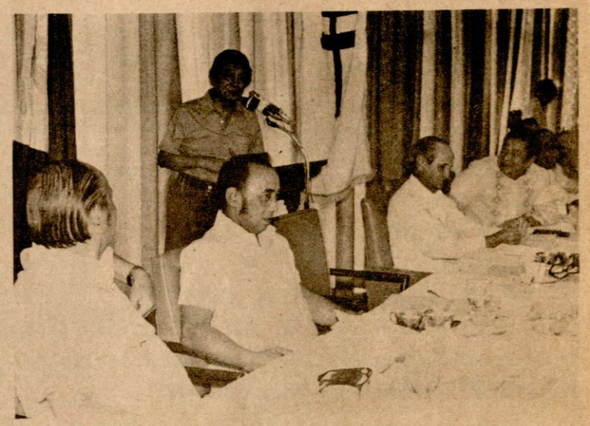
***Fund campaign volunteers** get a briefing of the TB situation in the country from Dr. Ignacio B. Nebrida, PTS deputy executive director.*



Education Undersecretary Narciso Albarracin hands over a donation to general campaign co-chairman Abelardo Buenaventura.



Don Paquito Ortigas, PTS president, gives an inspirational talk during one of the fund campaign divisions organizational meeting.



Doroy Valencia appeals for media support during press conference.



Pat Gonzales, Bulletin Today city editor and co-chairman for press, assures fund campaign and PTS officials of print media support for fund drive.

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ALL OF TACLOBAN CITY
LET US JOIN AND SHARE THE CRUSADE AGAINST TUBERCULOSIS

Post-Graduate Course on Chest Diseases

The Quezon Institute, in co-sponsorship with the Philippine College of Chest Physicians and The Philippine Association of Thoracic Surgeons, is undertaking a three-day Post-Graduate Course from July 28 to 30, because a continuing education for physicians is an objective common to both the QI and its medical staff and the specialty societies.

The post-graduate course has special emphasis on chest diseases and pulmonary-cardiac conditions that are current problems in the Philippines. This is also in line with the avowed role of a voluntary organization like the Philippine Tuberculosis Society, Inc. to organize and conduct national, regional and provincial TB conferences and seminars.

TB in Focus

Tuberculosis will continue to remain in focus in post graduate courses on chest diseases because its morbidity and mortality rates remain high in the Philippines. TB must continually interest public health men and practicing physicians all over the country.

Because TB is no longer compensable except in situations where its exposure is expectedly high, such as workers in sanatoria and laboratories where sputum microscopy is a major function, TB will have its impact problems in industry. Hence, even industrial physicians must have a working knowledge on the disease. The curability potential of TB is high only when the index of early suspicion or diagnosis and adequate drug theraphy for the required period are complied with.

Thus, this course deals with the current concepts and the new realities in the therapy of PTB, in encouraging acceptance of domiciliary or ambulatory care, and the prevention aspects in TB control. The concept of patient-family-physician relationship has spawned out to a vast dimension of patient-family-physician's responsibility – community safety concern.

Every practicing physician must collaborate with the national TB control program in reducing as much as possible the infectious pool of TB cases. Thus, sputum microscopy is the best resort in rural areas where chest X-ray examination is not available.

This is also why classification of TB cases now include the report on sputum microscopy and the length and nature of drug therapy relegating the extent of the lung disease (minimal or advanced) as secondary consideration.

Pneumonias

Pneumonias, broncho-pneumonias and bronchitis are leading causes of deaths in the Philippines and are in fact listed as a group occupying the first of the 10 leading causes of deaths. The weather conditions – hot to cold, humid to rainy dehydration and poor resistance from malnutrition and substandard hygienic living conditions are strong pre-disposing factors.

The early diagnosis and awareness by health education of people are important since these are very treatable diseases with the increasing breed of antibiotics with broad spectrum capacities. In rural areas, the clinical history and a careful and sensitive physical examination of the chest are formidable weapons. Patients with varied abnormal chest sounds and findings will be presented in clinical sessions for a "recall" of the important role of physical examination and not relying heavily on chest X-rays and laboratory tests.

Lung Diseases

Bronchiectasis, lung abscess and empyema are common in the country but are neglected because these are not recognized early, their pathogenesis not too clear to practitioners, and their treatment has probably been too short to effect a sustained improvement or cure as in abscess and empyzema, which can be treated medically, thereby sparing patients from sugical intervention.

The prevention of these diseases is feasible, definitely possible. The rehabilitation aspect, particularly physical therapy techniques in the treatment regimen, is brought to focus in this course with demonstration and case presentations with the help of invited physical therapists from the University of the Philippines. Rehabilitation should not be minimized nor ignored. It provides a finishing touch of the complete physician.

Cardiac Problems

The outstanding cardiac problems in the country, besides coronary and hypertensive heart diseases, are cor-pulmonale. Far advanced TB and respiratory principle cases gravitate into cor-pulmonale. There is also the heart disease with valvulitis. These subjects are dealt with in this course to highlight prevention, treatment and referral attitudes surgery are cultivated in coordination with the medical information drive of the Heart Center of the country.

Pulmonary Diseases

Bronchogenic carcinoma is a paradox because it is highly preventable. But once present in man, it defies the whole spectrum of treatment after it passes the operable stage. Chronic Obstructive Pulmonary Disease or COPD likewise is preventable to a considerable degree, and yet once functional compromise has set in, progressive deterioration and crippling proceed at a pace difficult to stop.

Filipinos are smoking people. During the last decade, there has been an increase in the incidence of lung cancer with frustrating cure rate and neglected cases of COPD which are undiagnosed and untreated; Also contributing to this is the lack of medical information about such a crippling disease.

A movie on fiberoptic bronchoscopy will be shown because it offers one of the means of early diagnosis that may lead to early resection and cure. Local statistics and experiences in a recent clinical research on lung cancer in the Quezon Institute will be presented. More serious attention will be focused on preventive measures and stop smoking compaigns because more and more lives will be jeopardized as lung cancer and COPD cases increase from pollution, smoking and other hazards.

Cysts

Pulmonary cysts were included because of the increasing incidence of emphysema problems, spontaneous pneumothorax and its complications in the day to day emergencies met in the Quezon Institute. No less than five per cent of the male patients and 1.5 per cent of the female patients admitted in a total of over 8,000 patients yearly have pleural and/or cystic problems needing emergency measures. These emergencies will

(Turn to page 39)

COMPLIMENTS OF:

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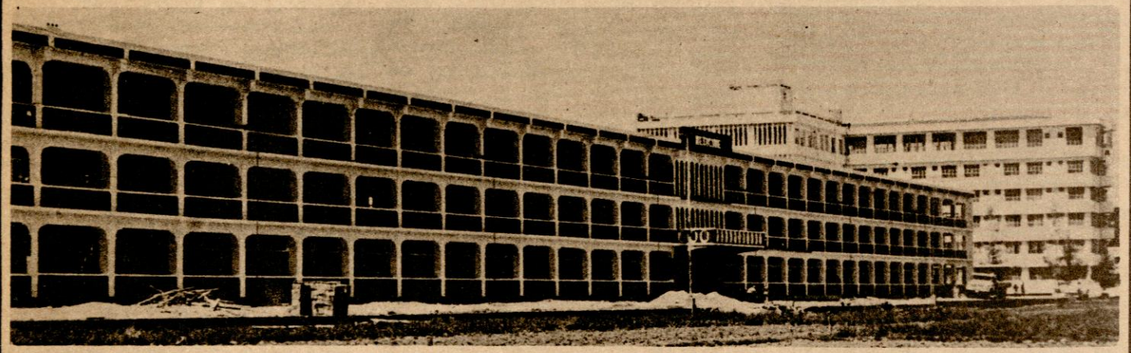

IN THE BACKGROUND IS THE VIRGEN MILAGROSA MEDICAL CENTER IN THE SAME COMPOUND WHERE THE VIRGEN MILAGROSA EDUCATIONAL INSTITUTIONS IS LOCATED.

SPECIALTY HOSPITAL . . . . *from page 33*

QI. The hospital's domiciliary teams are presently attending to patients in Quezon City, San Juan Mandaluyong, Malabon, Marikina, Novaliches and Caloocan City.

Within a short period after Dr. Garcia took over, hospital admissions were limited to emergency and complicated cases and more domiciliary treatment programs were encouraged.

Medicare beds were made available but mainly for those who really need hospitalization. Hospital stay of patients has been reduced judiciously through adequate chemotherapy. This reduction has given way to better service to the greatest number of emergency PTB and other complicated chest conditions.

Thus, the Quezon Institute has assumed a new role in the control of TB in the country. The involvement and dedication of its staff in the care and treatment of indigent TB patients will continue, whether within the confines of the hospital or right in their homes.

AN OUTSTANDING . . . . *from page 19*

In the campaign against tuberculosis in the Philippines for the last quarter of a century, the name Mrs. Ortigas has always stood as an example of unselfish devotion to a cause. The best years of her life were devoted to visiting the poor patients afflicted with tuberculosis at the Quezon Institute, alone or in the company of close friends.

Seeing the lack of hospital clothing for patients, she organized a group of matrons and young ladies of the community to form the Ropero de Santol. For 37 continuous years, 1932 – 1969, she rendered voluntary services to the Philippine Tuberculosis Society. She started as a member of the Board of Directors of the Society on February 20, 1929. On March 8, 1929, she was elected as First Vice-President of the Society and on April 2, of the same year, was also made chairman of the Ladies Committee of the Board.

On February 25, 1932, she was elected President of the Society.

She held the position until her death on April 15, 1969. It was during her incumbency that the Society grew and greatly expanded its activities. The 150 beds that Quezon Institute had in 1929 increased to 1,350, which is still the present bed capacity. All its old structures then gave way to the construction of new concrete buildings with a corresponding increase in the number of beds for indigent patients.

It was her leadership that spurred active citizen participation and community action in the prevention and control of tuberculosis. A tangible proof of the effect of this voluntary service is the reduction in the mortality rate due to tuberculosis, from 35,355 deaths in 1939 to 27,052 in 1966.

To augment the meager funds of the Society, Mrs. Ortigas worked day and night for the passage of the original Sweepstakes Law, the proceeds of which were intended principally for the Society. She was likewise responsible for the passage of a law authorizing the Society to hold annually 12 horse races a year. Later, this was increased to 24 races a year. Her untiring efforts also contributed to the enactment of the Anti-TB Semi-Postal Stamps Law.

Doña Julia gradually intensified the annual fund campaign activities into such proportions that today, the yearly anti-TB Educational and Fund Campaign has become national in scope, with increasing support from the public. During her tenure of office as president of the Society, the annual sale of Christmas seals had increased tremendously throughout the country.

No person was too lowly and poor, no cause was too unworthy, no task was so difficult for her that she would not, in spirit of service, give her time, talent and energy. Under her leadership, as president of the Liga Catolica Pro-Quezon Institute, a Roman Catholic Chapel and a kindergarten and elementary school were constructed near the compound of the Quezon Institute for the spiritual well-being of the people and poor children in the neighborhood, including those of the Quezon Institute.

A philanthropist and a true Christian, she gave generously much of herself. As a firm believer and exponent of the social concept, "I am my brother's keeper." — LAO

POST GRADUATE . . . .

from page 37

be discussed with slides. The surgical indications will be clarified.

Smoking

The trend for industrialization in the country brings with it the concomitant occupational hazards added to the pollution hazards of urban living. The more common occupational respiratory problems will be presented with cases met with. Emphasis is on prevention which is 100 per cent effective with the proper protective industrial devices and preventing smoking among workers especially those involved in asbestos, chromium, nickel, mining operations.

The relevance of the subject is the compensation problems in industry and lack of available statistics because these conditions are so far not properly diagnosed nor recognized for what they are. Better knowledge will lead to research and better preventive measures.

TB IS STILL . . .

(From page 15)

program of the New Society to bring the services to the people.

If we come to think of our TB situation, we might say to ourselves, that we in this country have TB Specialists, TB Experts and Public Health Experts and we know the cause and nature of the disease, the treatment and the tools and weapons that could effectively fight tuberculosis, but the discrepancy lies in the availability of these tools.

We need tools and equipment to improve facilities and medicines to provide and sustain a prolonged and continuous treatment to thousands of TB indigent sufferers. Our basic problem, therefore, boils down to inadequate funds and limited resources. With this, we need your help.

Tuberculosis is a community problem and requires community help. The TB problem of the Philippines, should not only be the main concern of the government and voluntary organizations like the Society. Rather, it should be the concern of each and every member of our community. Only through cooperative efforts and whole-hearted support can this fight be won.

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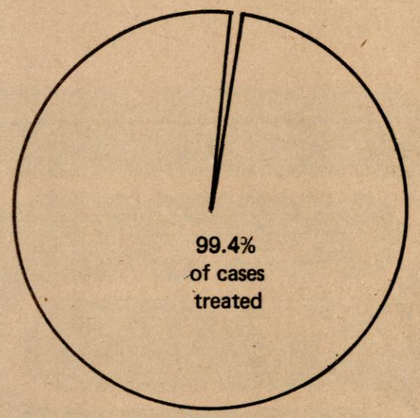
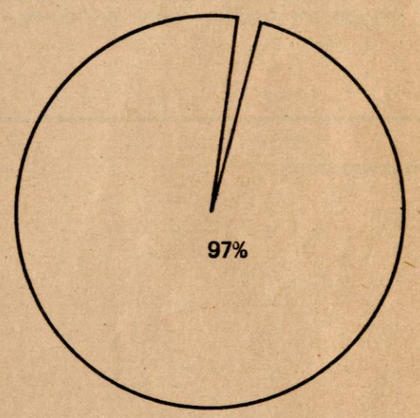


No relapses during
follow-up period



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SHORT COURSE CHEMOTHERAPY IN PULMONARY TUBERCULOSIS. A Controlled Trial by the British Thoracic and Tuberculosis Association.

The Lancet, January 18, 1975, pages 119-124

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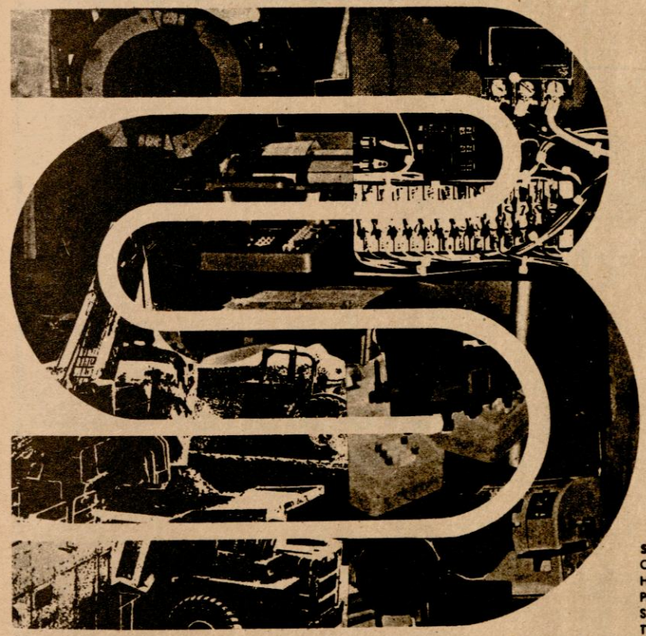

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SOCIETY ADOPTS . . . .

from page 21

will not change when case finding and treatment programs are transferred to other sites. The services put up by the PTS have a permanent base of operation that is continuously serving a particular locality.

High priority is placed on strengthening the general health service. This will enhance the infrastructure of the general health services. However, this is not the only reason why integration is important. Permanency demands integration, and so does the need to deliver services, equally, at an inexpensive and effective way.

Specialized TB services put up on the peripheral level could be expensive and weaken and hinder integration. Specialized TB services in the central level can justifiably be established, if they can give assistance to the integrated program. The assistance should be in terms of training of TB workers as referral centers for cases that need specialized care, help coordinate and supervise the peripheral TB workers. Along this line, the PTS branches can give assistance to the integrated program of the government.

It is important to stress that case finding should not be intensified if treatment facilities cannot be provided to the greater number of cases discovered. Likewise, resources should not entirely be directed to case finding and treatment services no matter how great is the felt need-demand of the community.

Optimization could tell us that a proper apportioning of case finding, treatment and prevention services could generate a greater problem reduction. In the final analysis, control measures should be carefully watched so that their application do not create new felt needs before the present ones are satisfied.

We have the technical know-how in TB control. We know the basic requirements for the TB control program, among them, TB services should be countrywide, permanent, integrated to the general health services and that the program must be adapted to the expressed demands of the population. Efforts should be made to fulfill the basic requirements.

If we have fulfilled the basic requirements, then we must strengthen our services. This is for the betterment of the hundred of thousands of Filipinos afflicted with TB.



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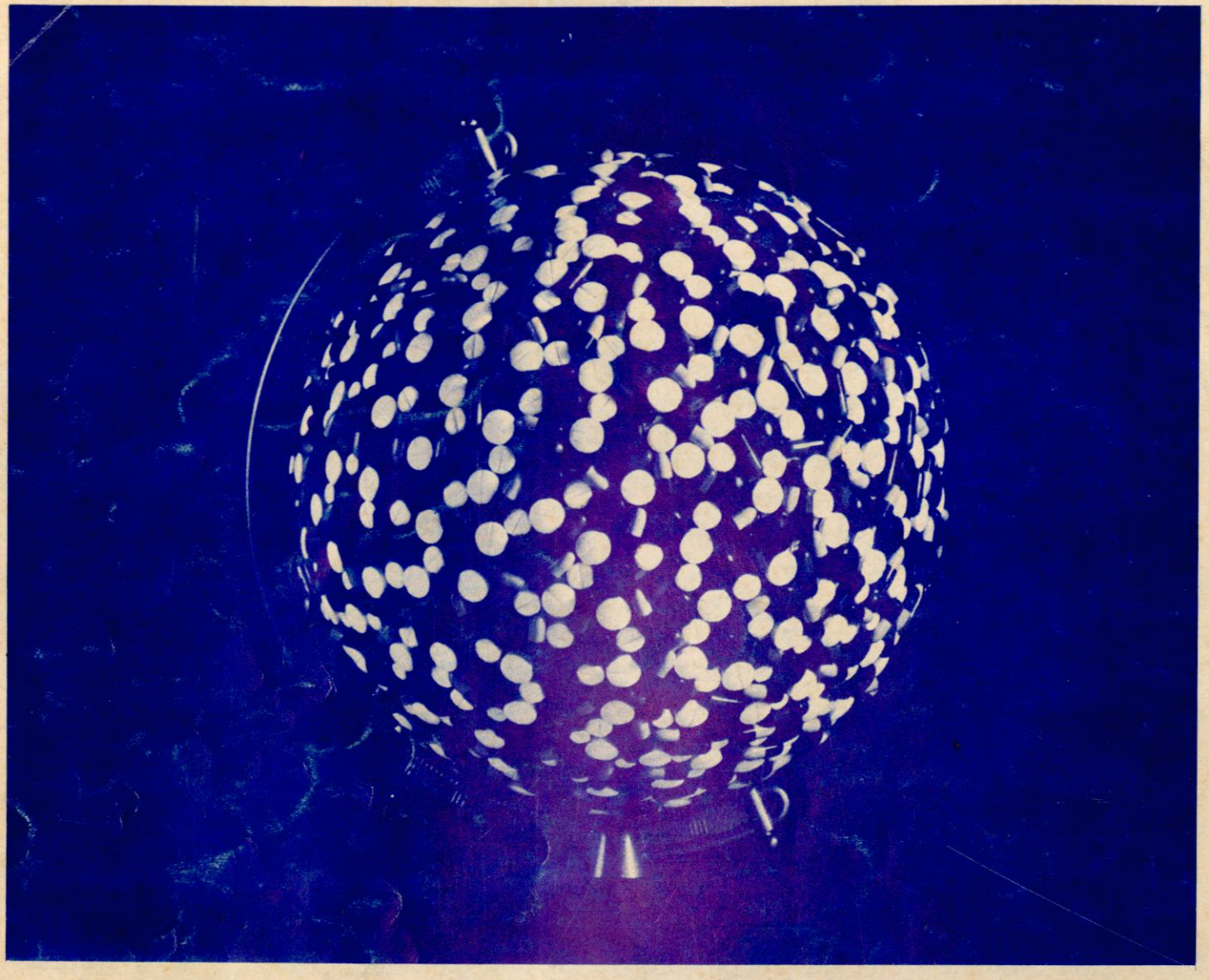

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