

Health care services in Davao Province in 1917

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During the period of the Insular Government of the Philippine Islands (1901-1935), the Governor General (originally called Civil Governor)¹ was the chief executive of the islands.² Francis Burton Harrison was the Governor General in 1917,³ and the directors of the different administrative bureaus of the government, including the Bureau of Health (BOH), reported to him. In the same year, the Director of Health was Dr JD Long, and his Assistant Director was Dr Vicente de Jesus.⁴ At that time, the Bureau of Health was divided into different administrative divisions, one of which was the Division of Mindanao and Sulu,⁵ headed by the Chief-of-Division Dr Jacobo Fajardo.

The geographical scope of the BOH Division of Mindanao and Sulu was comprised of the Christian provinces of Misamis and Surigao, as well as the "seven special provinces inhabited by Mohammedan and pagan populations" under the Department of Mindanao and Sulu. One of these non-Christian provinces was Davao Province, or the present-day Davao Region composed of Davao del Norte, Davao del Sur, Davao Oriental, Davao Occidental, and Compostela Valley. Within the division, District Health Officers (in charge of provincial health concerns) and Heads of Dispensaries reported to the Chief-of-Division.

The most common recorded diseases in Davao Province during 1917 were malaria (2,093 cases), skin diseases (528 cases), infected wounds (412 cases), and intestinal parasites (282 cases). Other diseases reported during the year included dysentery (178 cases), typhoid fever (55 cases), and gonococcal infection (34 cases). The first case of smallpox in Davao Province was diagnosed in 1917 in a girl who came from Cebu.⁴

Many of the foregoing diseases were diagnosed, treated, and reported by the different health care facilities within Davao Province. Dispensaries provided outpatient medical care and public education about diseases and their prevention. In 1917, a total of 20 dispensaries were operating in 11 areas in the province, namely—Caraga, Cateel, Saug, Manay, Bunawan, Guianga, La Union, Madaum, Moncayo, Samal, and Malita. During the same year, the sickward in Mati was the only government facility in the province that treated patients needing emergency care and that accommodated patients who were about to be transferred to a hospital.

A private missionary hospital run by American medical staff started operating in Davao since 1908.¹⁰ As the only hospital in the province at that time, the facility did well in addressing the medical needs of locals and the Japanese settlers in the province. By 1917, however, the hospital staff could hardly keep up with the growing number of patients. Only seriously ill patients could be admitted, and hospital staff had to turn away many patients for lack of beds.¹¹

There was no operational government-owned hospital in Davao at the start of 1917,⁴ ¹¹ but by the end of the year, one of the many acts that eventually instituted a public hospital in the province was passed by the Philippine Legislature. ¹²

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HEALTH CARE ORGANIZATIONAL CHART

> GOVERNOR GENERAL INSULAR GOVERNMENT OF THE PHILIPPINE ISLANDS

DIRECTOR OF HEALTH
BUREAU OF HEALTH

ASSISTANT DIRECTOR OF HEALTH
BUREAU OF HEALTH

CHIEF OF DIVISION
DIVISION OF MINDANAO AND SULU

DISTRICT HEALTH OFFICER DAVAO PROVINCE

HEAD OF DISPENSARIES DAVAO PROVINCE

- A PRIVATE MISSIONARY HOSPITAL HAS BEEN OPERATING IN DAVAO SINCE 1908 MOST OF THE PATIENTS IN 1917 WERE LOCALS AND JAPANESE SETTLERS IN THE PROVINCE
- TREATED PATIENTS NEEDING EMERGENCY CARE AND ADMITTED PATIENTS WHO WERE ABOUT TO BE TRANSFERRED TO A HOSPITAL ONE SICKWARD WAS OPERATING IN MATI IN 1917



- PROVIDED OUTPATIENT MEDICAL CARE
 GAVE INSTRUCTIONS TO THE PUBLIC ON PROPER HYGIENE, SANITATION AND PREVENTION OF DISEASES
- 20 DISPENSARIES WERE OPERATING IN 11 AREAS IN DAVAO PROVINCE IN 1917

MOST COMMON DISEASES IN DAVAO









SKIN DISEASES







INFECTED WOUNDS







INTESTINAL **PARASITES**















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