"The Daily Life of the Poor is Death": The Poor in the Midst of Covid-19 Pandemic and the Catholic Church's Teaching on Health Care

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Abstract: This paper is divided into three parts: The first part deals with the socio-economic problems that the poor are facing in the midst of the coronavirus pandemic. The second part analyzes the present condition of the Philippine health care system. Using a "materialist" approach to the sociology of health, the category of 'class' is employed as an analytical tool in dissecting health inequalities. In so doing, this paper hopes to provide a critical understanding of the condition of our health care system. It also argues that class structure and inequality are at the roots of inefficient health care in the country. Finally, it offers a critical evaluation of our health care system from the vantage point of the church teaching on health and the recent pronouncements of Pope Francis.

Keywords: Sociology of health • Catholic social teaching • Poverty • Health inequality

Introduction

The adage "the daily life of the poor is death" is found

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in Gustavo Gutierrez's book "On Job."[1] It shows that constant struggle, suffering, misery, oppression, and exploitation is the daily lot of the poor which will eventually lead to either sickness or death. In the Philippines, the plight of the poor is further aggravated by the COVID-19 pandemic and the government's incompetence and ineptness in handling the health crisis. Poor, ailing, symptomatic patients are "sent home" due to lack of space in health facilities. Most of these rejected patients come from urban poor communities who don't have access to quality and affordable health care.[2] Meanwhile, those who have the luxury in the midst of crisis: the rich, the political elite, their families, and loved ones have unhindered, immediate access to few testing kits. Working-class and their families suffer from daily hunger and joblessness due to #StayAtHome[3] and "no work, no pay" policy and had to rely on government subsidies and food packs while the wealthy and privileged few were able to transform crisis into opportunities as they spend home quarantine enjoying #FamilyBonding, #Relaxation, #Unwinding. Those who refuse to #StayAtHome, cooperate, and obey because they need to go to work to feed their loved ones are subjected to disciplinary actions by State forces. As with the previous "wars" launched by the Duterte regime, i.e., "war on drugs" and "war against terrorism", this "war against vicious and invisible enemy" is victimizing and alienating the poorest of the poor in society. Concerned

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[1] Gustavo Gutierrez, *On Job: God-Talk and the Suffering of the Innocent* (NY: Orbis, 1987), 34.

[2] ABS-CBN News. "3 COVID-19 patients in QC sent home due to lack of space in health facilities: mayor" (March 22, 2020) https://news.abs-cbn.com/news/03/22/20/3-covid-19-patients-in-qc-sent-home-due-to-lack-of-space-in-health-facilities-mayor?fbclid=IwAR2Ot1F1Aq7_1JXXc_FOItbFhqmUB4KOtYl0JAfucbs_0PlK8MH3KcjoFYc (accessed 22 March 2020).

[3] Popular "hashtags" circulating the social media.

that the health crisis might result in massive suppression of peoples fundamental rights (political, civil, cultural, and economic) amidst the turmoil and disruption, a human rights group reminded governments to respect people's right to health, freedom of expression, and ensure access to critical information.[4] Thus, in the time of COVID-19, the poor are battling two main adversaries: a life-threatening virus and economic hardship that could starve them to death.

This paper is divided into three parts: The first part deals with the socio-economic problems the poor are facing in the midst of the COVID-19 pandemic. In the second part, I provided a social analysis of the present condition of the Philippine health care system. Using a "materialist approach to the sociology of health" I used class analysis as an analytical tool in dissecting health inequalities. In so doing, I hope to provide a critical understanding of the condition of our health care system by forwarding an argument that class structure and inequality are the root causes of inefficient health care in the country. Finally, I provided a critical evaluation of our health care system from the vantage point of the church teaching on health and the recent pronouncements of Pope Francis.

COVID-19 Pandemic

Probably the biggest public health crisis of this century, the COVID-19 pandemic has wreaked havoc all

[4] Human Rights Watch. "Human Rights Dimension of COVID-19 Response" (March 19, 2020) https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response (accessed 23 March 2020); see also "Respect Rights in COVID-19 Response: Recommendations for Governments in Addressing Pandemic" (March 19, 2020) https://www.hrw.org/news/2020/03/19/respect-rights-covid-19-response (accessed 23 March 2020).

over the world. First detected in Wuhan, China as a pneumonia of unknown cause, it was first reported to the World Health Organization (WHO) Country Office in China on December 31, 2019. It spread rapidly in China recording several thousand cases per day in late January and early February. In less than a week, it quickly spread to other countries where cases of large outbreaks were reported. The virus spread like wildfire from South Korea and Iran to Italy, France, and Germany. This prompted WHO to declare the COVID-19 a pandemic on March 11. As of June 17, the Johns Hopkins University reported more than 188 countries, areas or territories infected with the virus.[5] The first case of COVID-19 in the Philippines was reported by the Department of Health (DOH) on January 30, 2020, a 37-year old female Chinese national. On March 7, the first case of local transmission was confirmed by DOH. Like most countries, the Philippines was caught off-guard, confused, and unprepared on how to handle the health crisis. Several weeks have passed after the recorded first case of local transmission, still no viable and concrete steps were laid down by the government on how to contain and stop the spread of the dreaded virus. It was only on March 12, a month after the first case of COVID-19 was reported in the Philippines that President Rodrigo Roa Duterte (PRRD) declared a "community quarantine" in the National Capital Region (NCR). Land, domestic air, and domestic sea travel to and from Metro Manila were suspended from March 15 until April 14. On March 16, PRRD elevated it to an "enhanced community

[5] Johns Hopkins University. "Coronavirus: Which countries have confirmed cases?". Johns Hopkins University also reported more than 8.2 million confirmed cases including at least 445,000 confirmed deaths around the world. https://www.aljazeera.com/news/2020/01/countries-confirmed-cases-coronavirus-200125070959786.html (accessed 18 June 2020).

quarantine" and imposed "stricter measures", this time over the entire island of Luzon. Under this condition, strict home quarantine was implemented in all households, and mass transportation was suspended. Curfew ordinances were also passed by various local government units. Movement of people was constrained, limiting only to buying basic necessities.[6] People were advised to #StayAtHome or #WorkFromHome in order to contain the spread of the virus. Uniformed personnel from the Philippine National Police (PNP) and the Philippine Army were tasked to enforce quarantine procedures and set up checkpoints in strategic locations in NCR. As of August 1, 2020, COVID-19 cases has ballooned to 93,354—from a mere 1,847 on March 31.

The poor in the midst of COVID-19 pandemic

The economic impact of the COVID-19 outbreak has rippled across the globe in the first quarter of 2020. As restaurants, shopping centers, factories, airlines, and other business establishments close throughout Europe, Asia, and the United States, millions of people have lost their means of livelihood. Car manufacturers Ford, General Motors, Fiat Chrysler, Honda, and Toyota in North America are shutting down their factories where an estimated 150,000 workers will be affected.[7] In countries like Bangladesh, Cambodia, and Vietnam, around 40 million garment workers may "face destitution" as garment factories are closing down.[8]

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[6] Azer Parrocha. "PRRD orders 'community quarantine' in NCR", *Philippine News Agency* (March 12, 2020) https://www.pna.gov.ph/articles/1096467 (accessed 24 March 2020).

[7] Tome Krisher. "Coronavirus: Automakers shut North American plants over COVID-19 fears." *The Associated Press*. March 18, 2020 https://globalnews.ca/news/6698021/coronavirus-ford-gm-factories-close-virus/ (accessed 22 March 2020).

[8] Annie Kelly, "Garment workers face destitution as COVID-19

Fearing that the world might be facing not only a global health crisis but a "major labor market and economic crisis", International Labor Organization (ILO) expressed concern over the plight of some "94 percent of the world's workers" affected by workplace closure.[9] On March 23, Pope Francis offered a mass for people facing economic hardship "because they cannot work."[10]

In the Philippines, research group think tank IBON estimated that the "real unemployed" and "under-employed" rate will reach 20.4 million which is "the worst crisis of mass unemployment in the country's history."[11] National Economic Development Authority (NEDA) on the other hand predicted a 3.4 percent "worst-case scenario" contraction of the economy (roughly Php 2.2 trillion) due to job losses.[12]

Under the "no work, no pay" policy, those who are forced to stay at home due to the military lockdown

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closes factories." *The Guardian* (March 22, 2020) https://www.theguardian.com/global-development/2020/mar/19/ garment-workers-face-destitution-as-covid-19-closes-factories (accessed 24 March 2020).

[9] International Labor Organization. "ILO Monitor: COVID-19 and the world of work. Fourth edition updates and analysis." (27 May 2020) https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_745963.pdf (accessed 18 June 2020).

[10] Courtney Mares, "Pope Francis prays for people facing economic hardship due to coronavirus" *Catholic News Agency* https://www.catholicnewsagency.com/news/pope-francis-prays-for-people-facing-economic-hardship-due-to-coronavirus-88709?fbclid=IwAR1_TzIeZmODK2O-Yo_VuiyG-3bKtpfg5URA_Jt9rt_6zTroLNGt-V0wg5Q [accessed 24 March 2020]

[11] IBON. "Official unemployment figures understate historic jobs crisis." *IBON Media & Communications*. (June 5, 2020) https://www.ibon.org/official-unemployment-figures-understate-historic-jobs-crisis/ (accessed 18 June 2020).

[12] de Vera, Ben O. "P2.2 trillion in losses: Cost of COVID-19 impact on PH economy." *Inquirer.net* (May 28, 2020) https://business.inquirer.net/298536/p2-2-trillion-in-losses-cost-of-covid-19-impact-on-ph-economy#ixzz6Nn2kQO5U (accessed 18 June 2020).

receive no compensation. According to Sonny Africa of research databank IBON, of the 7.5 million low-income families in Luzon, around 5.2 million are considered "poorest" (with a monthly income of less than Php 10,000). These people may "face the greatest difficulties amid the lockdown."[13] Based on IBON's estimates, more than 14.5 million workers who are mostly breadwinners and informal earners "are going to be dislocated by the lockdown, mostly vendors, shopkeepers, construction workers, salespersons, pedicab, tricycle, jeepney and truck drivers, and mechanics in the transport sector."[14] The list does not include the 1.3 million officially reported as unemployed in Luzon in 2019. The Php 5,000 wage subsidy promised by DOLE is a welcome relief for these displaced workers. However, it is still uncertain as to how long the government can provide financial assistance to poor communities. Furthermore, human rights groups are concerned over the government's "overly militarist" approach to solve the health crisis. Progressive lawmakers from the MAKABAYAN Block express concern over Duterte's "obsession that the solution to any problem is force, bullying, and the power to set aside anyone who does not follow."[15] Many are asking why in the midst of a health crisis the health department is seemingly absent in the government's efforts to defeat the virus. It appears that more than ever, a militarist population control seems to be given more priority over

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[13] Sonny Africa. "Duterte administration's bumbling, stumbling COVID-19 response." IBON. (March 21, 2020) https://www.ibon.org/duterte-administrations-bumbling-stumbling-covid-19-response/?fbclid=IwAR1pIxkgUwDd8jrulmXRaQNMosL0RB2if8NPB2ogPHQkZ2lq7hnwEHsIZZM (accessed 22 March 2020).

[14] Ibid.

[15] ACT Teachers Party-List. "Makabayan Block: Duterte emergency powers may be more dangerous than COVID-19". March 23, 2020 https://web.facebook.com/ACTteachers/posts/2827698897298853?__tn__=K-R (accessed 24 March 2020).

health measures and socioeconomic relief. Amidst the health crisis and the worsening economic condition of the people, President Duterte certified as urgent the Anti-Terrorism Bill (ATB) which was swiftly approved by Congress and Senate. The controversial bill which was met with fierce opposition from various sectors around the country will allegedly trample on civil and political rights enshrined in the 1987 Philippine Constitution. Civil society groups question the untimely passing of the said bill while millions of Filipinos are still suffering from the economic impact of the pandemic. On June 5, seven activists from the University of the Philippines in Cebu were arrested for staging a peaceful protest outside the university. The protesters were detained for days for allegedly violating quarantine protocols. Activists fear that the said arrest is a prelude to a more rampant violation of people's rights once the ATB becomes a law.

The poor may survive the dreaded virus but they need to face more chronic problems: hunger, joblessness, State repression, and violence. They are being ostracized, ridiculed, and demonized in social media. Those who insisted on going to work to have food on their table and refused to #StayAtHome were called "stubborn", "hard-headed", "uncooperative", and "undisciplined". Low-income Filipinos in poor-quality jobs or precarious work—or work that is insecure, low-paying, without benefits[16] and contractual workers who earn their living on a subsistence basis: they are the faces of the 14.4 million poor Filipinos in slum areas in Luzon who lack the much-needed benefits such as medical and social security in times of calamities.

[16] IBON. "3 of 5 workers in Luzon will likely lose wages, earning due to Luzon lockdown." March 18, 2020 https://www.ibon.org/3-of-5-workers-in-luzon-will-likely-lose-wages-earnings-due-to-luzon-lockdown/ (accessed 22 March 2020).

A medical problem requires a medical solution, not a military action. No less than WHO's top emergency expert Mike Ryan asserted that public health measures are needed to curb the spread of the virus:

> …what we really need to focus on is finding those who are sick, those who have the virus, and isolate them, find their contacts, and isolate them… the danger right now with the lockdowns… if we don't put in place the strong public health measures now, when those movement restrictions and lockdowns are lifted, the danger is the disease will jump up back.[17]

But why is there a seeming absence of "strong public health measures" in our country? Why is the government resorting to military action (lockdown, checkpoints, arrests, detentions) instead of a more viable medical solution?

The State of Philippine Health Care System

A Materialist Approach to the Sociology of Health

An in-depth discussion and analysis of the current situation of our health care system is necessary to understand the dismal response of the Philippine government on the health crisis brought about by the COVID-19 pandemic. In analyzing the state of the Philippine health care system, I use a "materialist approach to the sociology of health"[18] as a way of

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[17] Alistair Smout. "Lockdowns not enough to defeat coronavirus: WHO's Ryan" *Reuters* (March 22, 2020) https://www.reuters.com/article/us-health-coronavirus-who-ryan/ lockdowns-not-enough-to-defeat-coronavirus-whos-ryan-idUSKBN2190FM (accessed 25 March 2020).

[18] A materialist approach to the sociology of health emphasizes "those social, political, and economic factors both beyond the control

dissecting health inequalities. In so doing, I hope to provide a critical understanding of the condition of our health care system and argue that class structure and inequality form the social basis for inefficient health care in the country. It is "critical" in its approach in as much as it seeks to "question previously taken-for-granted aspects of social life."[19]

Karl Marx and Friedrich Engels were able to develop and produce "one of the earliest, identifiably sociological theories of health."[20] They were convinced that sickness and diseases "are a product of the way humans organize and act on their social world."[21] Both challenged theories that were "individualistic and reductionist", seeing these as "obscuring the true nature of the problem and justifying a lack of political action."[22] Furthermore, they attacked a "liberal view of disease" which sees poverty and illness as the product of the weaknesses and inabilities of the poor themselves. They criticized Social Darwinism which looks at disease as "natural and inevitable, eventually eliminating the weaker races and thus improving the human species."[23]

Marx's critique of the philosophical and socio-economic theories of his predecessors (i.e., the idealist philosophy of Hegel and Feuerbach, the classical political economy of Smith and Ricardo, the positivist philosophy

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of individuals… which adversely affects their health… It is an account [on health] based on social organization rather than the individual or biology." Kevin White, preface to *An Introduction to the Sociology of Health and Illness* (London: Sage Publications, 2002), 79.

[19] Rose Weitz, Preface to *The Sociology of Health: A Critical Approach, 4th edition* (CA: Thomson Wadsworth: 2007), xvii.

[20] Fran Collyer, "Karl Marx and Frederich Engels: Capitalism, Health, and the Healthcare Industry," in *The Palgrave Handbook of Social Theory in Health, Illness and Medicine* ed. Fran Collyer (NY: Palgrave Macmillan, 2015), 47.

[21] Ibid., 48

[22] Ibid.

[23] Ibid.

of Auguste Comte, and especially the utopian socialists of his time) resulted to a critique of a school of sociology which he labeled as "an illusory activity of illusory subjects…"[24] He criticized a type of sociology that postulates "society" as "an abstraction confronting the individual."[25] Instead, Marx proposed a "materialist conception of history" which he summarized as follows:

> I was led by my studies to the conclusion that legal relations, as well as forms of State, could neither be understood by themselves, nor explained by the so-called general progress of the human mind, but that they are rooted in the material conditions of life… The general conclusion at which I arrived and which, once reached, continued to serve as the guiding thread of my studies, may be formulated briefly as follows: In the social production which men carry on they enter into definite relations that are indispensable and independent of their will; these relations of production correspond to a definite stage of development of their material powers of production. The totality of these relations of production constitutes the economic structure of society—the real foundation, on which legal and political superstructures arise and to which definite forms of social consciousness correspond. The mode of production of material life determines the general character of the social, political, and spiritual processes of life. It is not the consciousness of men that determines their being, but, on the contrary, their social being determines their consciousness.[26]

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[24] Karl Marx, "German Ideology." *Karl Marx: Selected Writings in Sociology & Social Philosophy,* newly translated by T. B. Bottomore. Edited, with an introduction and notes, by T. B. Bottomore and Maximilien Rubel, and with a foreword by Erich Fromm (NY: McGraw-Hill, Inc., 1964), 71.

[25] Marx, "Economic and Philosophical Manuscripts." In Bottomore and Maximilien Rubel, 77.

[26] Marx, Preface to "The Materialist Conception of History" in Bottomore and Maximilien Rubel, 51.

A materialist analysis of disease and health seeks to understand health inequality in its inner contradictions and will try to resolve it using revolutionary practice through the mass movement.

Sociology of health is an attempt to raise awareness that more than just a person to be diagnosed and treated by medical professionals, the patient is first and foremost a social being.[27] Or, as Marx explicitly pointed out: "Society does not consist of individuals, but expresses the sum of interrelations, the relations within which these individuals stand."[28] Hence, it looks at illness and disease and the entire health care system as "a social phenomenon, with social roots and social consequences."[29] It is to acknowledge the "profoundly social character of illness and medicine" which means that "health can never be absolutely reduced to biological science."[30] Sociologists study health and illness primarily because they help us understand how society works and also the experience of sickness and disease is an outcome of the organization of society.[31]

Various topics have been explored and discussed in the field of sociology of health. For instance, scholars have

[27] David Wainwright, preface to *A Sociology of Health,* ed. David Wainwright. (Los Angeles/London/New Delhi/Singapore: Sage Publications: 2008), ix.

[28] Karl Marx, *Grundrisse,* in https://www.marxists.org/archive/marx/works/1857/grundrisse/ch05.htm (accessed 26 June 2020).

[29] Rose Weitz, *The Sociology of Health: A Critical Approach, 4th edition.* (CA: Thomson Wadsworth, 2007), 1.

[30] Ibid, xi.

[31] Kevin White, 1.

examined the social impacts of gender,[32] race,[33] religion,[34] and socioeconomic inequalities[35] on health. This study specifically focuses on health inequality. Health inequality, in the context of this study will use a human-rights-based approach that defines health inequality as "potentially avoidable differences in health that adversely affect socially disadvantaged groups, and, more specifically, groups that have experienced discrimination or social exclusion."[36] Most existing literature on the sociology of health had their theoretical grounding on Marx and Engels. This research augments the existing body of literature by using Vladimir Lenin's analysis of imperialism as the highest stage of capitalism. Lenin's extensive discussion on finance capital can help us understand how the commodification of the health system in the country works. Specifically, this research crystallizes how neoliberal socio-economic forces further aggravate the deteriorating health services in the

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[32] Renee R. Anspach, "Gender and Health Care," in *Handbook of Medical Sociology 6th Edition,* ed. Chloe E. Bird, Peter Conrad, Allen M. Fremont and Stefan Timmermans (Nashville: Vanderbilt University Press, 2010), 229-243; See also Patricia P. Rieker, Chloe E. Bird, and Martha E. Lang, "Understanding Gender and Health", 52-68.

[33] See David T. Takeuchi, "Race, Social Contexts, and Health: Examining Geographic Spaces and Places," in *Handbook of Medical Sociology 6th Edition,* 92-102.

[34] Wendy Cadge, "Religion, Spirituality, Health, and Medicine: Sociological Intersections," in *Handbook of Medical Sociology 6th Edition,* 341-353.

[35] Bruce Link, "Social Conditions as Fundamental Causes of Health Inequalities," in *Handbook of Medical Sociology 6th Edition,* 3-16.

[36] Paula Braveman, "Health Difference, Disparity, Inequality, or Inequity—What Difference Does it Make What We Call It?," in *Understanding Health Inequalities and Justice: New Conversations Across the Disciplines,* ed. Mara Buchbinder, Michele Rivkin-Fish, and Rebecca L. Walker (The University of North Carolina Press: 2016), 34.

country. Using a "sociological perspective", this paper frames the present health crisis as a *public issue* rather than simply looking at it as a merely *personal trouble.*[37] It criticizes what Charles Andrain calls a "dominant fatalist, reactionary, hierarchical, and individualist world-views"[38] on health. Health inequality inevitably becomes an ethical problem inasmuch as it enters the question of social justice and human rights. For this reason, health differences are *unfair* inasmuch as "they put an already socially disadvantaged group at further disadvantage with respect to health, and health is needed to escape social disadvantage."[39] However, health inequalities can be prevented or mitigated through proper interventions by the State (ex: pro-poor government health programs and policies) with the help from civil society groups and NGOs. Since health is needed for a full functioning in every sphere of life, i.e., health is crucial for well-being, longevity, and economic and other social opportunities, then health inequality is also a *moral issue* which needs urgent action. Moreover, a critical sociology of health is also an "analysis of power" since it inevitably studies the impact of political forces that utilizes tyranny and dictatorial rule in addressing a health problem. As Weitz elaborates:

> Because sociologists study groups rather than individuals, the sociological analysis of power focuses on why some social groups have more power than others, how groups use their power, and the consequences of differential access to power (i.e., some have more than others), rather than on how specific individuals get or use power.[40]

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[37] Weitz, 6.

[38] Charles F. Andrain, *Policies and Social Inequality.* (London: MacMillan Press Ltd.: 1998), 113.

[39] Ibid.

[40] Weitz, 8.

The right to health is a cardinal and social-economic right. It is enshrined both in international laws such as the United Nations[41] and World Health Organization[42] and in our 1987 Constitution.[43] The Preamble of the Constitution of the World Health Organization signed in 1946 defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[44] With the signing of Republic Act 11222 or the Universal Health Care Act by President Duterte, the government promises "a new dawn for health care" by prescribing complementary reforms in the health system. Dubbed as a "critical step towards health for all Filipinos", the law will supposedly ensure citizens' "access to the full continuum of health services they need, while protecting them from enduring financial hardships as a result."[45] Sad to say, what is masterfully crafted on paper is not translated into actual and concrete practice. A quick look at our present health care situation reveals the following morbid conditions:[46]

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[41] UN Declaration of Human Rights, Article 25.

[42] See World Health Organization. "Constitution of the World Health Organization" https://www.who.int/bulletin/archives/80(12)981.pdf (accessed 24 March 2020).

[43] 1987 Constitution, Article II, Section 15. See 1987 Philippine Constitution, available in https://www.officialgazette.gov.ph/constitutions/the-1987-constitution-of-the-republic-of-the-philippines/the-1987-constitution-of-the-republic-of-the-philippines-article-ii/ (accessed 24 March 2020).

[44] World Health Organization. "Constitution of the World Health Organization" https://www.who.int/bulletin/archives/80(12)981.pdf (accessed 24 March 2020).

[45] World Health Organization, "UHC Act in the Philippines: a new dawn for health care" (March 14, 2019) https://www.who.int/philippines/news/feature-stories/detail/uhc-act-in-the-philippines-a-new-dawn-for-health-care (accessed 24 March 2020).

[46] Jose Lorenzo Lim, "Covid-19 and the Philippine healthcare system" *IBON*. March 20, 2020 https://www.ibon.org/covid-19-and-the-philippine-healthcare-system/?fbclid=IwAR08MOaL4YxTE16K

1. As of 2017, there are 1,236 hospitals in the country, of which 65% are privately-owned
2. WHO recommends 20 beds per 10,000 population. The Philippines has 14.4 beds per 10,000 population in 1990 to only 9.9 beds per population 10,000 in 2014
3. Only 47% of barangays had barangay health centers in 2018
4. The ratio of government physicians is 1: 33,0000 Filipinos. WHO recommended 1: 1,000. In 2016, DOH said the country needed at least 15,000 doctors to meet the healthcare needs of Filipinos each year
5. The number of public health nurses is 1 to 50,000 Filipinos. One reason for the lack of nurses is we have been exporting nurses for decades because wages are low for healthcare professionals in the Philippines. For example, the Philippines deployed 19,551 nurses or 53 nurses per day in 2016
6. The overall share of health care in the national budget decreased from 4.9% in 2019 to 4.5% in 2020. For example, the budget for Epidemiology and Surveillance Program which monitors, investigates, and analyzes disease outbreaks was cut by more than half, reduced from Php262.9 million in 2019 to Php115.5 million in 2020
7. The budget for Health Systems Strengthening Program, the program used for ensuring a wide range of human health resources such as doctors, nurses, midwives, community health workers, and other health care providers was also cut by Php6 billion in 2020

In the Philippines, "6 out of 10 patients die without ever seeing a doctor." This means that every year, one million patients are driven to poverty "because of catastrophic health expenses."[47] Recent researches show

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[47] Ronnie E. Baticulon, "The Philippine healthcare system was never ready for a pandemic." March 20, 2020

socioeconomic factors tend to enhance health inequalities, citing poverty as undoubtedly one of the important causes of preventable death[48] and still the leading cause of death and illness in the country.[49] There is also a higher burden of morbidity and early mortality in poor communities than those living in affluent areas.[50] A myriad of "social determinants of health" are affecting the Filipino people such as unemployment, landlessness and land grabbing, skyrocketing prices of basic commodities, geographic remoteness, environmental plunder and degradation, vulnerability to disasters and social exclusion.[51] Underdevelopment and economic backwardness are also seen as indicators of a poor public health system. Semi-colonial and semi-feudal society is determined by foreign domination, feudal oppression, and elitist politics.[52] The Philippines' backwardness and

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https://cnnphilippines.com/life/culture/2020/3/20/healthcare-pandemic-opinion.html (accessed 22 March 2020).

[48] Brian Oldenburg, "Public Health as a Social Science," *International Encyclopedia of the Social & Behavioral Sciences, 12543.* doi:10.1016/b0-08-043076-7/03782-7; See also Steven H. Woolf, MD, MPH, Robert E. Johnson, PhD and Jack Geiger, MD, MS, "The Rising Prevalence of Severe Poverty in America: A Growing Threat to Public Health," *American Journal of Preventive Medicine* 31/4 (2006): 334. doi:10.1016/j.amepre.2006.06.022; On how to measure "health poverty" and its application to specific cases, see P. Clarke and G. Erreygers, "Defining and measuring health poverty," *Social Science & Medicine* 244 (January 2020): 5-21 https://doi.org/10.1016/j.socscimed.2019.112633.

[49] IBON Foundation, Inc, *Chronically Ill: An overview of the Philippine health sector* (Quezon City: IBON Books, 2008), 2.

[50] Greig Inglis, Fiona McHardy, Edward Sosu, John McAteer, & Hannah Biggs, "Health inequality implications from a qualitative study of experiences of poverty stigma in Scotland," *Social Science & Medicine* 232 (2019): 43-49. doi: 10.1016/j.socscimed.2019.04.033.

[51] Seiji Yamada, MD, MPH, "The Health of the Filipino People under the Duterte Administration," *Social Medicine* 10/2 (August 2016): 73.

[52] Amado Guerrero, *Philippine Society and Revolution 6th Edition* (Institute for Nationalist Studies, 2014), 63.

underdevelopment is worsened by decades of adherence to neoliberal "free market" policies. This is further aggravated by the country's subservience to economic policies that treat health services as commodities to be sold to the market, thus depriving millions of poor access to healthcare.[53] Neoliberalism as a market ideology geared towards the accumulation of super-profits for big corporations is characterized by budget cuts on basic social services such as health, education, housing, etc. Quality and affordable health services have become inaccessible to the poor because of the triad neoliberal anti-health economic reforms: privatization, deregulation, and liberalization.[54] McGregor explains the adverse effects of neoliberal privatization and commodification of health care on citizens:

> …neoliberalists believe that social solidarity (gained through a welfare state) should be replaced with a concern for competition, accountability, and consumer demand in the marketplace. The social citizen should be replaced with the *consumer citizen*. Instead of the state providing health care, consumers are expected to *purchase* it in the marketplace (privatization). Instead of being collectively entitled to health care because one is a citizen of a nation-state, neoliberalists assume that only *those who can afford to buy health care can have it*… They [neoliberalists] arrange for the public care system to become so inaccessible, undependable, and inefficient that people feel they are making a good

[53] Dikaios Sakellariou and Elena S. Rotarou, "The effects of neoliberal policies on access to healthcare for people with disabilities." *International Journal for Equity in Health* 16/199 (2017): 5-8.

[54] For an in-depth discussion on the impact of deregulation, privatization and budget cuts on health, see Milton Terris, "The Neoliberal Triad of Anti-Health Reforms: Government Budget Cutting, Deregulation, and Privatization," *Journal of Public Health Policy* 20/2 (1999): 149-167.

> consumer choice by *buying* services in the marketplace.[55] (emphasis mine)

In mid-May, the government announced that "it will leave it up to the discretion of private businesses to conduct tests for COVID-19" since it has "no program in place to carry out mass detection."[56] The Institute for Occupational Health and Safety Development (IOHSAD) earlier warned that privatizing mass testing for COVID-19 could be a "recipe for disaster" that could undermine workers' health and lack of employers' and government accountability.[57] In the final analysis, the "real winners" of neoliberal healthcare reforms are transnational companies and other foreign corporations that make huge profits out of health services.[58]

A materialist evidence for the causes of our worsening and deteriorating health care system reveals that it is largely rooted in the social organization rather than individual or biology. Marxian inspired sociologists focus on the production of health through the formation of a capitalist, healthcare *industry*.[59] The neoliberal, market-oriented, and profit-driven healthcare system is evidence that the Philippines' healthcare system is an outcome of the organization of society. This atomized and

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[55] Sue McGregor, "Neoliberalism and health care," *International Journal of Consumer Studies* 25/2 (June 2001): 87.

[56] Darryl John Esguerra, "Gov't says it's up to the private sector to conduct mass tests for COVID-19" (May 18, 2020) https://newsinfo.inquirer.net/1276892/amid-limited-covid-19-testing-capacity-govt-to-let-private-sector-conduct-mass-testing (accessed 26 June 2020).

[57] Gabriel Pabico Lalu, "Gov't reliance on the private sector for mass testing a recipe for disaster—Group." (May 20, 2020) https://newsinfo.inquirer.net/1278366/govts-reliance-on-private-sector-for-mass-testing-a-recipe-for-disaster-group (accessed 26 June 2020).

[58] Sakellariou and Rotarou, 4.

[59] Collyer, 49.

individualist healthcare system pushes individuals to become more dependent on the medical-industrial complex run by profit-hungry capitalists. It is clear that the lives of millions of Filipinos have been adversely affected by economic and political programming that favors market interests, specifically privatization of social and public services like health care. Hence, a dysfunctional system of healthcare delivery is but a symptom of a decadent and regressive economic system that treats services as commodities and puts profit over people.

In a class society, the ruling class has the monopoly of good, quality healthcare. They can afford to pay exorbitant professional fees of medical specialists and can stay in luxurious hospital rooms. In times of health emergencies and pandemics, they get first-class treatment and immediate and unhampered access to testing kits. Asymptomatic politicians and their relatives can easily avail of COVID-19 testing kits while poor and ailing patients wait for available stocks in government hospitals.[60] Many die while waiting for their test results. In a class society, the poor are locked in slum areas guarded by heavily armed military personnel during community quarantine while privileged politicians (a Senator and a Congressman) shamelessly violate DOH quarantine protocols with impunity. Health experts are

[60] In a report by GMA News, the Philippines lags behind its neighbors in Southeast Asia in terms of the number of COVID-19 tests conducted. Data from DOH showed the Philippines has so far conducted 2,147 tests as or March 26, 2020. This is way behind the tests conducted by other ASEAN countries. For example, Vietnam has so far conducted 30,548 tests, Singapore 39,000 tests, Malaysia 21,885 tests. See detailed report in Ted Cordero, "Philippines lags behind Southeast Asian peers in COVID-19 tests done," GMA News (March 26, 2020) https://www.gmanetworkcom/news/news/nation/731441/phl-lags-behind-southeast-asian-peers-in-covid-19-tests-done/story/ (accessed 27 March 2020).

now worried that hundreds of people may be exposed to the virus because of their reckless and irresponsible actions.[61] When three COVID-19 patients are "sent home due to lack of space in health facilities"[62], health inequality becomes a problem of morality. Andrain is correct in pointing out how capitalism generates alienation among the working class: "Economic inequalities, class exploitation, unsafe working conditions, dilapidated overcrowded housing, and material deprivation generate alienation from the capitalist system."[63] Hence, the need to critically evaluate our health care system through the prism of Catholic social teaching.

Catholic Social Teaching on Healthcare

Charity is at the heart of Catholic Social Teaching, as Reichert argued: "one cannot ignore the present, immediate needs of the impoverished in the hope of building a just society."[64] Charity is intrinsically linked with justice, for to love others requires that "I must first be just towards them."[65] The antithesis or negation of

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[61] Inday Espina-Varona, "In the Philippines, sick lawmakers skirt quarantine as cops threaten to shoot 'lockdown' violators," (March 26, 2020) https://www.licas.news/2020/03/26/in-the-philippines-sick-lawmakers-skirt-quarantine-as-cops-threaten-to-shoot-lockdown-violators/ (accessed 27 March 2020).

[62] ABS-CBN News, "3 Covid-19 patients in QC sent home due to lack of space in health facilities: mayor," (March 22, 2020) https://news.abs-cbn.com/news/03/22/20/3-covid-19-patients-in-qc-sent-home-due-to-lack-of-space-in-health-facilities-mayor (accessed 26 March 2020).

[63] Andrain, 134.

[64] Elizabeth Reichert, "Charity: The Heart of Catholic Social Teaching," *Handbook of Catholic Social Teaching: A Guide for Christians in the World today* ed. Martin Schlag with a foreword by Peter K.A. Cardinal Turkson (Washington, D.C: The Catholic University of America Press, 2017), 4.

[65] Ibid, 5.

charity is injustice, social exclusion, and marginalization. Michael Horsnby-Smith correctly identified the four dimensions of social exclusion:[66]

1. Impoverishment or exclusion from adequate income or resources;
2. Labor market exclusion from paid employment;
3. Service exclusion, for example from education, health and welfare services; and
4. Exclusion from social relationships, including full participation in political processes and decision-making

All four are inimical to a Catholic view of health care. Without adequate income, the poor does not have access to quality health care. Market exclusion will result in exclusion from adequate income and exclusion of the poor from full participation in the political process (ex. policy-making) will eventually exclude them from social services.

A holistic approach to the health of a human person entails integrating spiritual, physical, intellectual, emotional and social dimensions. Studies on the role of the church in promoting health and caring abound.[67] A growing number of churches and lay communities offering health ministry includes faith-based hospitals, community nursing, lay health promoters, clinics, and integrating faith-based health education materials in their curriculum.[68] Catholic social teaching on health

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[66] Michael P. Hornsby-Smith, *An Introduction to Catholic Social Thought,"* (Cambridge: Cambridge University Press, 2006), 208.

[67] See Michael Long, "The Church's Role in Health and Wholeness," *Health Communication* 16/1 (2004): 129-30. doi: 10.1207/S15327027HC1601_9; Mary Chase-Ziolek, PhD, "(Re) Claiming the Church's Role in Promoting Health: A Practical Framework" *Journal of Christian Nursing* 32/2 (2015): 101-107. doi:10.1097/CNJ.0000000000000153.

[68] Ziolek, 101, 104.

care is founded on four essential elements: a) the sanctity of life and the inviolable dignity of the human person created in the image and likeness of God; b) the biblical foundations for the Church's ministries of health, healing, and wholeness; c) social justice and the common good; d) part of the Church's mission.[69] As Christians, we need to "*respond* to the need of our neighbors-basic needs such as food, shelter, *health care*, education… [and] seek the best ways to *respond* to these needs."[70] A Catholic vision of health care promotes

> …[a] healthcare system… rooted in values that respect human dignity, protect human life, respect the principle of subsidiarity, and meet the needs of the poor and uninsured, especially the unborn children, pregnant women, immigrants, and other vulnerable populations.[71]

Pope Emeritus Benedict XVI affirmed this vision:

> It is necessary to work with greater commitment at all levels to ensure that the right to health care is *rendered effective*… to establish a real distributive justice which, on the basis of objective needs, *guarantees adequate care to all*.[72] (emphasis mine)

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[69] See Bishop Robert F. Vasa, "A consideration of social justice," *The Linacre Quarterly* 83/4 (2016): 363, 365. For an exposition on the dialectical relationship between justice and healthcare, see James McTavish, "Justice and healthcare: When 'ordinary' is extraordinary," *The Linacre Quarterly* 83/1 (2016): 26-34. DOI:10.1080/00243639.2015.1123891.

[70] United States Conference of the Catholic Bishops (USCCB), "Forming consciences for faithful citizenship," http://www.usccb.org/issues-and-action/faithful-citizens/forming-consciences-for-faithful-citizenship-title.cfm, quoted in Donald P. Condit, "Catholic social teachings: Precepts for healthcare reform," *The Linacre Quarterly* 83/4 (2016): 370-347. DOI: 10.1080/00243639.2016.1247621.

[71] Ibid.

[72] Benedict XVI. "Message to participants in the 25th international

Sibley situates healthcare within the ambit of distributive justice.[73] Denouncing what he refers to as a problematic "market knows best theory" of healthcare, Sibley commented:

> In the healthcare sector, the market 'knows' the demand for various treatments, but demand in the economic sense simply means the ability and willingness to pay. It does not necessarily reflect patients' needs. The market, in itself, does not 'know' about those needs. It only knows how much patients are able and willing to pay for various treatments. So a market-based healthcare system often fails to deliver the distributive justice the Catholic teaching demands.[74]

Pope Francis has likewise consistently reminded the faithful of the importance of bringing quality healthcare especially to the poor and the vulnerable in society. The Pope's close encounter with the poor, the oppressed and exploited members of society not only enabled him to see their concrete situation but allowed him to see reality from their perspective. Thus, the Pope correctly pointed out that the poor are victims of socio-economic and political structures that not only victimizes them but also excludes them. The Catholic church's "long history of service to the sick" includes "shielding Catholic hospitals from the business mentality that is seeking worldwide to

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conference organized by the Pontifical Council for Health Care Workers," November 15 https://w2.vatican.va/ content/benedict-xvi/en/letters/2010/documents/hf_ben-xvi_let_20101115_op-sanitari.html, quoted in Angus Sibley, "Health care's ills: A Catholic diagnosis," *The Linacre Quarterly* 83/4 (2016): 402. DOI: 10.1080/00243639.2016.1249264.

[73] Sibley, 403.

[74] Ibid, 410.

turn health care into a profit-making enterprise, which ends up discarding the poor."[75]

Pope Francis denounced those socio-economic structures that oppress and exploit the poor and deprive workers of just wages. The poor that are victimized by these unjust structures "cry out to God for vengeance". Extreme poverty and unjust economic structures were "violations of human rights" which called for solutions for justice.[76] Amid injustice and oppression, the poor needed justice, not charity.[77] Speaking in front of Finance Ministers from various nations, he reminded them we are now living at a time "when profits and losses seem to be more highly valued than lives and deaths, and when a company's net worth is given precedence over the infinite worth of our human family." He appealed to them to "act prudently and responsibly" and promote human dignity by freeing themselves from "the idolatry of money that creates so much suffering."[78] On the occasion of the 70th anniversary of the Universal Declaration on Human Rights on December 10, 2018, he pointed out "numerous forms of injustice" that continue to trample on the political, economic, and civil rights of the poor. These "grave injustices" are often "fueled by an economic model founded on profit, which doesn't hesitate to exploit, to

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[75] Pope Francis, "Message of His Holiness Pope Francis for the Twenty-Sixth World Day of the Sick 2018," November 26, 2017, http://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20171126_giornata-malato.html (accessed 21 March 2020).

[76] Pau Vallely, *Pope Francis: Untying the Knots* (London: Bloomsbury, 2013), 195.

[77] Robert Blair Kaiser, *Inside the Jesuits: How Pope Francis is Changing the Church and the World* (NY: Rowman & Littlefield, 2014), 115.

[78] Pope Francis, "Address to Finance Ministers from Various Nations," May 27, 2019 http://w2.vatican.va/content/francesco/en/speeches/2019/may/documents/papa-francesco_20190527_climate-change.html (accessed 21 March 2020).

reject and even to kill man."[79] He added that a "reductive vision of the human person" brought about by "modern forms of ideological colonization by the stronger and wealthier" is detrimental to the poorer and most vulnerable members of society.[80]

The pope also strongly denounced the "growing inequality in health care" due to the State's abandonment of duty to protect and provide adequate health services.[81] The pope also emphasizes "serving, the poor, the infirm, the suffering, the outcast and the marginalized" as a fundamental part of the Church's mission. For this reason, he gives full recognition and appreciation to frontliners in the healthcare ministry for their life of self-giving, generosity, and solidarity and encouraged them to continue addressing the challenges of present-day healthcare.[82] Some of the powerful metaphors Francis used to convey his vision of genuine healthcare[83] are: "go

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[79] Francis, "Message to Participants in the International Conference. Human Rights in the Contemporary World: Achievements, Omissions and Negations," December 10, 2018 https://zenit.org/articles/popes-appeal-human-rights-must-be-at-center-do-not-fear-going-against-the-grain/ (accessed 21 March 2020)

[80] Francis, "Address to the Members of the Diplomatic Corps," January 8, 2018 http://w2.vatican.va/content/francesco/ en/speeches/ 2018/january/documents/papa-francesco_20180108_corpo-diplomati co.html (accessed 21 March 2020).

[81] Francis, "Message of His Holiness Pope Francis to the Participants in the European Regional Meeting of the World Medical Association," 7 November 2017 http://w2.vatican.va/content/ francesco/en/messages/pont-messages/2017/documents/papa-francesco_20171107_messaggio-monspaglia.html (accessed 21 March 2020).

[82] Francis, "Message of His Holiness Pope Francis for the Twenty-Fifth World Day of the Sick 2017," December 8, 2016 http://www.vatican.va/content/francesco/en/messages/sick/documents /papa-francesco_20161208_giornata-malato.html (accessed 21 March 2020).

[83] Cathleen Kaveny, "Pope Francis and Catholic Healthcare Ethics," *Theological Studies* 80/1 (2019): 186-201.

to the peripheries!" and a critique of "throwaway culture vs. a culture of encounter".[84]

Pope Francis is also consistent in condemning what he calls "mentality of profit" in the field of health services. He reminded Catholic healthcare institutions not to "fall into the trap of simply running a business" but instead focus on "personal care more than profit."[85] In his message to the 2020 World Day of Sick, he provided a structural analysis on the root cause of the marginalization of the poor and the sick and criticized what he calls "oppressive social system" that "neglects social justice out of a preoccupation for financial concerns."[86] "Market' or "competition" ideology for health, according to Charlene Harrington "supports rationing care to those who can pay for it."[87] The present Philippine health care system basically reflects this kind of market-driven, profit-oriented, and competition-enhanced health care. This approach to health care inevitably leads to physical death especially among the poor. The Peruvian theologian Gustavo Gutierrez puts it succinctly:

> When a people is not taken into account, when a people is despised in one way or another, then in a certain

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[84] Ibid., 195-200.

[85] Francis, "Message of His Holiness Pope Francis for the XXVII World Day of the Sick 2019," November 25, 2018 http://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20181125_giornata-malato.html (accessed 21 March 2020).

[86] Francis, "Message of his Holiness Pope Francis for the XXVIII World Day of the Sick 2020." January 3, 2020 http://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20200103_giornata-malato.html (accessed 21 March 2020).

[87] Charlene Harrington, "Market Ideology in Health Care and the Catholic Church," *Medical Anthropological Quarterly* 10/1 (March 1996): 25.

> sense the persons who belong to that people are also being killed… Poverty, therefore, means death!"[88]

In a society that follows a market-driven and profit-oriented mantra, the "poor", then, are "non-persons", and as such, "*in-significant*". Gutierrez continues:

> …those who do not count in society and all too often in Christian churches as well… *someone who has to wait a week at the door or the hospital to see a doctor*. A poor person is someone without social or economic weight, who is robbed by unjust laws; someone who has no way of speaking up or acting to change the situation.[89] (emphasis mine)

The everyday life, then of the poor amid COVID-19 pandemic is death. A privatized, commodified, corporatized, and commercialized health care system that systematically discards the poor is not only anti-poor but also unchristian. Glueck is correct in pointing out that "health", "holiness", and "wholeness" are "holistically equivalent".[90]

Amid this pandemic, the poor are asserting their right to health and demanding adequate health services. Calls for #FreeMassTestingNow, #MassTestingNowPH, #NoVIPTesting, and #SolusyongMedikalHindiMilitar are mounting among community-based health advocates, activists and individuals who are frustrated by the slow response of the government in providing COVID-19 test in communities. Online calls to #SecureOurHealth

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[88] Gustavo Gutierrez, *Gustavo Gutierrez: Essential Writings* ed. with an introduction by James B. Nickoloff (Makati: St. Pau Publications, 2004), 144.

[89] Ibid.

[90] Nathan Glueck, "Religion and Health: A Theological Reflection," *Journal of Religion and Health,* 27/2, (Summer 1988): 109-10.

Workers are also building up amid inadequate masks, protective personal equipment, alcohols, and disinfectants in hospitals. In areas where government economic relief is not felt, grassroots communities, urban poor sectors, women, church-people, and members of the academe organize “bayanihan” systems where they distribute relief packs to poor families. Meanwhile, cause-oriented groups, human rights advocates, NGO's and people's organizations remain vigilant of the looming human rights violations amid community lockdowns and the granting of "emergency powers" to the President. They are organizing online forums and discussions to push for #MassTesting and immediate economic relief, especially in poor communities. They are demanding an end to VIP testing and insisted #FullProtectionOf Frontliners. Student councils call for the abolition of online classes highlighting the fact that not all students have access to the internet. Mass movement remains the most effective antidote to government ineptness and apathy amid the health crisis.

Conclusion

This paper presented the plight of the poor, especially the working class and those living in depressed (slum) areas during COVID-19 pandemic. Their already precarious living is worsened by the health crisis and aggravated by the government’s incompetence in handling the situation. The State’s militaristic approach to the health problem provides no immediate health solutions nor did it provide swift economic relief. On the contrary, it only resulted to gross violations of people’s civil, political, and economic rights.

A materialist analysis of the present health care system was presented that points to the systemic, organizational, structural, political, economic, and social

forces behind the deteriorating health system. Neoliberal economic policies such as privatization, deregulation, and liberalization which puts profits over people are seen as the root-causes of this man-made epidemic. Poverty and economic misery are worse than the virus. It plagues the poor on a daily basis affecting their entire family.

The Catholic church's social teaching on health is a rich and profound material that faith-based communities can utilize to have a deeper and clearer grasp of socio-political and economic forces affecting society. It can also be a tool for Christians to examine, scrutinize, and challenge existing dominant health care systems anchored on the neoliberal economic paradigm that disregards human beings in the pursuit of profit. The present health care crisis is worsened by decades of adherence to neoliberal policies of privatization, deregulation, denationalization, and liberalization. Combining theory and praxis, contemplation, and action, the Church (bishops, priests, religious, and laypersons) are challenged to be evangelized by the poor, to learn from them, and to link arms with them as they continue the struggle to build a more just and humane society.

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