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and Matt Clarenz P. Bobadilla*

Hear the Signs

KASALANAN SA KALUSUGAN ng KABATAAN at MAHIHIRAP



Kung halos **6 na PISO** lang ang itataas sa presyo ng kaha ng sigarilyo tulad ng unang pahayag ng Senate Committee on Ways and Means...



Gaano naman kaya kalaki ang itataas ng **KANSER** at iba pang sakit at gastos ng gobyerno sa pagpapagamot ng mga biktima ng sigarilyo sa bansang ito?

TAASAN ANG
Sin Tax
ng Alcohol at Tobacco

Kalusugan Pangkalahatan ang nakataya dito.



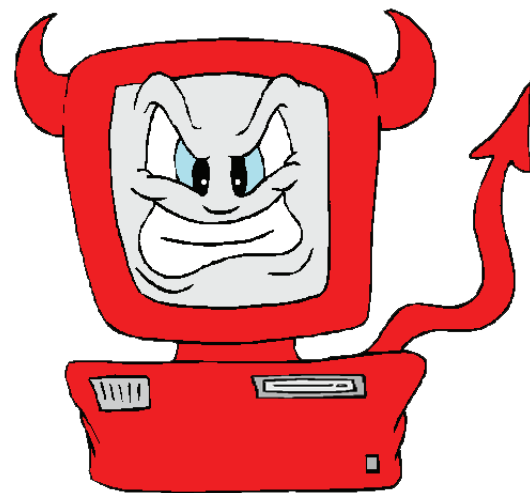


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The End is Near

A Secretary's fatal plane crash, a Chief Justice's impeachment, a Former President's another arrest, a second Filipino Catholic saint, the Bangsamoro agreement, and the fielding of candidates in next year's elections – with such big stories that happened in the country in 2012, could a health issue squeeze its way in to be of national interest? But there are 366 days in this leap year and there are so many forms of media nowadays that health issues still get some right amount of public attention. Any Filipino could not resist hopping in the discussions and debates of the neverending drama (and even comedy) unfolding in Congress to decide the fate of the controversial Reproductive Health (RH) and Sin Tax bills before it ends its sessions by election time next year. That is, if the so-called cataclysmic or transformative events will not occur on December 21, 2012.

Although 2012 nor the so-called end-of-days, whichever goes first, has not happened yet by the time we print and release this HEALTHbeat issue, we choose to bring you our annual countdown of the Top 10 trending health news now instead of the next issue. We find it to be more relevant and interesting at this point of the year than reading it by the end of January or early February 2013. Anyway, if any big news occurs in these last two months of the year, you will still be reading them not as part of a countdown but as regular articles next issue.

As the yearend nears, the Department of Health takes pride too in its achievements for the year. For the record, the DOH is the biggest organization, both public and private, to be certified as ISO 9001:2008 for quality management. The DOH is also one of the first national government agencies to be in the "Proficient" stage of the Performance Governance System. And, the DOH led all other agencies in the executive branch of government (second only to the Office of the President) to get a net sincerity rating from "Good" + 37 in 2009 to "Very Good" + 60 in 2012 in fighting graft and corruption. This is according to the 2012 Social Weather Station (SWS) Survey of Enterprises on Corruption. These achievements are perfect signs that the DOH is proving that the Aquino government's "Matuwid na Daan" can be realized.

And speaking of signs, let us not only be vigilant of the end-of-days signs; as health workers, let us also learn the sign language of the Deaf in order for us to give them the right health and social services that they may need.

Malusog na Pasko at Ligtas na Bagong Taon sa inyong lahat!

— The Editors

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A Great DOH Yearender

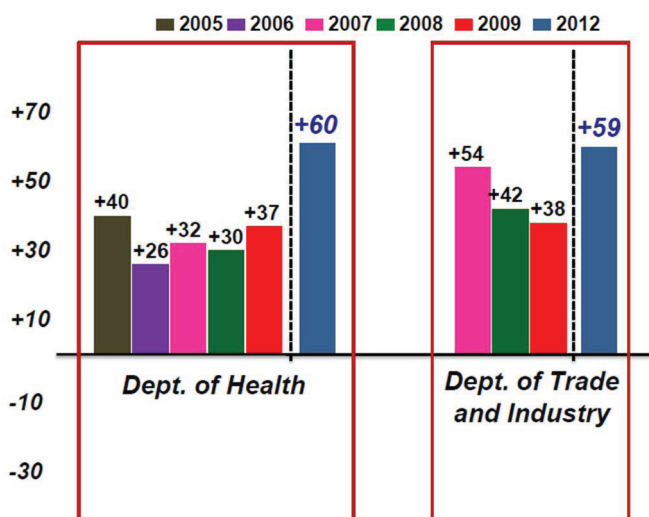
Rated Very Good

He may not be very visible in media like what his predecessors did. Many of his opinions and the decisions may turn out to be unpopular. But the one thing that is clear and consistent with the Health Secretary is his vision to realize **Kalusugan Pangkalahatan** or universal health care, the Aquino administration's health agenda to ensure that all Filipinos, beginning with the poor, are able to use quality health services at affordable cost, by being enrolled in the National Health Insurance Program; cared for in modern health care facilities; and prevented from falling ill by using public health services to improve health outcomes and attain the country's health-related Millennium Development Goals (MDG).

And two years at the helm of the health sector, the Department of Health is starting to reap what he has sowed. Health Secretary Enrique T. Ona has put the DOH on the right track in the so-called straight path of governance. The accolades and good ratings this year speak loudly of Ona's leadership in the DOH.

Survey Says

The preliminary report of the 2012 Social Weather Station (SWS) Survey of Enterprises on Corruption presented during



Based on the ratings of sincerity in fighting corruption, the DOH has improved from "good" to "very good" and leads the agencies under the executive branch of government, followed closely with almost the same standing as the Department of Trade and Industry. These two agencies trailed behind the Office of the President with a remarkable jump from "bad" to "excellent." This is according to the 2012 Social Weather Station (SWS) Survey of Enterprises on Corruption.

the Second Integrity Summit on September 18 showed significant progress made by the DOH in fighting corruption. From a net sincerity rating of "Good" + 37 in 2009, the DOH improved to "Very Good" + 60 in 2012. The SWS terminology for net ratings includes: Excellent +70 and up, Very Good +50 to +69, Good +30 to +49, Moderate +10 to +29, Neutral -9 to +9, Poor -29 to -10, Bad -49 to -30, and Very Bad -69 to -50. Net sincerity rating is computed by getting the percent sincere minus the percent insincere.

The 2012 SWS Survey of Enterprises is the tenth in a series since 2000, the last survey being in 2009, covering

950 companies in the National Capital Region, Cavite-Laguna-Batangas, Metro Cebu, Metro Davao, Cagayan de Oro-Iligan, Metro Angeles and Metro Iloilo. The preliminary report is based on interviews of executives of 826 companies (281 large, 545 small/medium) from the period of July 16 to September 14, 2012. The said survey was supported by the Australian Agency for International Development (AusAID) through The Asia Foundation, and done in partnership with the Makati Business Club's Integrity Initiative program and the National Competitive Council.

The DOH is one of the first national government agencies to be in the "Proficient" stage of the Performance Governance System (PGS). The PGS, under the Policy Improvement Process is a commitment of the Philippine Government to the Millennium Challenge Corporation (MCC) for fighting corruption and improving the performance of key government offices.

Earlier, on July 17, 2012, the DOH officially set the record as the first government agency to have a department-wide ISO 9001:2008 certified for implementing quality management system. The DOH – with its 17 bureaus, centers and services inside the Central Office compound and the two pilot Centers for Health

Development (CHDs or regional offices) in Metro Manila and CaLaBaRZon – is now the biggest organization, both public and private, to be certified.

The scope of the DOH quality management system includes: health policies, programs, systems and standards development; health research management; capacity building; health regulation; and health program monitoring and evaluation. All the remaining 14 DOH regional offices are also set to be certified next year.

Ona's Numerous Awards

Of course, the DOH success takes off from its leader. Secretary Ona, himself, has garnered several awards this year for his outstanding performance.

In June, Ona was named 2012 Harvard Health Leader. He was selected, along with 16 other health ministers from around the world, to participate in the Harvard Ministerial Health Leaders' Forum at

the Harvard Kennedy School of Government in Cambridge, Massachusetts. The forum aimed at strengthening the effectiveness of ministerial leadership as a key component in sustainable health systems' improvement. Following the forum, the ministers were to submit proposals outlining a low-cost/high return health systems innovation that has the potential to result in more general health systems strengthening and improved health outcomes in their countries.

In September, Ona became the very first Filipino to receive the Honorary Fellowship of the American College of Surgeons (ACS), the highest honor the institution can confer to any surgeon. He also has the distinction to be the first from Southeast Asian to receive the said recognition since its conception in 1913. The ACS website said that Honorary Fellowship is awarded to "individuals who possess an international reputation in the field of surgery or medicine" and those who "have rendered distinguished humanitarian

services, especially in the field of medical science."

Ona also received the Lifetime Distinguished Achievement Award from the University of the Philippines (UP) Alumni Association during the 2012 General Faculty-Alumni Homecoming and Reunion held at UP-Diliman in July. He added another feather to his cap when Quezon City Mayor Herbert Bautista and Vice Mayor Joy Belmonte awarded him in October the Quezon City Gawad Parangal for his invaluable contribution to Quezon City residents in the field of organ transplantation. Ona served as the Executive Director of the National Kidney and Transplant Institute from 1998 to 2010 when he assumed the post of Health Secretary.

Ona declared that the honor and awards he received this year are a "recognition of the massive efforts our government is putting into to provide Filipinos with access to affordable yet quality health care. We are on the right direction



Health Secretary Enrique T. Ona (sixth from left) receives the ISO 9001:2008 Certificate of Registration in behalf of the 17 bureaus, centers and services of the Department of Health Central Office as well as the Centers for Health Development in Metro Manila and CaLaBaRZon. Renato V. Navarette, managing director of the Certification International Philippines, Inc. and Magdalena Mendoza, senior vice president of the Development Academy of the Philippines (fifth and fourth from left, respectively) officiate the awarding. Also in photo are DOH Executive Committee members and regional directors of Metro Manila and CaLaBaRZon. (Photo by Paking Replente)



Health Secretary Enrique T. Ona making a response during the announcement that the Philippines is now a member of the World Health Organization-Asia Pacific Observatory Steering Committee on Health Systems and Policies. (Photo by Paking Repelente)

and we should take this a signal to do more.”

Doing More in 2013

In September, Secretary Ona revealed that the 2013 proposed budget of P 54.6 billion for the DOH and its attached agencies will further bolster the Aquino administration's integrated economic and development framework, which centers on poverty reduction and empowerment of the poor and vulnerable. This proposed budget is about 25% higher than what was approved in 2012.

DOH's **Kalusugan Pangkalahatan** is a vital component of this integrated anti-poverty framework, which includes the Pantawid Pamilyang Pilipino Program (4Ps), education and housing. Its initial focus on the poorest 5.2 million families identified by the National Household Targeting System for Poverty Reduction (NHTS-PR) of the Department of Social Welfare and Development will maximize health gains for those who are most vulnerable.

The proposed 2013 budget of

P54.6 billion for health includes P39.5 billion for the Office of the Secretary; P304.5 million for the Commission on Population; P327 million for the National Nutrition Council; P13.5 billion for the Health Facilities Enhancement Program, lodged under the Priority Social and Economic Projects Fund; P908 million for the specialty hospitals; and P40 million for the Philippine Institute for Traditional and Alternative Health Care.

About 69% of the proposed 2013 budget will finance priority programs, activities, and projects in support of **Kalusugan Pangkalahatan**. The subsidy for health insurance premium, amounting to P12.6 billion, will ensure the enrollment of 5.2 million indigent families to PhilHealth. P13.5 billion under the Health Facilities Enhancement Program will be used to upgrade and modernize selected barangay health stations, rural health units, district, provincial and DOH-retained hospitals. P2.8 billion is allocated to the Doctors to the Barrios and Rural Health Practice Program for the deployment of 22,500 batch 4 RNheals (Registered Nurses for

Health Enhancement and Local Service) and midwives to Conditional Cash Transfer (CCT) areas, as well as 221 medical doctors to doctor-less municipalities.

P1 billion under the National Pharmaceutical Policy Development (including provision of drugs) will provide Complete Treatment Packages to 1,395 rural health units and 160 district hospitals in 4Ps municipalities. The proposed budget for Expanded Program on Immunization is P 1.9 billion for the full vaccination coverage of eligible children 0-11 months for BCG (Bacillus Calmette Guérin), DPT (Diphtheria Pertussis Tetanus), OPV (Oral Polio Vaccine), Hepatitis B, Measles, Tetanus Toxoid, Measles-Rubella, pneumococcal conjugate vaccine, and rotavirus. The cost of vaccines for indigent senior citizens (pneumococcal and influenza) is included under the Family Health and Responsible Parenting program. The proposed budget for infectious diseases program include the procurement of anti-TB drugs, anti-malarial drugs, anti-rabies vaccines, diagnostic kits, and insecticide-treated beds, among others.

Even with the steady and substantial increase in the health budget, Ona asked the Senate to ensure the sustainability of KP by passing two critical pieces of legislation, namely, the tobacco and alcohol excise tax reform bill and the reproductive health (RH) bill.

Ona also expressed the need for other priority legislations like the amendment of the National Health Insurance Act, laws for corporate governance of hospitals, and the amendment of selected laws governing practice of health professionals. Ona recommended an alternative to passing specific pieces of legislation would be to pass an omnibus law on universal health care that shall contain specific provisions necessary to enact required policies or amend existing laws.

What's happening to **PINOY TEENAGERS**

Results of the 2011 Philippines Global School-based student Health Survey (GSHS)

The Global School-based student Health Survey (GSHS) was developed by the World Health Organization (WHO) in collaboration with United Nations' UNICEF, UNESCO, and UNAIDS; and with technical assistance from the US Centers for Disease Control and Prevention (CDC). GSHS is a school-based survey conducted primarily among students aged 13 - 15 years.

The purpose of the GSHS is to provide data on health behaviors and protective factors among students to help countries develop priorities, establish programs, and advocate for resources for school health and youth health programs and policies; allow international agencies, countries, and others to make comparisons across countries regarding the prevalence of health behaviors and protective factors; and establish trends in the prevalence of health behaviors and protective factors by country for use in evaluation of school health and youth health promotion.

As of December 2011, a total of 73 countries, including the Philippines, have completed a GSHS and more than 420,000 students have participated in the survey.

The 2011 Philippines GSHS involved first to fourth year high school students and measured their alcohol use;

dietary behaviours; hygiene; mental health; physical activity; protective factors; tobacco use; and violence and unintentional injury.

A two-stage cluster sample design was used to produce data representative of all students in the country. At the first stage, schools

were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 97%, the student response rate was 84%, and the overall response rate was 82%. A total of 5290 students participated in the Philippines GSHS. Students self-reported their responses to each question on a computer scannable answer sheet. For comparison purposes, only students aged 13-15 years are included in the analyses for the fact sheet (see table next page). The numbers inside the parenthesis are statistically termed as "confidence interval," or the results are 95% sure that the true value lies within that range.

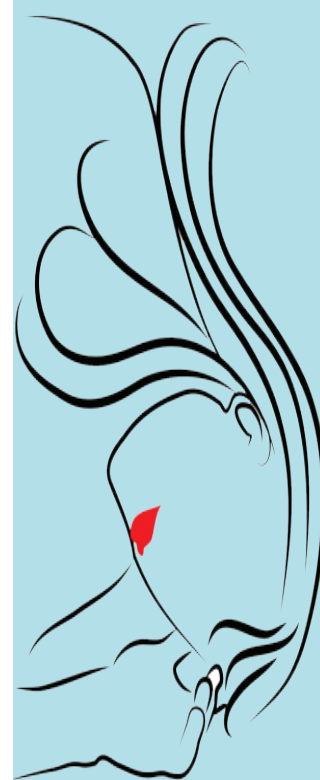
For additional information, please contact thru email Dr. Agnes Benegas-Segarra of the Department of Health-National Epidemiology Center at <agnesbenegas@gmail.com>.

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Art by Antonio Totto, Jr.

| Results for students aged 13 - 15 years | Total | Boys | Girls |
|--|----------------------------|----------------------------|----------------------------|
| Alcohol Use | | | |
| Percentage of students who drank at least one drink containing alcohol on one or more of the past 30 days | 18.7 (15.5-22.5) | 22.5 (18.0-27.7) | 15.4 (12.0-19.5) |
| Among students who ever had a drink of alcohol (other than a few sips), the percentage who had their first drink of alcohol before age 14 years | 56.7 (49.2-63.9) | 61.5 (52.4-69.8) | 51.1 (44.3-57.9) |
| Percentage of students who drank so much alcohol that they were really drunk one or more times during their life | 15.5 (13.0-18.5) | 17.8 (14.8-21.2) | 13.6 (10.0-18.2) |
| Dietary Behaviours | | | |
| Percentage of students who were underweight (<-2SD from median for BMI by age and sex) | 11.8 (9.9-13.9) | 14.6 (11.7-18.0) | 9.3 (7.3-11.9) |
| Percentage of students who were overweight (>+1SD from median for BMI by age and sex) | 10.2 (7.5-13.7) | 11.3 (7.6-16.4) | 9.3 (7.2-11.9) |
| Percentage of students who were obese (>+2SD from median by BMI for age and sex) | 2.8 (1.8-4.1) | 3.1 (1.8-5.2) | 2.5 (1.6-3.8) |
| Percentage of students who usually drank carbonated soft drinks one or more times per day during the past 30 days | 42.2 (38.2-46.4) | 42.1 (35.3-49.3) | 42.3 (39.4-45.2) |
| Hygiene | | | |
| Percentage of students who usually cleaned or brushed their teeth less than one time per day during the past 30 days | 2.9 (2.4-3.6) | 4.1 (2.9-5.6) | 1.8 (1.4-2.5) |
| Percentage of students who never or rarely washed their hands after using the toilet or latrine during the past 30 days | 2.6 (2.0-3.4) | 3.1 (2.2-4.4) | 2.1 (1.6-2.9) |
| Mental Health | | | |
| Percentage of students who ever seriously considered attempting suicide during the past 12 months | 16.3 (14.3-18.5) | 11.5 (10.0-13.2) | 20.5 (17.3-24.0) |
| Percentage of students who actually attempted suicide one or more times during the past 12 months | 12.9 (11.2-14.9) | 11.9 (9.3-15.0) | 13.8 (11.7-16.3) |
| Percentage of students who had no close friends | 3.0 (2.4-3.9) | 3.4 (2.4-4.8) | 2.7 (1.9-3.7) |
| Physical Activity | | | |
| Percentage of students who were physically active for a total of at least 60 minutes per day on five or more days during the past seven days | 13.9 (10.5-18.1) | 14.8 (11.3-19.1) | 13.1 (9.4-17.8) |
| Percentage of students who went to physical education (PE) class on three or more days each week during the school year | 22.2 (18.2-26.8) | 19.9 (15.6-25.2) | 24.4 (20.3-29.1) |
| Percentage of students who spent three or more hours per day during a typical or usual day doing sitting activities | 32.3 (25.8-39.6) | 29.8 (22.8-37.9) | 34.6 (28.0-41.9) |
| Protective Factors | | | |
| Percentage of students who missed classes or school without permission on one or more of the past 30 days | 31.4 (27.2-36.0) | 34.6 (28.7-41.0) | 28.6 (24.4-33.2) |
| Percentage of students whose parents or guardians understood their problems and worries most of the time or always during the past 30 days | 27.0 (24.2-29.9) | 24.5 (21.5-27.8) | 29.2 (25.9-32.9) |
| Percentage of students whose parents or guardians really knew what they were doing with their free time most of the time or always during the past 30 days | 32.0 (28.1-36.1) | 27.0 (22.6-31.9) | 36.6 (32.3-41.1) |
| Tobacco Use | | | |
| Percentage of students who smoked cigarettes on one or more days during the past 30 days | 11.0 (8.9-13.6) | 16.0 (12.7-20.1) | 6.4 (4.1-9.9) |
| Among students who ever smoked cigarettes, the percentage who first tried a cigarette before age 14 years | 65.6 (59.8-70.9) | 69.4 (62.2-75.7) | 59.0 (49.6-67.9) |
| Percentage of students who reported people smoked in their presence on one or more days during the past seven days | 50.0 (46.8-53.3) | 54.5 (50.1-58.8) | 46.0 (42.4-49.6) |
| Violence and Unintentional Injury | | | |
| Percentage of students who were in a physical fight one or more times during the past 12 months | 37.7 (33.7-41.9) | 44.2 (39.2-49.2) | 31.8 (27.6-36.3) |
| Percentage of students who were seriously injured one or more times during the past 12 months | 46.2 (42.2-50.2) | 52.6 (48.1-57.0) | 40.2 (35.2-45.3) |
| Percentage of students who were bullied on one or more days during the past 30 days | 47.7 (44.2-51.2) | 46.9 (42.0-51.9) | 48.4 (44.5-52.3) |



'Naykupo!

EMY:

Nakakita ako ng stick ng sigarilyo sa bag ng dalagita ko. Iniisip ko tuloy kung naging smoker na siya.

IETH:

Ako nga nakakita ng stick ng marijuana sa bag ng dalagita ko. Iniisip ko rin tuloy kung naging drug addict na siya.

JOYCE:

Ako naman nakakita ng condom sa bag ng dalagita ko. Inaykupo! Naging lalaki na kaya siya!?

Lead us not into temptation, Deliver Our Children from Food Marketing*

by

VICTORIA M. MEDINA, SARAH J. DE LOS REYES and NICHEL V. MARQUEZ

How are we tempted?

An advertisement is defined as signs with product information and or the company logo and related images. Outdoor advertising is considered to be essentially any form of advertisement that a person encounters outside of the home, and includes a wide variety of displays which may include poster, billboards, bus stop signs, banners, tarpaulins, painted buildings, store appliances (refrigerators, freezers) with brand logo and even trash bins. In the Philippines, neighborhood convenience (sari-sari) store signages are often sponsored by a company and would often have the company logo written beside the store's name. In some cases the logo or the advertised product may occupy an even bigger space than the store name itself.

Advertisements are practically everywhere – schools, offices, churches and even in the neighborhoods, trying to get the attention of the public even just for a split second. They exist and seem to be harmless. Well at least that is what most people think. But are these, oh so ubiquitous and omnipresent, advertisements as harmless as they appear to be?

What is the harm?

Food marketing and advertising has been linked with childhood food-related behavior, such as food preference, purchasing influence and spending power. No wonder then that children are often targeted and their continuous exposure to food advertisements are facilitated because of children's ability to influence their parents' spending (pester power) and their potential as a market for these companies in the years to come.

In the Philippines, child food

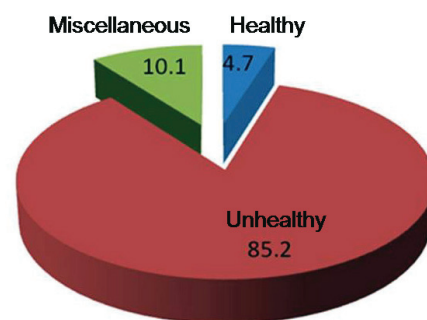
consumption trends show a shift towards unhealthy pattern over the past few decades. Food marketing is considered to be a major contributor to this situation.

What makes children consume more unhealthy (energy-dense but nutrient-deficient) food?

Studies have shown that outdoor advertising has the ability to geographically target potential consumers, and have an immediate impact on product awareness. Furthermore, it was noted

FOOD ADVERTISEMENTS
within 500-meter radius of 30 schools in the study

| FOOD TYPE | OBSERVATIONS | |
|-------------------------|--------------|--------------|
| | n | % |
| Soft drinks | 4,643 | 46.7 |
| Energy Drink | 763 | 7.7 |
| Alcoholic Beverage | 708 | 7.1 |
| Ice Cream | 640 | 6.4 |
| Fruit Drink | 596 | 6.0 |
| Fast food | 451 | 4.5 |
| Pizza | 304 | 3.1 |
| Processed meat products | 218 | 2.2 |
| Restaurant | 216 | 2.2 |
| Sweetened tea | 206 | 2.1 |
| All others | 1,191 | 12.0 |
| TOTAL | 9,936 | 100.0 |



Unhealthy food items were the type of food most advertised near schools in all five areas covered in the study. These are food items that are high in fat, salt and calorie content.

*Based on the study entitled "Outdoor food advertisements around schools in Metro Manila and Rizal," supported by the Department of Health, World Health Organization and University of Sydney.

that in circumstances where out-of-home advertisements are co-located with food outlets near schools, messages that are related to food can reach the students, with a chance for immediate purchase of products that are being promoted. This is true in the Philippines where it is common to see houses near schools that also serve as *sari-sari* stores where people can buy almost anything they need at affordable single-serve packages.

Companies spend a considerable sum to reach their market directly in the local communities. Unlike other forms of media like print, radio and television, a strategically placed outdoor advertisement guarantees exposure for a relatively less amount of investment.

How dense is the advertisement near schools?

A study entitled "Outdoor food advertisements around schools in Metro Manila and Rizal" conducted in July to October 2012 clearly showed that majority of the food items being advertised in several areas in Metro Manila were for unhealthy food products or food rich in energy and have little nutritional value. Unhealthy food items, as defined in the study, are those that are high in fat, salt, and caloric content and includes soft drinks and other sweetened beverages, ice cream, fast food, pizza, among others.

There were 9,687 food advertisements within the 500-meter radius of the 30 schools covered in the study and 85% of these were advertisements for unhealthy food products. The advertisements in Metro Manila were four times as much as food advertisements observed in a similar study covering 40 schools in Australia that only had 2,289.

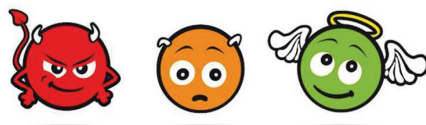
Outdoor advertisements for



unhealthy food items were highest near public and private schools in all the five areas (Cities of Makati, Manila, Marikina, Las Pinas, and Municipality of Taytay in Rizal Province) covered in the study. It was further noted that advertising was denser in the areas near schools (<250 meters) than those farther away (251 - 500 meters). On the average there were 5.6 advertisements for unhealthy food items every 100-square meter area within the 250-meter radius from the school. The largest number of advertisement observed were for sugar sweetened beverages like soft drinks, energy drinks and sweetened tea. Soft drinks accounted for almost half of the food items being advertised.

Another alarming result of the study was that alcoholic beverages accounted for 7% of the advertisements located near schools. Local legislation in some cities and municipalities in the Philippines often disallow selling to minors and near schools. But the alcohol posters in sari-sari stores near schools indicate the likelihood of their availability, and the extent of enforcement of local policies, if available, prohibiting access to alcoholic beverages among minors is unfortunately not known.

The Philippines 2011 Global School Health Survey (GSHS) indicate that 18.7 % of adolescents currently drink alcohol. Exposure to alcohol advertisements has the potential to increase the prevalence on alcohol use among the youth.



What can be done? The sale of Junk foods and soft drinks can be prohibited in and within schools (top). Food items can be coded after the traffic lights – red means unhealthy, yellow means somewhat unhealthy, and green means healthy (bottom).

What can be done?

Children are a vulnerable population in this unfortunate social situation. Young children are unable to understand that advertising is not just a means to provide information but also provides a biased view in favor of the company. Subliminal marketing practices such as the use of logo placements, associations with popular characters were designed to create lifelong customers by imprinting brand meaning among children. It is therefore imperative that the government should take a more active role in protecting schoolchildren from overexposure to advertisements.

The World Health Assembly

endorsed a set of recommendations in 2010 on the marketing of foods and nonalcoholic drinks to children, "Recommendation 5 – Settings where children gather should be free from all forms of marketing of foods high in saturated fats, trans fatty acids, free sugars, or salt."

A law restricting the advertising of unhealthy food items can be patterned after the Tobacco Regulation Law where advertisements of unhealthy food items will not be allowed within a certain radius. This is similar to the green zone that is being implemented in Korea where junk foods and soft drinks are prohibited from sale within 200 meters of schools.

One of the first steps is to come up with a standard definition of what an unhealthy food is. The limits on the calorie, fat, and salt content should be set. Once this has been settled, local authorities may want to take cues from success stories from the United Kingdom, Australia, and Korea. Just like the color coding scheme of the Metropolitan Manila Development Authority, the Philippines can follow the initiative of the United Kingdom and Australia where food items are coded after the traffic lights – red means it is unhealthy, yellow means it is somewhat unhealthy, and green means that the product is healthy. This way, government can introduce measures on which and how much of these food items can be advertised and/or sold near school premises.

Catch HEALTHbeat Online
<<http://www.doh.gov.ph>>

Photo by Joerem P. Ceria

CONSUMER *protection*

Laba

JENNY: Mare, samahan mo ko sa grocery, bibilhan kita ng Pride.
AURING: Hindi naman ako maglalaba!
JENNY: 'Papakain ko sa 'yo Pride mo!

Bula

PROMODIZER: Misis, kapag pinaghalo ang Surf at Tide, bubula kaya?
MAIBELLE: Aba syempre!
PROMODIZER: Mali!
MAIBELLE: Bakit naman?!?
PROMODIZER: Dahil wala pang tubig!

Kape

PAKING: Miss, magkano kape ninyo?
WAITRESS: P50.
PAKING: Eh, magkano ang refill?
WAITRESS: Libre po.
PAKING: Paki-bigyan mo nga ako ng refill.

Panis

Sa isang Appliance Center...
SALESLADY: Ma'am free taste...
CHIT: Anong food ito?
SALESLADY: 'Yan po ay menudo.
CHIT: Pwe! Ba't lasang panis?"
SALESLADY: 'Yan po ang mangyayari sa pagkain ninyo kapag hindi kayo bumili ng tinda naming refrigerator!

Langaw

DIOSDADO: Miss, nung una akong kumain dito, may langaw sa lugaw ko!
Ngayon naman, may lamok!
Ano ba yan?
WAITRESS: Ay naku sorry po, Sir.
Naubusan po kasi kami ng langaw eh!

Fishball

BECCA: Kahit nagtitinda lang ako ng fishball dito sa eskwelahan n'yo, may mga anak ako na nasa Ateneo, La Salle at UST.
STUDENT: Wow, anong pong kurso ang kinukuha nila?
BECCA: Wala! Nagtitinda rin sila ng fishball doon.

Pizza

WAITER: Heto na po ang order ninyong pizza. Ilang slice po ba ang gagawin natin, 6 o 8?
DONATO: 6 nalang at baka hindi ko maubos ang 8.

WiFi

MAYA: Meron po ba kayong WiFi dito sa fastfood chain n'yo?
CREW: Huh? Naku, sorry Ma'am, wala po eh. Apple Fie lang ang meron kami.

Lambingan

AILEEN: Mabuti pa ang saging may puso!
Pero ikaw, WALA!
BOY: Aba'y kung ganyanan din lang, eh... Mabuti pa ang sisig may utak! Ikaw, WALA!

Palengke

FRED: Hahaha. 'Pre, nautusan ka ba ng asawa mong mamalengke?
JOEREM: Hoy, hindi ako nautusan noh. Nagkusa ako.

Kambingan

IAN: 'Pre, alam mo bang kapag nag-sex ang kambing at ang aso, for sure, ang anak nila ay pusa?!?
EDWARD: Owww. At paano ka nakasiguro?
IAN: Kasi ang kambing, "Mee, Mee" at ang aso naman ay "Aww Aww". Pag pinagsama mo ang dalawa, "Meeaww, Meeaww." O, di ba pusa 'yun!

Beer

ALLAN: Beer is better than Milk.
MARWIN: Bakit?
ALLAN: Kasi ang beer, nililibre ng barkada. Ang milk hindi.
MARWIN: Sigurado ka?
ALLAN: Bakit may nagsabi na ba sa 'yo nang, "Tara na 'tol, dede tayo"?!?

HELMET USE Saves Lives!

MANY FILIPINOS DIE IN MOTORCYCLE COLLISIONS...

- In 2010, a total of 6,941 Filipinos died as a result of road traffic crashes, and thousands more were injured or disabled.
- Users of motorcycles make up a large proportion of those killed on the road. Data in Metro Manila indicate that 34% of all fatal road crashes and 37% of non-fatal injuries from road traffic crashes involve motorcycles.

HELMET USE IS EFFECTIVE AT REDUCING HEAD INJURIES...

- Injuries to the head and neck are the main cause of death, severe injury and disability among users of motorcycles.
- Wearing a helmet is the single most effective way of reducing head injuries and fatalities resulting from motorcycle crashes.
- Motorcyclists who do not wear helmets are at a much higher risk of sustaining head injuries and from dying from these

injuries.

WEARING A STANDARD PROTECTIVE HELMET IS IMPORTANT...

- Helmet standards ensure that helmets allowed for distribution and use by motorcyclists are of appropriate quality.
- Standard helmets are recognized by the presence of the Philippine Standard (PS) or Import Commodity Clearance (ICC) mark provided by the Bureau of Product Standards (BPS) of Department of Trade and Industry (DTI).
- Helmets create an extra layer for the head and thus protect the wearer from severe brain injury.

HELMETS SHOULD BE PROPERLY FASTENED...

- Chin and neck straps, which are specifically designed to keep the helmet on the head during an impact, must be correctly used.
- If a helmet is not fastened, it will come off during a crash, therefore, not providing protection.

HELMETS ARE DESIGNED TO PREVENT HEAD INJURIES BUT NOT INJURIES TO OTHER PARTS OF THE BODY...

- Obeying road traffic rules, including adhering to speed limits and not driving while drunk, will reduce the chance of a motorcyclist being involved in a crash, and their likelihood of incurring any type of injury.
- Appropriate clothing can be helpful to reduce other types of injuries.

THE NATIONAL MOTORCYCLE HELMET LAW (REPUBLIC ACT NO. 10054) MUST BE ENFORCED...

- Motorcycle helmet legislation has been proven in reducing head injuries and deaths from motorcycle crashes in many countries.
- Legislation is most likely to work where high-quality helmets are accessible and affordable, enforcement is comprehensive, and there is widespread community education on the benefits of helmet use.

Pushing Standards for AUTO LPG

The improper conversion of vehicles to Auto-Liquefied Petroleum Gas (ALPG) may cause health hazards to those exposed, revealed Director Eduardo C. Janairo of the Department of Health's Center for Health Development-National Capital Region (CHD-NCR). This claim was based on the study entitled "Rapid Assessment for Monitoring Exposure Risks in Conventional and Alternative Fuel Use Among the Public Transport Sector" by the DOH in coordination with the UP-National Poison Management and Control Center (UP-NPMCC).

This study was made to ascertain the validity of reports coming from the private sector as well as the rising number of health complaints of taxi drivers whose vehicles were LPG-converted.

Janairo explained, "We would like to set policy directions on the implementation of standards and guidelines in auto LPG-driven vehicles and determine the potential exposure and health effects among population groups exposed to these vehicles as compared to population groups exposed to conventional-driven ones."

According to the study, among the effects of being exposed to auto-LPG include headaches, back pain/nape pain, chest pain, cough, dizziness, dry throat, fatigue and muscle weakness, nausea and difficulty in breathing. These effects are due to the decreased delivery of oxygen to the body's vital organs. Overexposure may cause unconsciousness and even death.

The study was composed of 26



Majority of taxis plying Metro Manila run on auto LPG. (Photo by Neil Bryan S. Hipolito)

ALPG and 13 conventional male drivers who were randomly selected from the list of users of auto LPG-driven vehicles and users of conventional vehicles (diesel and gasoline). Ages of the drivers ranged between 18-45 years old, with 2 years of experience driving only one type of vehicle/working in the station, and are non-smokers. There were a total of 53 taxi units included in the study, 28 ALPG units and 25 gasoline/diesel taxis. These units were checked and tested for butane, carbon monoxide (CO), hydrogen sulphide (H₂S) for ALPG and total BTEX/HC content, CO, H₂S and O₂ level for gasoline/diesel taxis. BTEX is the term used for benzene, toluene, ethylbenzene, and xylene-volatile aromatic compounds

typically found in petroleum product, such as gasoline and diesel fuel.

The findings also discovered that the amount of hydrogen sulfide (H₂S) was 68 times higher and carbon monoxide (CO) levels were eight (8) times greater for auto-LPG retrofitted vehicles than those measured in conventional vehicles.

In the United States Centers for Disease Control, the prescribed Occupational Safety and Health Administration (OSHA) standard and permissible exposure limit (PEL) for LPG is 1000 parts of LPG per million parts of air (ppm) averaged over an eight-hour work shift. This can be expressed as 1800 milligram of LPG per cubic meter of air (mg/m³).

According to Janairo, several factors that may result in the emission of dangerous chemicals within the vehicle includes, inaccurate and improper conversion of vehicle to auto-LPG, lack of regular environmental monitoring of vehicles, poor maintenance of the vehicle and the long exposure to the elements within the vehicle by drivers.

The passage of the Clean Air Act of 1999 and the Biofuels Act of 2006 introduced the addition of biofuels and use of other alternative fuel sources to reduce dependence on petroleum-based fuels. One of the most widely used alternative fuel for road transport is the autogas also known as automotive liquified petroleum gas or auto-LPG.

ALPG is cleaner than conventional automotive fuels. It is a mixture of light hydrocarbon gases propane (30%) and butane (70%). Because of its environmental and economic benefits, auto-LPG was considered as one of the best alternative automotive fuels in the country and was introduced in 2005. There are a total of a

total of 19,052 taxis converted from 2005 to 2011, an average of 2000 taxis per year and 217 refilling stations nationwide. There are 31 auto-LPG conversion shops licensed to operate.

Among the countries with large number of LPG vehicles and high consumption of ALPG are US, Japan, Australia and Canada. ALPG has been used for years to power their vehicles, but drivers or passengers have raised no major health issues on the use of the fuel.

Studies from these countries concluded that there is no evidence to show that LPG is more dangerous or less dangerous than petrol or diesel. Their studies revealed that human factor played a major role in affecting the safety in using LPG fuel. In Japan, there was no recorded explosion or a serious accident for 30 years since introducing various safety measures regulating the use of LPG fuel. Canada also reported human error as the major cause of accidents involving LPG vehicles like careless fuel handling and faulty workmanship such as poor sealing of bodywork around

remote refuelling connectors. There were 25 accidents reported during refuelling indicating the danger inherent in that stage of operation.

The joint study by the DOH and UP-NPMCC strongly advocates the following recommendations; to review and revision of occupational health program for drivers to prevent the occurrence or progression of disease/sickness brought about by exposure ALPG, strict air quality testing to determine adequate oxygen (O₂) level, ventilation and chemical contaminants in the vehicle which can be done during the resealing process of the LTRB, ventilation of the vehicle should be considered during idle times to allow fresh air to enter the vehicle and establish regulatory standards on the permissible level of odorants that can be added to auto-LPG fuel.

Further recommendations include the strict observation of maintenance schedule for both ALPG and conventional vehicles prior to car registration, introduction of a realistic work schedules for drivers that consider the needs for breaks and rest periods, and the inclusion of physical, ergonomic and other chemical hazards in the evaluation of occupational hazards among transport workers.

"It is also important that ALPG installations should be done only by service providers duly certified or accredited by the Department of Trade and Industry to ensure that the setup is correctly done, and the list of legitimate service providers should be disseminated to the transport sector in order to avoid the proliferation of fly-by-night operators," Janairo said.

"Only by introducing regulations and standards to ensure the safe use of ALPG can we ensure the health and safety not only of drivers but also passengers as well," Janairo concluded.

- o o o -



The Ruthless Act of ROAD RAGE

by
GLEN S. RAMOS
HEALTHbeat Staff

Psychology of Road Violence

Road violence, or commonly termed as road rage, may start from a simple confrontation but sometimes it can lead to unnecessary casualties. It is a serious and ruthless act that endanger one's personal security and a violate property rights.

Road rage is defined as a deliberately dangerous and/or violent behavior under the influence of heightened, violent emotion such as anger and frustration, involving an automobile in use. It also refers to the use of physical force by individuals or groups within public spaces, the result of which may involve injury or death. It happens on the streets every day and road rage usually involves a driver versus another driver.

Dr. Ivanhoe C. Escartin, director of the Department of Health - National Center for Health Promotion who is also a psychiatrist said, "When I think of road rage,



Art grabbed from <www.living-authentically.blogspot.com>

I think of impulse control disorders. These are disorders characterized by inability to resist an impulse, drive or temptation to perform a particular act that is obviously harmful to self or others, or both. Before the act, the

individual may have the urge or tension and then pleasure, gratification or relief after the act is done."

According to Escartin, road rage captures the intermittent explosive disorder. This manifests as discrete episode of losing control of aggressive impulse, and this can result in serious assault or the destruction of property. The symptoms, which individual may describe as spell or attack, appear within minutes or hours, and regardless of duration, remit spontaneously and quickly. After the episode, the individual usually show genuine regret or self-reproach.

Escartin said, "Intermittent explosive disorder is underreported but is more common in men than in women. Men are more likely

to be found in correctional institutions and women in psychiatric facilities." He added that review of documents would show that intermittent explosive disorder has been associated with fire setting, substance

abuse as well as mood, anxiety and eating disorders.

Road rage is aggravated by several factors like the weather. Driving in hot weather can actually make a person feel more tired and sluggish, lowering our overall mood. Circumstances can also be considered, if a person is in a hurry and pressed for time, he/she tends to drive faster disregarding other motorists just too cope with the deadline. Indiscriminate honking and loud noise, such as deafening music played by motorists can also cause irritation to others and may start an altercation. And emotional problems are also a cause for frustration that can lead to irascibility or outbursts of temper.

Incidents of road rage may involve intentionally striking another person, vehicle or object with the opponent's own vehicle or firing a weapon from it. Some other violent acts include deliberately hitting the person

with his fists, banging the person's vehicle, knocking vehemently on the windows, cursing and yelling insults.

"It is better to leave all worries behind while driving and concentrate on the road. It is best to practice patience and road courtesy to avoid getting into a road altercation," Escartin advised.

The Department of Health recommends some useful tips on how to avoid road violence while driving. These are:

- Keep your mind on the road. Concentrate on driving and forget your problems for the time being.
- Plan your trip.
- Play music to lessen the stress.
- Think positive.
- Always keep the door of your vehicle locked while driving and stay inside your vehicle if there is a commotion.
- If you are a victim of road violence,

get the registration/plate number of the other vehicle. If the driver attempts to follow you, do not go home, instead proceed to the nearest police station and report the incident.

- Avoid the indiscriminate use of horn, flashing of light or any action that may worsen the situation.
- Do not make eye-to-eye contact (eye ball) with the angry driver.
- Be courteous and exercise patience especially when being provoked.

Wang-Wang Mentality

Road rage happens not always between drivers, but also between drivers and traffic enforcers. The Metro Manila Development Authority (MMDA) records a monthly average of five incidents of road violence between enforcers and drivers, including officers being intentionally harmed, berated, fought with, side swept and even run over by callous drivers.

The seemingly most popular incident of road violence happened in August and this involved a Philip Morris executive who assaulted an MMDA traffic enforcer. The violation was beating the red light, and the confrontation was caught on video by a TV5 staff and shown on their television and online news and ultimately went viral on the Internet. As a result the public was outraged and the MMDA wasted no time and immediately took lawful steps by filing a case in the prosecutor's office for direct assault and asked the Land Transportation Office for the cancellation of the assailant's driver's license.

Atty. Yves Randolph P. Gonzalez, director of the MMDA Traffic Discipline Office, said the most serious case of road rage he witnessed in his two years in office involved MMDA Officer Larry Fiala who was



Dr. Ivanhoe C. Escartin, director of DOH National Center for Health Promotion who is also a psychiatrist, said road rage captures the intermittent explosive disorder. This manifests as discrete episode of losing control of aggressive impulse, and this can result in serious assault or the destruction of property.

shot due to a number coding violation which happened last year. Fiala apprehended a motorist but the motorist hit him in the face before driving away. The officer chased and caught up with the driver, but the motorist shot Fiala three times in the abdomen. Luckily he is alive.

Another case was that of Officer Raul Reuterez who confronted a group of alleged drag races along Macapagal Avenue in February. He was hit on the back of the head by one the alleged drag racers sending him to the hospital unconscious for a day.

Gonzalez said it is the policy of the MMDA to file a case against motorists who provoke and attack enforcers as it is against the law to assault a person in authority. On the other hand, motorists can also file a complaint against discourteous and abusive enforcers, especially when violence is involved, at the MMDA office in order to properly address the case and provide disciplinary actions immediately to erring officers.

"Road rage is really a case of the so-called "wang-wang mentality" that has been part of our system for many years. What we must do is to take part and denounce these abusive and violent behaviors and to support positive efforts to achieve a much needed social and moral change," Gonzalez remarked.

(Wang-wang, according to President Benigno S. Aquino III in his first State of the Nation Address in 2010, is someone who blows his vehicle's horn, counter-flows against the traffic, always beats the red light, accepts bribes, and cultivates corruption. Wang-wang, the President emphasized, is the very symbol of abuse and corruption.)

Like many accidents on the road, traffic altercations can be avoided. Gonzalez urged motorists to obey traffic rules. He said this is the basic and most important thing to do.



Atty. Yves Randolph P. Gonzalez, director of Traffic Discipline Office of the Metropolitan Manila Development Authority (MMDA) says road rage is really a case of the so-called "wang-wang mentality" that has been part of our system for many years.

"Learn also to accept your fault. Drivers tend to avoid being caught and will provide a dozen excuses once spotted by enforcers. And when you commit a traffic violation, surrender your license voluntarily and do not try to buy your way out of it by getting back at the enforcer and making a scene by retaliating and bad mouthing the officer," he added.

Gonzalez appealed to all motorists to exhibit the proper behavior while on the road.

"Keep your cool at all times. If flagged down by an enforcer, do not fight back. Ask politely for your violation and don't utter foul words against the person. It is what we expect from all our traffic enforcers and we hope that motorists will do the same," he said.

Gonzalez also asked the public to provide some consideration because the tasks of traffic enforcers in maintaining

road discipline in Metro Manila's largest and busiest highways are not that easy. Every day, they are either directly under the heat of the sun or the rain just to keep our roads safe and to uphold traffic rules from violators.

Other tips on how to drive safely include:

- Never drink while driving.
- Follow the speed limit.
- Always use seatbelt.
- Be sure that your vehicle is in good condition before using it.
- Follow traffic lights – "red" to stop and "green" to go.
- Stay on the right lane.
- Use the proper signal light when changing lanes or making a turn.
- Avoid tailgating.
- Always consider the safety of pedestrians, especially the children and the elderly.

"And remember to always be

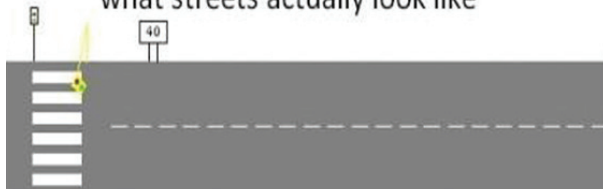
respectful while driving and treat other people the way you want them to treat you. Always be calm and drive safely," Gonzalez concluded.

Rewind and Fastforward

There are many extreme examples of senseless violence resulting to meaningless deaths involving ill-tempered motorists. Notable cases of road violence even involve prominent individuals, including: Jason Ivler, son of Freddie Aguilar's sister - Mylene, the prime suspect in the killing of Renato Ebarle Jr., a son of Presidential Chief of Staff Undersecretary Renato Ebarle Jr., during a traffic altercation at the corner of Santolan Road and Ortigas Avenue; Raul Bautista and Sowaib Salie traffic altercation in Cavite that turned into a bloody family feud leaving six people dead; and the engineering student Eldon Maguan who died a few days after being shot by Rolito Go while traversing a one-way street, with Go driving the wrong way.

Another case of senseless violence is the Noel Andres family's All Saint's Day trip to the Loyola Memorial Park in Marikina when their vehicle nearly collided with the one driven by one Inocencio Gonzalez which resulted in a confrontation and ended in the shooting of Andres' vehicle by Gonzalez

what streets actually look like



what drivers see



what pedestrians see



PERSPECTIVE. Image floats in the Internet, source from <SocietiesMirror.com>

hitting his pregnant wife, their two-year old son, and a nephew.

There is also the case of a Pasig City Hall Legal Officer Manuel Hernandez, Jr. who was driving against the flow of traffic along Gen. Roxas Street near Shaw Boulevard and shot down Edgardo Canizares and his passenger all because of confrontation and heated argument.

And a still unresolved case that happened in Taft Avenue involving Jay Llamas' vehicle that was bumped by

an unknown assailant riding a motorcycle which also resulted into a fiery argument and ended up with the assailant drawing a gun and firing it at Llamas at close range three times causing his death.

In July 2011, Senator Ferdinand Marcos Jr. filed Senate Bill 2923, known as the Road Rage Law. The bill aims to curb the occurrences of senseless violence on Philippine roads, and to instill discipline, control and restraint among road users.

Marcos said that the bill is now pending for consideration in the Senate Committee on Public Order. Once passed into law, the measure seeks to subject offenders to administrative proceedings by the LTO, which would result in either the cancellation of their driver's license or a lifetime prohibition and disqualification from the issuance of

a driver's license. If physical injuries, damage to property, malicious mischief, or threats on the occasion of road rage are committed with the use of a deadly weapon, the offender shall be punished with the penalty next higher in degree. If the road-rage incident resulted in the death of the victim, the penalty for the offender shall be reclusion perpetua.

But the 15th Congress is wrapping up by June 2013 and this bill may not run its full course of becoming a law.

Patungong Langit

May isang bagong saltang pari sa isang baryo...

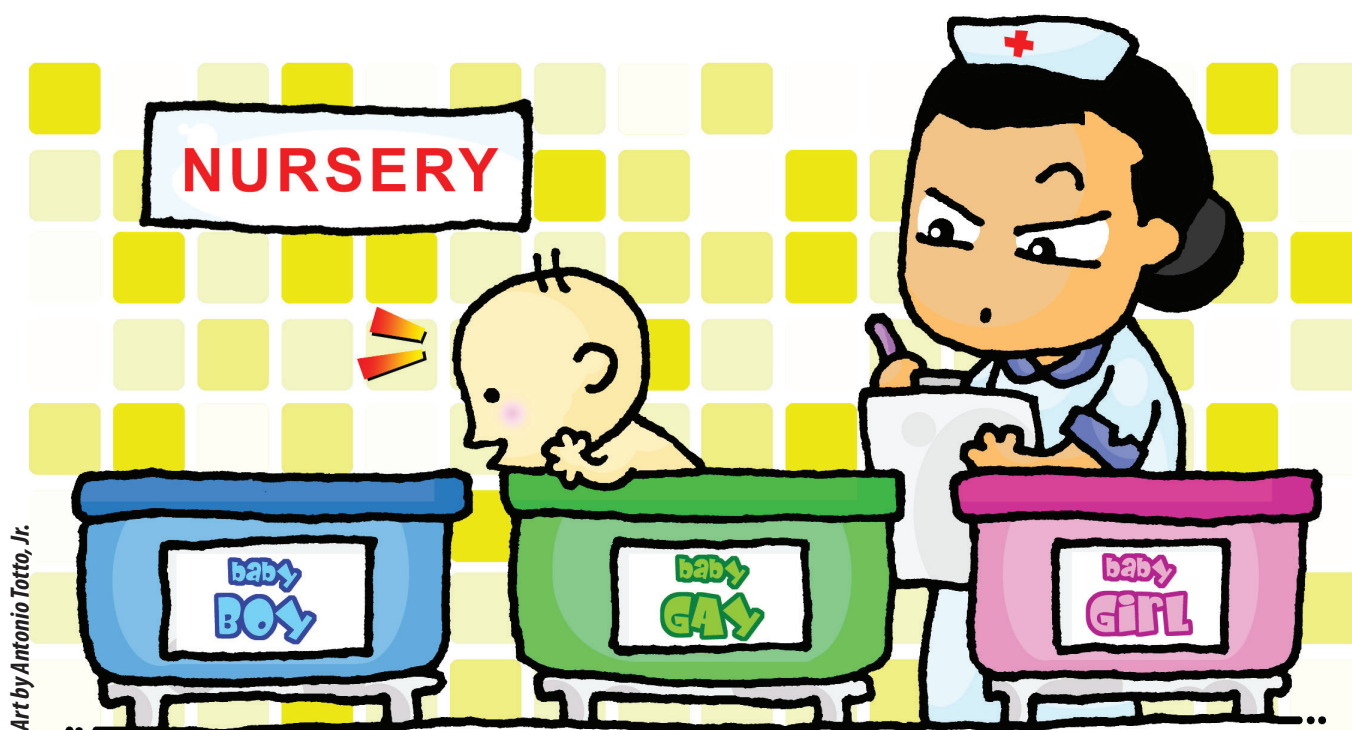
PARI: Totoy, alam mo ba ang daan patungong simbahan?

TOTOY: Diretsuhin n'yo lang po ang daan na 'yan.

PARI: Salamat. Pwede bang pakisabi mo na rin sa mga taga baryo ninyo na pumunta ngayon sa simbahan para maturuan ko sila ng daan patungong langit.

TOTOY: Weeh... Hindi n'yo nga po alam ang daan papuntang simbahan, sa langit pa kaya!?





Art by Antonio Totto, Jr.

HEALTH CONCERNS OF Gay Men and MSM

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

Let's face it, the stigma and the discrimination attached to being gay or having a gay relationship are still strong even if Philippine society is said to be or is seemingly tolerant on gay and bisexual men and other men who have sex with men (MSM). All men have certain health risks, but MSM have specific physical and mental health concerns because of their sexual orientation and practices as well as their ability to seek and receive quality health services.

HIV/AIDS and Sexually Transmitted Infections

Topping the list of health issues

among MSM in the Philippines is HIV/AIDS. While in most parts of the globe, HIV/AIDS cases are said to be decreasing, the Philippines remains one of seven countries in the world with a steady increase in cases. This year, the number of cases recorded by Philippine HIV/AIDS Registry of the Department of Health – National Epidemiology Center since 1984 has surpassed the 10,000 mark. As of September 2012, a total of 10,830 cases have been diagnosed, but of course, this total is just the tip of the iceberg because not everyone has been tested. Sexual contact still showed as the leading mode of transmission, but unlike in the past, men having sex with men has now become the predominant type of transmission in recent years.

Dr. Robert Baytan, an openly gay HIV/AIDS prevention advocate, said that two decades to less than a decade ago, he would proudly tell his audiences in seminars, communities and classrooms that MSM or male-to-male transmission comprised, at most, 20% of HIV infections in the country. He said that the recent surge in MSM transmission is curious and is worth looking into, HARD.

Baytan practices Medicine in Marilao, Bulacan. He is a founding individual member of Task Force Pride, Philippines, a health columnist of the now-defunct gay magazine "L," and is a member of the Board of Trustees of Action for Health Initiatives.

Aside from HIV/AIDS, other

sexually transmitted infections (STIs) – including gonorrhea, chlamydia, syphilis and genital warts – are health concerns that confront MSM. Protecting yourself from STIs is the best way to stay healthy. There is still no cure for HIV/AIDS and many STIs, such as the human papillomavirus (HPV) that causes genital warts, and genital herpes.

According to Baytan, public health reports list chlamydia as one of the leading, if not the leading, STI in the Philippines. In his practice, “tulo” (discharge) is the most common STI. He said, “Tulo, generally in the local setting, is either chlamydia or gonorrhea. Since many patients prefer treatment without going through rigorous lab tests, treatment regimens are tailored for both kinds of tulo. Tests are expensive and are not very practical in poverty-stricken communities.”

He added that while there is no cure for HPV, one is likely to be symptom-free for a long time, if not for life, if there has



been no recurrence for at least a year. This does not mean, though, that one can no longer transmit the virus to others.”

Protect yourself by doing the following:

- **Get tested and have your partner tested.** Don’t have unprotected sex unless you are certain you and your partner are not infected with HIV or other STIs. Testing is important because many people do not know they are infected, and others might not be honest about their health.

- **Use a condom or other protection.** Use a latex or polyurethane condom every time you have sex — especially during anal sex. Use only water-based lubricants, not petroleum jelly, hand lotion, cold cream or oils. Oil-based lubricants can weaken latex condoms and cause them to break.

In the issue of oral sex, sexual health advocates ideally advise to use a condom, if doing oral sex could not be prevented at all. Baytan, however, noted that using condom in oral is not exactly enticing. Rubber does not taste good. Flavored condoms taste good for less than a minute. Also, the lubricant in condoms can irritate the internal lining of the mouth, and this can cause pharyngitis.

Do not also share sex toys, and keep them safe by protecting them with a condom and cleaning them before and after every use.

- **Be monogamous.** Another reliable way to avoid sexually transmitted infections is to stay in a long-term mutually monogamous relationship with a partner who isn’t infected.

- **Get vaccinated.** Vaccinations can protect you from hepatitis A and hepatitis B, serious liver

infections that can spread through sexual contact. Also consider the human papillomavirus (HPV) vaccine which is now available for men aged 9 to 26 years old to help prevent genital warts.

- **Limit the amount of alcohol you drink and don’t use drugs.** If you are under the influence of alcohol or drugs, you are more likely to take sexual risks. If you use injectable drugs, don’t share needles and syringes.

- **Know the risks associated with sexual venues.** Sexual venues such as bathhouses, sex parties and the Internet can facilitate multiple sexual partnerships and anonymous sexual encounters, as well as higher risk sexual behaviors.

And when you are diagnosed with STIs, follow doctor’s orders in taking medications. Antibiotic use for certain STIs has been beneficial when prescribed and taken correctly. However, these drugs have been used so widely and for so long that the infectious organisms the antibiotics are designed to kill have adapted to them, making the drugs less effective. Remember that a drug-resistant infection may kill, can spread to others, and imposes huge medical costs to patients.

For those who have been diagnosed with HIV, although here is no cure for AIDS at this time, a variety of treatments are available that can help keep symptoms at bay and improve the quality and length of life for those who have already developed symptoms.

Substance Abuse

According to the US Center for Disease Prevention and Control, studies have shown that, when compared with the general population, gay and bisexual men as well as lesbian, and transgender individuals are more likely to: use alcohol and drugs;

have higher rates of substance abuse; are less likely to abstain from alcohol and drug use; and are more likely to continue heavy drinking into later life.

Alcohol and drug use can be a reaction among some MSM to homophobia, discrimination, or violence they experienced. Substance abuse is also associated in some MSM's reliance on bars and clubs for socializing and peer support. However, substance abuse can lead to a wide range of mental health and physical problems as well as it can disrupt relationships, employment, and threaten financial stability.

If you or someone you know has a problem with alcohol or drug addiction, go to a substance abuse treatment facility for help. Civic and health organizations also may provide referrals.

Depression

The risk of depression and anxiety may be higher for MSM, especially the adolescents and young adults who try to hide their sexual orientation or those who lack social support. The contributing factors to depression include: social alienation, discrimination, rejection by loved ones, bullying, and other forms of abuse and violence.

Left untreated, depression can lead to risky sexual behavior and a downward spiral of emotional, behavioural and health problems. Depression may also lead to suicide. If you think you might be depressed, talk to your doctor or seek help from a mental health provider. If you are reluctant to seek treatment, confide in a trusted friend or loved one. Sharing your feelings might be the first step toward getting treatment.

Domestic Violence

Domestic violence can threaten

an intimate relationship for MSMs who live together. The Mayo Clinic website lists the warning signs specific to gay men which might include a partner who: threatens to tell friends, loved ones, colleagues or community members your sexual orientation or gender identity; tells you that authorities won't help a homosexual, bisexual or transgendered person; tells you that leaving the relationship means you are admitting that homosexual relationships are deviant; and tells you that domestic violence is a normal part of homosexual relationships or that men are naturally violent.

Staying in an abusive relationship might leave you depressed, anxious or hopeless. If you do not want to disclose your sexual orientation, you might be less likely to seek help after an assault. Still, the only way to break the cycle of domestic violence is to take action, the sooner the better. Consider creating a plan to leave your abuser. If you suffer from domestic violence, tell someone about the abuse.

On the other hand, Baytan said there are people who continue to engage in a violent relationship but they are not necessarily suffering. Some are sadomasochistic. A sadist likes to inflict pain. A masochist likes to receive pain. While generally considered a deviant sexual behavior, sadomasochism works for some people, but it does not exclude them from practicing safer sex.

Body Image

Body image concerns are constant throughout human history, that is why there is a continued quest for immortalizing potions and proliferation of anti-aging products. Gay men are more likely to experience body image problems and eating disorders, such as anorexia and bulimia nervosa, than are their straight counterparts. One potential explanation is that gay



men identify with the cultural value placed on an ideal – yet often unattainable – body image. Gay men might also be more likely to view their bodies as sexual objects, which can lead to dissatisfaction and poor body image.

If you are struggling with body image concerns or an eating disorder, get help. Talk to your doctor or a mental health provider about treatment options.

Routine Health Care

Do not let the fear of homophobia or the stigma associated with homosexuality prevent you from seeking routine health care. Instead, take charge of your health. Look for a doctor who puts you at ease. Identify yourself as gay or bisexual, and ask about routine screenings recommended for men in your age group – such as blood pressure and cholesterol measurements and screenings for prostate, testicular and colon cancer. If you are not in a long-term or a mutually monogamous relationship, then you should schedule regular screenings for STIs. Share any other health concerns you might have with your doctor as well. Early diagnosis and treatment help promote long-term health.

Baytan lamented that routine health care is a must but is easier said than done, especially in the country where majority of the people are poor. He said, "Who can blame them? Why spend for lab tests if one will go hungry and suffer from hyperacidity?"

However, he was quick to add, there are public clinics and hospitals where medical services are free or are not very expensive. The one thing that must change, though, is the behavior of Filipinos – whether straight, lesbian, gay, bisexual, transgender – that prefer to postpone a clinic visit until it is too late.



Sperm Health

Whaaaaat, even sperm should be healthy? Oh yes! Healthy sperm is not always a given.

The state of your sperm's health depends on various factors, including: **QUANTITY** - if in a single ejaculation you produce more than 15 million sperm per millilitre; **QUALITY** - if you have more sperm with normal shape and structure, meaning they have oval heads and long tails which work together to propel them forward; and **MOVEMENT** (or motility) – if more than 40 percent of your sperm are moving, wriggling and swimming through a woman's cervix, uterus and fallopian tubes to reach and penetrate an egg.

The lifestyle you choose affect sperm health and consequently your fertility. If you are still young, meaning those who are in the reproductive age group, you can take simple steps to increase your chances of producing healthy sperm. How? Practice safe sex to avoid sexually transmitted infections such as chlamydia and gonorrhea – the leading cause of infertility for both men and women. Stay in a mutually monogamous relationship with a partner who is not infected or use a condom each time you have sex.

Eat healthy diet and maintain a healthy weight. Choose plenty of fruits and vegetables which are rich in antioxidants that will help improve sperm health. On the other hand, some research suggests that being obese and overweight negatively affects sperm quality, reducing both sperm count and movement.

Don't smoke, don't use illegal drugs and don't drink alcohol or keep alcohol consumption within recommended limits. Tobacco, drugs and excessive use of alcohol damage the sperm making it incapable of fertilizing the woman's egg cell, and if it does,

the rate of miscarriage is high.

Include physical activity or exercise in your daily routine to have stronger hormone signals and healthier sperm production. On the other hand, stress can decrease sexual function and interfere with the hormones needed to produce sperm. So, it is also important to manage stress.

Stay cool. Increased scrotal temperature can hamper sperm production. To protect your fertility, don't wear tight underwear or athletic shorts. If you bike or remain seated for long periods of time, take frequent breaks. Don't place a laptop computer directly on your lap. Avoid hot tubs, saunas and steamy baths.

Aside from these lifestyle factors, watch out for toxins also. Exposure to pesticides, lead and other toxins can affect sperm quantity and quality. If you must work with toxins, do so safely. For example, wear protective clothing and equipment, and avoid skin contact with chemicals. And, be cautious with medications. Calcium channel blockers, tricyclic antidepressants, anti-androgens and various other medications can contribute to fertility issues. Anabolic steroids can have the same effect. Chemotherapy drugs and radiation treatment for cancer can cause permanent infertility. If you're considering medications, ask your doctor about the impact on your fertility.

Finally, there is aging and you cannot do anything about it. Women are not the only ones who have biological clocks. Sperm movement and the number of healthy sperm might decline after age 50, affecting a man's fertility. Some research suggests that women who become pregnant by older men have a slightly higher risk of miscarriage. A father's increasing age has also been associated with a higher risk of both autism and schizophrenia in children.

ISOMETRIC EXERCISE

as part of your daily routine

Stop lighting up a cigarette, munching unhealthy food or remaining chained to your desk when stressed out from a demanding job. Take a break, get up and do some relaxing isometric exercises.

Isometric exercise is a form of physical activity that is needed by your body without going to a strictly formal, aggressive, uninterrupted workout program. Introducing even small amounts of exercise or physical activity in your daily life will improve your health and help you lose weight.

Isometric exercise is an anerobic exercise (does not need increased oxygen production) because it is done only for a few seconds that involves static contraction of muscles. This means that in this exercise, the muscle length remains the same even if it has been tensed by pressing against a static object such as a wall or an opposing pair of muscles. Isometric comes from the Greek "iso-" or equal and "metron" or measure which describe maintaining the same measure, dimension or length.

The intensity of the isometric exercise can be adjusted at will. It is found to be effective in building muscle strength and burning excess fat. It slows muscle erosion and enhances the tone and shape of muscles. It also help to improve bone density. Long sessions of isometric exercise are found to

improve digestion and lower cholesterol levels. Moreover, it is prescribed as part of injury rehabilitation programs and in physiotherapy.

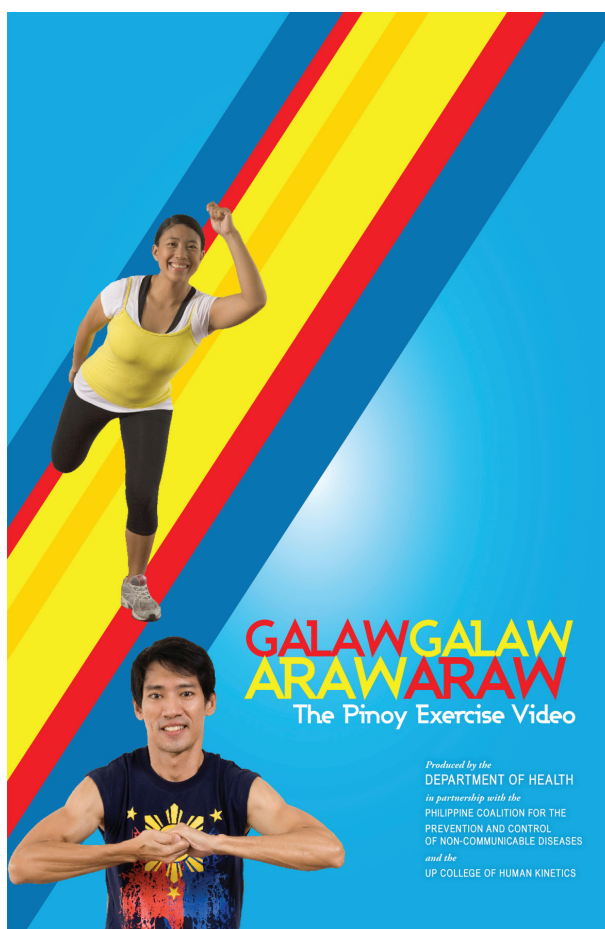
Almost anyone can do isometric exercises. However, it must also be recognized that for some people, especially those with high blood pressure or heart ailments, isometric exercise can cause potentially dangerous outcomes because the workouts pumps up the blood pressure and metabolic rates. Thus, people with such conditions are

strongly advised against trying isometric exercises without getting clearance from a physician. As a general precaution, do not hesitate to stop at any point during the exercise if dizziness, nausea, shortness of breath or chest pains manifest.

And a final word of advice, isometric exercise to be truly beneficial must be taken only as a part of a whole range of physical activity you must do daily. The Philippine Physical Activity Guidelines generally prescribes 30 minutes to one hour of

physical activity and exercise per day which can be done in accumulated 10 minute bouts throughout the day or in one continuous session. For older population, 60 years old and above, at least 30 minutes of light to moderate physical activity, accumulated or in one session, is needed for most days of the week, if not daily. Of course, too, whatever benefits you get from of physical activity and exercise are nullified if you continue to smoke, eat unwisely, drink alcohol much and deprive yourself of sleep.

In the manual for the "Galaw Galaw Araw Araw - The Pinoy Exercise Video" produced by the Department of Health - National Center for Health Promotion, Philippine Coalition for the Prevention and Control of Non-Communicable Diseases and the University of the Philippines - College of Human Kinetics, the 10 isometric exercises in the next pages are recommended.



1 Seated Leg Hold

(Works the outer thigh muscles, shoulders, triceps)



A. Open/push legs outward while hands are pushing legs to close.



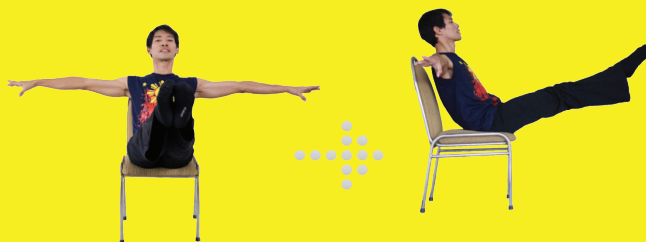
B. Close/push legs inward while hands are trying to open the legs.

2 Seated V-Holds

(Strengthens the abs, back)



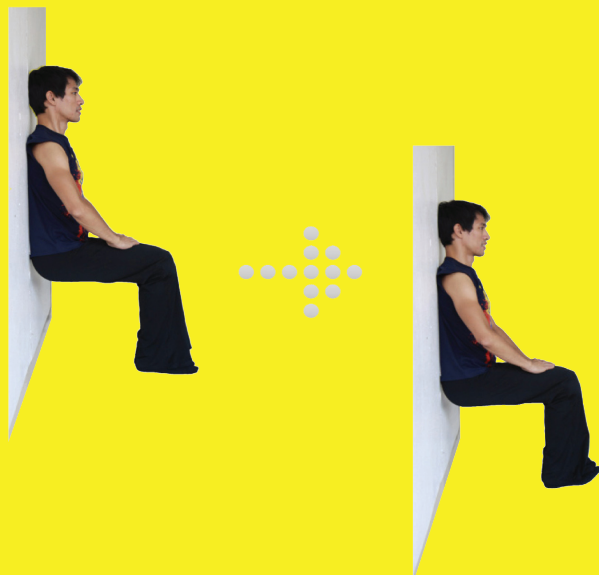
While seated, lift legs together until whole body is in a "V" position, hold for up to 30 seconds.



For advanced: Raise arms sideward, hold for 1 minute.

3 Squat Against The Wall Holds

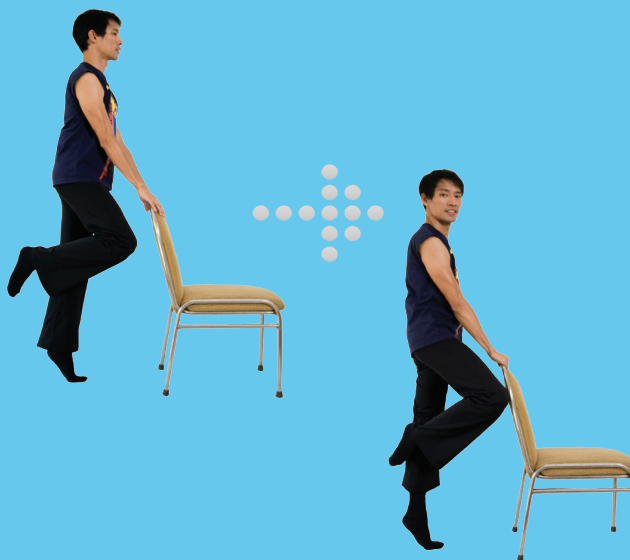
(Works the thighs, legs)



Lean against the wall until thighs are parallel to the ground, hold for up to 30 seconds. For advanced: lift toes.

4 Calf Raise Holds

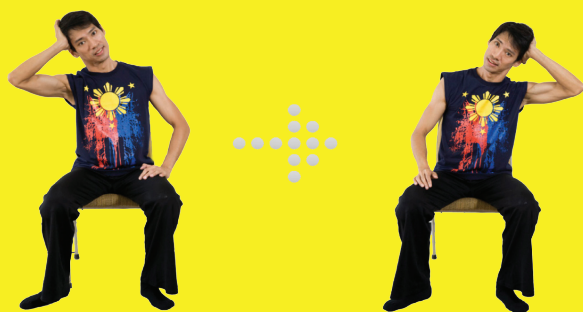
(Works the calf muscles, ankles)



Raise heel and tiptoe to maximum, hold for 30 seconds.

5 Neck Holds (All Sides)

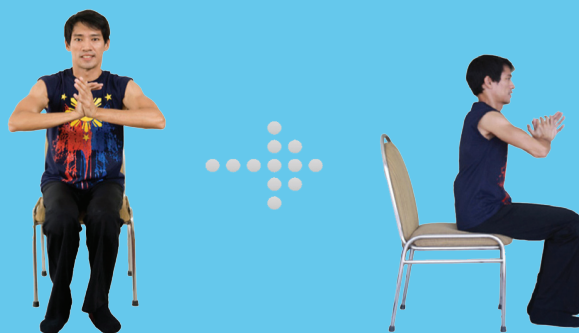
(Works the neck muscles)



Push head sideways, push head against hand, hold for 30 seconds.

6 Hands Clasp Holds

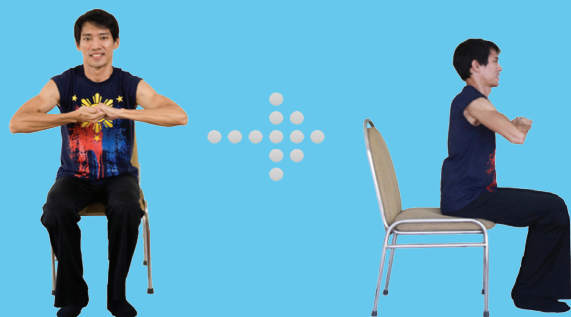
(Works the chest triceps, deltoids)



Press hands against each other full force, hold for 30 seconds.

7 Hands Pull Holds

(Works the biceps, shoulders)



Hold hands together across chest, pull and hold for 30 seconds.

8 Hands, Triceps and Biceps Holds

(Works the biceps and triceps)



Bring fists together, one on top of the other, push upward and downward against each other, hold for 30 seconds.

9 Chair Dip Hold

(Works the triceps, backs of shoulders, lats)



Hold edge of chair and lower buttocks to the floor, hold for 30 seconds.

10 Towel Pull

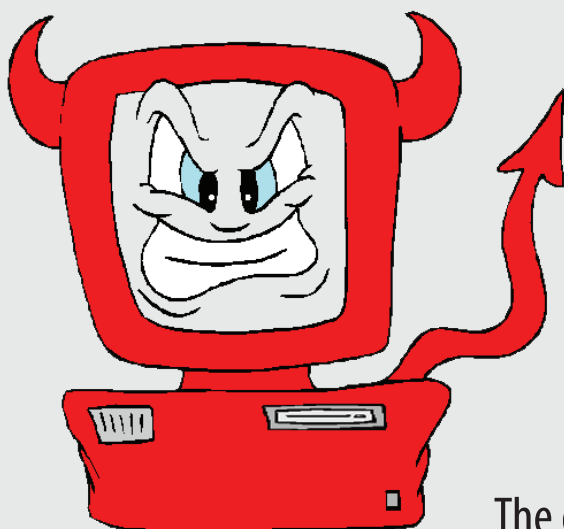
(Works the triceps and shoulder blades)



Bring towel to back, one hand pulls upward and the other downwards, hold for 30 seconds.

KALbeat

Cyber Temptations



Art grabbed from <www.adeaconswife.com>

Jesus and Satan competed on the computer. They started typing. They did reports, e-mails, attachments and downloads. But before the time was up, the power went off.

Satan cursed. Jesus sighed.

When electricity came back, Satan lost everything he had done but Jesus started printing all His files.

Satan shouted "YOU CHEATED!" Jesus just smiled.

Jesus did what Satan didn't know. HE SAVES .

The devil is in the internet. Don't fall into its prey.

Hear the Signs

by
GLEN S. RAMOS
HEALTHbeat Staff

The Hearing Impaired and The Deaf

Everyone falls somewhere between the two extremes of hearing ability from perfect hearing on the one end to total inability to perceive any sound at the other. Some are hearing impaired while others are Deaf, with deaf in this case always written with a capital “D.”

A hearing impaired person may have physical hearing that ranges from mild loss to profoundly deafened. They can interact socially with speech and with hearing, often with the aid of a hearing instrument. For those who are profoundly deafened, they may have adequate hearing earlier in life, but lost hearing ability as a result of genetics, injury or disease. Because of this, they may have developed spoken language skills but have a problem of communication.

On the other hand, the Deaf may have been either born without hearing or lost it very early in life, before spoken language was well developed. They may use hearing instruments or not, but when used they are primarily for awareness of sound for safety reasons and to assist them to a limited extent when they need to interact with a hearing person.

Please do not refer to the hearing impaired and the Deaf as “deaf and dumb” or “deaf-mute.” These outdated terms foster the belief that the hearing impaired and



Deaf people have limited intelligence and cannot be taught. Research shows they have the same range of intelligence and capabilities as the hearing population. With intensive training by skilled professionals, most Deaf can be taught to speak. The voices are often strange and pronunciation may be imperfect, but with desire to communicate, most hearing people can become accustomed to Deaf speech.

It has been said that communication is the very basis of our existence. Without communication we cannot interact with our peers, we cannot learn language and at a very basic level we cannot even think. For most hearing impaired and the Deaf, they are most comfortable

communicating using a manual language or sign language.

Sign Language

Sign language is used all over the world by the hearing-impaired to communicate with each other and with those that hear. It is more than just moving the fingers or hands; it is a viable, visible language in which gestures and facial expressions play a very important role.

Sign language is a combination of finger spelling, lip formations, and signs which are all heavily reliant on gestures and facial expressions to effectively convey meaning. Signs use visual imagery to convey ideas instead of single words. Signs are more reliant on gestures and facial expressions than finger spelling. Sign language has crossed barriers because of its beautiful expressive characteristics. The facial expressions and gestures that accompany sign language have opened the way for visual articulation in art, drama, therapy, and many other non-traditional settings. It has become a language for both the hearing-impaired and the hearing.

Each country has its own sign language. Sign languages have similarities in terms of hand shapes, positioning, hand location, movement, facial expression, and palm orientation, but they differ in terms of

grammar, conversation and communication depending on the culture.

The use of sign language in the Philippines dates back from 1907. It was known as the American Sign Language (ASL) and was used by the Filipino deaf community through the School for the Deaf and Blind, now known as the Philippine School for the Deaf. The ASL became the basis for the development of the Filipino sign language (FSL).

According to the Department of Education - Special Education (SpEd) Council, the use of FSL by Deaf Filipinos has increased. In 2007, 60 percent of Deaf Filipinos used ASL while 40 percent used FSL. Today, there are about 54 percent recorded of Deaf Filipinos who use FSL.

The FSL, however, has not been accepted in most schools as the medium of instruction (most SpEd schools use ASL courses, and colleges and universities do not offer FSL in their curriculum). The Deaf community has been advocating for the use of FSL as their native language.

The Filipino Sign Language Learning Program of the School of Deaf Education and Applied Studies at the De La Salle - College of Saint Benilde offers classes each trimester to all interested Deaf, hard-of-hearing and hearing people. It is handled by Deaf instructors and each class integrates linguistic principles in its instruction to help

gain better understanding and appreciation of the unique language and culture of Deaf persons.

There is also a Basic Filipino Sign Language course at University of the Philippines College of Education which is open for all students who want to be trained in FSL. It offers a 10-meeting Basic Filipino Sign Language course at the UP College of Education and the Philippine Deaf Resource Center.

In Congress, Representative Antonio L. Tinio filed House Bill (HB) No. 6079, entitled "An Act Declaring Filipino Sign Language as the National Sign Language of the Filipino Deaf and the Official Language of Government in All Transactions Involving the Deaf, and Mandating its Use in Schools, Broadcast Media, and Workplaces" on April 12. It was later referred to the Committee on Social Services on May 8 for review.

Sign Language in Health Care

There is no Constitutional definition of disability in the 1987 Philippine Constitution. However, there exists a statutory definition in Section 4 of the Magna Carta for Disabled Persons (Republic Act 7277) which defines disability as follows: (1) A physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or

activities of such individual; (2) a record of such impairment or (3) being regarded as having such impairment.

The definition is wide enough to include persons who may not traditionally be regarded as disabled. In fact, the Magna Carta for Persons with Disabilities (PWD) further defines disabled persons as those who have restrictions or different abilities, as a result of a mental, physical or sensory impairment, in performing an activity in the manner or within the range considered normal for a human being.

The Philippine Coalition on the UN Convention on the Rights of Persons with Disabilities claims that most of the PWD in the Philippines are among the marginalized sector in the country. The top three region with the most number of PWDs are: Region 2 (Cagayan Valley) with 3,149; Region 3 (Central Luzon) with 3,004; and Region 4B (MiMaRoPa) with 1,559 cases. NCR ranked fourth with a total of 1,112 (650 males and 462 females) registered PWDs.

Among the nine types of identified disabilities in the country – chronic illness, speech and hearing, learning, mental, orthodontic (persons with cleft lip and cleft palate), psychosocial, visual and those with multiple disabilities – hearing impairment ranks first according to the latest PWD Registry collected by the Department of Health Center for Health Development –





Training some health workers in Metro Manila in basic sign language.

National Capital Region (DOH CHD-NCR), as of April 2012. Of the total 1,112 registered PWDs, 476 were hearing impaired, 167 were orthodontic disabled, and 167 were visual impaired.

The DOH estimated about 90 percent with hearing disabilities in the country are born to parents who are deaf. Consequently, these children grow without learning any language – whether spoken or sign/signals. In 2004, there were 8.4 million PWD in the country while those with hearing and speech disabilities totaled 87,809.

The World Health Organization estimated that in 2000, 250 million persons worldwide suffered from hearing disabilities – about 4.2 percent of the world's population. Two-thirds of the cases were from developing countries. Of the total, 222 million were adults while the rest were under 15 years old.

Because of the growing number of PWD in the country, especially those with speech and hearing impairment, DOH-NCR

Regional Director Eduardo C. Janairo started a program to educate and equip health workers in Metro Manila on sign language to allow them to communicate effectively to patients who have these disabilities.

Effective communication ensures impartial access to care and fosters healthy exchange of discussion between medical staff and the patient. It is important that health facilities have sign language interpreters to have communications access for the Deaf and those with difficulty in hearing. The presence of interpreters create better health outcomes such as accurate diagnosis, treatment and adherence to a treatment plan because all of these require effective two-way communication.

It was during Janairo's assignment as director of CHD-Ilocos Region that he saw the need for health workers to be skilled in the sign language, especially those in the hospitals. The project was initially introduced in Ilocos Training And Regional Medical Center in La Union and the Regional

Medical Center in Dagupan City.

Janairo explained language barriers can affect patient-provider communication negatively and that service provision may result in insufficient care that can lead to misdiagnosis, incorrect treatment and failure to follow treatment instructions.

"For patients to receive the proper treatment care, a health worker must communicate effectively. The inability to do so may result in unnecessary tests and inadequate treatment management. If there are language interpreters present in every health facility, a hospital staff can determine the most appropriate course of action that will result in better patient care," he said. "If every health worker understands the sign language, they can effectively communicate with a patient who is also using the same. As a result, errors and inaccuracies in the filing of information of patient and other pertinent records can be avoided. Messages coming from both parties can be easily understood," he concluded.

Class Dismissed

Problem Solving

TITSER: Who can solve this problem that I wrote in the blackboard:
 $3 \times 5 - 4 \times 9 / 10 \times 6 = \underline{\quad}$?

CLASS: *(Walang imik lahat.)*

TITSER: Joel, go to the blackboard and solve the problem!

JOEL: *(Tumayo, pumunta sa harapan, kinuha ang eraser at binura lahat...)* 'Yan Ma'am, your problem is solved!

CLASS: *(Nagpalakpakan.)*

Wannabe A Billionaire

TITSER: Imagine you're a billionaire. Then, write an essay.

IVAN: *(Hindi nagsusulat.)*

TITSER: Ivan, why are you not writing?

IVAN: Ma'am, hinihintay ko po ang secretary ko!

TITSER: Ambisyo.

Yamashita Treasure

TITSER: Class, alam ba ninyo kung saan nakatago ang Yamashita Treasure?

CLASS: *(Walang imik lahat.)*

TITSER: Ikaw Elenita, alam mo ba?

ELENITA: Ayan na! Basta may nawawala ako agad pinagbibintangan!

Pakpak?

LIEZEL: Ma'am bakit ang elepante walang pakpak?

TITSER: Eh kung magkapakpak kaya 'yan at dinapuan ka?!?

Nangangamote

TITSER: Ano ang kamote? Vegetable or fruit?!?

KRISTAL: Fruit, Ma'am.

TITSER: Bakit mo nasabing fruit?

KRISTAL: Kasi po kapag kumain ka ng kamote, mauutot ka at ang tunog nito ay FRUITTTTTT...

Kinds of Verb

TITSER: There are three kinds of verb. What are they, Tony?!?

TONY: No, Ma'am! There are FOUR!!

TITSER: Oh really? What are they?

TONY: Linking Verb, Helping Verb, Action verb, and ANGRY VERB!

Tulog

TITSER: Bakit ka natutlog sa gitna ng klase ko?

DENPOT: Napakalambing po kasi boses ninyo, Ma'am. Ito po ang dahilan kung bakit nakatulog ako.

TITSER: Bakit yung iba hindi nakakatulog?

DENPOT: Kasi po hindi sila nakikinig sa inyo eh.

Tunay na Pinoy

TITSER: Paano ninyo ilalarawan ang isang Tunay na Pinoy?!?

PAULO: Ma'am, ang Tunay na Pinoy, kapag may nakitang gulo o rambulan, hindi "Pulis" ang unang sinisigaw o tinatawagan kundi, "Mga kapitbahay!"

FilAm

CHICCO: May bago daw tayong kaklase.

JACKY: Eh, ano naman?

CHICCO: Fil-Am daw eh...

JACKY: Maniwala ka naman dun...

CHICCO: Totoo, Fil-Am... Finalaki sa Am!

Boba

TITSER: Sino ang pinaka-boba na babae sa buong sanlibutan?!?

(Tumayo at sumagot agad ang baklang estudyante...)

EDWIN: Si Eba, Ma'am! Nakita na nga niyang nakahubo si Adan, 'yung apol pa ang isinubo!!!

Bobo

AJIE: 'Tol, may nakalimutan ako.

BORGY: Ano 'yun?

AJIE: Bobo ka ba?!?

Nakalimutan ko nga eh!



Helping the Blind to Regain Eyesight

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Blindness in ARMM

Blindness is one of the most common types of disabilities in Autonomous Region in Muslim Mindanao (ARMM). The Disability Registry in ARMM (2007) puts more than 1,709 adults of both sexes with visual disabilities, and of these, 1,272 were from Tawi-Tawi Province. These figures will continue to soar if no cost-effective intervention is instituted.

Blindness in ARMM stems primarily from lack of visual health care knowledge and the high incidence of noncommunicable diseases particularly complications from diabetes and hypertension in the eyes. These are further aggravated by the absence of resident ophthalmologists which is in paradox to the DOH-ARMM's Mission that states, "Ensure affordable, responsive, equitable, accessible, sustainable and exemplary healthcare in ARMM" and it is inconsistent with the principle of **Kalusugan Pangkalahatan** or Universal Health Care.

Other hindering factors include non-contiguous geographical setting, no budget allocation for Prevention of Blindness Program (PBP) and erratic peace and order situation in some parts of the ARMM localities involving several armed

groups including warring factions between private armies.

Another factor is the high incidence of poverty that hinders seeking health care from higher health facilities outside ARMM. If the productive member of the family becomes blind, then there will be a big financial setback to other members of the family. The blind cannot take care of oneself and therefore somebody has to take care of him/her most of the time. This further aggravates and impoverishes local folks into

poverty.

There are private practicing ophthalmologists in the proximal regions but it will cost at least Php 25,000 for cataract surgical operation and Php 5,000 for pterygium surgery excluding hospital-related expenses. Records show that only five ophthalmologists visit ARMM, but not on regular basis.

Cataract is a clouding of the lens in the eye and affects vision. On the other hand, pterygium is a non-cancerous growth



Some of the patients who benefited from the Oplan: Pangalawang Paningin of the DOH Center for Health Development - Autonomous Region in Muslim Mindanao.

of the clear, thin tissue (conjunctiva) that covers the white part of the eye (sclera).

Kasama Mo si Sec – Oplan Pangalawang Paningin

Because of these enormous challenges, ARMM Health Secretary Kadil Jojo M. Sinolinding, Jr. - a practicing surgeon and an internationally acclaimed ophthalmologist - proposed and spear-headed "Oplan: Pangalawang Paningin" or (OPP) under the "Kasama Mo si Sec (KMS)" Project of the DOH-ARMM in partnership with Vision 20/20 Cataract Charities Project.

KMS is unique and perhaps the only one in the country that addresses the often neglected services that were long sought in the far flung and geographically isolated areas. KMS is a health mission that includes not only eye surgical operation but also medical consultation and treatment (with full medicines package), oral health (tooth extraction and dental care), women's health and safe motherhood (reproductive health) health promotion and advocacy, and other health activities at the community level. It is a hands-on impact project Sinolinding in support to OIC Regional Governor Mujiv Hataman, provincial governors, mayors and other local officials.

The first OPP was done in Wao District Hospital in Lanao del Sur as the host hospital during the "Araw ng Wao" celebration in January 2010. With the initial success of the program, OPP then became a byword and a source of attraction among people to join and participate the various KMS activities.

From January 2010 to February 2011, a total of 802 cataract and 411 pterygium patients underwent operations, and a total of 1,213 patients were served. Four of these patients benefited from PhilHealth while the others were served for

free. These patients came from communities in ARMM and they were operated in different hospitals, namely: Wao District Hospital, Malabang District Hospital, Tuan Ligadung, Maguindanao Provincial Hospital, Sulu Provincial Hospital, Balindong District Hospital, Tamaparan District Hospital, Sibutu Hospital, Upi District Hospital, Sarifollah M. Dipatuan Hospital, Aisah General Hospital, Datu Halun Sakilan Memorial Hospital, Deseret Ambulatory Referral Center, Buluan District Hospital, Lamitan District Hospital, Pangutaran District Hospital and Parang District Hospital.

The KMS and OPP are continuously and regularly done ARMM-wide.

The Right to Eyesight

The 1987 Philippine Constitution states, "Health is a right of every Filipino citizen and the State is duty-bound to ensure that all Filipinos have equitable access to effective health care services." The right to health and other social services is also embodied in the speech of President Benigno S. Aquino III during the signing of the Government of the Philippines (GPH) - Moro Islamic Liberation Front (MILF) Framework Agreement on the Bangsamoro that said, "A child in Lamitan will be offered the same education as a child in Quezon City; the sick of Patikul will gain access to the same healthcare as those in Pasig; tourists visiting Boracay will also have Sulu in their itineraries; a businessman will earn a profit whether he sets up shop in Marikina or Marawi."

Needless to say that indigent blind, with curable blindness, has right from his/her local chief executives to be funded, like PhilHealth enrollment, in order to regain eyesight and be integrated to the mainstream society.

As a physician, it is enshrined

in the Medical Code of Ethics to treat the indigent patients regardless of creed and socio-cultural affiliations. And as a practicing ophthalmologist, Sinolinding said, "OPP is dedicated to all of us who believe that the right to sight must be protected and respected at all times".

Merits of Helping the Blind

In Islamic facets, worships ('ibadah) and charitable deeds (sadaqah) are numerous from simple to complex. It is beyond reasonable doubt that helping the blind to regain good eyesight is a part of worship and a form of charity.

In fact, there are many hadiths (or ahadith) which rank cheerfulness towards other Muslims helping the blind, the deaf and the weak, advising those who are lost and confused, relieving the distress of the needy, etc., as forms of worship and charity. Moreover, charitable deeds done for the welfare of the poor and marginalized community are the best forms of worship and are considered branches of faith. In fact, simply removing harmful things from a pathway are all charitable deeds.

During the Prophets' era, the Messenger of Allah (peace and blessings be upon him) said: "Charity is prescribed for every person every day the sun rises. To administer justice between two people is charity. To assist a man upon his mount so that he may ride it is charity. To place his luggage on the animal is charity. To remove harm (or harmful things) from the road (or pathway) is charity. A good word is charity. Each step taken toward prayer is charity." This was narrated by Ahmad et al.

In addition, the Messenger of Allah (peace and blessings be upon him) said: "Allah, the Majestic and Mighty, shall say on the Day of Judgment: 'O son of man! I was ill and you did not visit me.' He will reply: 'O my

Lord! How could I visit You and You are the Lord of the Worlds?' Allah shall say: 'Did you not know that My slave, so-and-so, was ill and you did not visit him? If you had visited him, you would have found Me with him. O son of man! I asked you for food and you did not give it to me.' He will reply: 'O my Lord! How could I give You food – You are the Lord of the Worlds?' Allah shall say: 'Did you not know that My slave, so-and-so, asked you for food and you did not give it to him? Did you not know that if you had given the food, you would have found that with Me? O son of man! I asked you to quench My thirst and you did not.' He will say: 'O my Lord! How could I quench Your thirst--You are the Lord of the Worlds?' Allah shall say: 'My slave, so-and-so, asked you to quench his thirst and you did not. If you had given him to drink, you would have found that with Me.' " This was narrated by Muslim.

Similarly, the Messenger of Allah (peace and blessings be upon him) said: "Every Muslim has to give charity." The people asked: "O Prophet of Allah, what about the one who has nothing?" He said: "He should work with his hands to give charity." They asked: "If he cannot find (work)?" He replied: "He should help the needy who asks for help." They asked: "If he cannot do that?" He replied: "He should then do good deeds and shun evil, for this will be taken as charity." This was related by al-Bukhari et al.

Likewise, Buraydah (RA'A) narrated that the Prophet (peace and blessings be upon him) said: "A man has three hundred and sixty (360) joints. He must give sadaqah for each one of them." They ([the Prophet's companions) said: "Who can afford to do so, O Apostle?" thinking that it was a financial charity. The Prophet (peace and blessing be upon him) then said: "Heaping earth

upon some phlegm in a masjid (mosque) is charity, removing an obstruction from a pathway is charity".

However, Umar bin al-Khattab related that the Prophet (peace and blessings be upon him) said: "Deeds are (a result) only of the intentions (of the actor), and an individual is (rewarded) only according to that which he intends. Therefore, whosoever has emigrated for the sake of Allah and His messenger, then his emigration was for Allah and His messenger. Whosoever emigrated for the sake of worldly gain, or a woman (whom he desires) to marry, then his emigration is for the sake of that which [moved him] to emigrate" - Narrated by Bukhari and Muslim.

Finally, a wise man once said: "Rather than cursing darkness, try to light a candle for the road."

Allah Almighty knows best.

Practice to be Happy

Happiness does not come from being born rich, beautiful or popular. Happiness is the sum of your life choices, thoughts and actions. Get started and practice to be happy.

Invest in relationships.

Studies suggest that relationships provide the strongest meaning to your life. Friends and family help you celebrate life's successes and support you in difficult times. Although it's easy to take friends and family for granted, these relationships need nurturing.

Express Gratitude. Build up your emotional account with kind words and actions. Be careful and gracious with critique. Let people know that you appreciate what they do for you or even just that you're glad they are part of your life.



Cultivate optimism. Develop the habit of seeing the positive side of things. If you are not an optimistic person by nature, it may take time for you to change your pessimistic thinking. Start by recognizing negative thoughts as you have them. Then take a step back and ask yourself these key questions: Is the situation really as bad as I think? Is there another way to look at the situation? What can I learn from this experience that I can use in the future?

Find your purpose. Until you

discover the purpose of your life, you are living a life of mediocrity. Build your career or start a business around your passion. Do what you love, you will never work a day in your life. Ask yourself these questions: What excites and energizes me? What are my proudest achievements? How do I want others to remember me?

Live in the moment. Don't postpone joy waiting for a day when your life is less busy or less stressful. That day may never come. Instead, look for opportunities to savor the small pleasures of everyday life. Focus on the positives in the present moment, instead of dwelling on the past or worrying about the future.

Article based on "How to be happy: Tips for cultivating contentment" posted in the Mayo Clinic website. Photo floats in the Internet.

Rehabilitation of Ostomates

Let's Be Heard!

by

RONALD S. LORA

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"Let's be heard!" This is the theme of World Ostomy Day 2012 which was celebrated on October 6 that aimed at improving rehabilitation of ostomates worldwide by bringing to the attention of the general public and the global community to the needs of ostomates and their families.

An ostomate is one who has undergone ostomy or a surgical procedure creating an opening in the body for the discharge of body wastes. Certain diseases of, or injuries to, the bowel or urinary tract involve removing all or part of the intestine or bladder. This creates a need for an alternate way for feces or urine to leave the body. An opening is surgically created in the abdomen for body wastes to pass through. The opening that is created at the end of the bowel or ureter is called a stoma, which is pulled through the abdominal wall. A bag called a stoma appliance or ostomy bag is placed around the opening to allow stool or urine to drain.

There are three kinds of ostomies: 1) a colostomy is made from the large intestine or colon; 2) an ileostomy is made from part of the small bowel when the whole colon is removed; and 3) A urostomy is made when there are bladder issues. And there are people who actually wear two ostomy bags.



Ronald S. Lora, the writer, giving a presentation to ostomates during World Ostomy Day Celebration in Batangas Regional Hospital. (Photo by Dr. Carlo Alejandro Ilagan)

In a country where there is very little awareness about ostomy, several myths and misconceptions surround people wearing an ostomy bag. The initial reaction they get other people is varied. Some get so surprised and curious while others get so excited making it such a big deal. On the other hand, there are some who empathizes with the condition of ostomates.

It all boils down to positive information that brings awareness. In

order to send the correct signal and strong consciousness to other people is for ostomates to support each other and strengthen one's ranks. It is very sad for people having the bag to think so little of oneself when the possibilities for a quality of life is still one and the same. I encountered people who have fallen desperately to depression because of the inability to accept having a bag. It was not colon cancer that took away their lives but depression and the

feeling of disgrace.

Whenever I get the chance to attend speaking engagements in lay forums with ostomates and doctors, I always say in my opening statement that having the bag is not that bad at all. One of the perks ostomates like me enjoy is that we no longer have to rush and run when we have to use the toilet. This will send smiles to the faces of ostomates but I go deeper to my message.

It has been for a long time that society dictates how unacceptable an ostomy bag can be. This time around we are here to disprove that it is not the ostomy bag that runs our life. In fact, we control our life and it is not the other way around. There have been a lot of success stories that ostomates have achieved and trials overcome that tells the world, "Yes we can!" After all, having an ostomy is the second chance to life and having one is taking a shot to inspire others and spread awareness.

Whenever the World Ostomy Day is celebrated in the Philippines, I get the chance to meet ostomates from different parts of the country. Six years ago after my surgery, I felt so isolated and alone that I might be the only person with this kind of special condition. I never thought that there were "others" too. I have started building support groups in different hospitals, and lo



TOP: Turnover of ostomy appliances from the DOH Warehouse to DOH hospitals. (Photo by Dr. Carlo Alejandro Ilagan) **BOTTOM:** Dhon Joseph Cailles, 15 years old, recipient of colostomy bag. (Photo by Ronald S. Lora)

and behold, there have been a few who have courageously responded to join and step forward. It takes a lot of work and so much initiative to invite people with a personal touch to create self-supporting groups where ostomates help ostomates. It is not a far-fetched vision but a doable one. It will take time but very achievable.

The partnership we built with the Department of Health in supporting the advocacy of building ostomy support group for patients has been well supported by hospital chiefs and staff of the surgery departments. And with Health Secretary Enrique t. Ona around, we are assured that we can continue to propagate our advocacy to reach out to poor and indigent ostomates by empowering them that life is good, training them to assist and counsel fellow ostomates, and cover the whole islands of the Philippines with the message that having a bag is an extension of life.

World Ostomy Day too is a time of reverence and respect for fellow ostomates and friends who has already gone before us. I bow in silent prayer remembering them and thanking them for the friendship and time spent together. They will be missed but they will be with us as we trail blaze in meeting new fellow ostomates.

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Share your **PERSONAL HEALTH** stories.
Email your article and photos at healthbeat@ymail.com.



DOCTORS TO THE BARRIOS

Joy in Service

by

ELIZABETH G. MASCAREÑAS

HEALTHbeat Staff

Revisiting the DTTB Program

In 1992, when the country's population was estimated at 64.4 million, there were 271 municipalities that were identified as doctorless for 10 years or more. The inadequate distribution of health resources contributed to high morbidity and mortality rates not only in the said municipalities but also in the whole country as well.

For this reason, the Department of Health created the Doctors to the Barrios (DTTB) Program in 1993. The program is lodged under the DOH Health Human Resource Development Bureau and its main objective is to deploy competent and dedicated doctors to doctorless, hard to reach, and economically underdeveloped municipalities. The doctors to the barrios will render two (2) years of service and they have an option to continue if they opt to.

The DOH Centers for Health Development (CHDs) are responsible for the implementation of the DTTB program in their respective areas with the coordination and participation of the local government units (LGUs). The doctors assume the position as local health leader, rural health physician and municipal health officer.

Through the years, the DTTB Program has served all 271 municipalities, many of which were served more than once

due to exigency of service. However, other doctorless municipalities were identified, as the movement of the much needed medical professionals was becoming more evident. Thus, the scope of coverage was expanded to the depressed municipalities where poor, marginalized and vulnerable populations are most prominent, disaster prone areas, hard-to-reach municipalities especially those that are geographically isolated and disadvantaged, conflict areas, economically underdeveloped municipalities giving priority to fifth and sixth income class municipalities, and the 609 poorest municipalities identified by the National Anti-Poverty Commission based on poverty incidence.

Other considerations include: doctor to population ratio using the World Health Organization trend of 1:20,000; replacements for current municipal health officers who are on study leave; and municipalities with health programs/projects whether locally or foreign funded and requiring a doctor as program/project manager. The benefits from having a doctor will result to quality health care even to the remotest of the municipalities in the Philippines.

The direct benefits of having doctors in the community are seen in improved and more efficient rural health unit (RHU); access to adequate and effective

basic health services; improved health seeking behavior by the community; improved RHU systems e.g. referral, disease surveillance, emergency response, among others; active local health boards; and local health executives have more consultative and participatory approach to planning and decision making on health issues.

19 Years of DTTB Program

Now on its 19th year, 29 batches of DTTB have been deployed with 553 physicians serving 390 municipalities since the start of the program. Currently, the DTTB Program is host to 110 municipalities in 16 regions, and this is composed of 43 scholars under the Pinoy MD Medical Scholarship Program, 61 scholars of the First Gentleman (FG) Foundation, Inc., and six (6) walk-in applicants. Four (4) of the 110 doctors have been absorbed by the LGUs.

To fully maximize the potential of the DTTB as health leaders and managers of local health systems, the DOH partnered with the Development Academy of the Philippines (DAP) for a graduate degree programs tailored fit for them. The Master in Public Management Major in Health Systems and Development equips the doctor in health governance, health financing, service delivery, health policy, standards and regulations, human resources for health, and

health information. This Master's program, which started in 2009, blends both learning and deployment in its curriculum over a 2 year period.

Apart from the academic incentive, the DTTB receives a competitive salary including benefits from Magna Carta. The DTTB also receive additional benefits from LGUs (e.g. modest board and lodging, honoraria, among others). The DTTB also has access to a vast network of government as well as non-government institutions as part of their professional support.

In October 2011, DAP recognized 18 DTTB with the Diploma in Health Systems and Development while 26 DTTB have completed all the requirements for the Master in Public Management Major in Health Systems and Development degree.

This year, on October 20, a total of 38 DTTB have been conferred the degree of Masters in Public Management major in Health System and Development Program, while 113 new doctors have officially

become part of the DTTB Program, two of whom have already been absorbed by LGU hospitals. The new batch is composed of 67 products of the Pinoy MD Program and 46 FG Medical Scholars.

Health Secretary Enrique T. Ona, in his keynote address during the DTTB graduation ceremony, said, "This course honed your skills in critically examining health and development issues and concerns confronting health professionals in the public sector at the national and local level. Your studies gave you a clear understanding of the causes and factors that bear on health and development issues and concerns. Completing this course allowed you to polish and apply leadership and management strategies in planning, implementation, monitoring and evaluating health policies, programs, projects and interventions."

He added that the enthusiasm and energy in the doctors to the barrios reassures "not only is there hope for the health sector, but our dream of **Kalusugan**

Pangkalahatan or universal health care is well on its way to becoming a reality."

Special Merit Awards

One of the highlights of the graduation ceremony was the giving out of Special Merit Awards to some doctors to the barrios who have shown exemplary actions and innovations to respond to the needs of his/her community to improve and promote their health status at present and in the future.

Dr. Rosalyn C. Panao of Tubo, Abra garnered the Special Merit Award as Community Organizer for bringing together all sectors in the community to help improve the health status of the people. She led the community and different stakeholders in her *programang pangkabuhayan*, like the "May Pera sa Basura Project" as well as in implementing healthy lifestyle and nutrition programs.

Dr. Jan Krisna M. Rodriguez of



Photo by Paking Repelente

Mapanas, Northern Samar received the Special Merit Award as Health Advocate for her aspirations to spread different health information to the community. Her health information caravan helped the community to know and learn about the different health programs of the LGU and the DOH. Her advocacy was sustained by the enactment of 10 local ordinances to respond to the health needs of the community.

Dr. Edgardo N. Samson of Alegria, Surigao del Norte got the Special Merit Award for Service Orientation. Adversity and harsh conditions did not stop him to render excellent service to his community. His dedication to implement the different health programs led his municipality to win the Outstanding Rural Health Unit of Surigao del Norte, based on the indicators set in the LGU scorecard for Kalusugan Pangkalahatan.

Dr. Cherylle G. Gavino of Sabtang, Batanes received the Special Merit Award for Performance Excellence Award. Being an outsider and the youngest among the health workers, she did not easily achieve the support and trust of her local chief executives. However, she continued showing them dedication to work and good intentions to help her community. Her RHU was the first and only RHU in the province to be accredited in implementing Philhealth 3-in-1 plus 1. Also, her "Bote Drive" project was able to gather 40,000 bottles worth P36,070 which the community used to support and implement the nutrition and healthy lifestyle programs. Because of these programs, the municipality was awarded the Green Banner Award for Nutrition in 2011, the Most Outstanding Municipality in the Province, and second place in the whole region. Moreover, Dr. Gavino received the Exemplary Leadership Award for her drive to fight dengue.

Dr. Michael S. Caampued of Polilio, Quezon acquired the Grand Distinction



Dr. Michael S. Caampued (third from left) – a doctor to the barrios who started serving in Polilio, Quezon since September 2010 – receives the Grand Distinction Award, the highest honor among the Special Merit Awards during the graduation ceremony for the Doctors to the Barrios Program at the Development Academy of the Philippines, Tagaytay City in October. Also in photo from left to right are: Assistant Secretary Enrique Tayag, Undersecretary Nemesio Gako and Health Secretary Enrique Ona.

Award, the highest honor among the Special Merit Awards. He showed his expertise and knowledge in all aspects of being a DTTB.

With the realization of his 3K (*Kilusang Kumpletong Kalusugan*) program, he was able to share to his constituents his knowledge to attain good health. For this he was awarded with the "Exemplary Implementation of the Program on 3K: Kontra Lamok" to fight against malaria and filariasis, that also paved the way for his municipality to be recognized as the second ranking performer in the whole province. He was also able to help the youth with his "Beauty for a Cause" program where beauty pageant candidates also serve as the models for health. He also started the "Facility-Based Delivery" that reached 58.50% from 0%.

His innovation in raising funds for his projects led to fruitful partnerships with public and private institutions that resulted to the legislative approval for the increase of salaries and other Magna Carta

benefits of the employees. Moreover, he was able to get funds from the Philippine Charity Sweepstakes Office (PCSO) and his congressman to put up the "Land and Sea Ambulance." Dr. Caampued likewise received funds from different sectors worth P5.4 million and used the said amount to augment the funds from the DOH Health Facility Enhancement Program to modernize their RHU. The community now enjoys not only a beautiful facility but also good health services from their RHU that they long deserved. In fact, his municipality got the "Top Performing RHU on Electronic FHSIS" for health information dissemination in the whole region.

Sec. Ona said that he is very proud of the current batch of doctors to the barrios because they have chosen the more difficult path, which is serving the rural and far-flung areas of the country. "May they find joy in service and that they may bring this joy to the people they will serve," he concluded.

TRENDING HEALTH NEWS IN 2012

HEALTHbeat brings you the Top 10 trending health news that stirred the Department of Health as gleaned not only from the traditional media (print, broadcast and film) but also from the new media (Internet and including the social networking sites), with some opinions from the editorial staff. Let's do the countdown...

10 Dance for Health

Assistant Secretary Enrique "Eric" A. Tayag is known as the DOH spokesperson giving tips on preventing all sorts of illnesses in media, but this is not the reason why he is in our health news countdown – he literally danced his way in.

In late December 2011, Tayag tried to convince Filipinos not to use firecrackers to celebrate the New Year with his cool moves. This was caught by ABS CBN cameras and was first featured in their late newscast, "Bandila." The following day, his dance moves were spoofed in the popular TV Patrol segment – "Mga Kwento ni Mark Logan." This was shown not once, nor twice,



Health Assistant Secretary Eric A. Tayag leads a surprise dance flash mob. (Screen grab from GMA's 24 Oras)

but three times during the holiday season. Almost instantly, Tayag became a trending topic in social media when snippets of his

dance moves appealed to audiences everywhere. He is a strong advocate of healthy lifestyle and he finds time for a routine workout at the gym since five years ago.

On June 2, his dance grooves were again in the news as he led some 200 people to a flash mob entitled "Dance for Life" at the Greenbelt Activity Area in Makati City. This was held in collaboration with Fitness First Philippines to build awareness on fitness and exercise.

Now, whenever and wherever Tayag is invited to speak, he would lead his audiences in a dance exercise that feature the latest upbeat dance music.

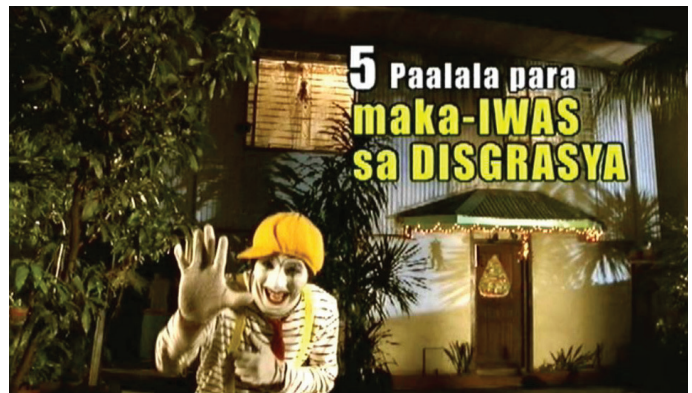
Paputok: Hard Habit to Break 9

Towards the end of 2011 and onto the first few days of January, the Department of Health and its partners took a 360-degree turn in its fireworks and firecrackers injury prevention campaign strategy that veered away from showing graphic mutilated

fingers as a result of firecracker blast and instead focused on a complete set of fingers that represented five reminders to prevent injury and five suggestions to keep safe while celebrating the holidays. The campaign was called APIR or Aksyon Paputok Injury

Reduction. The acronym hinted at a common goal and symbolized people in agreement and Filipinos as one in reducing or even eliminating paputok-related injury cases.

The DOH even launched "Goodbye Paputok," a compact disc (CD) containing



Two versions of the TV ad on APIR (Aksyon Paputok Injury Reduction) that veered away from the gory pictures of blast victims that the Department of Health did in the previous years.

nine tracks of firecracker sounds produced by the rock band, 6 Cycle Mind and packaged like a big triangle firecracker.

After all that was said and done, the year's revelry turned out to be the deadliest with a total of 4 deaths recorded. Three deaths were due to blast injuries while

one was due to stray bullet. And for the whole surveillance period from December 21, 2011 to January 5, 2012 in 50 sentinel sites, the DOH registered a total of 1,021 injuries – only one case less from the total injuries in the previous year. Analyzing the surveillance reports in the last five years, the

number of injuries has hit a plateau. Could it be that whether the campaign strategy becomes negative or positive, there would not be a big change in statistics? Let's all wait and see, same time this year and next year.

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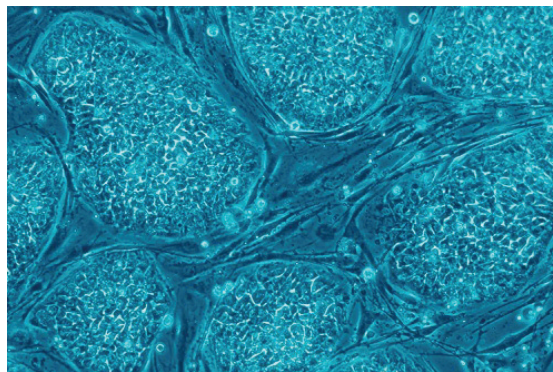
8 Stem Cell Therapy

What do Former President and now Pampanga Representative Gloria Macapagal Arroyo, Senate President Juan Ponce Enrile and Former President Joesph Estrada have in common? They are among the high profile politicians and celebrities who are reported and have confirmed undergoing stem cell therapy.

Stem cell treatment is a type of intervention strategy that introduces new adult stem cells into damaged tissue in order to treat disease or injury, including cancer and HIV as being alleged in news reports.

Hospitals, medical centers and wellness centers offering stem cell therapy for medical and aesthetic purposes have proliferated rapidly in the Philippines

On October 19, Health Secretary Enrique T. Ona issued a public advisory



Embryonic stem cells. Photo grabbed from <www.zimbio.com>

on stem cell therapy. The advisory stated that although this technology holds promise, stem cell therapy is not yet part of standard of care and is considered an investigative procedure for compassionate use. Applications of stem cells for the treatment of malignancies, blood disorders, degenerative diseases (e.g., Alzheimer's

Disease), metabolic diseases (e.g., diabetes), and immune cell therapy are still under clinical evaluation and study.

The advisory added that while research has shown that adult stem cells and umbilical cord stem cells are the safest and most ethical, the public is warned that claims of preventive and curative benefits of stem cell therapy are still on their investigative stage. The DOH and the Food and Drug Administration (FDA) are currently drafting standards and regulations to ensure the safety of the public as well as address ethical concerns regarding the use of stem cells in research and medicine.

The DOH strongly advised the public to avoid stem cell therapies which use the following as sources for stem cells: embryonic stem cells, aborted fetuses, genetically-altered and animal fresh cells.

Vibrio Cholera & Rotavirus

7

On June 20, the province of Catanduanes was placed under a state of calamity because the number of diarrhea cases increased significantly particularly in the municipality of Virac. This sudden increase of reported cases coincided with the increase in cholera suspects in the area. The suspected source of contamination was the improvised spring located along Sto. Domingo River and used by affected communities as their source of drinking water near the quarry site. Also, 12 water sources were positive from contamination- eight samples for E. Coli, two for Aeromonas, and two from vibrio cholera.

From January to June 19, 2012, diarrhea cases in Catanduanes reached 1,730 with 14 validated deaths. Of the 250 samples taken from residents, 31 tested positive for vibrio cholera. All 11 municipalities of Catanduanes were affected with Virac (809), San Andres (447), and San Miguel (87) having the most number of cases.

Health Secretary Enrique T.

Ona and Catanduanes Governor Joseph Cua spearheaded the distribution of potable water to affected barangays in Virac in order to reduce diarrhea cases in the area. The Department of Health Center for Health Development in Bicol also worked with the



Health Secretary Enrique T. Ona administers the oral rotavirus vaccine to an infant while President Benigno S. Aquino III looks on during the ceremonial launch in Malacañan Palace.

local government to educate the people on proper hand washing and other measures to prevent further spread of diarrheal diseases, including cholera.

Meanwhile, on July 2, the Philippines became the first country in Southeast Asia to implement the recommendation of the World Health Organization (WHO) to introduce the life-saving rotavirus vaccines in the expanded programme on immunization. No less than President Benigno S. Aquino III launched the giving out of rotavirus vaccines, starting with 700,000 infants from 1-1/2 to 3-1/2 months living in the poorest communities which have the highest child morbidity and mortality rates from diarrheal diseases.

Rotavirus is a virus that infects the bowels. According to WHO statistics, rotavirus is the most common cause of diarrhea in infants and children resulting in deaths of about 600,000 children and over two million hospitalizations worldwide each year.

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6 Alert on Emerging Viruses

In July, the World Health Organization (WHO) and the Ministry of Health of the Kingdom of Cambodia issued a press release that reported a respiratory disease with neurological system symptoms affecting children under seven (7) years old. It was announced as a "mysterious disease," and as part of the International Health Regulations, neighboring countries are forewarned to act appropriately. Extensive investigations concluded severe complications of hand, foot and mouth

disease (HFMD) caused by Enterovirus 71 (EV-71).

The WHO explained that HFMD is a common viral illness that mostly affects infants and children below five years old. HFMD is usually a mild disease, and nearly all patients recover in seven to 10 days without medical treatment. It is most commonly caused by coxsackievirus A16 which usually results in a mild self-limiting disease with few complications. However, HFMD is also caused by Enteroviruses, including EV-71,

which has been associated with serious complications, and may be fatal. One of the complications is dehydration since some are not able to swallow enough liquids due to painful mouth sores. Moreover, EV-71 has been associated with meningitis and encephalitis, and may cause severe complications, including neurological, cardiovascular and respiratory problems.

In the Philippines, the Department of Health said that EV-71 infections occur in the country but are not included in the

reportable diseases. The fatal EV-71 infection is still very rare in the Philippines. Health Secretary Enrique T. Ona instructed the National Epidemiology Center to include EV-71 infection as a notifiable disease in the country where all health providers, particularly physicians, must report individual cases or even outbreaks. Laboratory screening of specimens and confirmation of cases are done at the Research Institute of Tropical Medicine.



Symptoms of Hand, Foot and Mouth Disease. (Photos courtesy of DOH-National Epidemiology Center)

In September, the WHO alerted again health authorities around the globe about the recently detected, novel coronavirus in two patients, both previously healthy adults who suffered severe respiratory illness. The first patient, a man aged 60 years from Saudi Arabia, was hospitalized in June 2012 and died; the second patient, a man aged 49 years from Qatar with onset of symptoms, who was transported to the United Kingdom for intensive care. The WHO and its partners

worked closely to better understand the public health risk presented by the new coronavirus strain.

Coronaviruses are a large, diverse group of viruses that affect many animal species. A few of these viruses cause a wide range of respiratory illness in humans, typically with "common cold" symptoms. The genetic sequence data indicate that this new virus is a beta-coronavirus similar to bat coronaviruses, but not similar to any other coronavirus previously described in humans,

including the coronavirus that caused severe acute respiratory syndrome (SARS). Moreover, a comparison of viral genetic sequences from the two patients indicated that the two viruses are closely related. Treatment is supportive because no specific therapy has been shown to be effective.

By October, no additional confirmed cases have been reported and there is no evidence so far of person-to-person transmission

of the novel coronavirus. The WHO did not advise special screening at points of entry with regard to this new strain, nor did it recommend any travel or trade restrictions.

The WHO recommended health workers to be alert to anyone with acute respiratory syndrome and needing hospitalization who had been in the Middle East where the virus was found or in contact with a suspected or confirmed case within the last 10 days.

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Mosquito Bites **5**

In June, during the observance of ASEAN Dengue Day (June 15) in San Fernando Pampanga, the Department of Health and the Philippine Information Agency launched the dengue "text blast." Under the system, the PIA conducts a mobile phone 'text blast' about dengue prevention in an affected area while the health teams conducted investigation. In July, the encouraging result of the rigorous testing of anti-dengue mosquito traps landed in the State of the Nation Address of President Benigno S. Aquino III in Congress. In the middle of August, dengue cases breached the 80,000 mark, that is 80,745 cases from

January 1 to August 18 and 14.14 percent higher compared to the same period last year at 70,745 cases. Deaths from dengue also increased from 424 last year to 496 this year. Majority of the cases continued to be in the National Capital Region (NCR), Central Luzon and CaLaBaRZon.

Despite these news, dengue did not end up as the top health news, and in fact became just one of three mosquito-borne diseases in the news this year. Hogging the news limelight with dengue is the disease called "chikungunya" – a mosquito-borne disease that affects mainly adults which causes fever, severe joint pain and shares

clinical signs with, but is not as deadly as dengue. There is no cure for this viral disease. Treatment is focused on relieving the symptoms. Moreover, chikungunya merits the same urgency from doctors and patients.

Health Assistant Secretary Enrique Tayag said that chikungunya is not new in the Philippines as cases have been reported in the previous years. He said that in 1990s, the country already had cases and last year, there were more than 1,000 cases reported.

This year, the first to report chikungunya was Cagayan de Oro. Tayag said in news reports it is possible that Chikungunya-causing *Aedes aegypti*

mosquitoes bit some of the relief workers who went to Cagayan de Oro during the devastation caused by Typhoon Sendong and they brought the virus when they returned home.

Chikungunya cases are being reported in Ilocos, Cagayan Valley, Metro Manila, Calabarzon, Albay, Western Visayas, Northern Mindanao, Davao and Caraga. In September, the DOH monitored the reported outbreak in Surigao del Sur, and on reports that some 114 cases were recorded, Tayag said only a few of them were confirmed to be chikungunya.

In October, Tayag said that the DOH has been analyzing if cases of the disease reported in several parts of the country are connected to the cases in Cagayan de Oro. He added that the 600 cases recorded nationwide this year are not likely to surpass the more than 1,000 cases in 2011.

On the brighter side of prevention and control of mosquito-borne diseases in the country, Health Secretary Enrique T. Ona announced in August the possibility of the Philippines being malaria-free by 2020 as he cited data that showed an 80% decrease in malaria cases in 2011 as compared to 2003. He said that this decrease is the lowest malaria level on record for the country in 42 years, with only 9,642 cases in 2011 as compared to 43,441 in 2003, and that the country's Millennium Development Goal No. 6 of halting and reversing the incidence of malaria by 2015 have already been met.

He also explained that of the 58 provinces which are currently listed as endemic, nine have actually reached elimination status (or do not have malaria cases for at least 3 years) and are in various stages of evaluation. Forty (40) are on the



way to elimination status, reporting less than one case per 1,000 population-at-risk, and 10 provinces have their

cases under control.

The nine provinces that have reached elimination status are: Abra, Batanes, Camarines Sur, Cavite, Dinagat, Laguna, Misamis Oriental, Quirino, and Romblon. Only two provinces (Palawan and Tawi-Tawi) report more than 1,000 cases a year and only four have more than 100 cases but less than 500 cases a year (Sulu, Maguindanao, Mindoro Occidental, and Zambales).

4 Internet, Prostitution & HIV/AIDS

The number of HIV/AIDS cases in the Philippines has surpassed the 10,000-mark in July. The Department of Health's Philippine HIV/AIDS Registry showed that from 1984 to September 2012, there were 10,830 HIV cases and 1,078 of them became AIDS with 353 deaths. To date, about 10 new cases are reported daily.

Since the first AIDS case was diagnosed in 1984, the HIV/AIDS level in the Philippines has been regarded as mysteriously "low and slow." However, latest statistics seem to suggest that the country's luck is running out. Although HIV prevalence remains below one percent of the general population, it has already breached one percent among key population at higher risk.

Sexual contact is the most common mode of HIV transmission, but



Photo from a DOH HIV/AIDS poster targeting men who have sex with men.

from 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (20%) to males having sex with other males (MSM, 80%). The DOH clarified that men who engage in sex with men were not all homosexuals. It reiterated that HIV/AIDS is not about being

gay but about men having unprotected sex with men.

In October, the DOH announced the results of its study conducted last year that showed online social networking contributes to the rise in the HIV/AIDS cases in the country. The study covered 180 MSM respondents. Of the 180 respondents, 124 admitted to using online network sites for dating and sex, while 133 said they had sex with people they contacted through online network sites.

Those who engaged in sex were between the age of 14 and 36.

Health Assistant Secretary and Director of the National Epidemiology Center Dr. Enrique Tayag said, "Through online networking sites, MSM can meet without fear of negative social consequences. He added that with the Internet increasing

the rates of risky behavior, online social networking can now be included as an evolving risk factor for HIV/AIDS. The list the risky behaviors contributing to the rise of HIV/AIDS includes not using condoms, multiple sex partners, men having sex with men and injecting drug users.

Also in October, the United Nations (UN) report that recommended to legalize prostitution jolted the nation. The UN said the decriminalization of the world's oldest profession in the Asia and the Pacific Region help curb the spread of sexually transmitted diseases, especially HIV. It also

said the criminalization of sex-related jobs increases workers' susceptibility to HIV by "fuelling stigma and discrimination, limiting access to sexual health services, condoms and harm reduction services; and adversely affecting the self esteem of sex workers and their ability to make informed choices about their health." The recommendation is also a move to stop the exploitation of sex workers and to give them basic rights by suggesting that their jobs, too, should have typical workplace standards in line with the law and government.

Senate President Juan Ponce

Enrile made a strong statement on the recommendation in media and said, "We can't just obey what the UN wants. If other countries want all their women to become prostitutes, then it's up to them."

Meanwhile, the Philippine Commission on Women is echoing the UN call for the decriminalization of prostitution but is opposing its legalization. It views prostitution as an exploitative system that commodifies and dehumanizes women, men and children who are being victimized within the system.

- o o o -

Surge of Leptospirosis 3

Leptospirosis cases and deaths rose early this year as an aftermath of flood brought by typhoon Sendong in Region 10 on December 17, 2011. In the first week of January 2012, the Department of Health Center for Health Development (CHD) in Northern Mindanao reported a total of 599 suspected cases and 16 deaths in Cagayan de Oro and Iligan, giving a case fatality rate of 4.2 percent.

In August, another surge in leptospirosis cases occurred due to the massive flooding in many areas of Luzon, including Metro Manila, resulting from the heavy and continuous southwest monsoon

(Habagat) rains. The DOH conducted a quick count for admissions of Leptospirosis in 20 Metro Manila hospitals already noted 783 cases and 34 deaths. Half were recorded in San Lazaro Hospital. By August 18, the number of leptospirosis cases in the country reached 2,471, with 129 deaths. This is 62.35 percent higher compared to the 1,522 cases recorded during the same period last year.

Health Secretary Enrique T. Ona announced that persons in areas affected by the Habagat rains and diagnosed with leptospirosis shall be automatically covered by the Philippine Health Insurance Corporation (PhilHealth), including non-

members. A case rate of P 11,000 shall be paid for moderate leptospirosis, while severe leptospirosis shall be reimbursed fee for service.

A controversial news on leptospirosis was announced by President Benigno S. Aquino III during one of his relief operation visits on August 8. He said an unidentified pharmaceutical company that allegedly raised the price of its leptospirosis medicine, doxycycline, by up to 750 percent. amid the heavy flooding in many parts of Luzon. The company was allegedly selling its leptospirosis medication between P50-75 from its previous price of P10.



Grabbed from cozza-chan!'s photostream at flickr

Doxycycline is an antibiotic that is currently recommended to prevent leptospirosis among those with increased risk of exposure. However, doxycycline does not totally protect against leptospirosis. Those who will develop fever even after taking doxycycline should go to their doctor for examination. Moreover, doxycycline is NOT recommended for pregnant women and children below eight years of age.

Ona, for his part, appealed to drug manufacturers, distributors and pharmacies throughout the country to keep, if not reduce, the prices of drugs and medicines,

particularly antibiotics at affordable or reduced prices.

Leptospirosis is caused by leptospira bacteria found in both wild and domestic animals, including rats, dogs, cattle, pigs, horses and insectivores (carnivorous mammals that survive by eating small insects). Rats shed large amounts of leptospira in their urine, and human transmission occurs through contact of the skin and mucous membranes with urine-contaminated water, damp soil, vegetation or mud. It takes about 10 days before manifestations appear, though in

some cases it can take as little as two days or as many as 30 after exposure.

The common signs and symptoms of early-stage leptospirosis include high fever, severe headache, muscle pain, chills, redness in the eyes, abdominal pain, jaundice, haemorrhages in skin and mucous membranes, vomiting, diarrhea and rashes. When patients are not managed, the kidneys, lungs and intestinal tract can be affected, causing decreased urination, coughing out of blood, breathlessness and intestinal haemorrhage.

- o o o -

2 The RH Bill Emoticons

Emoticons are emotional graphics or visual ways to express the way a person feels when words alone are not enough. This also best describes what has happened and still happening in the country on tackling the most divisive piece of legislation, the Reproductive Health (RH) Bill. Laughing at Senator Miriam Defensor-Santiago's pick-up line jokes has been overshadowed by too many varied emotions in this year's never-ending soap opera on the RH Bill.

The drama begun in the early evening on August 6 before the great deluge, so-to-speak. At the time when Habagat (southwest monsoon in the northern hemisphere) enhanced by Typhoon Haikui passing outside the Philippine area of responsibility started pouring its heavy rains in Metro Manila and nearby provinces, the House of Representatives voted to end the debates on the RH Bill in order to move it to the next stage of the legislative process which is the period of amendments, and then vote on the floor.

The following day, when people in most parts of Luzon were people were awakened to heavy downpour, landslides

and massive flooding, a Twitter post made by Zambales Representative Milagros "Mitos" Magsaysay, a very vocal anti-RH lawmaker, landed in an article of a national paper where she said, "Heaven must be crying, we should undo what has been done."

The report noted that Magsaysay was referring to the decisions made by the majority of the lawmakers on the RH Bill. Magsaysay reacted to the article and said her tweet had nothing to do with the RH bill nor the vote the night before, but it was about the environment."

The following week, on August 13, the rains turned to tears when Senate Majority Leader Vicente Sotto III delivered a tearful first of three parts "turno en contra" speech on the RH Bill, saying he is against the proposed law because of his own family's experience with contraceptives. It turned out that 37 years ago on this date, his five-month old first son, Vincent Paul, died of a weak heart because his wife, actress



Grabbed from <www.interaksyon.com>

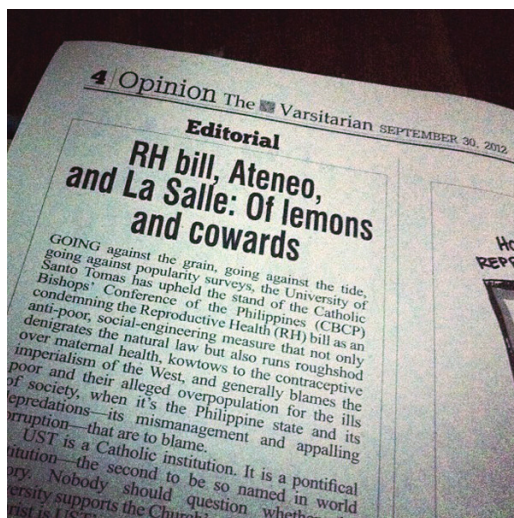
Helen Gamboa, allegedly conceived their son while she was using contraceptive pills. Almost instantly, the Senator was stormed by several comments and criticisms from netizens and pro-RH bill advocates.

Aside from being "theatrical," Sotto's speech was allegedly copied from an American blog, The Healthy Home Economist, by Sarah Pope. He then brushed off the allegations and said he cited the book of Dr. Natasha Campbell McBride. He said, "Bakit ko naman iku-quote ang blogger? Blogger lang 'yon." But later, Sotto's staff admitted that the Senator's speech included portions copied from the blog. Weeks later,

in the last part of his turno en contra speech, netizens were again alerted and accused Sotto of committing the same blunder, this time translating parts of a 1966 speech of then US Senator Robert Kennedy without attribution. But Sotto insisted in media reports, "The people who think this is plagiarism should think again. I did not copy it. I translated it. Do they know the spelling of 'copy' and 'translate'? *Mahina tuktok nila.*"

One thing led to another, the drama turned into comedy as people were coining new words like "sotto copy" or "sinotto" to mean as strong as "to plagiarize" or as wittingly digital as "to copy-paste."

But the comedy turned to anger when Senate President Juan Ponce Enrile said in a radio interview on September 2, that the continuation of the deliberations on the measure may be suspended until June next year due to the lengthy deliberations during the period of amendments from individual lawmakers. Senator Pia Cayetano accused Enrile and Sotto of delaying tactics and conditioning the mind of the people that they have not enough time to deliberate on the controversial RH Bill. Of course, they denied this allegation.



Grabbed from <www.philstar.com> and photo source is credited to a Twitter user, Hayzel Palomar.

The RH Bill did not only provoke so many emotions inside the chambers of Congress, it also sparked school bashing. On September 30, the University of Santo Tomas' student publication, Varsitarian, published an editorial entitled "RH bill, Ateneo, and La Salle: Of lemons and cowards." slamming fellow Catholic schools where a number of professors have issued statements supporting the controversial piece of legislation.

The Guideon, the student publication of Ateneo called the use of offensive language in the editorial as

unacceptable and that the paper should "reevaluate itself" to be "worthy of its reader's respect," while the LaSallian, the student publication of De La Salle, although commending the Varsitarian for taking a courageous stand against RH bill said, "the method of expression used to express the matter veered away from the real issue, while creating new and unnecessary ones."

Towards the end of October, the new and compromised version of the RH Bill was announced by the House of Representatives. Albay Rep. Edcel Lagman, principal author of the bill, said that the essence of the original bill was kept intact but was just made more acceptable to those opposed to the original.

Among others, the new version prioritizes the distribution of contraceptives to the poorest of the poor, who have no access or cannot afford these devices that would help them plan their family size. It also prohibits contraceptives which prevent the implantation of a fertilized ovum in the uterus, which are deemed abortifacients.

As the 15th Congress is coming to a close before the May 2013 elections, let us hope that the RH Bill will finally be enacted into law, that is, during our lifetime.

Unforgivable Sin Tax Version 1

Sin tax is a tax levied on goods that are neither luxuries nor necessities, and in general considered to be harmful to society. The most common of these goods are alcohol and tobacco. Sin tax is usually imposed to generate additional revenue for the government, and to discourage and reduce the consumption of these harmful products, protecting public health and saving lives.

The country's cigarettes and

alcoholic drinks are among the cheapest in the world! Cigarettes, for example, have become cheaper relative to basic commodities such as food, education, and health in the past 10 years. The current multi-tiered tax system puts the youth and the poor in a trap by the ills of smoking and drinking as it encourages them to shift from higher-priced to lower-priced brands.

President Benigno S. Aquino III classified urgent a bill that would enact a

new excise tax law that would be compliant with the global standards.

At the House of Representatives, there were at least 12 measures seeking to restructure the excise tax on alcohol and tobacco products, but the one being supported by the Aquino administration is House Bill (HB) No. 5727, penned by then Cavite Representative Joseph Emilio Abaya, the chair of the House committee on appropriations. Abaya is now the secretary

of the Department of Transportation and Communication.

The original Abaya bill moved for a unitary tax instead of a multi-tiered system, indexed taxes to inflation, and dedicated taxes to universal health care and alternative livelihood for tobacco farmers. This bill sought to raise P60 billion (P30 billion each from tobacco and alcohol products.) But what the House of Representatives approved on the last day of its second regular session in June was the compromised version of HB 5727. This means it would only generate P31 billion (P27 billion from tobacco and only P4 billion from alcohol) in revenues, practically half of what was originally sought. According to economist Solita Monsod, this compromise was made possible to get the crucial votes of the National People's Coalition who has affiliation with the San Miguel Corporation.

Then, it was the Senate's turn to deliberate on the Sin Tax. The Senate ways and means committee headed then by Senator Ralph Recto, insisted that the proposed legislation was a revenue and not a health measure. During the committee hearings, Recto kept on saying that he would strive "to come up with a tax structure that would benefit all players equally." In October, when the committee report was released, Recto's version turned out to generate only a measly amount of P15 billion.

Health advocates have dubbed it as the "Recto-Morris" report because it basically adopted the proposal of tobacco giant Philip Morris-Fortune Tobacco. They added that the report not only "watered down" the sin-tax bill, but "drowned it." After getting these heavy criticisms, Recto resigned as chairman of the Senate ways and means committee. He then said that he does not want his colleagues to use his committee

report, saying it is his intellectual property. Recto also attacked civil society groups that received funding from New York Mayor Michael Bloomberg to fight the powerful tobacco lobby. Health advocates retaliated by saying the senator should not go after groups that promote public health and help save the lives of millions of Filipinos. They reminded legislators that their mandate was to protect the people, particularly their health, and not business interests of the tobacco industry.

On the other hand, Senator Miriam Defensor-Santiago urged the Senate to adopt her version of the sin tax measure and use it as the basis for plenary debates. She said that under her bill, 85 percent of the P60 billion would be used for the government health program while the remaining 15 percent would be used for safety nets that would ensure that tobacco farmers can shift to alternative crops like vegetables that have

a bigger market than tobacco. She said that health advocates have thrown their support behind her Sin Tax measure.

On November 6, Senator Franklin Drilon took Recto's place as committee chairman, said in his sponsorship speech said he intends to generate at least P40 billion to P45 billion revenue from the Sin Tax. President Aquino who was in Vientiane, Lao People's Democratic Republic attending the 9th Asia Europe Meeting at that time said, "At 40, we're happy. At 60, we'll be happier." He added, "But 40 is already, I think, sufficient to meet the objectives both in terms of gaining more resources and managing the deficit, but most importantly addressing the health issues."

The Sin Tax supporters, meanwhile, remained vigilant on the events that will transpire on this piece of legislation because they know that the powerful tobacco industry will surely put up a good fight.



NO TO WATERED-DOWN SIN TAX BILL: From left to right: Dr. Antonio Dans of the University of the Philippines; Former Health Secretary Alberto Romualdez; Health Secretary Enrique Ona; Dr. Anthony Leachon, DOH consultant for non-communicable diseases; and Atty. Chicco Castro of the New Vois Association of the Philippines. (Photo by Paking Repelente)

(-: Health News beyond November 15, 2012 is not included in this countdown :-)

LOVE STORY

Oh, Babe

Tinawagan sa cellphone ang girlfriend...

DENNIS: Babe, saan ka?

CHE: Eto nasa park. Nakaupo, ikaw?

DENNIS: Eto nanonood ng LOVE STORY.

CHE: Talaga? Ang sweet naman. Saan ka nanunood?

DENNIS: Sa park. Pinapanood kita habang may kayakap kang iba.

Sawang-Sawa

NEIL: Sawang-sawa na ko sa girlfriend ko sa kakabanggit at kaka-kumpara sa akin sa dati niyang boyfriend!

MIKE: Wala yan pare. Yung girlfriend ko nga lagi niyang binabanggit at kinukumpara ako sa susunod niyang boyfriend.

Tangay

ROMMEL: Bakit ba sobrang lungkot mo?

RON: 'Yung bestfriend ko, tinangay ang Misis ko. Pangatlong araw na ngayon na hindi ko sila mahanap.

ROMMEL: Kawawa ka naman.

RON: Oo nga. Miss na miss ko na ang bestfriend ko.

Katulong

TESS: Ginagawa mo lang akong katulong mo! Mabuti pa maghiwalay na tayo!

ERNIE: Hindi! Simula sa araw na ito, sisante ka na!

Ang Daya

BONG: Iwan na kita may iba na akong mahal...

CHELY: Ganon? Ang daya naman. Ako nga matagal nang may iba, iniwan ba kita!?

Pangit

AVIC: Bakit ayaw mo sa 'kin? Pangit ba ako?

NOEL: Shhh... Maganda ka... Mula PAA hanggang LEEG.

Hayaan

Sa mataong concert, dalawang lalaki na hindi magkakilala ang nahiwalay sa kanilang girlfriends kaya hinahanap nila ang mga ito...

CHRIS: Ano ba itsura ng GF mo, 'Pre!?

JERRY: Mga 5'6" ang height, mestiza, long straight black hair, brown eyes, pouting red lips, hot at napaka-sexy. Ikaw, 'Pre, ano itsura ng GF mo!?

CHRIS: Naku, hayaan mo na siya. Ang mabuti pa ay hanapin nalang natin ang girlfriend mo!

Susi

RELLY: Alam mo babe, para kang SUSI.

MARIZ: Bakit naman?

RELLY: Kasi binuksan mo ang sarado kong puso.

MARIZ: Sinungaling! Eh sino yung kasama mong babae noong isang araw, aber?

RELLY: Siya 'yung DUPLICATE!

Parlor

Lumabas ng beauty parlor ang mag-asawa...

ROSE: How do I look? Maganda na ba ako, sweetheart?

JOJO: Ah, eh, at least sinubukan mong magpaganda.

Mamahalin

JOEL: 'Pre, pag-uwi sa bahay, sinumbatan ako ng Misis ko na dalhin ko daw naman siya sa isang mamahaling lugar.

JOB: Saan mo dinala Misis mo, 'Dre?

JOEL: Eh di sa gasolinahan. Ang mahal kaya ng petrolyo ngayon!

Sunog

Nagsilang ng maitim na bata ang mestizuhing mag-asawa...

JOSEPH: Bakit maitim ang anak natin?

AMELITA: Honey, hot ka... hot ako... kaya heto, nasunog ang baby natin!

Dasal

DITAS: Ang dasal ko sana bigyan pa ako ng konti pang talino para maunawaan ko ang Mister ko...

REMY: Ako, bigyan ako ng konti pang pasensya para matiis ko pa ang pag-uugali ng Mister ko...

PRESCY: Ako, konti pang pag-ibig para mapatawad ko ang Mister ko...

BAMBI: Ako naman, ang lagi kong dasal ay bigyan ako ng maraming lakas, para tuluyan ko nang mapatay ang hayop na Mister ko!



Gawing Malusog at Masaya
ang Bawat Araw sa

TAHANANG WALANG SIGARILYO

2013

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| SEPTEMBER | | | | | | |
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| OCTOBER | | | | | | |
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| NOVEMBER | | | | | | |
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| DECEMBER | | | | | | |
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| 29 | 30 | 31 | | | | |

*Observance of Eid'ul Fitr and Eidul Adha will be determined by the National Commission on Muslim Filipinos based on the Islamic calendar (Hijra) or the lunar calendar, or upon Islamic astronomical calculations.

Makikinig kami nang walang panghuhusga.

Isang tawag mo lang.

804-HOPE (4673)

Information and Crisis Intervention Center (ICIC)