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HEALTHbeat

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CLIMATE

El Niño and Health

CANCER

Breast Overtakes Lung
as No.1 Cancer Site
in NCR and Rizal

HEART

Love Your Heart

SPIRITUAL CLINIC

Shrine of St. Lazarus

Health Secretary
Esperanza I. Cabral, MD

beatin

pag-ibig

sa makabagong panahon

Imburnal

Ang pag-ibig parang imburnal,
nakakatakot mahulog...
at kapag nahulog ka nga,
it's either by accident
or talagang tanga ka.

Utot

Ang pag-ibig ay parang utot,
kahit anong gawin mo
ay napakahirap itago
at kapag ibinuga mo na
ang kimkim na damdamin,
maamoy ng lahat
hindi ka man umamin.

Menu

I love reading the MENU...
Because there is ME n U.

Elevator

Ang pag-ibig ay parang elevator,
huwag mong pagsisiksikan ang sarili
kung walang puwesto para sa 'yo.
Bakit mo ipipilit ang sarili mo
kung meron naman hagdan
na ayaw mo lang pansinin.



Tabla-Tabla Lang

Kapag hindi ka mahal
ng mahal mo
'wag ka magreklamo.
May mga tao rin naman
na hindi mo mahal
pero nagmamahal sa 'yo.
Tabla-tabla lang ang laban.

Una-una Lang

Pag may mahal ka
at ayaw sa 'yo, hayaan mo.
Malay mo sa mga susunod na araw,
ayaw mo na din sa kanya,
naunahan ka lang.

Highway

BINATA: Pwede ba kitang ligawan?
DALAGA: Bakit may BMW ka ba? Benz?
Expedition o CR-V man lang?
BINATA: Bakit ano ba yang puso mo,
highway?

Love Math

BOY: Do you know that my love for
you is like the limit of a constant
over a variable as the variable
approaches zero??
GIRL: Ano yun?
BOY: INFINITY :-)
GIRL: Ganun? Eh alam mo bang ang
love ko sayo ay parang limit of
a function of 'x' as 'x' approaches
'a', if the function of 'x' is equal
to 'c' if 'x' is greater than 'a' and is
equal to 'd' and if 'x' is less than
or equal to 'a'.
BOY: Ano naman yun ?
Girl: SYNTAX ERROR!

Chocolate

BOY: Chocolate ka ba?
GIRL: Hihihi... banat ba yan?
BOY: Hindi, noh! Ang itim mo kasi.

(-: Photo and contents from the Internet :-)

check your health

- _____ 1. Guess the percentage range of Filipinos nationwide who oppose secondhand smoke or the smoke coming from the end of a lighted cigarette as well as the smoke exhaled by the smoker, as found out by a latest Social Weather Station survey:
a) 81 - 85% b) 86 - 90% c) 91 - 95%
- _____ 2. **TRUE OR FALSE.** All dietary fats are dangerous to your heart.
- _____ 3. **TRUE OR FALSE.** Piccolo, the leading cause of injury in the recent Yuletide celebrations, is a legal firecracker.
- _____ 4. The part of the body that sense motion, acceleration and gravity is the:
a) inner ear b) middle layer of skin c) outer eye
- _____ 5. **TRUE OR FALSE.** The El Niño phenomenon brings long warm, dry spell and even drought in the Philippines.
- _____ 6. **TRUE OR FALSE.** Librarians, including health and medical librarians, should pass a licensure examination administered by the Professional Regulation Commission.
- _____ 7. To prevent computer eye strain, the top of the screen should NOT be:
a) above eye level b) at eye level c) below eye level
- _____ 8. **TRUE OR FALSE.** Breast cancer in the Philippines ranks the highest in Asia.
- _____ 9. **TRUE OR FALSE.** Men are more affected by cardiovascular diseases and women have less risk of developing them.
- _____ 10. For the health sector, 2010 is the Year of...
a) Metal Tiger b) National Elections c) Urban Health

Answers on Page 50

A NEW decade

The Department of Health enters a new decade with a new Secretary – Dr. Esperanza Cabral. The minute she set foot at DOH, she plunged into action, starting with the send-off of a humanitarian team to Haiti. As President Gloria Macapagal-Arroyo said, the Filipinos had been the beneficiary of the international communities generosity during typhoons Ondoy and Pepeng last year, and now the sending of the medical team to Haiti was a way through which the country could give back.

Disaster struck early this year with the magnitude 7.0 earthquake in Haiti on January 12 that toppled residences and commercial buildings killing an estimated 200,000 people including a handful of Filipinos in the peacekeeping force and contract workers. An impending crisis is also in our midst, as we are going through an El Niño year. The unpredictable weather may devastate agriculture produce and may even cause outbreaks of diseases.

While the health effects of the El Niño are still uncertain, another disease is already causing concerns of turning into an epidemic. At the start of this new decade, HIV/AIDS has been hogging the media limelight. And once again, the newsworthiness of the disease has captivated people's attention because it combines the basic elements of human existence – sex, sexuality, relationships, life and death. Then, there is the first automated election fever, which makes the first half of the year very noisy but hopefully generally peaceful.

If the events that transpired in the early weeks of 2010 are reflections of what is yet to come, then brace yourselves because we are in for a lot of work this year or even this whole decade.

- The Editors

our cover



The Department of Health has a new Secretary – Esperanza I. Cabral, MD. She is really not new to the department, having served as the Director of the Philippine Heart Center in the early '90s. Dr. Cabral is the former secretary of the Department of Social Welfare and Development.

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Health Secretary Esperanza I. Cabral, MD

On January 15, the Department of Health officially welcomed a new health secretary – Dr. Esperanza I. Cabral. At the turn-over ceremonies, she lauded the accomplishments of the department under the term of former Sec. Francisco T. Duque III. She also called on the DOH personnel to join her in her drive to reduce the inequities in the country's health services and to set the groundwork for the next administration in improving the entire Philippine healthcare system during the five-and-a-half months that she will be at the helm of the DOH.

Sec. Cabral is a renowned cardiologist and top-ranked physician. She is a teacher, scientist and doctor, with countless hours spent tending to her patients, students and research. A graduate of Medicine at the University of the Philippines, Dr. Cabral completed her training in Internal Medicine, Cardiology and Clinical Pharmacology at the Philippine General Hospital and Harvard Medical School, Massachusetts General Hospital and the Joslin Clinic in Boston. She has also served as professor at the UP College of Medicine and Pharmacology, director of the Philippine Heart Center as well as Chief of Cardiology at the Asian Hospital and Medical Center.

Her distinguished and multi-faceted career has been recognized with notable citations such as the National Outstanding Young Scientist for Medicine



Award for 1981 by the Department of Science and Technology, the 1982 Achievement Award by the Philippine Society of Experimental and Clinical Pharmacology, the Outstanding Woman in the Nation's Service Award for Medicine in 1986, and the First Dr. Jose P. Rizal Award by the Philippine Medical Association in 1991.

With more than 30 years of success and accomplishments behind her, Dr. Cabral moved on to head the Department of Social Welfare and Development (DSWD) in 2006. With her at the helm, the DSWD was rated as the country's top ranking government

agency by the Pulse Asia's Ulat ng Bayan Survey with the highest approval rating for performance in the entire bureaucracy. The DSWD also enjoyed the lowest disapproval rating among government agencies surveyed. After more than three years as DSWD Secretary, Dr. Cabral continues her legacy of excellent service with her appointment as Secretary of the Department of Health (DOH).

A tireless advocate, her personal exemplification of ideals and values she believes in is a source of inspiration for the many who have come to know her.



Oathtaking as the new health secretary.



Accepting the DOH flag from USec Mario Villaverde.



Addressing DOH staff in flag ceremony.



Interview with the media.



Send-off of medical team to earthquake-stricken Haiti.



Turnover of Med Share International's donated medical supplies to Amang Rodriguez Memorial Hospital. (All photos by Paking Repelente)



Dr. Eric Tayag, director of the DOH National Epidemiology Center, showing off leaflets and condoms during a pre-Valentine's Day special event to beef up HIV/AIDS awareness. (Photo by Romy Caparas)

the changing face and phase of HIV/AIDS

by

ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

Flashback

In 1984, the first AIDS case in the Philippines was recorded with the death of a male foreign national from pneumonia. In 1995, HIV/AIDS came to have a Filipino face in the person of Dolzura Cortez, and in 1996,

Sarah Jane Salazar and Lisa Enriquez came out publicly. They were all commercial sex workers.

The next decade, July 2007, the Department of Health reported that 1 in 3 HIV/AIDS cases in the country was an overseas Filipino worker.

At this time, local and international experts who used to say that the prevalence of HIV/AIDS in the Philippines as "slow and low" have changed it to "hidden and growing."

Two years later, on December 11, the Department of Health and the

Joint United Nations Program on HIV/AIDS (UNAIDS) in the Philippines released through a dissemination forum the results of the 2009 Integrated HIV Behavioral and Serologic Surveillance (IBHSS) among most at risk populations (MARPs). There was a dramatic 500 percent increase was reported from one HIV-positive MARP per 1,000 in 2007 to five in 2009.

The DOH Philippine HIV/AIDS Registry also reported that 835 new cases diagnosed in the country in 2009. In December alone, the Registry has reported

126 new cases, the highest monthly total in 25 years.

Health experts said that the country needs to be prepared for the possibility of an explosive increase in the spread of HIV/AIDS. Vietnam and Indonesia provide examples of delayed epidemics of HIV/AIDS that could also occur in the Philippines.

From 1984 to 2009, a total of 4,424 HIV cases have been reported in the Philippines. The mode of HIV transmission was predominantly heterosexual but was

shifting to bisexual mode and “males having sex with males”.

Of Risky Sex and Call Centers

Towards the end of January this year, media reported the results of a study entitled “Lifestyle and Reproductive Health Issues of Young Professionals in Metro Manila and Metro Cebu” conducted by the University of the Philippines Population Institute and the Department of Health.

Call center agents were particularly cited by the media on the rise of HIV cases in the Philippines. This is bad considering that business process outsourcing (BPO) has contributed a lot to the economic progress of the country.

The study was conducted to examine the economic, social, and health status of young professionals less than 35 years old. It included 929 respondents from 35 BPO establishments, who have at least completed two years of college.

Sources from the Philippine National AIDS Council, however, clarified that the study was done among employees of BPO companies where a call center is just one of the many “business processes” that they carry.

The study showed that due to their environment and peer pressure, call center agents “tend to involve in risky sexual behaviors.”

The study also revealed there are more call center agents who have a regular non-romantic sexual partner.

The DOH said that call centers may be at risk of HIV due to their high prevalent risk behavior for lifestyle diseases due to cigarette smoking, substance abuse alcohol and illicit drugs, poor nutrition, and inadequate exercise and unsafe sexual practices.

Table 1. DOUBLING TIME OF HIV & AIDS CASES IN THE PHILIPPINES

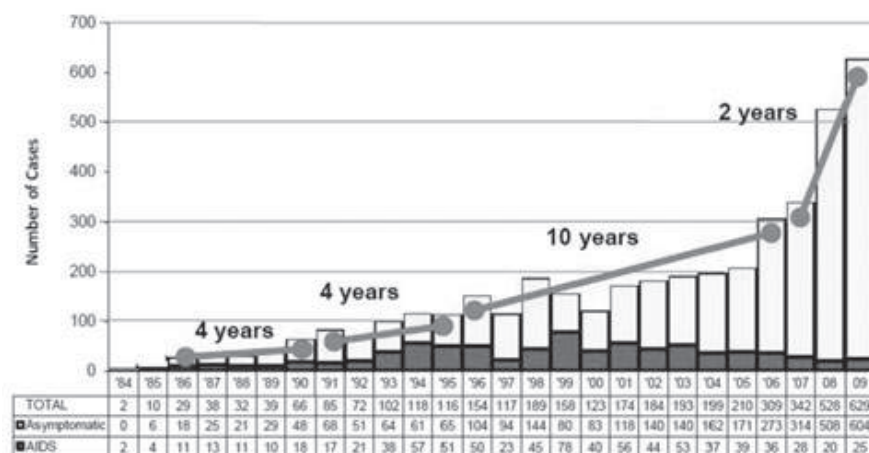
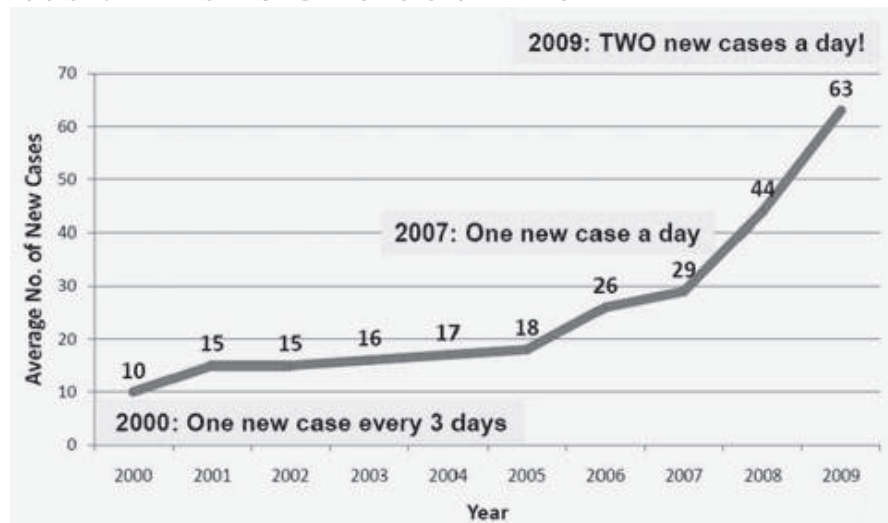


Table 2. AVERAGE NUMBER OF CASES PER MONTH



Source: Philippine HIV and AIDS Registry

However, the DOH was quick to point out that it is not safe to conclude that the higher prevalence of sexual risk behavior among call center workers can be attributed to working in the call centers.

It is not who you are or where you work, but what you do that put you at risk of getting HIV/AIDS, the DOH said.

As the story developed, the Department of Labor and Employment (DOLE) directed its Occupational Safety and Health Center to strengthen its awareness program by reaching out and informing workers of the dangers of risky behaviors in the workplace that may lead to HIV transmission.

However, the DOLE reminded employers that under Republic Act 8504 or the Philippine AIDS Prevention and Control Act of 1998, HIV testing should not be a prerequisite for employment. It also warned that any form of discrimination against people with HIV/AIDS is punishable under the law.

Aside from young professionals, social and behavioral studies are also being conducted in certain groups that may be a high risk for HIV/AIDS, including commercial sex workers, injecting drug users, and taxi drivers.

These studies are done because the DOH cannot survey the whole population.

Women are Clueless

A spinoff in HIV/AIDS media reporting was a report by Dona Z. Pazzibugan published in the Philippine Daily Inquirer on February 3. The report said that public HIV/AIDS awareness campaigns have not reached many women in the Philippines, especially those who are poor and less-educated. Among women ages 15-49 who were surveyed for the 2008 National Demographic and Health Survey, only 34



NOT WITHOUT CONTROVERSY: During the “Ingat Lagi, My Valentine” event in the flower market in Manila, adults who bought flowers were given brochures on AIDS prevention and vouchers to be exchanged for condoms. Teenagers and children, meanwhile, were given lollipop candies. Of course, this activity met the expected opposition from the Catholic Church. (Photos by Romy Caparas)

percent rejected the two most common HIV transmission myths -- that the virus can be transmitted by sharing food with an HIV-positive person or via mosquito bites.

Overall, just one in five women had a comprehensive grasp of how HIV is transmitted and how it is prevented, including consistent condom use during sex and being monogamous with an HIV-

negative, faithful partner. Survey statements also addressed whether a healthy-looking person could be HIV-positive and that the virus cannot be acquired by casual contact like hugging or shaking hands.

One out of three college-educated women had comprehensive knowledge of HIV/AIDS, compared with just 3 percent of those without a formal education.

Three in 10 upper-income women had comprehensive understanding of the disease, which was shared by just 1 percent of women in the lowest income class. In the Autonomous Region of Muslim Mindanao, two-fifths of the women surveyed had never heard of AIDS.

“Ingat Lagi” in Condom Distribution

On February 13, the DOH initiated a special event to beef up its HIV/AIDS awareness campaign. Dubbed as *“Ingat Lagi, My Valentine,”* part of the activity was the giving out of condoms to adult customers at a popular flower market in Manila. Adults who bought flowers were given brochures on AIDS prevention and vouchers to be exchanged for condoms at designated booths. The condoms were given for free by the condom distributor, DKT International. Meanwhile, children were given lollipop candies.

The DOH insisted that the condom distribution was not intended to promote the use of contraceptives but rather to encourage couples to engage in safer sex.

The DOH is pushing for the ABC model of AIDS prevention – A for abstinence and delaying the sexual debut for the young, B for be faithful to one partner and C for condom use.

As expected, a number of Catholic Church leaders condemned the DOH drive as “immoral” and “vulgar”. They said that instead of preventing the spread of HIV/AIDS, the DOH is in effect promoting the sex act. Education particularly on abstinence and not condom will help solve the problem on HIV/AIDS in the country, the Church leaders said.

Once again, where there is condom, what’s good for the health and good for the soul seemed non-negotiable.

HIV/AIDS BACK TO BASICS

What are HIV and AIDS?

AIDS (acquired immunodeficiency syndrome) is the late stage of infection with the human immunodeficiency virus (HIV). AIDS can take more than 8-10 years to develop after infection with HIV. HIV-infected people can live symptom-free lives for years; however most people in developing countries die within three years of being diagnosed with AIDS.

How do people get infected with HIV?

HIV is transmitted mostly through semen and vaginal fluids during sex without the use of condoms.

Aside from sexual intercourse, HIV can also be transmitted during drug injection by the sharing of needles contaminated with infected blood; by the transfusion of infected blood or blood products; and from an infected woman to her baby – before birth, during birth or just after delivery.

HIV is not spread through ordinary social contact; for example by shaking hands, travelling in the same bus, eating from the same utensils, by hugging or kissing. Mosquitoes and insects do not spread the virus nor is it water-borne or air-borne.

How can I avoid being infected through sex?

You can avoid HIV infection by abstaining from sex, by having a mutually faithful monogamous sexual relationship with an uninfected partner or by practicing safer sex. Safer sex involves the correct use

of a condom during each sexual encounter and also includes non-penetrative sex.

Does the presence of other sexually transmitted diseases (STDs) facilitate HIV transmission?

Yes. Every STD causes some damage to the genital skin and mucous layer, which facilitates the entry of HIV into the body. The most dangerous are: syphilis; chancroid; genital herpes; and gonorrhoea

Why is early treatment of STD important?

High rates of STD caused by unprotected sexual activity enhance the transmission risk in the general population. Early treatment of STD reduces the risk of spread to other sexual partners and also reduces the risk of contracting HIV from infected partners. Besides, early treatment of STD also prevents infertility and ectopic pregnancies.

How can children and young people be protected from HIV?

Children and adolescents have the right to know how to avoid HIV infection before they become sexually active. As some young people will have sex at an early age, they should know about condoms and where they are available. Parents and schools share the responsibility of ensuring that children understand how to avoid HIV infection, and learn the importance of tolerant, compassionate and non-discriminatory attitudes towards people living with HIV/AIDS.

How does a mother transmit HIV to her unborn child?

An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in a later stage of AIDS. Transmission can also occur at the time of birth when the baby is exposed to the mother's blood and to some extent transmission can occur through breast milk. Transmission from an infected mother to her baby occurs in about 30% of cases.

Can HIV be transmitted through breast-feeding?

Yes. The virus has been found in breast milk in low concentrations and studies have shown that children of HIV-infected mothers can get HIV infection through breast milk. Breast milk, however, has many substances in it that protect an infant's health and the benefits of breast-feeding for both mother and child are well recognized. The slight risk of an infant becoming infected with HIV through breast-feeding is therefore thought to be outweighed by the benefits of breast-feeding

Can blood transfusions transmit HIV infection?

Yes. If the blood contains HIV. In many places blood is now screened for HIV before it is transfused. If you need a transfusion, try to ensure that screened blood is used.

Can injections transmit HIV infection?

Yes. If the injecting equipment is contaminated with blood containing HIV. Avoid injections unless absolutely necessary. If you must have an injection, make sure the needle and syringe come straight from a sterile package or have been sterilized properly; a needle and syringe that has been cleaned and then boiled for 20 minutes is ready for reuse. Finally, if you inject drugs, of whatever kind, never use anyone else's injecting equipment.

What about having a tattoo or your ears or other body parts pierced?

Tattooing, ear and body piercing, acupuncture and some kinds of dental work all involve instruments that must be sterile to avoid infection. In general, you should refrain from any procedure where the skin

is pierced, unless absolutely necessary.

Is there a vaccine for HIV/AIDS?

While there is currently no vaccine for HIV/AIDS, research is under way. However, a vaccine for general use is unlikely to be available in the near future.

Is there a treatment for HIV/AIDS?

All the currently licensed anti-retroviral drugs, namely AZT, ddI and ddC, have effects which last only for a limited duration. In addition, these drugs are very expensive and have severe adverse reactions while the virus tends to develop resistance rather quickly with single-drug therapy. The emphasis is now on giving a combination of drugs including newer drugs called protease inhibitors; but this makes treatment even more expensive. Better care programmes have been shown to prolong survival and improve the quality of life of people living with HIV/AIDS.

***Adapted from
"AIDS - Some Questions Answered"
by the World Health Organization***



laughter heals

MISTER at misis

*After marriage, husband and wife become two sides of a coin;
they just can't face each other, but still they stay together.*

~ Sacha Guitry

Circus

Marriage is a three ring circus:

1. engagement ring
2. wedding ring
3. suffering

Engagement Ring

GIRL 1: Ang ganda naman ng
5-carat diamond
engagement ring mo.

GIRL 2: Maganda nga pero
may kasamang sumpa.

GIRL 1: Sumpa?

GIRL 2: Oo. Kasama ng singsing na ito
ang lalaking papakasalan ko.

Wedding Ring

MISTER: Honey, bakit nakalagay sa
maling daliri ang wedding
ring mo?

MISIS: Kasi naman, maling lalaki
din ang napakasalan ko.

Heaven

Marriages are made in heaven.
But so again, are thunder and lightning.



Makinig Ka!

Kung gusto mong makinig sa 'yo
ang Misis mo sa bawat sasabibihin,
magsalita ka habang natutulog.

Boss

Hindi mahalaga kung
papalit-palit man ng trabaho
si Mister, iisa lang naman lagi
ang kanyang boss.

Anghel

MISTER 1: Anghel talaga ang Misis ko.

MISTER 2: Maswerte ka talaga.

Ang Misis ko, buhay pa.

Ayon sa Batas

MISTER 1: Bakit hindi pinapayagan ng
pamahalaan na magpakasal
ang isang lalaki sa dalawang
babae?

MISTER 2: Kasi ayon sa batas, hindi
maaaring parusahan ng
dalawang beses ang
sinuman para sa isang
pagkakamali.

Wives

Wives are funny creatures.
They won't let their husbands
have sex with them for weeks,
and then they want to kill
the woman who does.

3 Taong Buhay Mag-asawa

1st Year: Kapag nagsasalita si Mister,
nakikinig si Misis.

2nd Year: Kapag nagsasalita si Misis,
nakikinig si Mister.

3rd Year: Sabay silang nagsasalita at
nakikinig ang mga kapitbahay.

(-: Photo and contents from the Internet :-)

healthy ROMANCE

(Tips for Married Couples)

So, Kris Aquino and James Yap had another fight in January. James was saying in a media interview that all married couples undergo romantic disputes at one time or another. Huh? But not on national media!

When couples have been married for some time, it may be hard to keep the

romance alive in the relationship. Things tend to get in the way. But they should take the time to work at keeping the romance to prevent the romance from becoming stale, boring or predictable.

Here are some healthy tips for married couples to keep the fire burning in the relationship:

1. Have a date night. It can be weekly, bi-weekly or monthly, but plan on having a night out on the town that includes just the two of you. This will allow you to reconnect to each other without any outside interference.

2. Keep the physical contact going. Do not limit kissing and hugging to just saying goodbye or hello. Surprise your spouse with an unexpected show of affection throughout the day.

3. Communication is a big key to keeping the romance alive. Text or call your spouse just to let him/her know you're thinking of them when he/she is not around.

4. Surprise your

spouse once in awhile. While you are out running errands and you see something that you think your spouse would like, go ahead and pick it up. It will let your spouse know that you were thinking of him/her.

5. Remember the old days. Look back on your relationship when you two first started dating. What was it about your spouse that gave you that warm fuzzy feeling? By remembering what it was that made you fall in love you can work at trying to recapture it.

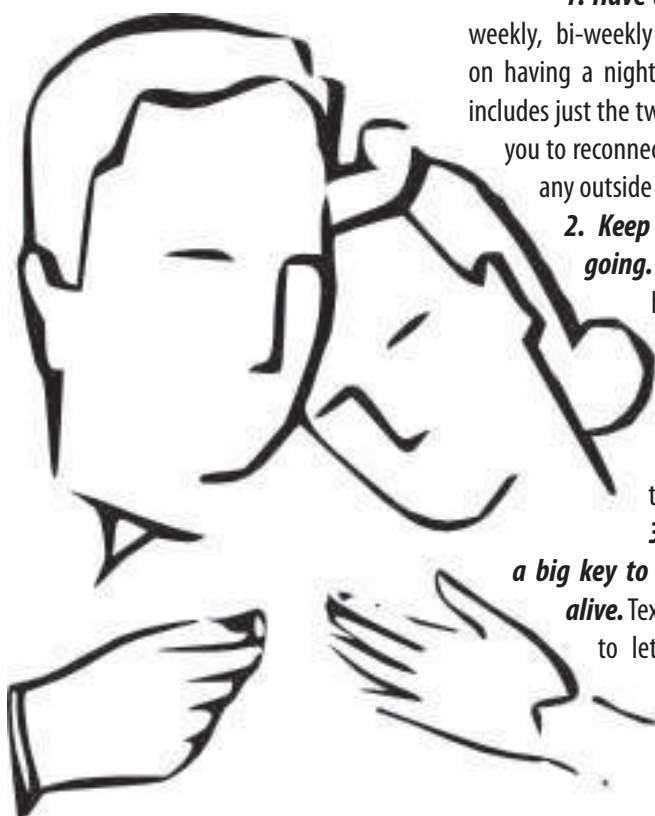
6. Personal jokes and phrases can also keep the romance in your relationship. When you have something that has meaning to just the two of you, it will keep you and your spouse connected.

7. Live, love and laugh together. By doing these three things together, it will keep you connected and keep the romance in your relationship.

And some words of advice - avoid comparing yourself to other couples. Each couple has their own version of romance and what works for them. Focus on your marriage and do what works for you.

Not all couples are like Kris and James who can get away with washing dirty linens in public.

-- o o o --



love your heart

HEALTHbeat searched, re-searched and asked heart experts on ways how Filipinos could “love” their heart and prevent cardiovascular diseases, the No. 1 killer in the Philippines. We discovered several ways but summed them up to 12 that we feel the most important.



1.

DON'T SMOKE AND AVOID SECONDHAND SMOKE

Ten (10) Filipinos die by the hour due to tobacco-related diseases.

Tobacco is the only legal consumer product that does more harm than good. Conclusive scientific evidence confirms that smokers face significant elevated risks of death from numerous cancers (particularly lung cancer), respiratory and heart diseases, stroke, and many other fatal diseases.

Smoking and exposure to secondhand smoke impose exceptional health risks on pregnant women, infants and children. Smoking during pregnancy is dangerous to the health of expectant mother, potentially lethal to the fetus and

infant, and may lead to lifelong health and developmental disorders among exposed children.

Tobacco is an addictive carcinogen

that directly kills half of its users, as well as nonsmoking bystanders. There is no safe level of exposure to secondhand smoke.

Quitting and avoiding secondhand smoke exposure reduce health risks and produce immediate and long-term health benefits.

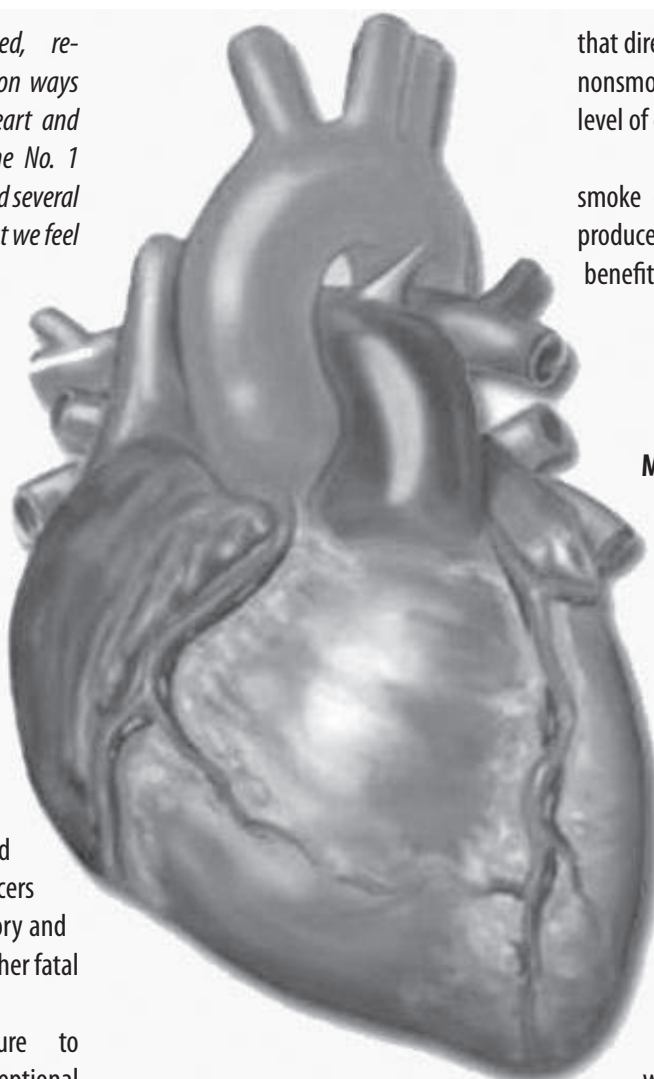


2.

MAINTAIN IDEAL BODY WEIGHT

According to the 2008 National Nutrition Survey, overweight and obesity affects 27 in every 100 adult Filipinos. Excess body weight is clearly linked to heart disease. People who are overweight or obese have a greater chance of developing high blood pressure, high blood cholesterol or other lipid disorders, type 2 diabetes, heart disease, stroke, and certain cancers.

A good measure to evaluate weight and body fat is the Body Mass Index or BMI. It is calculated by dividing weight in kilograms by height in meters squared ($BMI = \text{kg} / \text{m}^2$). The BMI of 25 - 29.9 is overweight, while BMI of 30 and



over is obese. Meanwhile, the BMI of 18.5 - 24.9 is considered normal weight.

For those with excess body weight, even a small weight loss will help lower the risk of developing diseases.



3.

MONITOR BLOOD PRESSURE

High blood pressure, also called hypertension, is a major risk factor for kidney disease, stroke, heart disease and heart failure.

A blood pressure of 140/90 or higher is considered high. This is called hypertension. A blood pressure between 120/80 and 139/89 is called pre-hypertension. This means that you do not have hypertension, but you are likely to develop it in the future unless you adopt lifestyle changes to keep your blood pressure under control. Blood pressure less than 120/80 is normal.



4.

BE PHYSICALLY ACTIVE

Lean and active people have the lowest risk of heart disease and obese and inactive people have the highest risk.

Physical activity need not be strenuous to be beneficial; people of all ages benefit from participating in regular, moderate-intensity physical activity, such as 30 minutes of brisk walking most days of the week. These minutes may be accumulated during the day, for example, three 10-minute sessions of physical activity or two 15-minute sessions. However, one hour of continuous moderate physical activity or exercise most days of the week is ideal.

Experts advise people with chronic diseases, such as a heart condition, arthritis, diabetes or high blood pressure, to talk to their doctor about what types and amounts of activity are appropriate, before beginning a new physical activity program. Symptoms of particular importance to evaluate include chest pain (especially chest pain that is brought on by exertion), loss of balance (particularly if it leads to falls) dizziness and passing out (loss of consciousness).



5.

LIVE WITHIN YOUR MEANS

Stressed out? Feeling out of control financially, emotionally or psychologically can affect not only your sleep but also your heart.

Medical researchers are not sure exactly how stress increases the risk of heart disease. Stress itself might be a risk factor, or it could be that high levels of stress make other risk factors (such as high cholesterol or high blood pressure) worse. For example, if you are under stress, your blood pressure goes up, you may overeat, you may exercise less and you may be more likely to smoke. Chronic stress exposes your body to unhealthy, persistently elevated levels of stress hormones like adrenaline and cortisol. Studies also link stress to changes in the way blood clots, which increases the risk of heart attack.



6.

GET AT LEAST SEVEN HOURS OF SLEEP

Not per week, but every night.

And men require eight. Getting by on less can cause metabolic changes that increase your risk for obesity and diabetes. The fewer hours of sleep adults get each night, the more likely they are to have calcium deposits in their arteries. Researchers also suspect the lack of sleep increases stress hormones, raises blood pressure, and affects blood sugar levels. However, keep your overall sleeping time to no more than nine hours because this can have a slightly increased risk of heart disease.



7.

EAT FRUITS, VEGETABLES AND GRAINS

Vegetables, fruits and rootcrops and whole grains are generally good sources of dietary fiber. They help reduce blood cholesterol levels and may lower risk of heart disease. Moreover, fiber-containing food helps provide a feeling of fullness with fewer calories and may help in weight management. High-fiber food also prevents and treats constipation and hemorrhoids.



8.

EAT FISH TWICE OR THREE TIMES A WEEK

Have it grilled, sautéed, baked, roasted or stewed, just eat fish twice or three times a week. Studies have found that people who eat fish regularly were regular less likely to have a heart attack or die of heart disease than those who ate fish only once a month. Moreover, regular fish consumption reduced the risk of atrial fibrillation -- rapid, irregular heartbeat -- a major cause of sudden death.

Omega-3 fatty acid found in fatty fish such as tuna, salmon, catfish, milkfish or tilapia has the ability to protect the heart.



9. LIMIT SALT

Filipinos love eating salty and processed food like *tocino*, *longganisa*, *tapa* and even instant noodles. They are also fond of using condiments like *patis*, *toyo* and *bagoong* with every meal. Consuming excess salt is one of the main causes of high blood pressure and other related heart diseases.

The first thing doctors advise a patient with heart disease is to limit salt intake. Salt contains elemental sodium and chloride. Excess salt intake will raise the level of sodium in the body, which is linked to increased water retention. This causes the heart to put in more effort in pumping blood and hence raises blood pressure. High blood pressure or hypertension is a causative factor in heart attacks and strokes. By this logic, lowering salt intake would also lower heart disease risk.



10. AVOID TRANS FATS

There are three different kinds of dietary fat: saturated, polyunsaturated, and monounsaturated. Saturated fats are those that stay hard at room temperature. Fatty parts of meat, whole milk dairy products, butter, and palm oils are all highly saturated. On the other hand, polyunsaturated and monounsaturated fats remain liquid at room temperature and include vegetable

oils.

Saturated fats are known to increase the body's levels of blood cholesterol. Along with cholesterol, saturated fats can deposit on the inner walls of blood vessels; a condition known as atherosclerosis. When the heart's arteries become clogged with cholesterol and fats, blood flow can be restricted or totally blocked, leading to severe chest pain and heart attack.

Meanwhile, polyunsaturated and monounsaturated fats actually have a cholesterol-lowering effect. By substituting polyunsaturated fats for the saturated fats in your diet, a person can actually help control cholesterol levels.

Then, there are the trans fats that are formed when liquid vegetable oils are converted into solids through a process called hydrogenation. Hydrogenated or partially-hydrogenated oils are used to increase the shelf life of foods and to improve their texture. Trans fats are most often found in fried foods, vegetable shortenings, hard margarine, and processed cookies, crackers, baked goods and chips.

Unlike other dietary fats, trans fats are not essential, and they do not promote good health. The consumption of trans fats increases the risk of coronary heart disease by raising levels of "bad" LDL cholesterol and lowering levels of "good" HDL cholesterol. Health authorities worldwide recommend that consumption of trans fat be reduced to trace amounts.



11. DON'T DRINK ALCOHOL

The effect of alcohol on health and heart disease is complex. For some people, even mild alcohol use carries major

risks. For others, moderate alcohol use may offer a degree of protection. At this point, doctors are not sure if moderate drinking is good for the heart.

However, findings in recent years suggest that moderate alcohol consumption (wine or beer) does offer some protection against heart disease for some people. The suspected heart-related benefits of alcohol include: raises HDL, or "good" cholesterol level; lowers blood pressure; inhibits the formation of blood clots. The latter, however, can be good or bad – it may prevent heart attacks but could also increase the risk of bleeding.

But, until medical science knows more about the pros and cons of alcohol consumption, doctors do not recommend drinking alcohol specifically for better heart health. In fact, one of the 7 Healthy Lifestyle Habits being promoted by the Department of Health is "don't drink alcohol."



12. BRUSH AND FLOSS

While the connection is not yet proven beyond a doubt, plenty of evidence points to dental disorders such as periodontal disease (disease of the gums and bones that support the teeth) and gum disease (also called gingivitis) having something to do with heart disease. The bacteria present in gum diseases may trigger blood clots which can contribute to a heart attack or stroke.

It is most beneficial to brush and floss your teeth everyday and visit the dentist at least twice a year, if not for the heart, at least for the freshness of the kiss a person gives a loved one.

Heart images from the Internet

women's heart

Heartbreaking News

On January 19, Press Secretary Cerge Remonde died of cardiac arrest. His aides found him unconscious inside his bathroom and took him to the nearby Makati Medical Center where doctors tried but failed to revive him.

News reports said that Remonde had been suffering from diabetes and hypertension prior to his death. According to his personal physician, Remonde's risk factors for cardiovascular diseases were high. He was a smoker and had lots of work and was not getting enough rest.

Meanwhile, on February 1, former Transportation Secretary Josefina Lichauco slipped into coma after suffering from stroke while on holiday in Hong Kong. She was at the lobby of the Mandarin Hotel with her daughters and preparing to check out to return to Manila when she collapsed. Without recovering from coma, she died on February 14 – Valentine's Day or Heart's Day.

About 17 million people worldwide die annually due to cardiovascular disease. In the Philippines, heart disease and stroke are the leading causes of mortality with 120,000 Filipinos dying each year because of these diseases. The most dominant risk factors for the development of heart disease

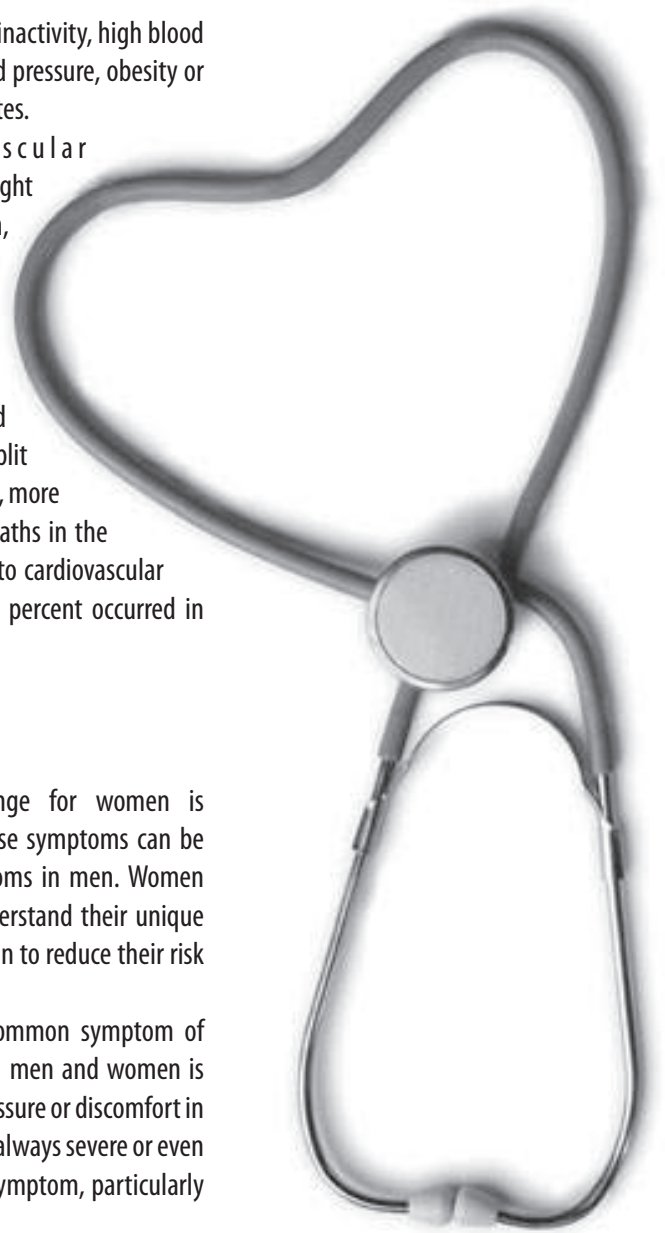
are smoking, physical inactivity, high blood cholesterol, high blood pressure, obesity or overweight and diabetes.

Cardiovascular diseases are often thought to be problem for men, and women with less risk of developing them. But in reality, Philippine health statistics confirmed that the ratio is split almost evenly. In 2007, more than 30 percent of deaths in the Philippines were due to cardiovascular diseases, of these, 40 percent occurred in women.

Women's Heart

One challenge for women is that their heart disease symptoms can be different from symptoms in men. Women can take steps to understand their unique symptoms and to begin to reduce their risk of heart disease.

The most common symptom of a heart attack in both men and women is some type of pain, pressure or discomfort in the chest. But it is not always severe or even the most prominent symptom, particularly in women.



MayoClinic, a medical and health information website, explains that women are more likely than men to have signs and symptoms unrelated to chest pain, such as: neck, shoulder, upper back or abdominal discomfort; shortness of breath; nausea or vomiting; sweating; lightheadedness or dizziness; and unusual fatigue.

These signs and symptoms are more subtle than the obvious crushing chest pain often associated with heart attacks. This may be because women tend to have blockages not only in their main arteries, but also in the smaller arteries that supply blood to the heart — a condition called small vessel heart disease.

Many women tend to show up in emergency rooms after much heart damage has already occurred because their symptoms are not those typically associated with a heart attack.

Although the traditional risk factors for coronary artery disease — such as high cholesterol, high blood pressure and obesity — affect women and men, other factors may play a bigger role in the development of heart disease in women.

There is what is called the metabolic syndrome or a combination of fat around the abdomen, high blood pressure, high blood sugar and high triglycerides which has a greater impact on women than on men. Low levels of estrogen after menopause also pose a significant risk factor for developing cardiovascular disease in the smaller blood vessels. Smoking, too, is a greater risk factor for heart disease in

women than in men.

Then, there is mental stress and depression which affect women's hearts more than men's. It's crucial to find stress management. Unmanaged stress has a direct negative impact on the heart. The constant bombardment of adrenaline raises blood pressure and destabilizes plaque in the arteries, making it likely to cause a clot or heart attack.

On the other hand, depression is twice as common in women as in men, and it increases the risk of heart disease by two to three times compared with those who are not depressed.

Depression makes it difficult to maintain a healthy lifestyle and follow recommended treatment, so women should talk to their doctors if they are having symptoms of depression, such as loss of interest in your daily activities, feeling hopeless or unexplained changes in your weight.

It's important to stay connected to friends and family for the sake of the mood and heart. Research at the University of Pittsburgh School of Medicine found that high levels of loneliness increase a woman's risk of heart disease by 76 percent. On the flip side, having strong social support can help lower your blood pressure and improve other cardiovascular functions. Set aside time once or twice a week to call or be with friends.

While more deaths from heart disease occur in women 65 years old and above, an increasing number of deaths have

been accounted among them as young as 25 years old. Women under the age of 65 who have a family history of heart disease should pay particular close attention to the heart disease risk factors. Still, all women of all ages should take heart disease seriously.

Healthy Lifestyle

Filipino women, most of the times, are putting their health last in favor of giving more attention to the health and well-being of their family. This is admirable, but women should give as much attention to their health too.

There are several lifestyle changes women can make to reduce their risk of heart disease: be physically active or exercise 30 to 60 minutes a day on most days of the week; maintain a healthy weight; quit or don't start smoking; and eat a diet low in saturated fat, cholesterol and salt.

A regular visit to the doctor is advised to better manage other conditions that are risk factors for heart disease, such as high blood pressure, high cholesterol and diabetes. Some women may also need to take prescribed medications, such as blood pressure medications, blood thinners and aspirin.

Every woman should know what is normal for her body and be on the lookout for unusual signs and symptoms of heart disease. If these appear, see a doctor immediately.

Image in the previous page from <www.stjohns.com>



Love is a decision - not an emotion.

Breast Overtakes Lung as No. 1 Cancer Site

in Metro Manila and Rizal Province

More than 70,000 Filipinos die of cancer every year. This translates to about 200 deaths per day or eight Filipinos every hour. Cancer is the third leading cause of illness and death in the Philippines.

The Philippine Health Statistics (2004) indicates that lung cancer is still the leading cause of cancer deaths in the Philippines. However, in a population-based cancer registry conducted by the Philippine Cancer Society (PCS) in cooperation with the Department of Health, breast overtook lung as the No. 1 cancer site in terms of incidence

or the number of newly diagnosed cases during the period of 1998-2002 in Metro Manila and Rizal Province.

According to PCS Registry, the top ten cancer sites for both sexes now stands at breast, lung, liver, cervix, colon, thyroid, rectum, ovary, prostate and non-Hodgkin Lymphoma. In men, the five common cancer sites are lung, liver, prostate, colon and rectum while for females, these are breast, cervix, ovary, thyroid and lung.

These rankings were validated by the International Agency for Research

on Cancer (IARC). The IARC collects cancer incidence and mortality data from participating countries during five-year periods.

Breast cancer in the Philippines ranks the highest in Asia and 9th in the world in terms of incidence and death from the disease. More than 10,200 Filipino women contract the disease annually. Ironically, the public health system, particularly most local government units, do not have enough breast cancer screening facilities (mammogram machines) to early detect breast cancer. The private medical sector charges mammography services at a minimum average of P1,200 per patient.

Tobacco smoking (cigarettes) is the most common risk factor for lung cancer. There is no effective early detection method for lung cancer. Majority of patients with lung cancer are diagnosed at an incurable stage. Republic Act No. 9211, or the Tobacco Regulation Law, has considerably brought down the incidence of tobacco smoking among the population although incidence rates have gone up in children and women because the marketing efforts of tobacco companies are focused on these groups.



WORLD CANCER DAY (February 4) PRESS CONFERENCE. From left to right, Dr. Rachel Marie Rosario, executive director of Philippine Cancer Society; Health Secretary Esperanza I. Cabral; and Dr. Julius Lecciones, director of the Philippine Children's Medical Center.

Almost 85% of liver cancer in the Philippines is due to chronic Hepatitis B infection. The most effective method to prevent liver cancer is through Hepatitis B vaccination (HBV) of newly-born babies (1st dose within 24 hours). This primary prevention is mandated through Republic Act No. 7846 or the mandatory HBV of children up to eight years old.

The Human Papilloma Virus (HPV) causes cervical cancer. The most effective method for cervical cancer screening is still the Papanicolaou smear (pap smear). However, in areas where there are no laboratory or pathology facilities, the acetic acid wash (AAW) is recommended. Modern technology has recently introduced cervical cancer vaccination for Filipino women as early as 12 years old.

Cancer screening methods are also available for other cancers like digital-rectal examination, colonoscopy and fecal occult blood test for colon-rectal cancer, Prostate Specific Antigen (PSA) blood test for prostate, needle aspiration of thyroid nodule, pelvic examination for ovarian cancer and many others.

The Department of Health, in coordination with the Cervical Cancer Association of the Philippines (CECAP), has identified the Single Visit Approach (SVA) using acetic acid wash (AAW) as the screening method of choice for cervical cancer. CECAP is conducting training for SVA-AAW in four pilot areas all over the Philippines.

It is also recommended to include standard cancer screening methods in annual medical examinations for government and private employees.

The practice of healthy lifestyle in one's daily life will reduce the risk of getting cancer and other major chronic diseases like diabetes, heart and pulmonary diseases. The DOH and the Philippine Coalition



Health Secretary Esperanza I. Cabral accepts the "Cancer in the Philippines" monograph - a population-based cancer registry report - from Philippine Cancer Society Chairman, Dr. Roberto Paterno.

for the Prevention and Control of Non-Communicable Diseases are advocating the practice of the 7 Healthy Lifestyle Habits, namely: 1) No Smoking; 2) Don't Drink Alcohol; 3) No to illegal drugs; 4) Eat low-salt, low-sugar, low-fat, high fiber diet; 5) Prevent hypertension and diabetes; 6) Engage in physical activity and exercise; 7) Manage stress. These are the messages of the "HL to the MAX" campaign.

Cancer in Children

Dr. Julius Lecciones, director of the Philippine Children's Medical Center said that cancer is also one of the most common killers of children. Although there is a small number of children detected with cancer, many of them are dying.

Cancer in children is curable. In other countries, eight (8) out of 10 children can be cured, but in the Philippines, only two (2) out of 10 are cured. Many children are not able to go for treatment during the early stages of the disease and many of

them abandon treatment.

Lecciones said the DOH is creating treatment facilities in its various hospitals to cater to children with cancer after it successfully slashed the prices of cancer drugs by more than 50 percent through the Greater Mediated Access Program and the Maximum Drug Retail Price (MDRP) schemes. The cost of procurement before was P50 million but because of the programs, it was reduced to P13 million.

Lecciones said that 60 percent of cancer in children is hematologic malignancies or blood cancers. Leukemia is number one in the list although it is also the most curable.

"You can attain 90 percent or 9 out of 10 children with leukemia can be cured. And you only need simple drugs to do this," he said.

Cancer Pain Management

Pain management is one of the most important aspects of health care

especially for those with chronic or terminal illnesses yet scores of Filipino patients are suffering from pain unnecessarily due to lack of accessibility and availability of opioid medicines such as morphine.

Although eliminating pain is clinically possible as there are a number of safe and effective methods that treat pain such as opioid analgesics (i.e. morphine), it is often left untreated because access to these controlled medications is a problem for many. Impediments in regulation, procurement, and knowledge and attitude on opioids often pose obstacles in the adequate use of these drugs for medical purposes.

The Technical Working Group (TWG) for the Accessibility and Availability of Opioid for Pain and Palliative Care is a multidisciplinary, multisectoral group that facilitates and advocates for policies that improve accessibility and availability of opioid analgesics for pain and palliative care in the country created in April 2008. With the primary objective of breaking the barriers and other misconceptions about opioids, and in coordination with the DOH, Philippine Drug Enforcement Agency, Dangerous Drugs Board and other partner agencies, the TWG has initiated and implemented activities for opioid accessibility and availability.

The DOH has procured an estimated P10 million worth of morphine at the end of 2008. These drugs were then turned over to selected government hospitals and hospices to be used by indigent patients suffering from pain. (Please see Table.)

List of Hospitals/Hospices Providing Free Morphine Tablets for Indigent Pain Patients

REGION	HOSPITAL	LOCATION
NCR	Jose Reyes Memorial Medical Center Rizal Medical Center East Avenue Medical Center UP -Philippine General Hospital Quirino Memorial Medical Center	Sta. Cruz, Manila Pasig City East Ave., Quezon City Taft Avenue, Manila Project 4, Quezon City
CAR	Baguio General Hospital and Medical Center	Baguio City
1	Mariano Marcos Memorial Hospital	Ilocos Norte
2	Batanes General Hospital Cagayan Valley Medical Center Veterans Memorial Hospital	Basco, Batanes Tuguegarao City Nueva Viscaya
3	Jose B. Lingad General Hospital Dr. Paulino J. Garcia Memorial Research and Medical Center	San Fernando, Pampanga Cabanatuan City
4A	Madre de Amor Hospice Foundation c/o Healthserve Los Baños, Inc.	Laguna
4B	Batangas Regional Hospital Ospital ng Palawan	Batangas City Puerto Prinsesa City
5	Bicol Regional Training and Teaching Hospital	Albay
6	Corazon Locsin Montelibano Memorial Regional Hospital Western Visayas Medical Center	Bacolod City Iloilo City
7	Gov. Celestino Gallares Memorial Hospital Vicente Sotto Memorial Medical Center	Bohol Cebu City
8	Eastern Visayas Regional Medical Center	Tacloban City
9	Zamboanga City Medical Center	Zamboanga City
10	Northern Mindanao Medical Center Hilarion Ramiro Memorial Hospital	Cagayan de Oro Ozamis City
11	Davao Medical Center Davao Regional Hospital	Davao City Davao City
12	Cotabato Regional and Medical Center	Cotabato City
CARAGA	CARAGA Regional Hospital	Surigao City

SUMMARY OF DISTRIBUTION: DOH Hospitals (26); Other Government Hospital (1); Non-Government Organization (1).

email the **beat** at
healthbeat@ymail.com

Food Supplements

HINDI Nakagagamot

The Department of Health-Food and Drugs Administration (FDA) warned the public against the use and misuse of “No Approved Therapeutic Claim” food supplement products proliferating in the market.

“Ang mga ito ay hindi nakagagamot,” the FDA advisory issued by its Acting Director Nazarita T. Tacandong stated. *“Ang mga food supplements ay nagbibigay lamang ng karagdagang nutrisyon at walang pakikinabangang medikal.”*

In other words, food supplements are not drugs and have no special powers to cure or help cure health conditions or diseases like poor eyesight, arthritis, liver diseases, diabetes, cancer or what-have-you that glossy advertisements complete with testimonials of “cured” patients say.

The way food supplements are being advertised

is making people believe that they can be substituted for drugs or medicines.

The FDA advisory, intentionally written in Tagalog for better understanding by the public, further stated: *“Ang pag-inom o paggamit ng food supplements bilang kapalit ng regular na medikasyon para sa isang karamdaman ay hindi tamang gawi at maaaring makapagdulot pa ng mas malubhang komplikasyon o karamdaman.”*

The DOH continuously reminds the public not to be misled by exaggerated claims of efficacy, especially by non-essential food, vitamin and mineral supplements.

These products are used merely to add nutrients to the regular diet. This is usually done in cases where there is an expected deficiency of a certain nutrient either due to inadequacy in the regular food intake or there is an increased level requirement due to an abnormal physical need caused by a disorder.

However, there is no scientific evidence to prove that food supplements can cure certain diseases or disorders. Thus, these products cannot take the place of medicines.

Consumers must read product labels and consult health professionals before taking food supplements, especially for children, adolescents, the elderly or chronically ill persons, and pregnant or breastfeeding women.

Last month, former Health Secretary Alberto Romualdez of the Medicines Transparency Alliance (MeTA) said Filipinos are needlessly spending some P75 billion on food supplements “because people are convinced that it protects them against all kinds of problems, cough, cold, cancer and others.”

Romualdez said pharmaceutical firms should be truthful in their advertisements as majority of



Filipinos find it hard to raise money for their health needs.

The DOH continues to keep watch over food supplements and pull them out of the market if there are harmful side effects. Unfortunately, it may take time before these adverse effects, or organ damage/failures,

become manifest or evident.

Filipino consumers do not really need these food supplements for health and well-being. The best way to stay healthy and avoid most diseases is still to adopt a healthy lifestyle by doing daily physical activity or exercise, eating a diet low in salt,

sugar, saturated and trans fats, but high in fiber like vegetables and fruits, maintaining a desired weight, abstaining from tobacco and alcohol, taking regular time out to relax, and having a regular medical check-up.

-- o o o --

Dangerous Cosmetics, Fat Loss Capsule & Tea

The Food and Drug Administration issued two advisories warning the public of three cosmetic products and two slimming products found to be dangerous.

The cosmetic products are:

- Jiaoli Miraculous Cream;
- Jiaoli Huichusu Special Cut Genuine; and
- Jiaoli 2+1 7 days Clearing Facial Spots Suit.

These products are not authorized to be sold in the market. Samples of the products when analyzed were found to contain Mercury and exceeding the allowable limit of 1ppm. Cosmetic products containing such impurities or contaminants that are way beyond the allowable limit clearly pose imminent danger or injury to the consuming public.

Meanwhile, the slimming products are:

- Zhen De Sou Fat Loss Capsule; and
- Zhen De Sou Fat Loss Tea.

These products are not registered and there is no pending application in FDA. Laboratory examinations show that the samples of the products contain as ingredients Amphetamine, Sibutramine or

Steroids, either singly or in combination with each other. Not being registered, it is illegal for these products to contain such ingredients. Consumers can be put on an imminent danger or injury when using these products.

The FDA advisories signed by its Acting Director Nazarita T. Tacandong,

also warned establishments, outlets or individuals selling and/or dispensing the products will be penalized severely.

Any information that may lead to the apprehension of persons dealing with the products should be brought to the attention of FDA (Telephone Number: 807-8275).

**kalabeat
ilong**

Sa isang klinika...

DOKTOR: Aba! Grabe naman ang laki ng butas ng ilong mo! Aba! Grabe naman ang laki ng butas ng ilong mo!

PASYENTE: Si Dok naman... inulit pa!

DOKTOR: Hindi ko inulit, iho. Nag-echo lang!

Art Credit: Man with big nose by Oxymoronic Thumb. Grabbed from the Internet.



Shrine of St. Lazarus

Spiritual CLINIC

*by***REV. FR. MANUEL S. ABOGADO III**

Priest In-Charge of the Shrine of St. Lazarus

In need of a spiritual clinic?

Inside the Department of Health (DOH), there is a holy and pilgrim place where devotees receive the spiritual nourishment they need. This is the San Lazaro Chapel, waiting to be canonically declared as a shrine.

The Shrine of St. Lazarus is a spiritual clinic for the following reasons: 1) because of God's immanent and loving presence and work in it; 2) because of its patron saint St. Lazarus; and 3) because of its task of "renewed integral evangelization," all for the glory of God.

In this article, the chapel will be referred to as the "Shrine of St. Lazarus."

God's Immanent and Loving Presence and Work

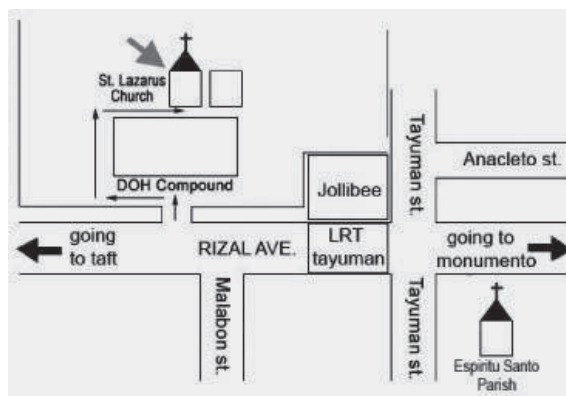
Historically, the Shrine is the 'visita' or chapel of a two centuries old Spanish-built edifice of San Lazaro Hospital. This historical building traces its origin to that very significant moment when the hospital was transferred to its present location called Hacienda de Mayhaligue in 1784.

At first, the hospital was located in Intramuros (ca. 1577- 1661), then in Quiapo (ca. 1662-1677), then between Paco Dilao and Baleta (ca. 1678-1681). It had to transfer from one place to another because of fires and foes. For instance in 1583, it caught fire while the funeral of Gov. Don Gonzalo Ronquillo was happening at San



Agustin Chapel. And again in 1603, it was burnt down during the fiesta of Sts. Philip and James. Both happened in Intramuros.

In 1662, with its building demolished for the protection of the city against the invasion of Chinese pirates as ordered by Gov. Sabiniano Manrique de Lara, it was transferred to Quiapo with the parish priest of Quiapo administering it. It was in 1678 to 1681 that San Lazaro Hospital was built again, yet this time between Dilao (Paco) and Baleta.



In its present site, it started from a small building, a dilapidated farm house, barely large enough to accommodate the more urgent cases, with a smaller 'visita' or chapel already used as a place of worship, until it grew into a large piles and walls of adobe stones, built Spanish-style, housing now a larger 'visita' or chapel. Indeed, how God heard the prayer of Fray Juan Clemente, the founder of San Lazaro Hospital!

His prayer was *"Oh God our Lord, help me to serve more by granting what I ask for. Give to the poor so that they may pass, and that they may be able to make in stone, what you have made from wood."*

More than a hundred years later, call it by accident or grace, the chapel remains and is presently the only surviving structure of the old San Lazaro Hospital. After the conflagration that hit it in 1963, the chapel was re-built and reconstructed through the untiring efforts of the Divine Word Fathers (SVD) Frs. Luis Vogel and Charles Gries, the hospital chaplains in 1963 and 1964 respectively. Ten days before the feast of St. Lazarus in March 31, 1963, Fr. Vogel rushed the construction of the dilapidated and burnt Shrine. The feast of St. Lazarus usually falls in the fifth Sunday of Lent called Domingo de Lazaro. In 1964, His Eminence Rufino Cardinal Santos, then Archbishop of Manila, approved the plans for the reconstruction of the chapel.

What is God telling us all here? He is present and



is working immanently and is lovingly manifested through the surviving presence of the chapel. Note that the 'visita' or chapel played a major and pivotal role in the life and service of San Lazaro Hospital since its conception in 1577. Its founder Fray Juan Clemente carried his charitable works first in a little chapel in Intramuros until it became a dispensary then a hospital named Hospital de Los Naturals or Little Hospital of St. Anne because it was dedicated to St. Anne, the mother of the poor. St. Anne is especially invoked as the Mother of the Poor and Health of the Sick.

The Shrine of St. Lazarus, even if it was humbled by fire, still brags of its surviving presence. At its heart is a garden or patio. By simply passing or staying in the patio, one can experience the serenity and peace that the place offers amidst the hustle and bustle of the City of Manila.

The Shrine's central location is amidst the three health institutions, the DOH, the Jose R. Reyes Memorial Medical Center and the San Lazaro Hospital. And so we ask, "Is it possible that the Shrine of Saint Lazarus was called and planned to be the lighthouse for health care services?" Note also how the DOH was brought to where the Shrine is. It could even be possible that in the near future the Shrine would become the center of all hospital chaplaincies in the local and national levels. That I will pray and work for.

St. Lazarus - Humble Patron of the Sick and the Poor

St. Lazarus is called the humble patron of the sick and the poor. There are many saints considered patrons of the sick and/or the poor. To name a few: they are Saints Camillus of Lellis (sick and poor), Martin de Porres (sick and poor), St. Anthony de Padua (poor) and John of God (sick). But

what makes St. Lazarus unique as compared to the rest of them is that he is the beloved friend of Jesus whom He personally raised from the dead for the glory of God. Jesus, in the Gospel of John 11:4, said, "This illness is not to end in death, but is for the glory of God, that the Son of God may be glorified through it." St. Lazarus too is the sign that Jesus is truly the Resurrection and the Life.

St. Lazarus is humble patron of the poor not because of his mundane status and wealth, for St. Lazarus is said to belong to an affluent family. The mere fact

that his sister Martha could host feasts, and his other sister Mary could 'extravagantly' anoint the feet of Jesus with a liter of costly perfume made from a genuine aromatic nard worth three hundred days of wages, then they must have been that rich. And the mere fact that Lazarus was buried in such a tomb, with stone covering, meant only for him, also indicates their affluence.

He is humble patron of the poor because he was made poor before God. Their wealth did not matter, he still died from sickness. Their wealth could not do



anything to save him from his illness, much more from death. It was Jesus who saved him from death, Jesus serving here as that authentic wealth to hold on to. Truly his sickness did not end in death as Jesus prophesied. Lazarus was raised from the dead and it would be for the glory of God, that the Son of God may be glorified through it.

St. Lazarus is humble patron of the poor because he reminds us that we need God. We need to humble ourselves always before God. Without God, no matter how affluent we are in this world, we remain to be poor. Before God we remain nothing. To be poor is to be like St. Lazarus who heeded the call of Jesus from his tomb when Jesus called him forth in his name. To be poor means to allow Jesus to unclothe us

from the bondage of infirmities and death. To be poor is to be enveloped by the love of Jesus Christ, that love which makes us wealthy beyond comprehension because of God who makes us so.

St. Lazarus is also a humble patron of the sick for the very reason that he also got sick. Thus he knows how it is to be sick and he can relate with anybody else especially the sick. His sickness even caused him death. Although in the Bible, his sickness was not at all specified, we must not confuse St. Lazarus with the Lazarus in the parable of Jesus in the Gospel of Luke. Otherwise, we may be found saying that he was sick of leprosy. Such was the understanding before. In the mind of those who called the hospital San Lazaro Hospital was the Lazarus in Luke's parable

of Jesus. Hence, in 1632, with the arrival of 150 Christian lepers from Shogun Iemetsu, Japan, the hospital was named San Lazaro Hospital. In 1578, it was first called Hospital de Los Naturales or Little Hospital of St. Anne.

St. Lazarus reminds us of our holistic nature. We do not only possess a physical body. We do have a soul and a spirit to care for. We are embodied spirits. Now when we speak of health, we do not just speak of and care for the physical body. When we desire for health, we make sure that there is total healing. We do not simply seek for cure. We seek for healing.

St. Lazarus reminds us that cure is not enough. Healing is. And only when the spiritual is also addressed that total healing is possible. Healing proceeds from the



Divine. And even if cure is not possible, healing is possible. Not all illnesses have a cure. Yet one can be healed even if sick. Jesus reminds us that through Lazarus. Lazarus' life serves as a reminder here, with God reminding us in Jesus.

St. Lazarus, being a sign that Jesus is the Resurrection and the Life, had been an effective intercessor to those who would like to ask God for healing. Every feast day of St. Lazarus, many devotees and pilgrims, directly healed or whose loved ones had been healed through St. Lazarus, come to express their gratitude to God through the saint. Flocking the Shrine are people from Batangas, Laguna, Cavite, Antipolo, Bulacan, Pangasinan and many more. Those from Laguna, for instance, always come in groups and in buses. Due to the influx of devotees and pilgrim, the Shrine had to add two more masses during the feast day.



*The writer and the Shrine's Priest In-Charge,
Rev. Fr. Manuel S. Abogado III.*

The Shrine's Task for Renewed Integral Evangelization

The Shrine of St. Lazarus desires to serve all and to serve best, especially the sick and the poor. But presently it is limited by certain circumstances, for instance, the place where it is located. It cannot be canonically proclaimed a Shrine unless the place is legally secured, for what will happen if it will be consecrated as Shrine and the place will again be taken from it and be used for other purposes. The Catholic Church no longer owns the place but the Philippine Government after the turn of events starting in 1898 when the American Government took the authority of the place from the Capuchin Friars. Needed then is legal assurance and safety of the place, not only for now but for the years to come, even in perpetuity.

In whatever case, the Shrine of St. Lazarus is not daunted and still pursues its task of "renewed integral evangelization." These words are actually lifted from the document of the Second Plenary Council of the Philippines (PCP II). How will the Shrine do that?

This year, the Shrine's major thrusts are put succinctly in the acronym MEAL. MEAL, meaning M is for Manpower that all may be committed and formed; E for Evangelization, that it may be focused and widened; A for Apostolate to the sick and the poor, that it may be animating and empowering; and L for Logistics, that it may be consecrated and shared.

MEAL also means that we may be food for the many, satisfying each other's hunger in as much as God with His Word gave humanity the food necessary for eternal life. All these thrusts are also

in accordance with the vision of the Archbishop of Manila to attain 'fullness of life' and of the vision-mission of the Shrine to work all for the glory of God.

Looking at the Shrine's task closely, it also provides an enabling environment for Administrative Order (AO) No. 255 on Adopting and Implementing the Moral Renewal Program (MRP) of the Government to happen. "The AO requires the development of a national culture that reflects the positive values of our heritage and live with the ideals that are "Maka-Diyos, Maka-Tao, Maka-Bayan at Maka-Kalikasan." The MRP aims to invigorate and strengthen the Filipino values to achieve zero tolerance for corruption."

Even the creation of the Spiritual Committee (DOH Department Order No. 2009-0115) to enhance individual integrity as a response to AO No. 255 is not far from what the Shrine would like to happen. The DOH Spiritual Committee may be composed not just of Catholics but also of other religions, but the Shrine is not a block to it. Every Shrine is an Ecumenical Place where all can experience God.

The Shrine as a spiritual clinic can serve as the Spiritual Committee's base—the source of learning, inspiration and meaning. Bro. John M. Samaha SM, in his article entitled "The Mission of Shrines," quoted Pope Paul VI describing shrines in his annual addresses to the rectors of Marian Shrines as "spiritual clinics" (1965), "testimonies of miraculous deeds and of a continual wave of devotion" (1966), "luminous stars in the Church's sky," "centers of devotion, of prayer, of recollection, of spiritual refreshment" (1970).

Thus, if you are in dire need of a spiritual clinic, come and visit the DOH and you will find the SHRINE of ST. LAZARUS inside it.

preventing motion sickness

Motion is sensed by the brain through three different pathways of the nervous system – 1) from the inner ear (sensing motion, acceleration, and gravity); 2) the eyes (vision), and; 3) the deeper tissues of muscles and joints. When the body is moved intentionally, for example, when walking, the input from all three pathways is coordinated by the brain.

However, when there is unintentional movement of the body, as occurs when you are on a boat, the inner ear senses motion, but the eyes cannot tell the movement. The brain is not coordinating the input and there is thought to be discoordination or conflict among the input from the three pathways. This conflict is responsible for motion sickness.

Motion sickness is a common problem in people traveling by car, train, airplanes and especially boats. It can also occur while moving on amusement park rides. Motion sickness can start suddenly with a queasy feeling and cold sweats until it progresses to nausea, dizziness and vomiting. Typically, the more a person travels, the more he can adjust to being in motion.

If a person is prone to motion



Art from the Internet.

sickness, he/she can stop it from happening by planning ahead of time. When traveling, reserve seats where motion is at the least:

- CAR – drive or sit in the front passenger seat;
- TRAIN – reserve a seat next to a window near the front. Always choose a seat that's facing forward;
- SHIP – request a cabin in the

middle or at the front of the ship. The upper deck is also a recommended area; and

- PLANE – reserve a seat in the front area and then direct the air conditioning at your face.

Tips on how to avoid motion sickness:

- Focus on the horizon or a distant stationary object instead of trying to read or look at something in the vehicle.
- Keep your head still while resting against a seat back.
- Avoid smoking or sitting near smokers.
- Avoid greasy food, spicy food, and alcohol.
- Take an over-the-counter antihistamine or a medicine that has dimenhydrinate at least 30 to 60 minutes before travelling. Expect drowsiness as a side effect.
- Eat crackers or drink carbonated beverage to settle your stomach.
- Consider using a prescription scopolamine patch. Apply this behind your ears to prevent motion sickness. Talk to your doctor before using this patch if you have health problems such as asthma, glaucoma or urine retention.

El Niño & Health

by

GLEN S. RAMOS

HEALTHbeat Staff

In the Philippines, El Niño means a long warm, dry spell and even drought. Filipinos should brace themselves because El Niño is here since October 2009 and it may last until June this year. The Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA) reported that this year's El Niño would likely be moderate, but it is always best to be prepared for whatever it may bring.

El Niño is characterized by the appearance of unusually warm, nutrient-poor water off Ecuador and northern Peru that usually induces rains and floods on coastlines in South America and brings severe drought to the western rim of the Pacific, where we are. It was first described in the 1860s and it usually occurred after Christmas. This led the sailors in Peru to christen it El Niño, meaning Christ-child in Spanish. Like a child, it is sometimes unpredictable, and sometimes creates havoc.

El Niño events occur irregularly, about every 2 to 7 years and may last from 12 to 18 months. The very strong events



Art Credit: The Los Angeles Times website; May 27, 2008 | 2:44 pm
<latimesblogs.latimes.com/greenspace2008/05>

that hit the country in recent times were in 1982-83 and 1997-98.

Studies have shown that the effects of El Niño in the Philippines has significant impact on agriculture, particularly the decline in the production of four principal crops, particularly rice, corn, sugarcane and coconut. On the other hand, livestock, poultry and fisheries were found not sensitive to extreme climate events.

According to the Department of Agriculture, there are 23 "highly vulnerable" areas and 24 "moderately vulnerable" areas.

The highly vulnerable areas are: Ilocos

Sur, Ilocos Norte, La Union, Pangasinan, Cagayan, Aurora, Bataan, Bulacan, Nueva Ecija, Pampanga, Tarlac, Zambales, Cavite, Rizal, Occidental Mindoro, Palawan, Capiz, Iloilo, Negros Occidental, Misamis Oriental, Zamboanga City, Sarangani and South Cotabato.

The moderately vulnerable areas are Abra, Apayao, Benguet, Ifugao, Mt. Province, Isabela, Nueva Vizcaya, Quirino, Batangas, Laguna,

Quezon, Romblon, Sorsogon, Aklan, Antique, Bohol, Samar, Zamboanga Norte, Zamboanga Sibugay, Zamboanga Sur, Bukidnon, Davao Oriental, Davao Sur and Davao City.

Diseases of the El Niño

On health, studies revealed the strong link between water and public health.

Water and Sanitation. One of the biggest impacts on public health has been water-borne illnesses during extreme climate events. Drought can result



in decreased water availability, contamination of water resources, and saltwater intrusion into freshwater sources.

Human health depends on an adequate supply of potable water. In January, news reports said that water levels dropped significantly in the Angat Dam, the sole source of Metro Manila's water supply. This reduction in water supply for drinking and washing may affect sanitation as well as give rise to diarrhea, cholera, typhoid fever, hepatitis, measles, parasitic and skin infections.

The Department of Health, during the El Niño drought, intensifies its health promotion campaign on personal hygiene, waste management as well as on conserving water and using it wisely and protecting water sources from contamination. People are also advised to properly store water during drought because stagnant water sources can also become breeding grounds for mosquitoes that are the source of malaria and dengue.

Malaria and Dengue. Higher

temperatures possibly linked to El Niño may increase the transmission of mosquito-borne diseases. In the Philippines' watchlist, the most notable are malaria and dengue.

Malaria is transmitted by the bite of the anopheles mosquitoes, and is characterized by periodic attacks of chills and fever. Malaria may increase and become resurgent in areas where it had formerly been controlled. In malaria endemic areas, rainfall, humidity and temperature are critical parameters for disease transmission. When weather conditions favor transmission, serious epidemics may occur.

Dengue, on the other hand, is transmitted by the aedes mosquitoes, and characterized by headache, severe joint pain, and a rash. It is said to be the most dangerous tropical disease transmitted by mosquitoes which are less sensitive to rainfall patterns. These mosquitoes breed in containers and other areas where there is stagnant water. However, with or without El Niño, dengue has been a perennial health concern in the country.

A study by the DOH's National Epidemiology Center revealed that there is a warming trend during the last 50 years that peaked in 1998, an El Niño year. The study said that it was in 1998 that dengue cases in the country reached its second highest number of cases at 36,000. The effect of higher temperatures to the dengue virus is by shortening its incubation period which means that there is a higher potential for transmission of the disease. Moreover, the study said that malaria cases spiked in 1998 reaching 2,466.

Red Tide Blooms. In 1983, an El Niño year, the first event of paralytic shellfish poisoning (PSP) occurred in Samar with 278 reported cases. PSP is caused by ingestion of mussels, clams, oysters, scallops and other bivalves that have concentrated toxins of algae called dinoflagellates. The excessive growth of these microorganisms occurs in heavily polluted coastlines. The marine water becomes discolored in shades of red, brown, yellow or green depending on the type of microorganisms, and this has

been referred to as Red Tide.

Originally, the common cause of Red Tide is the organism called *Pyrodinium Bahamense* which usually appears during the hot summer months. However, another organism has surfaced during the rainy season called the *Gymnodinium Catenatum*.

The most common symptoms of PSP are nausea, dizziness, feeling of lightness, tingling sensation of the tongue and fingertips, numbness of lips and throat, muscular incoordination, difficulty in breathing and paralysis of body organs. When medical intervention is delayed, the inevitable result is death.

People should listen to news or updates on shellfish ban in particular areas which is imposed by government agencies particularly the Department of Agriculture's Bureau of Fisheries and Aquatic Resources.

Forest Fires. Although forest fires are not common in the Philippines, it has a big possibility during the El Niño. In 1997, the droughts that hit Malaysia, Indonesia and Brazil exacerbated huge forest fires. Smoke inhalation from these

fires was a major public health problem in these countries, with countless people with respiratory problems visiting health facilities.

Disorders associated with high temperatures. And of course, with the El Niño, the heat is much more intense. The sun's rays contain ultraviolet (UV) radiation to which prolonged exposure may lead to diseases of the eyes and skin and a reduced ability to combat infectious diseases.

Prolonged exposure of the eyes to UV radiation causes cataracts or lens opacification which may eventually lead to blindness. The Philippines is near the equator or the so-called "cataract belt" and the condition may strike individuals in the prime of life between 35 and 45 years old. Meanwhile, too much exposure of the skin to UV radiation will result in sunburn after a few hours, which if severe enough, may result in blistering and destruction of the surface of the skin similar to a first- or second-degree burn.

Other conditions associated with high temperatures are heat cramps, heat

exhaustion, exertional heat injury and heat stroke.

To prevent these conditions, it is best to avoid going out under the sun especially between 11 am to 2 pm, the hottest period of the day. Drinking more fluids, wearing light clothing and avoiding strenuous physical activity are also advised.

El Niño and Global Warming

Global warming is one of the most serious threats to the environment. Although it is uncertain how climate change may affect El Niño, it has been suggested that the phenomenon may become more intense or more frequent.

A report by a World Health Organization Task Group has warned that climatic change may have important impact on human health. It is likely that the frequency and intensity of weather events around the world will be affected. The El Niño phenomenon provides good opportunities to study effects of climate variability on human health.

Dry Skin?

TRY THESE TIPS

To keep skin moist and healthy:

- **Moisturize.** Moisturizer seals skin to keep water from escaping. Find a moisturizer that works for your particular skin condition. You may have to try several brands with differing ingredients to get one that suits you.
- Keep bath and shower time

to 15 minutes or less. Use warm, not hot water. Try to bathe only once a day. Use gentle soap or skin cleansers.

- Pat your skin dry after bathing until it is nearly dry. Avoid rubbing yourself dry with a towel because this can take away essential oils from your skin.
- Apply moisturizers imme-

diately after bathing. Also apply after exercising outdoors and after handwashing. Use the heavier creams on your legs, hands and feet because these areas are drier.

- Choose skin-friendly fabrics, such as cotton and silk, that let your skin breathe.

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SWS Survey of Filipinos on Smoking

The Social Weather Station (SWS) recently released the results of the Survey of Filipinos on Smoking done during the last quarter of 2009, commissioned by the Department of Health's "Bloomberg Initiative-Philippines OC-400 Project." A total of 2,100 adults of voting age were interviewed on smoking habits and opinions about smoking. This sample population were broken down into 300 respondents from Metro Manila and 600 respondents each from Balance Luzon, Visayas and Mindanao. *(See table for the respondent characteristics.)*

The following is the summary of results.

Smoking Practice

Nationwide, 27% of Filipinos are currently smoking. The proportion of smokers is similar in Luzon (27%), Balance Luzon (26%), and the Visayas (27%) and slightly higher in Mindanao (30%). It is 28% in rural areas and 27% in urban areas.

By income class, 21% of Class ABC, 26% Class D and 31% of Class E are current smokers. By sex, 46% of males and 8% of females smoke. Among those 18 to 24 years old, 26% smoke. It is highest at 30% among 35 to 44 years old. By age 55 years and older, it is 22%. By educational attainment, only 20% of those who completed college education smoke while up to 32% of those with no



formal education smoke.

Only 57% of Filipinos said that they have never smoked before (58% in urban areas and 56% in rural areas).

The average consumption is similar across all areas - 11 sticks per day.

Extent of Knowledge on Smoking

The proportion of those who are aware of any law banning smoking in workplaces is highest in the Visayas (92%), compared to Metro Manila (83%), Mindanao (81%) and Balance Luzon (80%). More in urban areas (85%) are aware than in rural areas (80%). It is 84% among those in Classes A to D and 80% among those in Class E. Awareness is high in all age groups (80% to 85% among 55 years old and

RESPONDENT CHARACTERISTICS

SEX		CIVIL STATUS		INCOME CLASS	
Male	50.0%	Single:	24.4%	ABC	5.0%
Female	50.0%	Married:	68.1%	D	67.9%
		With Partner:	7.5%	E	27.1%
AGE		RESIDENCE		EDUCATION	
18-24 years old	14.0%	Urban	58.0%	None/Elementary	11.9%
25-34 years old	23.0%	Rural	42.0%	Elementary Graduate	32.0%
35-44 years old	22.0%			High School/Vocational	33.2%
45-54 years old	20.0%			College Graduate	11.8%
55 years old above	21.0%	Metro Manila	13.3%	WORK STATUS	
		Balance Luzon	43.8%	Working	50.8%
		Visayas	20.0%	Not Working Now	35.4%
		Mindanao	22.9%	Never Worked	13.8%

above) and increases as level of education improves.

Opposition to secondhand smoke is 93% nationwide, stronger in Visayas (95%) and Balance Luzon (94%) and weakest in Mindanao (91%); more among women (95%) than men (92%); highest among Class D (95%) and lowest among Class ABC (90%); not significantly different as to rural or urban; increases with age; and,

highest among those who never smoked (95%) and least among current smokers (91%).

Perceived health benefits from laws enforcing smoke-free areas (public places and enclosed areas) is 74% for the entire Philippines; highest in the Visayas (87%) and lowest in Balance Luzon (68%). It is 75% in Metro Manila and 72% in Mindanao. Perceived health benefits from

ths kind of law is higher among Class ABC (75%) than among other income class groups (71%); higher among females (77%) than males (70%); and increases with age.

Report on inhaling secondhand smoke daily is 60% for the Philippines, highest in Metro Manila (74%), more among urban residents (65%), among Class E (63%), among men (67%) and among younger age groups.



Smokers affected by their own **secondhand smoke**

In addition to the risks associated with directly inhaling cigarette smoke, smokers also face significant risk from their own secondhand smoke, researchers say.

The finding, published online Jan. 29 in *Environmental Health*, challenges the widely held belief that the threat posed to smokers by secondhand smoke is negligible.

The study focused on newsstand agents in Genoa, Italy. News agents were

chosen because they work alone in small newsstands, meaning that any tobacco smoke in the air they breathe is strictly correlated to the number of cigarettes that news agent smoked.

Maria Teresa Piccardo, of the National Cancer Research Institute in Italy, said in a news release from the journal's publisher that she and her colleagues studied the contribution environmental tobacco smoke made to carcinogen

exposure in 15 active smokers.

They concluded that secondhand smoke could have a major impact on smokers' health. For example, smoking 14 cigarettes a day results in secondhand smoke exposure that is equivalent to smoking an extra 2.6 cigarettes, they found.

"Both active and passive smoking contributions should always be considered in studies about health of active smokers," Piccardo said.

(Images used in this spread are from foreign anti-tobacco posters.)

DOH Red Orchid Awards

The Nominees Are...

The Red Orchid Awards is one of the many efforts by the Department of Health to curb the tobacco epidemic in the country. It puts people in the community, government and civil society into action by encouraging smokers to quit smoking for health reasons and to protect non-smokers from exposure to second-hand smoke.

The Red Orchid Awards is divided into two categories:

1) DOH offices, hospitals and attached agencies; and 2) Local Government Units or LGUs (city and municipality). The province with the most number of LGU awardees will also be given recognition. **All DOH-Centers for Health Development (or DOH regional offices) are automatically nominated.**

Here is the list of nominees...

REGION	HOSPITAL	LGUs	REGION	HOSPITAL	LGUs
1 (Ilocos)	Mariano Marcos Memorial Hospital and Medical Center	San Juan, La Union	9 (Zamboanga Peninsula)	Zamboanga City Medical Center	Molave, Zamboanga del Sur Duminag, Zamboanga del Sur
2 (Cagayan Valley)	Southern Isabela General Hospital	Solano, Nueva Vizcaya Tuguegarao City	10 (Northern Mindanao)	Northern Mindanao Medical Center Camiguin General Hospital	Talisayan, Misamis Oriental
3 Central Luzon			11 (Davao Region)	Davao Medical Center	Davao City
4-A (CaLaBaRZon)		Calauag, Quezon	12 (SOCKSARGEN)	Cotabato Regional and Medical Center	Almada, North Cotabato
4-B (MiMaRoPa)			CARAGA		Surigao City
5 (Bicol)	Bicol Medical Center	Legaspi City	ARMM		
6 (Western Visayas)	Corazon Locsin Montelibano Memorial Regional Hospital	Anilao, Iloilo	CAR	Baguio General Hospital and Medical Center	
7 (Central Visayas)		Amlan, Negros Oriental	NCR	Quirino Memorial Medical Center Philippine Heart Center	Marikina City Muntinlupa City
8 (Eastern Visayas)		Maasin City			

Winners will be announced on May 31, 2010 - World No Tobacco Day.

Orchids need smoke-free air.
So do healthy people.



World Health
Organization

Western Pacific Region

LTFRB's new no smoking rules

All public utility vehicles (PUVs) and land transportation terminals are going 100% smokefree. This means strictly no smoking! So, drivers, operators and commuters of public transport, be aware.

This new rule is incorporated in a Memorandum Circular 2009-036 issued by the Land Transportation Franchising and Regulatory Board (LTFRB) of the Department of Transportation and Communication. This was signed by LTFRB Chairman Alberto H. Suansing on December 21, 2009 and it took effect on January 7, 2010.

Under the new policy, all holders of certificates of public convenience must observe the smoking prohibition in all PUVs and land transportation terminals as well as post prominently No Smoking signages in their authorized units and premises.

No Smoking signages should be placed at the back of the windshield of all PUVs, at the back of the driver's seat and other prominent areas of the vehicle facing the passengers.

The No Smoking sign should prominently display, without a border or a frame, a pictorial representation or symbol of a burning cigarette enclosed in a red circle with a red bar across it. This



**STRICTLY
NO SMOKING**

symbol should occupy at least 90% of the signage, or alternatively, at least 70% of the signage with the remaining portion of the signage depicting the statement "Strictly No Smoking" or "Bawal Manigarilyo."

Meanwhile, in terminals, smoking areas should NOT be designated in indoor areas or in any indoor or outdoor area that is near the entrances or exits or near places where people congregate.

The Memorandum Circular stipulates the following penalties for those who fail to comply:

- First Offense: PhP 500 per month for failure to post the No Smoking signages in appropriate locations and PhP

500 fine for other violations;

- Second Offense: PhP 5,000 fine and suspension of the Certificate of Public Convenience, where applicable; and

- Third offense: PhP 10,000 fine and cancellation of the Certificate of Public Convenience.

The new policy is pursuant to Republic Act No. 9211 or the Tobacco Regulation Act of 2003 and the Philippines obligation under Article 8 of the Framework Convention on Tobacco Control, the world's first and only health treaty.

The Memorandum Circular aims to promote a healthful environment and to protect the public from second-hand smoke, to which there is no safe level of exposure. Secondhand smoke exposure is a known cause of lung cancer. It also increases the risk of heart disease, triggers asthma attacks, and causes acute respiratory maladies.

The LTFRB calls on partners from other government agencies, civil and civic organizations and the private sector, except those representing the tobacco industry's interests, to assist in the full implementation of this Circular as well as provide stickers and other related information materials to operators and drivers.

2010

Year of Urban Health

Urbanization and Health

World Health Day (April 7) 2010 will focus on urbanization and health.

Over 3 billion people live in cities. In 2007, the world's population living in

cities surpassed 50% for the first time in history. By 2030, six out of every 10 people will be city dwellers, rising to seven out of every 10 people by 2050.

Virtually all population growth over the next 30 years will be in urban areas, signaling that urbanization is here to stay. It is associated with many health challenges related to water, environment, violence and injury, noncommunicable diseases (NCDs) and their risk factors like tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol as well as the risks associated with disease outbreaks.

Urbanization is a challenge for several reasons. The urban poor suffer disproportionately from a wide range of diseases and other health problems, and include an increased risk for

violence, chronic disease, and for some communicable diseases such as tuberculosis and HIV/AIDS.

The major drivers, or social determinants, of health in urban settings are beyond the health sector, including physical infrastructure, access to social and health services, local governance, and the distribution of income and educational opportunities.

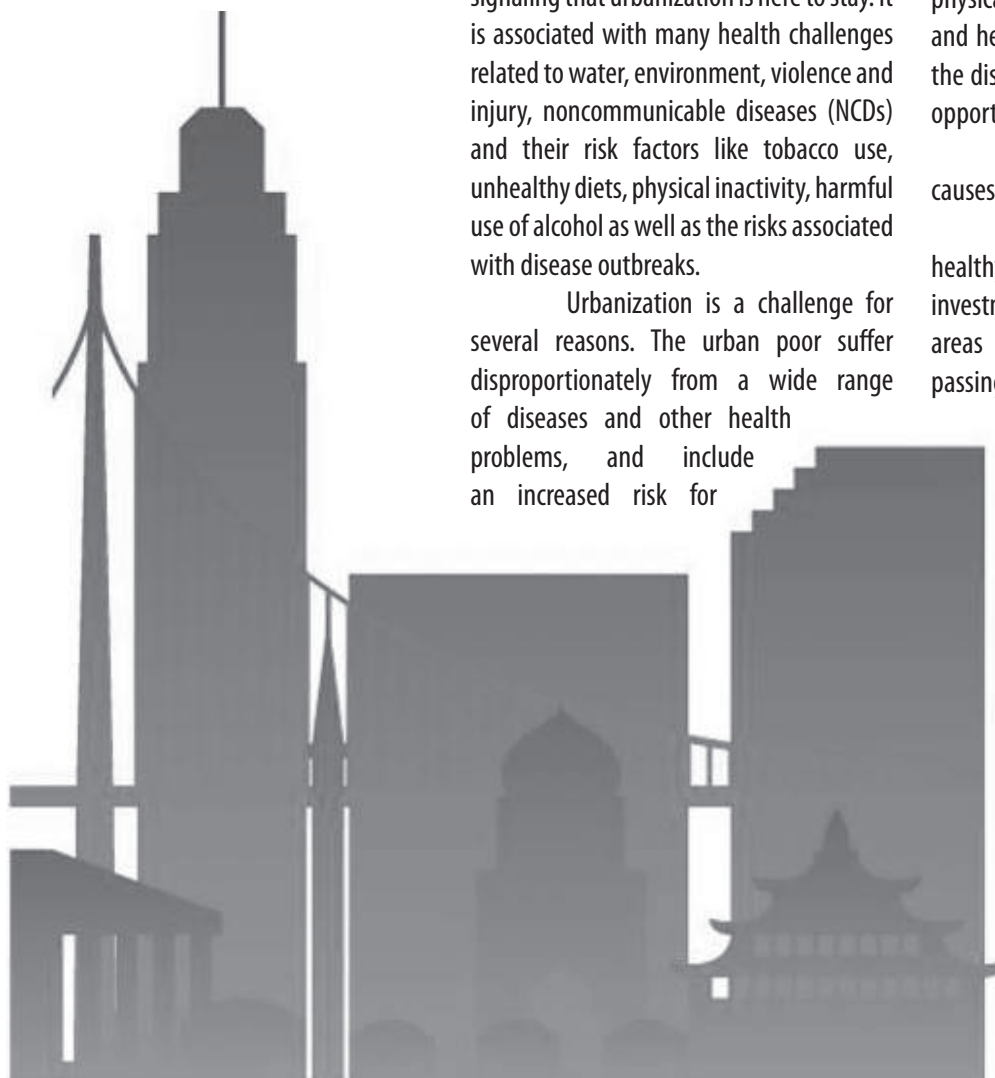
Solutions exist to tackle the root causes of urban health challenges

Urban planning can promote healthy behaviors and safety through investment in active transport, designing areas to promote physical activity and passing regulatory controls on tobacco and food safety. Improving urban living conditions in the areas of housing, water and sanitation will go a long way to mitigating health risks. Building inclusive cities that are accessible and age-friendly will benefit all urban residents.

Such actions do not necessarily require additional funding, but commitment to redirect resources to priority interventions, thereby achieving greater efficiency.

1000 Cities, 1000 Lives

"1000 Cities 1000 Lives" is a campaign that encourages cities



and individuals to work across multiple agencies with a wide range of partners to have the most lasting impact on health. The global goal is for 1000 cities to participate in the World Health Day campaign.

Ideally, the campaign calls upon cities to close off portions of streets to motorized traffic and open them up for health activities for one day during the week of 7 April through Sunday 11 April. Activities such as town hall meetings with mayors, clean up-campaigns, and promoting social solidarity by encouraging citizens to visit neighbors, orphanages, patients in hospitals, and underprivileged communities to extend a helping hand are also welcomed.

To meet the goal of 1000 lives, citizens will be asked to provide examples of urban health heroes who have had made a significant impact on health in their cities, through video uploads. To register, anybody can submit a video of up to four minutes to <www.youtube.com/whd2010> between now and October 1, 2010.

The short video should profile an urban health champion or someone who is making a real difference to improve health in their community. Or the other way around: someone from the transport or urban planning sector who has improved the living environment, or increased awareness in order to enhance health.

Aside from citizens nominating a local health champion, any individual who has made a difference to health in a city can self-nominate, or others can do the video with or for them. Document the lessons learned and the impact for health in the community.

Philippines Participation: Healthy Urban Transport

The World Health Organization

- Western Pacific Region, where the Philippines belong, focuses on environmentally sustainable and healthy urban transport. The quality of the urban environment has fundamental effects on human health and well-being. Transport and land-use patterns in urban areas have health consequences on the air quality and noise, the level and severity of road accidents, and the possibilities for healthy exercise in the form of walking and cycling.

Urban air pollution is estimated to kill some 1.2 million people annually around the world, largely due to cardiovascular and respiratory diseases. A significant proportion of urban air pollution is generated by motor vehicles, although industrial pollution, electricity generation, and in least developed countries, household fuel combustion, also are major contributors. Globally, transport emissions also are a major contributor to climate change.

In many developing cities, high urban vehicle concentrations, proliferation of aging and polluting vehicles (e.g. older diesels), poor infrastructure, and mixing of pedestrian/cycle and road traffic, generate even greater risks from air pollution and traffic injury – particularly for vulnerable groups.

The soaring increases in motorized road traffic over past decades pose a growing urban public health problem. Globally, road traffic injuries constitute the ninth leading cause of death, and most road traffic deaths occur in low- and middle-income countries. Almost half of those who die in road traffic crashes are pedestrians, cyclists or motorcycle users.

By creating barriers to walking and cycling and other forms of physical activity, poorly planned urban transport also encourages sedentary lifestyles. That is also a factor in obesity and obesity-related diseases. Transport-related noise is a factor

in stress-related diseases.

The health of the entire urban population is impacted by pollution and unsafe streets. But groups facing the greatest risks typically include children, older people, and people with disabilities and the poor – as they tend to be more reliant on walking, cycling and public transport for everyday movements.

Urban sprawl often means new city neighborhoods and businesses are sited far from public transport hubs and without safe walking and cycling networks. This, in turn, creates a vicious cycle of greater reliance on motorized transport, and exposure to risks. Sprawl also can make expansion of electricity, sewage and water infrastructure inefficient and difficult to regulate.

Attention: All Cities

What can a city do? Here are some ways...

Non-Motorized Transport

1. Walking

- Pedestrian footpaths (including overhead bridges, underpasses and traffic lights for safe crossing)
- Amenity facilities along walkways (e.g. art, aesthetics, kiosk, public toilets, benches, etc.)
- Barrier-free access by people with disabilities and the elderly, small children, baby strollers, etc.
- Smoke-free streets

2. Cycling

- Bicycle lanes
- Bicycle parking
- Rental, free bicycles

3. Motor vehicle-free streets

HEALTHY URBAN TRANSPORT



Tobacco-free public transport
Drug-free public transport
Car-free zones and car-free days



Enforcement of Anti-smoke belching
Pedestrianization
Opening of Bike lanes
Barrier-free Safe Roads Walk-ways



log on to <www.who.int/whd2010>

- Car free day
- Car free zone

Efficient Public Transport

4. Bus Rapid Transport (BRT)
 - Priority lanes for buses
 - Fare-free services (or reduced fare for students, elderly, etc.)
 - Barrier-free access by people with disabilities and the elderly
 - Smoke-free bus

5. Mass Rapid Transport (MRT)
 - Fare free services (or reduced fare for students, elderly, etc.)
 - Barrier-free access by people with disabilities and the elderly
 - Smoke free trains

6. Connectivity at stations/stops
 - Park and ride (with possible discounted fares of bus/train ride)
 - Bicycle parking
 - Pedestrian access ways
 - Barrier-free access by people with disabilities and the elderly
 - Smoke-free public areas

Private Vehicle Use Control

7. Transport Demand Management
 - Vehicle use restriction (special tolls for private vehicles for certain area and/or certain time)
 - Parking levies

8. Land use planning (reduce daily long-distance travel)
 - Proximity of residential, commercial, work, service zones
 - Transit-oriented development (residential, commercial service development around mass transit stations).

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International Cooperation



President Gloria Macapagal-Arroyo sends off the 21-person Medical Team to earthquake-stricken Haiti. (Photo by Paking Repelente)

Philippines gives back

On January 25, the Department of Health sent a 21-person humanitarian team to the earthquake-stricken Haiti.

President Gloria Macapagal-Arroyo, during a send-off ceremony in Malacañang, noted that the Filipinos had been the beneficiary of the international communities generosity during typhoons Ondoy and Pepeng last year, and now the sending of the medical team to Haiti was a way through which the country could give back.

Meanwhile, Health Secretary Esperanza I. Cabral said that “in any disaster, the world can always count on the compassion and assistance of Filipinos.”

The Philippine humanitarian team

who stayed in Haiti for 18 days is composed of general and orthopedic surgeons, internists, anesthesiologists, pediatricians, nurses, epidemiologists, psychiatrists and sanitary engineers from DOH hospitals and facilities, as well as local government units. (See list of the team next page.)

“We are very pleased that so many people helped us in this worthy project to reach out and help those in need,” said Cabral, who highlighted the assistance of Philippine Airlines (PAL) and the Philippine Airlines Foundation (PALF), FedEx and the Department of National Defense (DND).

The health chief disclosed that PAL and PALF provided free plane tickets for the whole humanitarian team for the

Manila-San Francisco leg of their route. From there, the team took a connecting flight to Miami, and then to Santo Domingo in the Dominican Republic. PAL and PALF also shouldered the tickets for the team’s trip home from San Francisco back to the Philippines.

The FedEx Group, on the other hand, transported the team’s cargo and medical supplies for free, while the DND, led by Lt. Col. Lopez Dagoy, took care of handling the cargo as it arrived Haiti.

Cabral also acknowledged Haiti’s Honorary Consul to the Philippines, George Schulze, who as instrumental in facilitating the issuance of visas to the entire Philippine humanitarian team.

21-Person Medical Team for Haiti

Team Leader

Dr. Emmanuel M. Bueno

East Avenue Medical Center (EAMC)

General Surgeon

Dr. Arnel Z. Rivera -

DOH Health Emergency Management Service

Dr. Glomar C. Malana - EAMC

Orthopedic Surgeon

Dr. Ryan Conrad A. Carnero -

Philippine Orthopedic Center (POC)

Dr. Edilberth J. Tamajo - EAMC

Internal Medicine

Dr. Alexander B. Ramos -

Quirino Memorial Medical Center (QMMC)

Anesthesiologist

Dr. Romeo Z. Bituin -

Dr. Jose Fabella Memorial Hospital

Dr. Christian C. Lee - EAMC

Pediatrician

Dr. Jose Evan B. Pagunsan -

National Children's Hospital (NCH)

Nurses

Celia C. Pangan - NCH

Dennis M. de Guzman - POC

Cesar D. Castro - QMMC

Willy C. Veloria - POC

Mayo G. Santiago - EAMC

Epidemiologist

Dr. Dave A. Mendoza -

DOH - CHD Northern Mindanao

Dr. Rolando Cruz -

Local Government Unit (LGU) c/o

DOH National Epidemiology Center (NEC)

Dr. Rammell Martinez - LGU c/o NEC

Psychosocial

Remedios Guerrero -

DOH National Center for Disease
Prevention and Control

Bernaden V. De Leon -

National Center for Mental Health

Sanitary

Engr. William G. Sabater - DOH CHD-Bicol

Engr. Paulino Refuerzo Padilla -

DOH CHD Cagayan Valley



stress limit

SAMPUNG PISO lang

Sa Buendia

Sumakay sa jeep si Mel sa may Buendia. Nagtanong siya sa driver, "Mama, magkano po pamasaha mula dito hanggang Quiapo?" Sumagot ang driver, "Sampung piso lang."

Dumukot sa balsa at limang piso nalang ang pera niya. "Paano ito, kulang ang pera ko," sabi niya sa sarili. Tumingin siya sa driver at napansing duling ang mga mata nito. "Ayos, iaabot ko na itong P5.00," lihim siyang natuwa niya. Inabot ni Mel ang limang piso, "Heto ang bayad, o."

Nagalit ang driver at pasigaw na sinabing, "Kulang ito!"

Nagulat si Mel, pero pinangatawanan na niya ang pandaraya dahil wala na siyang pera. Sabi nya sa driver, "Anong kulang? 'Di ba sinabi mong sampung piso lang ang pasahe?!"

Ang sagot ng driver, "Oo nga, sampung piso lang. Eh, dalawa kaya kayo!!!"

Sa Simbahan ng Quiapo

Sa loob ng simbahan ng Quiapo, isang batang pulubi ang mataimtim na nanalangin sa Diyos. Ang sabi niya, "Diyos ko, kung maaari po sana ay bigyan ninyo ako ng sampung piso dahil gutom na gutom lang po ako."

Narinig sya ng isang pulitiko na kasalukuyang nagsisimba din at bumilib siya sa katatagan pananampalataya ng bata sa. Sa kanyang habag ay dumukot sya ng limang piso at iniabot sa bata na ang sabi, "Ineng, narinig ng Diyos ang panalangin mo at heto tanggapin mo ang perang ito at ibili mo ng pagkain."

Tumingala ang bata sa pulitiko, kinuha nya ang limang pisong iniabot at muling yumuko para manalangin, "Salamat po, Diyos ko, sa pagdinig ninyo sa aking panalangin. Pero sana naman po sa uli-uli huwag na ninyong pararaanin pa sa pulitiko, kasi kinurakot ang kalahati."

Sa Recto

Naglalakad si Darwin sa Recto. Nilapitan siya ng isang lalaki at nag-alok sa kanya ng imported na porn magazine, "Pare, bili ka nitong Hustler magazine, sampung piso lang."

Nagtaka si Darwin, "Sampung piso lang?" Sagot naman ang lalaki, "Oo, kaya lang mga back issues ito." Ang sabi niya, "Okay lang yun, pagbilan mo ako ng lima."

Maya-mayang konti, bumalik si Darren sa lalaki at galit na galit. Ang sabi niya, "Anong kalse itong mga magazines mo. Puro nakatalikod ang kuha ng mga babae at puro likod lang ang nakikita!@#&\$"

Sagot ng lalaking nagbenta, "O, 'di ba ang sabi ko sa iyo... BACK ISSUES!"

Photo credit: <www.flickr.com/photos/mjlsha/3736549745/>

paputok injuries UP

Deaths Due to Paputok

In the 18 years of the existence of the Department of Health's Fireworks Injury Surveillance, it is only now that deaths due to blast injury from pyrotechnic devices were reported. In the past years, deaths came from watusi poisoning, tetanus or gunshots.

The two deaths involved a seven year-old male from Cabanatuan City and a 29 year-old male from Baguio City who both died of cerebral concussion secondary to blasting last January 1.

The surveillance disclosed that the seven year-old boy was hit by a kwitis, a legal firecracker, on his upper eye lid on December 31. He then suffered a concussion and was rushed to the hospital where he died the next day, January 1. He was a passive case because he was just a bystander.

The other fatality was reportedly intoxicated when he lighted the jumbo kwiton bomb on January 1. When the firecracker exploded, he was hit in his right temple. He was dead on arrival when he was brought to the hospital. His cause of death was brain hemorrhage due to the blasting. The firecracker that killed him is not on the list of legal fireworks.

The DOH is taking more seriously the total banning of firecrackers now with these two deaths.

All Up

The DOH National Epidemiology Center officially closed the reporting of fireworks-related injuries surveillance on January 5 and non-neonatal tetanus surveillance on January 21. The data was collected from 50 sentinel hospitals using DOH Online National Electronic Injury Surveillance System (ONEISS) since December 21, 2009. The results determined the trend of fireworks injuries for the yuletide celebrations of 2009. The figures were all up.

A total of 1,036 injuries were reported. Of these, 990 were due to fireworks, 1 watusi ingestion and 45 stray bullets. This is 303 (41%) cases higher compared to last year and 79 (8%) higher than the 5-year average. There were 2 deaths reported. No injury from organized public display nor tetanus due to fireworks injuries was reported for 2009.

Fireworks injuries affected ages 2 months to 77 years, median 13 years, mostly males (820 or 79%). A total of 554 (57%) were active users, of whom 80 (14%) were under the influence of alcohol. A total of 748 (76%) sustained blast injury without amputation, 82 (8%) had blast burn injuries with amputation, and 160 (16%) had eye injuries.

Metro Manila still reported the most number of cases with 667 (64%). This



is followed by Ilocos Region with 76 (7.3%) cases; Western Visayas with 62 (6%); Central Luzon with 48 (4%); and Zamboanga



Photos courtesy of DOH's National Epidemiology Center.

Peninsula with 47 (5%).

Like in the past several years, piccolo, an illegal firecracker, was still the leading cause of injury this year with 298 (30%) cases. Piccolo is cheap and easily accessible to children. It was recommended for banning since 2007. Without this illegal firecracker in the market, the total number of injuries would have been significantly lower.

The other injury-causing firecrackers/fireworks in this year's list are: kwitis (137 cases or 14%); luces (68 or 7%); 5-star (59 or 6%); and pla-pla (44 or 4%).

The DOH reiterates that legal fireworks cannot be equated with safety because the seemingly harmless kwitis and luces can burn up to 1093 °C (2000 °F) or 10 times the boiling point of water.

Another seemingly harmless

and already considered illegal fireworks, watusi or sparklers, has caused one case of poisoning due to ingestion this year.

The biggest jump this year in the number of cases came from the indiscriminate firing of guns during the Yuletide celebrations. From only 2 cases last year in Mindanao, stray bullet injuries this year reached 45 reported cases. The ages of those injured ranged from 6 to 78 years (median 24). Of those injured, 34 (75%) were males. The National Capital Region Police Office (NCRPO) verified 16 cases as stray bullet injuries related to the New Year celebration.

Sentinel Hospitals

A total of 50 sentinel hospitals participated in the surveillance conducted

for injuries resulting from fireworks use, stray bullet from indiscriminate firing, and watusi/firecracker powder ingestion related to the Yultide celebration.

The participating sentinel hospitals were located in the National Capital Region (29), Luzon (11), Visayas (5) and Mindanao (5).

However, not all sentinel hospitals have been reporting on a daily basis because of some administrative or Internet connection problems. Last Yuletide season was the first time an online surveillance system was used.

The top 5 reporting hospitals were: Jose R. Reyes Memorial Medical Center; East Avenue Medical Center; Ospital ng Tondo; Region 1 Medical Center and Zamboanga City Medical Center.

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If your work requires you to stare at a computer monitor for long periods of time, watch out for eye strain. There are cases when an underlying problem, such as uncorrected vision or muscle imbalance, can worsen the condition.

Aside from using the computer monitor, there are other causes of eye strain. These include straining to see in dim light, exposure to bright lights, driving for long periods, and reading.

Eyestrain can be very annoying, but it usually goes away on its own once a person has rested his eye muscle. But remember, it is important to take note that reducing eyestrain is a requirement to maintain a healthy vision.

It is essential to identify

the symptoms of eye strain. Common symptoms to watch out for are burning or itching eyes, dry eyes, watery eyes, double vision, sore neck, headache, or increased eye sensitivity. Computer eye strain causes additional problems because a person will suffer from difficulty in shifting his eye from the monitor to paper documents. In addition, there will be afterimages when you shift your gaze away from the monitor.

Blink your eyes. Nature has given human eyes their personal masseur, the eyelids. Consciously blinking the eyes instead of squinting will cleanse and give them the required massage.

Use glasses. If you have problems seeing but avoid using glasses due to vanity, you are bound to suffer from eyestrain. If

your distance vision is good but cannot read up close then it is highly advisable for you to get a good pair of reading glasses to avoid eyestrain. If your distance vision is bad, use of glasses for relieving eye strain is highly recommended.

Preventing eye strain should also include changes in your working habits. Modify your work station by using proper lighting and minimizing glare and other distracting reflections. Adjust the brightness and contrast of your computer screen.

Position your monitor directly in front of you about 20 to 28 inches from your eyes. Many people find that putting the screen at arm's length is about right. If you need to get close to read small type, consider increasing the font size. Keep the

top of your screen at eye level or below so that you look down slightly at your work.

And if you wear bifocals, you may have a tendency to tilt your head backward so that you can see through the lower portion of your glasses. To adjust for this, consider lowering your monitor a few inches or buying glasses designed for computer work.

Keep your monitor clean. Wipe the dust from your computer screen regularly. Dust on the screen cuts down on contrast and may contribute to glare and reflection problems.

Position your keyboard properly. Place your keyboard directly in front of your

monitor. If you place it at an angle or to the side, your eyes have to focus at different distances from the screen, a tiring activity.

Keep reference materials nearby. Place reading and reference material on a document holder beside your monitor and at the same level, angle and distance from your eyes as the monitor is from your eyes. This way your eyes are not constantly readjusting.

Eye experts suggest to take frequent breaks and do eye exercise regularly to help your eyes focus in different directions. Eye exercises also strengthen the eye muscles and stimulate the vision center of the brain.

Once every hour take some time away from your computer to rest your eyes. Roll them around, roll them left to right. Then shut them for five minutes and relax. Sometimes, relaxing your eyes is better than exercising your eyes, especially after a long day at a computer, or a long day reading or driving.

If rest and home remedies are unable to relieve the eyestrain, it might be necessary to see the doctor. This is especially true if there is a noticeable change in vision, double vision, and chronic eye discomfort. Eye exercises will no longer help patients who have certain eye conditions.

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viewpoints

golfers



May tatlong golfers - duktor, pari at abogado - ang maagang naglalaro. Sa unahan nila ay may naglalaro in pero napakabagal ang usad. Ila, tinawag ang Greens Keeper reklamo.

Ano ba ang problema at ang babagal ng mga nauna sa amin.

Boss, sorry po dahil 'yung nasa unahan ay mga bulag na Bumbero. Nabulag sila dahil sa maagap na pagpatay ng sunog doon sa eskwelahan ng mga bata. Dahil sa magiting na ginawa ng mga bumbero, palagi po

namin pinapaglaro ng libre dito sa golf course.

Dahil sa sinabi ng Greens Keeper, medyo natahimik ang tatlo.

PARI: Naku, nakakaawa naman pala ang nangyari sa kanila. Mamayang gabi, ipagdadasal ko sila.

DOK: Aba, magaling na idea 'yan. Bukas, tatawagin ko ang kumpare kong Ophthalmologist at baka sakaling may maitutulong pa siya sa kalagayan ng mga Bombero."

ABOGADO: *(Naiinis pa)* Bakit hindi na lang sila maglaro sa gabi!"

(-: Photo and contents from the Internet. :-)

HEALTH librarians

What makes them distinct and exceptional?

by

JOSEPH YAP and ALMA MILA PROSPEROSO*

Medical and Health Librarians Association of the Philippines

In a typical library in a government office, librarians are seen not as knowledge contributors but as ordinary employees whose office requests can be relegated to the bottom of the list. In fact, the health librarian's role is to coordinate all sources of medical and health information into an organized manner so that clients and medical researchers can have a single place to turn to in their specific sections or fields of specializations. The librarian's role is to bring order out of chaos and make medical information available all the time.

In the four corners of their library, their expertise on matters that will aid to the fast and reliable access of health information for the benefit of the public is neglected. For instance, hospital managers know the value of books and medical journals, but due to budget constraints, they won't be able to acquire these materials for the library's collection. Even if medical and health librarians are trained on how to access journals on the web, the dilemma is they were not given the equipment they



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need to start with. The worst situation is they would not have computers for storing and retrieving document files – an issue raised during the 21st National Congress and Seminar-Workshop for health librarians sponsored by MAHLAP in Tagaytay City last February 2009.

Filipino librarians have a 4-year

college bachelor's degree course. The School of Library and Information Studies at the University of the Philippines offers a special track on Health Librarianship for both Bachelor and Master of Library and Information Science programs. It also offers a one-year diploma course on health sciences librarianship. For a complete list of course curricula, it is accessible at <http://upslis.info/page.php?5>.

Librarians are considered among the professionals being recognized by the Philippines Professional Regulation Commission (PRC). They should take a licensure examination administered by PRC for two days on the topics of library organization and management; cataloging and classification; indexing and abstracting; reference, bibliographic and information resources; selection and acquisition of multi-media resources; and information technology. This examination is being mandated by Republic Act (RA) 9246, an act to modernize the practice of Librarianship in the Philippines which was signed into

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The current MAHLAP Board (2009) 1st row (L to R): Aida Aracap (Sec), Alma Prosperoso (Pres), Lot Dorado (Vice-Pres); Gilbert Santos (ex-officio). 2nd row (L to R): Rita Yusi, Lindie Masalinto and Joenabie Encanto (Board Members); Joseph Yap (PRO); Mark Bendo (Treasurer). Not in the picture: Evangeline Estrada (Auditor).

law last 2003. This law repealed RA 6966 which was endorsed during the 90s.

Even before the laws on professionalizing the librarians were enacted, a national and specialized library association named the Medical and Health Librarians Association of the Philippines (MAHLAP) was established in 1988 to recognize the importance of information providers who work in medical and health information libraries and centers. MAHLAP was formed in a meeting organized by the Department of Science and Technology through the Philippine Council for Health Research and Development. It aims to help the needs of medical and health professionals and researchers and to help uplift the role of librarians in the country.

Three former elected MAHLAP presidents came within the Department of Health Library System: Hermelita Antivola (1994), Aida Aracap (2005) who is the current head of the central library and Gilbert Santos (2008) who is the present

head of National Epidemiology Center library. They all served the association with great pride, effort and dedication. Evangeline Estrada (1992) from the Lung Center of the Philippines and Matilde Averilla (2003) from the Research Institute of Tropical Medicine were two former MAHLAP presidents that came from DOH affiliated and government hospitals.

What makes librarians distinct and exceptional?

Health librarians also referred to as medical librarians working in a hospital library or academic health libraries in the university whose basic duties are to collect and organize medical information and help practitioners find the information they need for patient care, education, research, and administration. They also select and acquire books, journals, and other library materials. They even establish electronic and digital database information systems. They organize information into collections and develop catalogs for access and provide

reference assistance to patrons. They likewise coordinate and control budgets and supervise library technicians.

The work load of a health/medical librarian varies daily. They can be in-charge of a documentation committee liable for the minutes of the meetings in a certain activity sponsored by their organization; participate in consortiums organized by an association by sharing new acquisitions; approves interlibrary-loans from other health libraries within a certain geographic area; learn new updates and trends from the field to keep up-to-date with development in their profession. Activities such as these should be learned progressively through a recognized national association of

their peers. Their continuing professional growth and development as health librarians takes place during seminars, trainings, fora, workshops and symposia organized by MAHLAP yearly.

MAHLAP is a not for profit organization with a mission to genuinely serve their members and protects their association's interests. For more than 20 years of existence, it is considered as one of the youngest national library organization that aims to cultivate library cooperation, enhance the professional welfare of its members, encourage and promote the dissemination of medical and health information and uphold the dignity and ethics of medical and health librarianship in the country.

This February, MAHLAP celebrates its 22nd foundation year by holding a national seminar and workshop. To know more about MAHLAP, its website is accessible at <www.mahlap.org>.

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test results

Answers to "Check Your Health" on Page 3

1. **c) 91 - 95%.** Opposition to secondhand smoke is 93% nationwide, stronger in Visayas (95%) and Balance Luzon (94%) and weakest in Mindanao (91%). This could mean that the implementation of smoke-free places could gain wide support from the public. (See "SWS Survey of Filipinos on Smoking on page 34.)

2. **FALSE.** There are three different kinds of dietary fat: saturated, polyunsaturated, and monounsaturated. Saturated fats (those that stay hard at room temperature) are known to increase the body's levels of blood cholesterol and it can deposit on the inner walls of blood vessels causing atherosclerosis. When the heart's arteries become clogged with cholesterol and fats, blood flow can be restricted or totally blocked, leading to severe chest pain and heart attack. On the other hand, polyunsaturated and monounsaturated fats (remain liquid at room temperature) actually have a cholesterol-lowering effect. By substituting polyunsaturated fats for the saturated fats in your diet, a person can actually help control cholesterol levels. (See "Love Your Heart" on page 15.)

3. **FALSE.** Piccolo is cheap firecracker and easily accessible to children. It was banned since 2007, but still available in the market. Like in the past several years, piccolo was still the leading cause of injury this year with 298 (30%) cases. Without this illegal firecracker in the market, the total number of injuries would have been significantly lower. (See "Paputok Injuries Up" on page 46.)

4. **a) INNER EAR.** Motion is sensed by the brain particularly from the inner ear that sense motion, acceleration, and gravity. (See "Preventing Motion Sickness on page 30.)

5. **TRUE.** In the Philippines, El Niño means a long warm, dry spell and even drought. El Niño is characterized by the appearance of unusually warm, nutrient-poor water off Ecuador and northern Peru that usually induces rains and floods on coastlines in South America and brings severe drought to the western rim of the Pacific, where we are. (See "El Niño & Health" on page 31.)

6. **TRUE.** To become professionals, librarians should take a licensure examination administered by the Professional Regulation Commission. This examination is being mandated by Republic Act 9246, an act to modernize the practice of Librarianship in the Philippines. (See "Health Librarians on page 48.)

7. **a) ABOVE EYE LEVEL.** To prevent computer eye strain, keep the top of your screen at eye level or below so that you look down slightly at your work. Also, position your monitor directly in front of you about 20 to 28 inches from your eyes. Many people find that putting the screen at arm's length is about right. (See "Computer Eye Strain" on page 44.)

8. **TRUE.** Breast cancer in the Philippines ranks the highest in Asia and 9th in the world in terms of incidence and death from the disease. More than 10,200 Filipino women contract the disease annually. Ironically, the public health system, particularly most local government units, do not have enough breast cancer screening facilities (mammogram machines) to early detect breast cancer. The private medical sector charges mammography services at a minimum average of P1,200.00 per patient. (See "Breast Overtakes Lung as No. 1 Cancer Site in Metro Manila and Rizal" on page 20.)

9. **FALSE.** Cardiovascular diseases are often thought to be problem for men, and women with less risk of developing them. But in reality, Philippine health statistics confirmed that the ratio is split almost evenly. In 2007, more than 30 percent of deaths in the Philippines were due to cardiovascular diseases, of these, 40 percent occurred in women. (See "Women's Heart" on page 18.)

10. **c) URBAN HEALTH.** If you still didn't get the right answer to this trick question, well let us remind you that you are reading a health magazine and not a chinese horoscope nor an election paraphernalia. World Health Day (April 7) 2010 will focus on urbanization and health with the theme "1000 Cities, 1000 Lives." The DOH, meanwhile, will focus on "Promoting and Sustaining Healthy Urban Transport." (See "2010: Year of Urban Health" on page 39.)

What Your Scores Mean

- 10** You don't need this magazine. Give it to someone and read something else!
- 7 - 9** Aha, you're getting new information. After reading this magazine, pass it to a friend so that our readership may increase too.
- 4 - 6** Keep this magazine as a reference. You might need to browse and read it again.
- 1 - 3** You have to be more concerned about health. Start now by reading this magazine from cover to cover. Don't miss the inside pages, okay?
- 0** What have you been doing lately? How about getting some English Reading and Comprehension classes?

sabeat

CONFIDENT VS CONFIDENTIAL

Sa Ngalan ng Ama

- NOEL: Ipapangalan ko sa anak ko ay LEON, kabagligtaran ng pangalan ko.
- NINO: Sa'kin ONIN, baliktad ng NINO.
- TOTO: Hoy, wag ninyo kaming masama-sama ni NITO sa usapan ninyo!

Triplets

- MISTER: Bakit puro FLOR ang ipinangalan mo sa triplets natin?!? Paano mo ngayong tatawagin ang mga anak mo?
- MISIS: Ang dali... Eh 'di 1st Flor, 2nd Flor at 3rd Flor!

Father en Daughter

- DAD: Mabait ba ang boyfriend mo?
- ANAK: Yes, Daddy.
- DAD: Maka-Diyos?
- ANAK: Sobra Dad.
- DAD: Nasaan siya?
- ANAK: Nandoon po sa simbahan, NAGMIMISA!



- ANAK: Itay, ano kaibahan ng confident sa confidential?
- ITAY: Anak kita, CONFIDENT ako dyan. Yung bespren mong si Tikboy, anak ko rin, CONFIDENTIAL yun.

Like Father, Like Son

- TATAY: Bagsak ka na naman! Ba't di mo gayahin si Pedro? Palaging may honor.
- ANAK: Unfair naman kung ikumpara ninyo ako kay Pedro.
- TATAY: Bakit naman?
- ANAK: Matalino tatay nun!

Insurance

- FRANCIS: Pare, the best 'yung nakuha kong insurance. Kapag nasunog ang bahay mo, ipapagawa agad! 'Pag nawala ang kotse mo, papalitan agad!
- NELSON: Aba! Maganda nga 'yan, pare!
- FRANCIS: Heto pa ang the best dun... kapag nawala ang asawa mo, sinisiguro nilang hindi na siya maibabalik sa 'yo!

Balikbayan si Mister

- JUVY: Honey, ito bang dala mong mga sigarilyo ay para sa kamag-anak natin?
- JERRY: Oo. Hindi na ko naninigarilyo, nagbago na ako.
- JUVY: Itong mga alak, sa kamag-anak rin natin?
- JERRY: Oo, hindi na ako umiinom, nagbago na ako.
- JUVY: Siguro naman itong mga make-up ay para sa akin na?
- JERRY: Hoy bruha, para sa akin 'yan. Di ba sabi ko, nagbago na akwo? Hmp!?!

(-: Photo and contents from the Internet. :-)



Ingat lagi!

Get **PROTECTED!**

Mag - **A B C**

ABSTAIN

Be FAITHFUL

CONDOM use

For more information about HIV and AIDS
CALL: 7430512 or visit www.pnac.org.ph