



HEALTHbeat

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KALUSUGAN
PANGKALAHATAN

BREASTFEEDING
TSEK

RADIATION
CONCERNS

PASMA
ONLY IN DA PILIPINS



Iligtas ang Pilipinas sa

TIGDAS

pakita^{ang} totoo sa pakete



**ANG SIGARILYO
AY SANHI NG KANSER SA BIBIG**

Ganito dapat ang nakalagay sa pakete ng sigarilyo.

**WAG MAG YOSI
WAG KADIRI**



Make the **Healthier Choice**

- _____ 1. The rubella virus is the virus that causes...
a) Chickenpox b) German Measles c) Measles
- _____ 2. Exclusive breastfeeding means giving only breast milk for babies from the first hour of life up to...
a) 4 months old b) 6 months old c) 2 years old
- _____ 3. Which of the following is considered a dispensable organ or can be safely removed without compromising one's life...
a) Brain c) Heart c) Kidney
- _____ 4. The most common form of diabetes is called...
a) Type 1 Diabetes b) Type 2 Diabetes c) Gestational Diabetes
- _____ 5. The most common type of childhood cancer in the Philippines is...
a) Brain Cancer b) Leukemia c) Lung Cancer
- _____ 6. The most common man-made source of ionizing radiation that people can be exposed to today is from...
a) Cellular Sites b) Nuclear Power Plants c) X-ray Machines
- _____ 7. The electronic cigarette emits...
a) Air b) Smoke c) Vapor
- _____ 8. To prescribe regulated drugs like morphine, Filipino doctors need...
a) Business Permit b) PRC License c) S2 License
- _____ 9. ISO is not an abbreviation of International Organization for Standardization but derived from the Greek word "isos" meaning...
a) Equal b) Partner c) Standard
- _____ 10. The suffix "cidal" in ovicidal and larvicidal (OL) mosquito traps, a device designed to reduce the population of the dengue-carrying mosquitoes, connotes...
a) Catch b) Death c) Hatch

Answers on Page 49

Amidst...

Amidst recent disasters in Japan and New Zealand, the political unrest in Middle East countries, the displacement of overseas Filipino workers, the rising transportation costs and the influx of new graduates seeking employment, the health sector is trying very hard to immediately implement the Aquino Health Agenda on universal health care. This political health reform aims at bridging inequities in access and utilization of health services. Somehow, it is hoped, that these health needs would not be added burdens to the millions of poor Filipino families which comprise the majority of our population.

Amidst the hundreds of people who joined the Department of Health’s quest to popularize the concept of universal health care through a logo and slogan contest, a 61-year old retired human resources practitioner, Ms. Lorna B. Ballesteros, hit it right. This only shows that talent and creativity remain in all of us even in our twilight years.

Amidst the controversial macho dancing of a weeping 6-year old boy in a popular television game show that branched out into the issue of child abuse in media as well as the very cute boyfriend-girlfriend relationship of preschoolers depicted in a fastfood chain television commercial that questioned values formation in children, the DOH intensified its major child health programs, like the “Breastfeeding TSEK” – a comprehensive approach to rapidly increase the number of babies enjoying the life-saving and health-boosting benefits of exclusive breastfeeding, and “Ligtas Tigdas” – a nationwide door-to-door measles-rubella immunization for children aged 9 months to less than 8 years old in order to meet the country’s international commitment to eliminate measles as a public health problem in the country by 2012.

Amidst the thousands of photos **Healthbeat** gathered in the measles campaign, we chose the one submitted by John Robert D. Omandac, a 16-year old and recent graduate of the Kidapawan City National High School as this issue’s cover. He is fond of taking pictures of nature and landscapes as well as portraits. “I like to capture the motion and emotion of people in a certain event,” he said. Aside from photography, his talents also include school publication editing and layouting, and designing logos and graphics. Many of his works have won praises and awards. And we are glad that his interests at a very young age include health.

Thus, amidst the chaos surrounding our everyday lives, there are good news in health.

-The Editors

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Cover Design Diosdado G. Angeles, Jr.

Cover Photo John Robert D. Omandac

Photographer Paquito P. Repelente

Contributors (Words) Leni Carreon
Jude O. Doblaz, MD
Roberto C. Mirasol, MD, FPCP, FPSEM
Emmanuel A. Tiongson, MD
Tato S. Usman, MD, MPAIM

(Pictures) Rowena M. Bunoan
Joerem P. Ceria
Jezzierette Clyde Cafe-Daquilanea
DOH Multi-purpose Cooperative
Angelina Lansang
Godfrey Tacadena

Circulation DOH-NCHP
Production, Dissemination
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Popularizing UNIVERSAL HEALTH CARE

Health Umbrella

Lorna B. Ballesteros of Parañaque City is the winner of the Department of Health's Universal Health Care (DOH-UHC) slogan and logo contest. She is a 61-year old retired human resources practitioner of a private company who now works as a volunteer Court mediator in Parañaque. She won Php 30,000.

"Like an umbrella, Universal Health Care or KALUSUGAN PANGKALAHATAN offers caring and complete protection, safety and coverage to all Filipinos. Stylized figures are rendered in the colors of the Philippine flag to denote all Filipinos," Ballesteros explained her winning entry.

The DOH received a total of 221 logos and 213 slogans from 114 participants from January 12 – February 4. The age of the participants ranged from 15 to 80 years old from all over the country, including overseas Filipino workers based in Saudi Arabia. The breakdown of participants are: 57 from Metro Manila; 31 from Luzon; 6 from Visayas; 15 from Mindanao; 3 from Riyadh, Saudi Arabia; and 2 unknown or they put their email address only.

The shortlisting of finalists was made by a 7-member team of creative people from the DOH, PhilHealth and a private media

production company. The finalists were then presented to the DOH Executive Committee, composed of the Secretary and his undersecretaries and assistant secretaries, who selected the grand winner.

Profile of A Winner

The idea sprang from an inspired alpha moment in a retiree's life. That was how Ballesteros attributed her logo/slogan entry. With time in her hands, she would read the Philippine Daily Inquirer thoroughly and came upon the DOH-UHC advertisement of its contest. That evening, before retiring

(pun intended), she thought of an umbrella as cover from harsh realities. In Pilipino, "payong" also means advice, as in "payong kaibigan," which rhymes with "payong kalusugan." Further, "isilong" (go under) sounds like "isulong," (put forth) too. Hence, the entry was born.

This first-timer in such endeavors has it in her genes, though. Her father, dentist Ricardo P. Baloy, exemplified universal health care during World War II. Based in Subic and its more progressive barrio Olongapo, Baloy treated, aside from townmates, both American and Japanese patients. He just made sure the guerilla-mates of family friend Ramon Magsaysay would not attack the Japanese in his clinic!

On the other hand, her mother, Angela, a pharmacist, came from the Lesaca-Afable clan of doctors, two of whom became Congressmen, too. No wonder, then, that Ricardo and Angela produced a pharmacist and a doctor also. Lorna got into Psychology, Human Resources and court-annexed mediation. Another sister was enrolled in Nutrition, but shifted to English; she would later co-establish her own advertising agency that would render Lorna's entry to actuality.

Described as submitting one of the simplest entries, Ballesteros says that is her style — direct and clear.



TOP: Health Secretary Enrique T. Ona (center in blue shirt) amidst the volunteer registered nurses assigned in Northern Samar under the RNheals Registered Nurses for Health Enhancement and Local Service) project. **ABOVE LEFT:** Ms. Lorna B. Ballesteros, the winner of the DOH Universal Health Care Logo/Slogan Contest. **ABOVE RIGHT:** The unveiling of the winning logo and slogan. In the photo, from left to right, are Northern Samar (1st District) Congressman Raul A. Daza, DBM Secretary Florencio "Butch" Abad, DSWD Secretary Corazon "Dinky" Juliano-Soliman, DOH Sec. Ona, DepEd Secretary Armin Luistro, DOH Eastern Visayas Regional Director Edgardo Gonzaga, and Northern Samar Governor Paul Daza.

"If you want flowery, go to the orchidarium, but please don't beat around the bush, too." She credits Saint Theresa's College, Quezon City for her training in straight thinking and precise communication. In a previous

tribute to her school, she wrote, "There was a line everywhere — for flag ceremony, confession, clinic, notebook margins, sentence diagrams, between right and wrong, always."

UHC and RNheals

The unveiling of the winning logo was held in Catarman, Northern Samar during the ceremonial deployment of 201



The DOH leaders, responsible for moving the Aquino Health Agenda on Universal Health Care to reality, during the 2nd National Staff Meeting in Antipolo City on April 6-8. (Photo by Paking Replente)

volunteer nurses under the Registered Nurses for Health Enhancement and Local Service (RNheals), a priority project of the Aquino Health Agenda using the framework of Universal Health Care.

Health Secretary Enrique Ona said the volunteer nurses will be providing medical and health care, and at the same time undergo learning and development to enhance their professional experience. Meanwhile, Dr. Edgardo Gonzaga, director of DOH Center for Health Development - Eastern Visayas, said that Northern Samar needs lots of health attention from the government because it is one of the poorest provinces in the country.

RNheals is an immediate answer to improve access to health services of the country, especially mothers and children.

Deliberate attention and action to the needs of millions of poor Filipino families which comprise the majority of our

population is the essence of Universal Health Care. The Aquino Administration sets its priority health directions on:

- Expansion of national health insurance program coverage by enrollment of the poorest of the poor as well as the informal sector or self-employed and professionals that will provide access to inpatient and outpatient services through PhilHealth;
- Particular attention to the construction, rehabilitation, and support of health facilities – local government and regional hospitals, rural health units and barangay health stations;
- Attainment of Millennium Development Goals 4, 5, and 6 or the reduction of maternal, neonatal, and infant mortality and containment/elimination of age old public health diseases (malaria, dengue, tuberculosis);
- Manage efficiency by using

information technology (IT) in all aspects of health care;

- Increased attention to trauma, the 4th leading cause of death;
- More aggressive promotion of healthy lifestyle to prevent non communicable diseases: heart disease, stroke, diabetes, obesity
- Attention to emerging diseases as well as diseases brought about by climate change;
- Improved access to quality affordable medicines
- Improved governance and regulation to eliminate graft and corruption in all areas of health care; and
- improve the plight of health workers through interventions in education, placement, compensation, among others.

KALUSUGAN PANGKALAHATAN ay narito na!

- o o o -

Catch **Healthbeat** Online

<http://www.doh.gov.ph/healthbeat.html>

Iligtas ang Pilipinas sa TIGDAS

Ligtas Tigdas

The Philippines has an international commitment to eliminate measles as a public health problem in the country by 2012. That's next year, and time is running out.

The most important strategy to eliminate measles is to maintain and sustain at least 95% immunization coverage over a long period of time. During the mass immunization campaigns in 1994, 2004 and 2007, the coverage reached 95%. However, the routine immunization coverage (or

the percentage of eligible children – from 9 months to before reaching their first birthday – who get measles vaccines in health facilities) was below 95%. Data show only 82% coverage from 1998-2003, and 92% and from 2005-2006.

This low coverage resulted to measles outbreaks in several areas of the country from 2009 up to the early months of 2011. Recent efforts to interrupt the circulation of the virus included outbreak response immunization in some regions with pockets of outbreak and the measles-rubella immunization activity in Pasay City

on November 15 – December 15, 2010.

Last year, there were 6,200 confirmed measles cases reported all over the country, and the majority of cases were children below 8 years old. The International Health Regulation also reported that there are measles cases recently seen in Canada and New Zealand that were linked to travel to the Philippines.

This year, the country begins the process of measles elimination. An estimated 18 million children, from 9 – 95 months (below 8 years) old, are expected to get the measles-rubella vaccine on April 4 to May 4 nationwide.

Measles is a highly contagious respiratory infection best known for the full-body rash it causes and the flu-like symptoms, including a fever, cough, and runny nose, it brings.

There are two types of measles, each caused by a different virus. Although both produce a rash and fever, they are really different diseases. The rubeola virus causes "red measles," also known as "hard measles" or just "measles." Although most people recover without problems, rubeola can lead to pneumonia or inflammation of the brain (encephalitis). The rubella virus, on the other hand, causes "German measles," also known as "three-day measles." This is usually a milder disease than red measles. However, this virus can cause significant birth defects if an infected pregnant woman passes the



Photo by Jezzierette Clyde Cafe-Daquilanea



Health Secretary Enrique T. Ona injects the ceremonial measles-rubella vaccine to an eligible child in Parañaque City to signal the start of the month-long nationwide door-to-door *Ligtas Tigdas* immunization campaign on April 4. Mayor Florencio Bernabe (left) looks on. (Photo by Paking Repelente)

virus to her unborn child.

Strictly Door-to-Door

By the way of its rallying cry “*Iligtas sa Tigdas ang ‘Pinas*” sounds like, the Department of Health is very determined to reach its objective to reduce the number or pool of children who are at risk of getting, or being susceptible to, measles and achieve at least 95% measles-rubella immunization coverage.

This measles supplemental immunization activity (SIA) for a measles-free Philippines applies a strictly “door-to-door” immunization strategy. Unlike the previous national immunization campaigns, this year, no vaccination sites will be installed in other areas like day care centers, schools, malls, groceries, or churches. The vaccination teams will directly visit homes to inject the measles-rubella immunization to eligible children.

The “doors” referred to in this campaign includes all doors of houses, condominiums, apartments, tenements as well as the so-called “non-conventional” doors in the community.

Non-conventional doors include the following: 1) informal settlements such families/persons living under the bridge; inside the parks, cemeteries and open spaces; in tents, carts, abandoned buildings, old vehicles/trains/motorboats, under the trees, in road islands on the middle of the street, etc.; 2) all business/commercial establishments and market stalls where children may reside; and 3) institutions like orphanages and halfway homes.

Eligible children of mobile and roaming families with no house or no permanent house shall be identified and given immunization. All eligible children found in the parks, playgrounds, streets, markets, and other public places shall be



As what Health Secretary Ona emphasized, *Ligtas Tigdas* is a strictly a door-to-door campaign. (Photo by Paking Repelente)

directed to go home to be vaccinated.

Each child vaccinated is issued with an immunization card provided for this campaign. A house sticker is also posted for every household visited with or without eligible children.

Children whose houses were visited by the vaccination team but who were not available for vaccination for some reason (example: the child was not at home or the parents refused, etc) are referred to as “missed” children. Revisits are made by the vaccination team or health supervisor until all eligible children in the household are vaccinated.

Aside from missed children, missed areas are also given emphasis in this campaign. Missed areas or “pockets” are the most dangerous type of campaign failure because the entire community remains unvaccinated. In such areas, the virus is likely to persist, flourish and spread to neighboring communities. It is critical that missed areas are promptly identified and covered during the campaign.

Missed areas that have been

forgotten in the past campaigns include slum areas, “new” settlements, poor settlements around factories, minority communities, scattered houses, high-rise apartments, commercial/industrial areas, along highways in or between cities, along riversides in urban and per-urban areas, and streets with known street children.

Adverse Event

An adverse event following immunization or AEFI is a medical incident that happens after immunization. Although the vaccines used in the national immunization program are extremely safe and effective, adverse events can occur following vaccine administration. In addition to reactions to the vaccines themselves, the process of injection preparation and administration is a potential source of adverse events.

Vaccine reactions may be classified into “common” and “rare”. The majority of vaccine reactions are mild, settle without treatment, and have no long-term

consequences. The most common minor event are pain and redness at injection site; fever; rash which only occurs in 5 to 15 percent of children vaccinated; and infections, like cellulitis.

The most serious but very rare adverse event in the course of immunization is anaphylaxis or severe whole-body allergic reaction. The tissues in different parts of the body release histamine and other substances which cause the airways to tighten and lead to other symptoms. It occurs once in about 3 million vaccinations. According to the DOH National Epidemiology Center, in the 1998 Ligtas Tigdas campaign, only one anaphylaxis case occurred out of 13 million vaccinations made.

Anaphylaxis occurs within the first few minutes after injection, so health workers must be prepared to detect and

manage it properly. Early recognition of signs of anaphylaxis should lead to early treatment to prevent loss of lives.

Measles-Free Certification

Another first in this rigorous health campaign is the issuance of measles-free certification to provinces and cities that meet the national standard. This means all barangays passed the rapid coverage assessment with no missed child and more than 95% house marking accuracy. Moreover, there should be no measles case for the next three months after the campaign; and the measles surveillance indicators have been met.

The measles surveillance indicators are:

- At least 80% of surveillance sites

should report each week on the presence or absence of suspected measles cases.

- At least 80% of the reported suspected cases should be reported within 48 hours of rash onset.
- At least 80% of the reported suspected cases should be investigated within 48 hours of report.
- At least 80% of specimens should be taken from initial contact until 28 days post rash onset and reach the laboratory in a suitable state for testing.
- At least 80% of specimens must be tested and the results reported back to the surveillance unit within 7 days of receipt of the specimen in the laboratory.

The certification process will start after the month-long campaign. Everyone must be committed now to help totally eliminate measles in the country.

SOUL food

ABORTION is NOT an OPTION

A worried woman went to her gynecologist and said: 'Doctor, I have a serious problem and desperately need your help! My baby is not even 1 year old and I'm pregnant again. I don't want kids so close together.

So the doctor said: 'Ok and what do you want me to do?'

She said: 'I want you to end my pregnancy, and I'm counting on your help with this.'

The doctor thought for a little, and after some silence he said to the lady: 'I think I have a better solution for your problem. It's less dangerous for you too.'

She smiled, thinking that the doctor was going to accept her request. Then he continued: 'You see, in order for you not to have



Photo circulates in the Internet.

to take care of two babies at the same time, let's kill the one in your arms. This way, you could rest some before the other one is born. If we're going to kill one of them, it doesn't matter which one it is. There would be no risk for your body if you chose the one in your arms.

The lady was horrified and said: 'No doctor! How terrible! It's a crime to kill a child!'

'I agree,' the doctor replied. 'But you seemed to be okay with it, so I thought maybe that was the best solution.'

The doctor smiled, realizing that he had made his point. He convinced the mom that there is no difference in killing a child that's already been born and one that's still in the womb. The crime is the same!

"We cannot stop our efforts to pursue the enactment of a national population and reproductive health (RH) policy."

Ona on RH

Excerpts from the Message of
Hon. HEALTH SECRETARY ENRIQUE T. ONA
during the National Conference of Catholics for Reproductive Health
at the GT Toyota Center, Diliman, Quezon City on March 17, 2011

The road to the establishment of a national population and reproductive health policy is indeed long and winding. For after the 11th Congress when this bill was first filed, we still find ourselves at this moment with the same call. A common ground between religion and public policy on reproductive health has been so elusive. Public discourse has dragged the issue into mere rhetoric at the expense of poor mothers dying because they cannot achieve their desired fertility; adolescents getting pregnant for lack of information; and poor families seeing helplessly their children suffering from ignorance and poor health because of too many children to support.

As time has shown, the government has been a determining factor in the advocacy for reproductive health in the country. The advocacy for reproductive health in the government especially during the previous administration was characterized by "accommodation" and a policy of vacillation. By their own reasons, previous national leaders have chosen or were forced not to take the less traveled road of reproductive health apparently because of political accommodations. But we do not dare to question their decisions



as leaders, what we should do is to face the challenge that is thrown to us who are now given the opportunity to improve the lives of the Filipino people. Instead of focusing on what has gone wrong in the past, the more pressing question before us as leaders in the government is, "what stand should I take on the issue?...is my stand favorable to the welfare of the people whom I am entrusted to serve?" Let us look at the prospects rather than the mistakes of history.

I joined the Aquino Administration essentially because I am one of those who believe in the promise of a better governance and "matuwid na daan" as well

as to dare to effect changes in the health sector for achieving universal health care for all Filipinos. With the current government, we can all say that we have a better chance to advance our advocacy. The stand of the Aquino government on the enactment of responsible parenthood and reproductive health remains consistent. As we all know, the policy of the government is geared towards enabling couples and individuals to choose the number, spacing, and timing of their children based on the demands of responsible parenthood and informed choice. And, as we have always maintained, the focus of our efforts are the very poor Filipinos who do not have access to health and reproductive services.

Consider these statistics from the National Health and Demographic Survey 2008: the fertility rate of women who belong to the lowest income quintile, meaning, those who are the poorest 20%, is 5.3 yet their desired fertility rate is 3.3. This means that couples who belong to the very poor actually want to have fewer children but they are unable to accomplish this because of lack of access to family planning services. Contrast this with the fertility rate of women belonging to the richest 20% of

our population. They have an actual fertility rate of 1.9, and a desired fertility rate of 1.6. These women have the knowledge and access to reproductive health services that their poorest counterparts often do not have.

Let me just emphasize that we are not forcing them to have smaller families. What the government would like to ensure is that the moment these couples, especially the poor, decide to plan their families, the means and methods they choose to use to carry out their reproductive decisions are made available to them.

With this stand, this government of the people is, nonetheless, preserving and nurturing a democratic process of enacting a significant national policy. The government respects cultural diversity and the Constitutional guarantee on religious freedom that is why we are engaging with the Catholic hierarchy to find common ground not only in principles but more importantly in actions. We are also bent on engaging other religious groups on the issue.

We are reaching out to them not because of political accommodation but we want to make a bridge where we can join our efforts towards the welfare of the people whom we commonly serve. We believe that there is more space for commonality of actions than differences in ideas. Although the Catholic Bishops Conference of the Philippines (CBCP) has publicly expressed to suspend their participation to the on-going dialogue, we are still optimistic that we can reach a consensus in due time. What we can be assured of is that the President will hold unto his stand on the issue.

In the meantime, we cannot stop our efforts to pursue the enactment of a national population and reproductive health policy. We commend the legislative move of advocates and champions in the Congress in advancing the Responsible Parenthood and Reproductive Health Bill (HB 4244) at the House of Representative and the other version in the Senate. We can be assured of substantial number of national executives who are likewise supportive of our cause and who stand along the declared policy of the current administration.

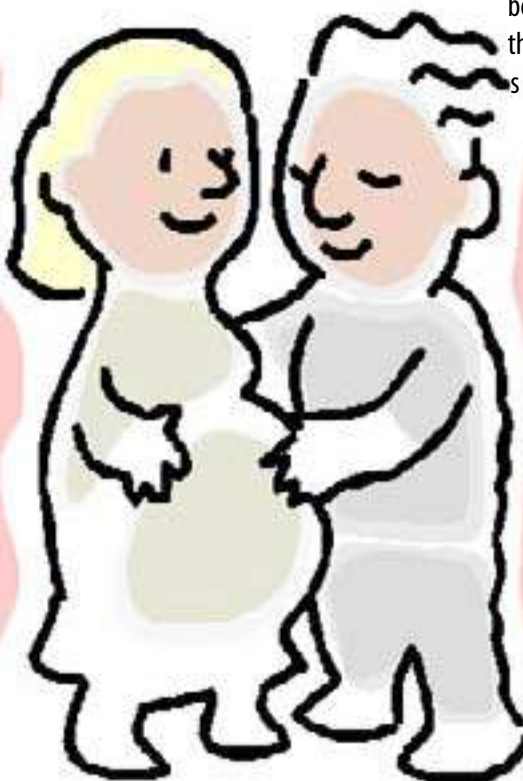
Likewise, in the absence of the desired policy, we cannot waver on our efforts to promote and protect the reproductive health needs of our people. Our advocacy should not be focused only on what "should be" but also on what we can do now given the available opportunities. On the part of the Department of Health, we are now intensifying the Aquino Health Agenda which is geared towards Achieving Universal Health Care for All Filipinos. The Priority

Health Policy Directions of the Aquino Administration includes the attainment of the Millennium Development Goals 4,5 and 6.

The Commission on Population on the other hand, has a renewed mandate to advance the responsible parenthood program not only focusing on the promotion of scientific natural family planning but also on modern methods. Pending the national policy, we can rally behind these priority health agenda to ensure that men and women are given equal opportunities to exercise their reproductive rights.

I believe that what we achieved is an understanding not of the differences between religious faith and reproductive health principles that we are advocating, but more of their convergence. This kind of understanding is much needed by government officials as well as religious leaders who continue to close their eyes to the realities at the ground. As Pastor Lian of Malaysian Care said, "It is one thing to believe and practice our faith, it is another thing to really go down to the ground and see how our faith can be translated into use for people who are asking for help." As advocates, we help our religious leaders and government officials recognize this.

We continue to go out of our way and make bridges rather than conflicts with our perceived oppositions. It is now high time to make our voices strong especially in the halls of the Congress and at the ground. We can make things happen together and with our concerted effort, we can have healthy, happy, and progressive Filipino families.



10 Reasons to Pass the RH BILL

Lifted from a leaflet produced by the
REPRODUCTIVE HEALTH ADVOCACY NETWORK

Reproductive Health (RH) is now a byword that has gripped the public consciousness. Majority have supported RH in endless surveys while congressional and presidential debates have erupted on the issue. Why is there majority support for RH? Many strategic and practical reasons. Here are 10 easy ones:

RH does...

1. PROTECT THE HEALTH & LIVES OF MOTHERS

The World Health Organization (WHO) estimates that complications arise in 15% of pregnancies, serious enough to hospitalize or kill women. From the 2 million plus live births alone, some 300,000 maternal complications occur yearly. This is 7 times the DOH's annual count for tuberculosis, 19 times for heart diseases, and 20 times for malaria in women. As a result, more than 11 women die needlessly each day.

Adequate number of skilled birth attendants and prompt referral to hospitals with emergency obstetric care are proven life-saving solutions to maternal complications. For women who wish to stop childbearing, family planning (FP) is the best preventive measure. All three interventions are part of RH.



2. SAVE BABIES

Proper birth spacing reduces infant deaths. The WHO says at least two years should pass between a birth and the next pregnancy. In our country, the infant mortality rate of those with less than two years birth interval is twice those with three. The more effective and user-friendly the FP method used, the greater the chances of the next child to survive.

3. RESPOND TO THE MAJORITY WHO WANT SMALLER FAMILIES

Couples and women nowadays want smaller families. When surveyed about their ideal number of children, women in their 40s want slightly more than three, but those in their teens and early 20s want just slightly more than two.

Moreover, couples end up with families larger than what they desire. On average, Filipino women want close to two children but end up with three. This gap between desired and actual family size is



present in all social classes and regions, but is biggest among those who are poor.



4. PROMOTE EQUITY FOR POOR FAMILIES

RH indicators show severe inequities between the rich and poor. For example, 94% of women in the richest quantile have a skilled attendant at birth compared to only 26% in the poorest. The richest have three times higher tubal ligation rates compared to the poorest.

This equity gap in tubal ligation partly explains why the wealthy hardly exceed their planned number of children, while the poorest get an extra two. Infant deaths among the poorest are almost three times compared to the richest, which partly explains why the poor plan for more children. The RH law will promote equity in health through stronger public health services accessible to poor families.

5. PREVENT INDUCED ABORTIONS

Unintended pregnancies precede

almost all induced abortions. Of all unintended pregnancies, 68% occur in women without any FP method, and 24% happen to those using traditional FP like withdrawal or calendar-abstinence.

If all those who want to space or stop child-bearing would use modern FP, abortions would fall by some 500,000 – close to 90% of the estimated total. In our country where abortion is strictly criminalized, and where 90,000 women are hospitalized yearly for complications, it would be reckless and heartless not to ensure prevention through FP.

6. SUPPORT & DEPLOY MORE PUBLIC MIDWIVES, NURSES & DOCTORS

RH health services are needed wherever people are establishing their families. For example, a report by a United Nations Millennium Development Goals Task Force points out the need for 1 fulltime midwife to attend to every 100 to 200 annual live births. Other health staff are needed for the millions who need prenatal and postpartum care, infant care and family planning. Investing in these core public health staff will serve the basic needs of many communities.



7. GUARANTEE FUNDING FOR & EQUAL ACCESS TO HEALTH FACILITIES

RH will need and therefore support the improvement of many levels of health facilities. These range from barangay health stations for basic prenatal, infant and FP care; health centers for safe birthing, more difficult RH services like IUD insertions, and management of sexually transmitted infections; and hospitals for emergency obstetric and newborn care and surgical contraception. Strong RH facilities will be the backbone of a strong and fairly distributed public health facility system.



8. GIVE ACCURATE & POSITIVE SEXUALITY EDUCATION TO YOUNG PEOPLE



Currently, most young people enter relationships and even married life without the benefit of systematic inputs by any of our social institutions. As a result of just one faulty sexual decision, many young women and men can lose their future, their health and sometimes their lives. We insist on young voters' education for an activity that occurs once every three years, but leave our young people with little preparation to cope with major life events like puberty and sexual maturation.

9. REDUCED CANCER DEATHS



Delaying sex, avoiding multiple partners or using condoms prevent genital warts or HPV (human papilloma virus) infections that cause cervical cancers. Self-breast examinations and Pap smears can detect early signs of cancers which can be cured if treated early. All these are part of RH education and care. Contraceptives do not heighten cancer risks; combined pills actually reduce the risk of endometrial and ovarian cancers.

10. SAVE MONEY THAT CAN BE USED FOR EVEN MORE SOCIAL SPENDING

Ensuring modern FP for all who need it would increase spending from Php 1.9 billion to Php 4 billion, but the medical costs for unintended pregnancies would fall from Php 3.5 billion to Php 0.6 billion, resulting in a net savings of Php 0.8 billion. There is evidence that families with fewer children do spend more for health and education.



See <www.rhbill.org> and <www.likhaan.org/rhan> for data sources and additional information.

JOWA JOKES

READER DISCRETION IS ADVISED

Masarap

Nagsisiping ang mag-asawa...
JOEREM: Love, magsalita ka naman diyan para mas masarapan pa 'ko...
LEN: Oooh...aaah... Wala na tayong bigasss... Siping na lang tayo lagi... Mamamatay tayo sa gutooooooooom! Demonyo kaaah!

Hindi Ko Kaya

MAY: Hindi ko na kaya 'to! Araw-araw nalang tayong nag-aaway...
Mabuti pa, umalis na ako sa bahay na 'to!
ED: Ako rin, sawang-sawa na! Away rito, away roon! Mabuti pa siguro, sumama na ako sa 'yo!

Ano Gusto Mo Sa Akin?

JOY: Sweetheart, ano ba talaga ang gusto mo sa akin, ang magandang mukha ko o ang seksing katawan ko?
JAMES: *(Tinitigan ang Misis mula ulo hanggang paa.)* Alam mo, Love, gustong-gusto ko talaga ang sense of humor mo.

Maluwag

Habang la-lovemaking ang mag-asawa...
OSCAR: Bakit maluwag na ito?
DELIA: Paano diyan ko minsan kinukuha 'yung pambayad ng koryente, tubig, matrikula ng bata at pati na pang bisyo mo! Hmp.

Papatunayan Ko

EMAN: Para mapatunayan ko na mahal na mahal kita, aakyatn ko ang Mt.Everest ng naka-wheelchair.
ELLEN: Talaga?!?
EMAN: Oo, ikaw ang taga-tulak!

Ibang Posisyon

EDWARD: Honey, subukan naman natin ang ibang posisyon ngayong gabi.
JOSIE: Sige ba. Dito ka sa plantsahan at d'yan ako, manonood ng TV.

Buksan Mo Pinto

NEIL: Hon, buksan mo ang pinto!
MACON: Hindi pwede. Wala akong suot.
NEIL: *(Tumawa)* Ok lang, wala akong kasama.
MACON: Ako, meron!

Maging Masaya Ka Lang

NITO: Alam mo honey, gagawin ko ang lahat para ikaw ay maging pinakamasayang babae dito sa mundo.
EDNA: Talaga? Mami-miss kita!

Sa Wakas

DONATO: 'Pag namatay ka, isusulat ko sa nitso mo, "Malamig noong buhay, mas malamig noong namatay!"
VILMA: Ah, ganoon ba? Puwes, sa nitso mo ilalagay ko naman ay "Sa wakas, tumigas din!"

Madaling Araw

Umuwi si Mister ng madaling araw at nakita si Misis na may katabing lalaki sa kama...
LUZ: *(Pasigaw)* Saan ka galing?
FRANCIS: Sino yang katabi mo?
LUZ: Grabe ka! Huwag mong ibahin ang usapan.

Magandang Balita

Bagong mag-asawa sa harap ng hapag kainan...
AILEEN: Honey, malapit na tayo maging tatlo dito sa bahay.
BOY: Talaga ba, Honey? Pinasaya mo ako sa balita mo!
AILEEN: Oo, dito na titira ang Nanay ko!

Malamig ang Gabi

MADRE: Father, ang lamig 'no?
PARI: Gusto mo gawin natin 'yung ginagawa ng mag-asawa kapag malamig ang gabi?
MADRE: Ah, eh... Kayo po ang bahala...
PARI: Sige, pagtimpla mo ko ng kape!?!

Facial Discrimination

VICOY: Napapansin ko, laging may bumubuntot sa aking lalaki, hindi ko naman kilala.
NING: Napansin mo ba kung pogi o panglt?
VICOY: Pogi naman.
NING: SECRET ADMIRER mo iyon, Girl!
VICOY: Ha? E pa'no kung panglt?
NING: Ano ka ba, eh di STALKER yun!



Trapping DENGUE

Health Secretary Enrique T. Ona and Science and Technology Secretary Mario G. Montejo signed a memorandum of understanding on April 14 to roll-out ovicidal and larvicidal (OL) mosquito traps – a low cost but effective device designed to reduce the population of the dengue-carrying *Aedes aegypti* and *Aedes albopictus* by attracting female mosquitoes and killing their eggs.

The OL mosquito trap system involves a black container and a strip of wet *lawanit* board inside the trap.

The DOST explained that the OL mosquito trap is not a new technology and it has been known since 1969, but what is novel about it is the natural ovicide and larvicide incorporated to the system. These are in the form of pellets made from organic compounds derived from plants. These pellets are not toxic to humans. When the pellets are incorporated to the system, these become ovicidal and larvicidal. The suffix “cidal” connotes death. Once the egg touches the solution, it will die. If the egg hatches, the larvae will die and will not become pupa, the pupa will not become adult and no adult to lay eggs.

The Department of Science and Technology (DOST) will provide 700,000 OL mosquito trap kits to selected households nationwide in identified sites with high dengue incidence. These households will also be given free OL pellets monthly for six



Science and Technology Secretary Mario Montejo (seated left) and Health Secretary Enrique T. Ona (seated right) sign a Memorandum of Understanding for the roll-out of ovi/larvicidal traps for *Aedes* mosquitoes for dengue vector control.

months. The DOH, on the other hand, will identify the households and assist in the distribution of the traps.

Following the successful launch in February when 200,000 OL traps were distributed to various regions, the DOST is now set to produce additional 500,000 kits to be distributed to 125,000 households nationwide.

According to Montejo, the distribution of additional OL traps just proves that the government is really bent on reducing the number of dengue cases in the country.

Ona, meanwhile, explained that the country experienced last year the worst dengue outbreak in 10 years. More than 135,355 cases were recorded exceeding the record high infection rates in 1998 when other countries in the Southeast Asian region also reported major dengue outbreaks.

He added that this year, the country may be witnessing a far worse outbreak of dengue fever. An early dramatic peak in the number of cases has already occurred into the first two months of 2011 and there are no signs of letting up of this epidemic. Already, there have been more than 13,281 dengue cases admitted in DOH sentinel hospitals. However, this number is still 7.71% lower than that the same period of 2010.

Although the case fatality has been kept at 1% this year, serious dengue

outbreaks continue to occur in highly endemic regions particularly in the Asia-Pacific which already account for 70% of all dengue cases. But the threat of dengue is increasing at a particularly alarming rate and into new geographic areas where it was not found before. New outbreaks are exploding as temperatures warm and as rains come in longer and earlier expanding the lifespan of the dengue epidemic each season.

“Climate change, rapid urbanization and international travel have all made dengue the world’s most important viral vector-borne disease and the country’s most disturbing health concern among all re-emerging infectious diseases,” Ona said.

The key intervention against dengue is primary preventive action and it must stem from the affected and at risk communities.

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Breastfeeding TSEK

by
ANTHONY R. RODA, MAHeSoS
HealthBeat Staff

Breastfeeding Movement

Only breast milk for babies from the first hour up to six months of life – no water, no “am” (boiled rice water) and other liquid, no infant formula or food. This is the one message that the Department of Health wants to deliver to new and expectant mothers, primarily in lower-income areas, as it launched Breastfeeding TSEK (Tama, Sapat at EKslusibo) campaign on February 23.

As the campaign is held simultaneously with the 25th Anniversary of EDSA People Power Revolution, the DOH is reviving the strong breastfeeding support seen in 1986, when then President Corazon Aquino, enacted the “Milk Code” (EO 51) or the National Code of Marketing Breastmilk Supplements and Related Products. Thus, Breastfeeding TSEK is turning out to be more than a campaign, but a movement.

Staunch breastfeeding advocates

from both civil society organization and government pushed for the passage of the “Milk Code” into law. Republic Act (RA) 7600 or Rooming-In/Breastfeeding Act of 1992 and RA 10028 or the Expanded Breastfeeding Promotion Act of 2009 were other landmark laws achieved through genuine

partnership and focused participation of the stakeholders in the legislative process. What is unique about the new legislation is that it mandates all private and public institutions and offices, medical and non-medical to support breastfeeding mothers by creating a private space as well as time in the day for mothers to either feed their babies or save and store their breast milk.

The Breastfeeding TSEK movement seeks to encourage mothers to practice exclusive breastfeeding for six months as well as to educate them about proper breastfeeding and its numerous health benefits. It also aims at advocating adequate support from family, employers, health care providers, and the community to enable mothers to exclusively breastfeed their babies.

Health Secretary Enrique T. Ona stressed that “breast milk is the perfect food for infants as it contains the specific nutrients required for growth and development.” He



BREASTFEEDING TSEK - the start of a new breastfeeding movement.



LEFT: Health Undersecretary David Lozada read Health Secretary Enrique Ona's speech. **RIGHT:** At the luncheon press conference with (from left to right: Fr. Luke Moortgat of CBCP, Dr. Soe Nyunt-U of WHO, Assistant Secretary Paulyn Ubial of DOH, Vanessa Tobin of UNICEF, and Daphne Oseña-Paez, celebrity and UNICEF special advocate for children.

also described how immune factors that can only be found in breast milk protect infants from all sorts of diseases such as diarrhea and other infectious diseases.

In the 2008 National Demographic and Health Survey (NDHS), 85% or more than 8 out of 10 mothers "initiate" breastfeeding after birth, but 50% of them stopped exclusive breastfeeding at three weeks. Despite the known breastfeeding benefits, only 34% of Filipino mothers would exclusively breastfeed for the first six months of life.

Vannesa J. Tobin, UNICEF representative to the Philippines, emphasized research results that showed that when mothers are given proper information and support, they tend to breastfeed. "Creating a supportive environment for mothers to breastfeed begins with having all the facts," she said, "and that's how we start tearing down the breastfeeding divide that has isolated many mothers from the rest of society – including their husbands and family, co-workers, peers and friends and the community."

Tobin said that breastfeeding is not just an issue for mothers, but a concern for every Filipino to take a stand and fight child malnutrition. She appealed for support

from employers, private businesses and the different local government units including the religious and faith-based organizations to join the movement on creating an environment to support breastfeeding mothers. With many working women in the Philippines, it is important that support is given to mothers by allowing them time to breastfeed their baby, or to express their breast milk and store it.

Dr. Soe Nyunt-U, World Health Organization (WHO) representative to the Philippines, noted strong research evidence supporting the effectiveness of post natal home visits by peer counselors in increasing the prevalence and duration of exclusive breastfeeding. In a landmark study by DOH and WHO in Barangay Pembo in Makati, it was documented that peer counseling caused mothers to change from mixed feeding or exclusive formula feeding to exclusive breastfeeding.

"The findings from this research are the basis for the Breastfeeding TSEK movement using the WHO-recommended a method for strategic communication planning termed as Communication for Behavioral Impact (COMBI)," Soe added. The peer counselors or support groups will be complemented by an interconnected

web application of the disciplines of communication – from personal selling to health education, to social mobilization, to publicity and advertising – to put a "brand" on exclusive breastfeeding with the ultimate goal of achieving behavioral results.

The DOH banks on international, national and local partners to implement this comprehensive approach to rapidly increase the number of babies enjoying the life-saving and health-boosting benefits of exclusive breastfeeding.

Breastfeeding Partners

The launching of the Breastfeeding TSEK movement also served as an opportune time for honoring living people with outstanding contribution in the protection, promotion and support to breastfeeding in the country.

Hailed as National Honorees were: Dr. Elvira Santo Niño-Dayrit, Dr. Margarita Galon and Dr. Gloria Ramirez.

Dayrit, former director of the then DOH Maternal and Child Health Service, is recognized for her confidence and firmness in implementing the Milk Code in its early years when resistance were high at various fronts, from the milk industry to health

practioners and their supporters. Galon, former health undersecretary, is recognized for her leadership in implementing the Mother-Baby Friendly Hospital Initiative (MBFHI), making the Philippines as No. 1 at one time in the implementation of this international initiative. Ramirez, is recognized for her efforts in establishing the Alay Gatas Community (human milk donor) Program at the Philippine Children's Medical Center (PCMC) for newborns who are critically ill and with breastfeeding problems that led her invention of a local small scale breast milk pasteurizing machine.

Special Awards were given to SM Supermalls and Dr. Jose Fabella Memorial Hospital.

SM Supermalls is recognized for its corporate social responsibility by establishing Breastfeeding Stations in all of its 38 malls nationwide. As of December 31, 2010, these breastfeeding stations have already served more than 93,000 mall-going mothers and their babies. On the other hand, the Fabella Hospital is recognized for providing quality training program in

lactation management and for serving as a practicum area for Infant and Young Child Feeding (IYCF) counseling course.

Breastfeeding institutional partners were also recognized for the distinct work and initiatives in implementing the IYCF/Breastfeeding in strategic settings, namely: hospital, community, workplace, school and industry. (See complete list of awardees next page.)

Health Assistant Secretary Paulyn Jean Rosell-Ubial said that DOH data currently show at least 47 out of 1,487 hospitals have

the Certificate of Commitment for the MBFHI from 2007 to present; at least 7 out of 80 provinces, 9 out of 120 cities and 175 out of 1,425 municipalities have passed resolution/ ordinance in support of IYCF; at least 2,159 breastfeeding support groups have been organized at the barangay level; at least 88 breastfeeding-friendly workplaces; and the integration of IYCF in the medical curricula is ongoing.

Meanwhile, the DOH Center for Health Development-Metro Manila also provided certificates of recognition to



CLOCKWISE: Named breastfeeding national honorees are: Dr. Elvira Santo Niño-Dayrit represented by her nephew, Oscar Santo Niño... former Health Undersecretary Margarita Galon... and Dr. Gloria Ramirez, who is seen here being awarded by ASec. Paulyn Ubial. Representatives of SM Supermalls — recognized for its corporate social responsibility by establishing Breastfeeding Stations in all of its 38 malls nationwide — pose with Director Asuncion Anden (fourth from right) and ASec. Ubial.

Breastfeeding PARTNERS

National Honorees

- Dr. Elvira Santo Niño-Dayrit
- Dr. Margarita Galon
- Dr. Gloria Ramirez

Special Awards

- SM Supermalls
- Dr. Jose Fabella Memorial Hospital

Breastfeeding Partner Hospitals

- Gubat District Hospital (Sorsogon)
- Vicente Sotto Memorial Medical Center (Cebu City)
- Eastern Visayas Regional Medical Center (Tagbilaran City)
- Zamboanga City Medical Center (Zamboanga City)
- Brent Hospital (Zamboanga City)
- Ciudad Medical Center (Zamboanga City)
- Mayor Hilarion A. Ramiro Sr. Regional Teaching and Training Hospital (Osamiz City)
- SOCSARGEN County Hospital (Cotabato)
- Baguio General Hospital and Medical Center (Baguio City)
- Notre Dame de Chartres Hospital (Baguio City)
- Dr. Ricardo S. Provido Sr. Memorial Hospital (Calinog, Iloilo)
- Iloilo Provincial Hospital (Iloilo City)
- Sen. Gerardo Roxas Memorial District Hospital (Roxas City)
- Roxas Memorial Provincial Hospital (Roxas City)
- Puyaoan General Hospital (Cagayan)
- Tumauni Community Hospital (Cagayan)

Breastfeeding Partner Schools

- Bicol University College of Nursing (Legaspi City)

- Ateneo de Zamboanga University (Zamboanga City)
- MEIN College (Zamboanga City)
- STI College (Zamboanga City)
- Brent College (Zamboanga City)
- Pilar College (Zamboanga City)
- St. Augustine College (Zamboanga City)
- Universidad de Zamboanga (Zamboanga City)
- Brokenshire College (Davao City)
- Saint Louis University (Baguio City)

Breastfeeding Partner Communities

- Barangay Mercedes, Camarines Norte
- Municipality of Inabanga, Bohol
- Municipality of Lawaan, Eastern Samar
- Zamboanga City
- Davao City
- Barangay Bula, General Santos City
- Barangay Bagnen, Bauko, Mountain Province
- Luba Municipality, Luba, Abra
- Barangay Maybunga, Pasig City
- Barangay Signal Village, Taguig City
- Mother and Child Friendly Maternity Clinic, Barangay Bagumbayan, Taguig City

Breastfeeding Partner Workplaces

- Labo Local Government Unit (Camarines Norte)
- BQ Mall (Tagbilaran City)
- Universal Canning Factory (Zamboanga City)
- ZAMCELCO (Zamboanga City)
- PERMEX Canning Factory (Zamboanga City)
- Philippine Ports Authority (Zamboanga City)
- Ports Management – PPA (Cagayan de Oro City)

- New City Commercial Center, MAA (Davao City)
- Davao City International Airport Terminal (Davao City)
- Tagum Agricultural Development Corporation (Panabo City)
- Provincial Capitol of Davao del Norte
- Gaisano South Citi Mall (Davao City)
- Dujali Municipal Government (Davao del Norte)
- Stanfilco (Panabo City)
- South Eastern Mindanao Bus Owner Association (SEMBOA)
- Davao City Overland Transport Terminal (Davao City)
- Banaybanay Municipal Government, Davao Oriental
- Yellow Bus Line
- Sitel, EPZA Loakan (Baguio City)
- Pasig City Hall
- Market-Market Mall B (Taguig City)
- SM City Lucena
- SM City Cagayan de Oro
- SM Baguio
- SM Davao City
- Globe Telecommunications, Inc.

Breastfeeding Partner Metro Manila LGUs

- Caloocan City
- Malabon City
- Makati City
- Mandaluyong City
- Muntinlupa City
- Quezon City
- Parañaque City
- Pasay City
- Pasig City
- Valenzuela City



Celebrity breastfeeding mothers – Gladys Reyes-Sommereux (left) and Daphne Oseña-Paez (right) – add glitter and substance to an already elaborate extravaganza by hosting the launching and awarding ceremonies. (All photos in this article is courtesy of the DOH Multi-purpose Cooperative.)

their local government units (LGUs) that have exerted efforts for the promotion of breastfeeding through the development of local ordinances, engagement and training of volunteers resulting to the establishment of functional breastfeeding support groups in different barangays.

Celebrity Moms

Celebrity breastfeeding mothers – Gladys Reyes-Sommereux and Daphne Oseña-Paez – added glitter and substance to an already elaborate extravaganza by hosting the launching and awarding ceremonies.

Celebrities are excellent role models to change whatever negative image or perception people might have on breastfeeding. The Breastfeeding TSEK movement will try to engage as many celebrity moms to the breastfeeding cause. Hearing celebrity stories can motivate and inspire new mothers to succeed, as well as help dispel their myths and misinformation. Gladys, actress and TV host, narrated

her wonderful experience exclusively breastfeeding her three children, including expressing her breast milk using breast pumps while on tapings and storing it. She also said that breastfeeding can not only be bonding moments for the mother and her child but also between friends. Gladys served as an inspiration for her best friend, Judy Ann Santos-Agoncillo, to practice breastfeeding. The two would bond together breastfeeding their children, sharing stories on motherhood and child rearing and techniques on breastfeeding.

Daphne, a fashion and lifestyle TV host and at the same time the UNICEF Special Advocate for Children for almost two years, expressed some obstacles in terms of marketing exclusive breastfeeding to mothers. She said it is hard to compete with the advertising and promotion done by milk companies. Celebrity mothers like her are often the target of these companies to promote their milk. She said she knew of other celebrities who know the importance of breastfeeding but when milk companies offer them with huge amount of money,

they are done with breastfeeding. She then appealed to celebrities to think twice in promoting milk products, even if these products are not for infants.

Other important personalities who graced the Breastfeeding TSEK launching and recognition rites were: Health Undersecretary David Lozada, Quezon City Vice Mayor Josefina Belmonte, and Father Luke Moortgat of the Catholic Bishops Conference of the Philippines' Episcopal Commission on Health Care.

The DOH National Center for Health Promotion (NCHP) together with the National Center for Disease Prevention and Control are the major players in the Breastfeeding TSEK movement.

Dr. Asuncion M. Anden, director of NCHP, said that with all sectors of society acting together and more concertedly to bring back the culture of breastfeeding in the country, Filipino babies will be given not only a fighting chance to live but also to become physically strong and healthy and also more intelligent and emotionally secure.

The DOH Quest for ISO Certification

The Journey Begins

On March 14, Health Secretary Enrique T. Ona led a simple ceremony and parade inside the Department of Health (DOH) compound to launch what is termed as the DOH's journey towards ISO certification for quality management system (QMS) or ISO 9001:2008.

ISO certification means taking steps towards achieving excellence. If an institution is ISO certified, then it should be efficient and will be able to minimize wastage in time, efforts and resources to hurdle over unorganized and unnecessary processes.

On a encouraged members of the executive committee, regional directors, chiefs of the corporate and special hospitals, central office directors, and all DOH employees and DOH partners to make this happen. "Kaya natin 'to!," he said with much enthusiasm and conviction.

What is ISO?

ISO is short for International Organization for Standardization, the world's largest developer and publisher of international standards. Founded in 1947, ISO is a network of the national standards

institutes of 159 countries, one member per country, with a Central Secretariat in Geneva, Switzerland, that coordinates the system. ISO is a non-governmental organization that forms a bridge between the public and private sectors.

According to ISO, "ISO" is not an abbreviation. It is a word, derived from the Greek "isos," meaning "equal", which is the root for the prefix "iso-" that occurs in a host of terms, such as "isometric" (of equal measure or dimensions) and "isonomy" (equality of laws, or of people before the law). The name ISO is used around the world to denote the organization, thus avoiding the assortment of abbreviations that would result from the translation of "International Organization for Standardization" into the different national languages of members.

Whatever the country, the short form of the organization's name is always ISO.

Standards make an enormous

and positive contribution to most aspects of people's lives. Standards ensure desirable characteristics of products and services such as quality, environmental friendliness, safety, reliability, efficiency and interchangeability and at an economical cost.

When products and services meet public expectations, they tend to take this for granted and be unaware of the role of standards. However, when standards are absent, they soon notice. ISO standards provide technological, economic and societal benefits.

ISO 9001:2008

The ISO 9000 family of standards represents an international consensus on good quality management practices. It consists of standards and guidelines relating to quality management systems and related supporting standards.

ISO 9001:2008 is the standard that provides a set of standardized requirements for a quality management system (QMS), regardless of what the user organization does, its size, or whether it is in the private or public sector. It is the only standard in the family against which organizations can be certified – although certification is not a compulsory requirement of the standard.

The other standards in the family cover specific aspects such as fundamentals and vocabulary, performance improvements, documentation, training, and financial and economic aspects.

QMS is deemed important in government as it promotes integrity, accountability, proper management of public affairs and public property as well as establishes effective practices aimed at the prevention of graft and corruption. Moreover, QMS in government agencies and personnel creates conditions that will transform them into professional, motivated



Dr. Gerardo Bayugo, health assistant secretary and quality management representative to oversee implementation of ISO Certification, signs the Pledge of Commitment during the launching at the DOH Central Office compound on March 14. (Photo by Paking Repeleto)

and energized bureaucracies with adequate means to perform their public service.

The management and staff of bureaus, centers and offices inside the DOH Central Office compound are up to their sleeves to begin the process towards ISO Certification within six to 12 months. Health Assistant Secretary Gerardo Bayugo serves as the Quality Management Representative to oversee implementation while Director Kenneth G. Ronquillo of the Human Health Resource Development Bureau (HHRDB) heads the ad hoc committee of ISO certification. The Development Academy of the Philippines has been tapped to provide technical assistance to the DOH.

The HHRDB has achieved ISO 9001:2008 certification on December 12, 2010 and it serves as the model for other

offices to follow. Meanwhile, the Central Office Bids and Awards Committee and the Information Management Service have already started with their ISO initiatives ahead of other offices inside the DOH Central Office compound.

The steps in ISO Certification include: orientation of management and staff; gap assessment, QMS planning; training on QMS documentation; QMS training and implementation; training on Internal Quality Audit (IQA); conduct of IQA; corrective action; management review; final gap assessment; preparation for certification; and finally ISO Certification.

The next Immediate step is to roll out the process to DOH hospitals and Centers for Health Development.

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Takbo, Bilis, Takbo

by
LENI CARREON

DOH Center for Health Development - Central Luzon



Dr. Rio L. Magpantay, director of the Center for Health Development-Central Luzon (center) leads the "Takbo...Bilis...Takbo Para sa Koalisyon" Fun Run in celebration of the Heart Month.

Some 500 government officials and employees in Central Luzon gathered at the Bren Z. Guiao Sports Complex in San Fernando City, Pampanga to join in the "Takbo...Bilis...Takbo Para sa Koalisyon" Fun Run on February 11, in celebration of the Heart Month. This activity was organized by the Department of Health-Health and Lifestyle Organization-Central Luzon (DOH-HALO-CL), an interagency coalition of government offices to promote the "Healthy Lifestyle (HL) to the Max" campaign.

HL to the Max aims to promote consciousness on the risk factors of lifestyle diseases like heart diseases, stroke, diabetes, chronic respiratory diseases and cancer.

The Fun Run enhanced the excitement of officials and employees of Central Luzon who has built support groups and alliances for healthy lifestyle.

Pampanga Board Member on

Health, Monina Laus, graced the event in behalf of Pampanga Governor Lilia Pineda. She acknowledged the participation of the different agencies and even provided cash incentives to those who participated in the Fun Run. Laus, a first-term board member, vowed to do all things possible to support health programs.

CHD Director Rio L. Magpantay, the host of the day-long event, announced that the DOH will support community-based groups that will adapt and promote healthy lifestyle activities.

Abztract Dancers, a popular celebrity dance group, supported the event by advocating dance exercise to be a part of a person's healthy lifestyle habits. They even posed as models for the event. Meanwhile, professional runners were hired by CHD to facilitate the Fun Run and assist the needs of runners.

The Fun Run was divided into the following categories: top management; individual, divided into age brackets, 20 to 35 years old, 36-49 years old and 50 and above; and team. The participants were endorsed by their head of office, and a P500 registration fee was required per participant for the runner's kit. The winners received cash prizes and medals/trophies.

The Fun Run was the third of a series of successful events held in Central Luzon to advocate for HL to the Max. The other two events held last year were "Sampung Libong Hakbang Para sa Koalisyon" and the "Search for the Biggest (Weight) Loser 2010."

The generous sponsors of the Fun Run were Pampanga Governor Lilia Pineda, San Fernando City Mayor Oscar Rodriguez, CLTV - 36, UNTV -37, Nestle Philippines, Coca-cola, San Miguel Foods and Mini-stop.

- o o o -



TOP: They're not the Pink Sisters, but they surely are worthy of being named "Best in Uniform." Aba, tumakbo naman kayo, 'Day! RIGHT: Haaay, malayo pa ba? Lawit na mga dila namin. Tumabi kayo, mga Pink Sisters, dadaan kami...



BELOW: Atty. J. Lacanlale finishing first in the Male Top Management Category. "Tawagan n'yo Nanay ko, nanalo ako... nanalo ako!"

LEFT: Kili-kili ko yan! Hahaha!

RIGHT: Director Rio Magpantay (front left) and Pampanga Board Member Monina Laus (front right) dance to the groove with the Abztract Dancers (back row). "Sa palagay mo kaya ba Abztract dancers na magsayaw ng naka-shades? Hindi!!!"

BELOW: Nasaan ang finish line? Nasaaaaaaan???



The GOOD RAPE

based on the personal case study of
DR. JUDE O. DOBLAS
Municipal Health Officer - Balilihan, Bohol

Keep those eyebrows down and the mouth shut, this is not about a crime of passion but, believe it or not, about healthy lifestyle to prevent the onset of diabetes mellitus in an individual harboring the genetic trait.

This is the story of Dr. Jude O. Doblas, municipal health officer of Balilihan, Bohol which he termed as "a 29-year real life on-going personal case study."

Diabetes Mellitus is a hereditary

disorder, which is inherited as a simple Mendelian recessive. It is an enormous problem in Asia and it is getting worse.

The Diabetes Atlas Fourth Edition (2009), published by the International Diabetes Federation, puts the prevalence rate for diabetes in the Philippines at 6.7 per cent of the population which translates to 3.4 million out of 51 million adult population aged 20 – 79 years old.

In 2003, the national prevalence

rate for diabetes was four per cent, and that is a big jump in the last five years, because it translates to over one million people who developed diabetes in a short period.

Meanwhile, the prevalence rate for impaired glucose tolerance (IGT) is a higher 9.6 per cent which translates to 4.8 million people more at risk of developing diabetes. IGT is an intermediate condition in the transition between normality and diabetes. It occurs when the blood sugar level of a person is higher than normal but below the level of a person with diabetes.

In the next 20 years, it is estimated that more than half of the adult population worldwide will have diabetes.

According to Doblas, his on-going study aimed at showing that this inherited abnormality may be prevented from being a fully developed disease through a wholistic approach – both physical and spiritual.

Doblas was born on December 8, 1946 and was 34 years old when he began his single-subject study. He is now 63 years old.

In Doblas' hereditary profile, his father, a lawyer, had Type 1 Diabetes and his mother, a registered nurse, had Type 2 diabetes. His brother and sister also have Type 2 diabetes. And branching out in their family tree, four uncles and an aunt on the father's side and two uncles and an aunt

on his mother's side have Type 2 diabetes. A cousin on the father's side and another cousin on the mother's side have Type 1 diabetes. And two of his nephews have Type 2 diabetes.

Type 1 diabetes (formerly called juvenile diabetes or insulin-dependent diabetes) is usually first diagnosed in children, teenagers, or young adults. It is an autoimmune disease characterized by the destruction of the insulin-producing cells in the pancreas. Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger, weight loss, vision changes and fatigue. These symptoms may occur suddenly.

Type 2 diabetes (formerly called adult-onset diabetes or noninsulin-dependent diabetes) is the most common form of diabetes. People can develop Type 2 diabetes at any age – even during childhood. This form of diabetes usually begins with insulin resistance, a condition in which fat, muscle, and liver cells do not use insulin properly. Symptoms may be similar to those of Type 1 diabetes, but are often less marked. As a result, the disease may be diagnosed several years after onset, once complications have already arisen. Until recently, this type of diabetes was seen only in adults but it is now also occurring in children.

Doblas, in his still ongoing study, is trying to arrest and control the genetic development of diabetes by doing what he calls as a GOOD lifestyle, which stands for **Good** nutrition, **O**ptimum rest, **O**rdery recreation and **D**aily prayerful physical exercise. And he call his methodology as **RAPE** or **Running And Praying Everyday**.

How's that, you might ask? Well, here is his regimen:

- Gentle running and power walking with mental praying of the Holy Rosary for three kilometers (km) daily, rain or shine. The 3 kms correspond to the three

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mysteries of the Holy Rosary at one mystery per km. The 10 fingers are used as substitute for the rosary beads.

- Stationary gentle running indoors with mental praying of the three mysteries of the Holy Rosary carries the same benefits as gentle running outdoors.

- Warm-up for 20 minutes using GLEE or **Good Lifestyle Exercises Everyday** before starting and another 10 minutes of GLEE to cool down before ending.

Results

Throughout the 29-year period, Doblas monitored his body weight and blood pressure readings. He also monitored his blood sugar readings once every three months. The results showed that his blood sugar remain within the normal range and he remains free of diabetes symptoms. However, there was slight elevation of his body weight and blood pressure readings.

Doblas admitted that the RAPE as his methodology is somewhat unconventional. Part of it relies on the hundreds of research studies that

documented the link between medical science, proper exercise, practice of religion and living in a nature-rich environment.

One example of a positive effect of being pious was in a 1989 study of 400 Caucasian men in Evans County, Georgia, USA. Duke researchers found a significant protective effect against high blood pressure among those who considered religion very important and who prayed everyday.

According to the latest results of a medical research, comprehensive lifestyle changes including a better diet and proper exercise can lead not only to a better physique and mental state but also to swift and dramatic changes at the genetic level. The activity of disease-preventing genes increased, while a number of disease-promoting genes shut down.

According to Doblas, this is an exciting finding because people can do a lot to change the course of their genetic disorder by adopting the good lifestyle.

Recommendation

Doblas admits that a double-blind study is more ideal. His one constraint is how to gather a big sample size of qualified subjects who can adhere to the daily "Spartan-like discipline of the methodology for a long period of time.

Despite these limitations, he recommends that the GOOD lifestyle methodology be made as the standard for lifestyle modification. He said that national government should make the GOOD lifestyle methodology as a priority national policy for preventive health care. And finally he urged further studies of the GOOD lifestyle methodology be undertaken bearing a large sample size.

'Wanna have a GOOD RAPE, anyone???

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Dr. Jude O. Doblas. (Photos courtesy of Angelina Lansang)

7 CHANGES to control your diabetes

by
ROBERTO C. MIRASOL, MD, FPCP, FPSEM
Philippine Society of Endocrinology and Metabolism

There are several ways to control diabetes. It is believed that knowledge alone is insufficient. The knowledge should be translated to behavior change to be able to achieve metabolic control. These seven behavior changes were developed by the American Association of Diabetes Educators called AADE7 <<http://www.diabeteseducator.org/ProfessionalResources/AADE7/>>. They will serve as guideposts to you and your healthcare professional in the control of your diabetes.

1. HEALTHY EATING. You should start making healthy food choices. Learn to eat low fat meals. Avoid sources of hidden fats. Sugars and sources of sugars should be limited. Eat vegetables. Understand portion sizes. You should control the amount of food you are eating. It is the amount eventually which will spell out the difference between being in control or not. You should eat small frequent feedings. Avoid binge and buffet eating. If you are overweight or obese, control your weight. Learn how to read labels to know and be aware of the food you are eating.

2. BE ACTIVE. You should have regular activity. Do this most days of the week, 30 minutes of moderate intensity. Exercise alone however is not sufficient. You should diet as well. Walk, walk, walk more. Use stairs not elevators or escalators. Dance and be active. Exercise with a partner. Clean your room. Wash your car. Walk the dog. Do

gardening.

3. MONITOR YOUR BLOOD SUGARS. Daily self-monitoring of your blood glucose will provide you with feedback as to the effect of food, physical activity and medications on blood glucose levels. Learn how to use a blood glucose meter. Ask your doctor or nurse educator about frequency, target values and interpretation of results. If you get very high readings all the time then your diabetes is out of control and your doctor will institute changes to your regimen. If you have hypoglycemia or low blood sugar, take something sweet. Aside from blood sugar, you should also monitor your blood pressure, lipids and weight.

4. TAKE YOUR MEDICINES. There is no cure for diabetes and it is a progressive disease, hence the need for lifelong treatment. You should take your medications on time as prescribed by your doctor. Understand how your medicines work including action, side effects, efficacy, toxicity, prescribed dosage, appropriate timing and frequency of administration, effect of missed and delayed doses and instructions for storage, travel and safety. Effective drug therapy in combination with healthy lifestyle choices, can lower blood glucose levels and reduce the risk for diabetes complications.

5. PROBLEM SOLVING. You should develop good problem solving skills. High or low blood sugar should be addressed

immediately. Know what to do when eating outside. When you get sick, you should be able to make decisions regarding food, activity and medications. Know what to do when travelling. These problem solving skills are continuously put to use because the disease is progressive and chronic complications emerge, life situations change and you are aging.

6. REDUCING YOUR RISK. Effective risk reduction behaviors such as regular eye, foot and dental examinations reduce diabetes complications and maximize health and quality of life. Foot inspection and care should be done almost every day. Eye exam every 6 months or every year. You should see your dentist on a regular basis. Smoking should stop. If you can't on your own, seek professional help. Ask your doctor about the use of aspirin to reduce risk of heart disease and stroke.

7. HEALTHY COPING. Your health care professional can help you cope with the many challenges your diabetes and its complications present to you. You should be motivated enough to change your behavior and sustain it. When you feel anxious, threatened or down, your health care professional is always there to help you out. You should set achievable goals and your health care professional will guide you through the attainment of these goals. Don't despair you can do it even if the odds are great. WE ARE HERE TO HELP.

Virtues of KIDNEY DONATION

by
TATO M. USMAN, MD, MPAIM
DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Indispensable & Dispensable Organs

The human body is made up billions of cells that are grouped into tissues to become various organs that are indispensable to life. Without one vital organ, like the brain, liver, heart, lungs and kidneys, the body will die.

However, there are organs that are dispensable and can be safely removed without compromising one's life, like the appendix, uterus, eyes and one of the two

kidneys. Of these, the kidney is the most common internal organ grafted from a living donor to be transplanted to a recipient. At times, organs from the deceased due to accidents are harvested for donation and transplantation.

End-stage kidney disease (ESRD) occurs when the kidneys are no longer able to function at a level needed for day-to-day life. It usually occurs when chronic kidney disease has worsened to the point at which kidney function is less than 10% of normal.

ESRD almost always follows chronic kidney disease. A person may have gradual worsening of kidney function for 10 - 20 years or more before progressing to ESRD. Patients who have reached this stage need dialysis or a kidney transplant.

In the Philippines, the cost for one hemodialysis treatment – a medical procedure to filter waste products from the blood and to restore normal constituents to it – will range from Php 500 (PhilHealth insurance benefit deducted) to Php 9,000 per treatment with an average of Php 2,500. At the ideal thrice per week treatment, the cost is Php 32,500 per month while peritoneal dialysis (a technique that uses the patient's own body tissues inside of the belly or abdominal cavity to act as a filter) at four exchanges per day is worth more than Php 1,000 per day with a monthly average same as for hemodialysis.

Additionally, an amount of Php 10,000 per month for medicines has to be added to cost one end-stage renal disease (ESRD) patient, totalling to around Php 0.5 million per year. If frequent hospitalizations, laboratory exams, blood transfusions, and loss of income are added, the total cost of care for a dialysis patient is more than Php 1 million per year.

Because many Filipinos cannot afford the cost of adequate care, the average



Dr. Antonio Paraiso, program manager of the Renal Disease Control Program (REDCOP) of the National Kidney Transplant Institute (NKT), speaks before the participants of the First ARMM Joint Noncommunicable Diseases (NCD) and National Nutrition Council (NNC) Program Implementation Review.

number of hemodialysis treatments is 1.5 per week with less than half of the patients surviving beyond a year. Moreover, data suggest that of the 30,651 patients who started dialysis from January 2005 to December 2009, 17,274 patients died on dialysis treatment without the benefit of a kidney transplant. With a survival rate surpassing that of dialysis treatment, kidney transplantation has become the treatment of choice for ESRD.

Views of Islamic Scholars on Organ Donation & Transplantation

Sheikh Ahmad Kutty, a senior lecturer and an Islamic scholar at the Islamic Institute of Toronto, Ontario, Canada, issued the following Fatwa (Islamic Ruling): "Organ donation is permitted in Islam if it is done within the permissible limits prescribed by the Shari`ah.

The following are the conditions stipulated by Islamic scholars for donating organs from the living donors or deceased ones.

Conditions associated with a living donor

- He/she must be a person who is in full possession of his/her faculties so that he/she is able to make a sound decision for himself/herself;
- He/she must be an adult and, preferably, at least twenty-one years old;
- It should be done on his/her own free will without any external pressure exerted on him/ her;
- The organ he/she is donating must not be a vital organ on which his/her survival or sound health is dependent upon;
- No transplantation of sexual organs is allowed.

Conditions associated with deceased donors

- It must be done after having ascertained the free consent of the donor prior to his/her death. It can be through a will to that effect, or signing the donor card, etc.
- In a case where organ donation consent was not given prior to a donor's death, the consent may be granted by the deceased's closest relatives who are in a position to make such decisions on his/her behalf.
- It must be an organ or tissue that is medically determined to be able to save the life or maintain the quality of life of another human being.
- The organ must be removed only from the deceased person after the death has been ascertained through reliable medical procedures.
- Organs can also be harvested from the victims of traffic accidents if their identities are unknown, but it must be done only following the valid decree of a judge."

Moreover, Dr. Muzammil Siddiqi, former president of the Islamic Society of North America, states the following: "The Supreme Council of `Ulama in Riyadh in their Resolution No. 99 dated 6 Dhul Qi'dah 1402 (Hijra Calendar) has allowed both organ donation and organ transplantation in the case of necessity.

The organ can be taken from the body of a living person with his/her consent and approval and also from the body of a dead person. In the case of a living person, the Islamic jurists have stipulated that this donation should not deprive him/her of vital organs. It should also not cause risk to his/her normal life.

The Fiqh Academy of the Muslim World League, Makkah also allowed organ

donation and transplantation in its 8th Session held between 28 Rabi'ul Thani to 7 Jumadal Ula, 1405.

The Fiqh Academy of the Organization of the Islamic Conference in Jeddah, during the hijra calendar year 1408, and the Mufti of Egypt Dr. Sayyed At-Tantawi also allowed the use of the body organs of a person who has died in an accident, if the necessity requires the use of any organ to cure a patient, provided that a competent and trustworthy Muslim physician makes this decision.

It is important to note that most of the Islamic jurists have only allowed the donation of the organs. They do not allow the sale of human organs. Their position is that the sale of human organs violates the rules of the dignity and honor of the human being, and so it would be haram (unlawful) in that case."

Multiple Rewards in Saving Life

It is well-known that donating money is a highly esteemed deed in Islam; Allah is pleased with such deeds, so He accepts them and multiplies their reward up to seven-hundred-fold and more, by His Will. Allah the Almighty says: "And whoso saveth the life of one, it shall be as if he had saved the life of all mankind" (Al-Maidah: 32).

Moreover, it is reported that Prophet Muhammad (peace and blessings be upon him) declared that supporting the needy, even animals, deserves great reward in Allah's Sight. The Prophet (peace and blessings be upon him) said: "While a man was walking he felt thirsty and went down a well and drank water from it. On coming out of it, he saw a dog panting and eating mud because of excessive thirst. The man said, 'This (dog) is suffering from the same problem as that of mine.' So he (went down the well), filled his shoe with water, caught

hold of it with his teeth and climbed up and gave the dog water. Allah thanked him for his (good) deed and forgave him." The people asked, "O Allah's Messenger! Is there a reward for us in serving (the) animals?" He replied, "Yes, there is a reward for serving any living creature." (Reported by Abu Hurayrah, as related in Al-Lu'lu'Wal-Marjan 1447).

Also, the Prophet (peace and blessings be upon him) said: "Supporting

a needy person is a charitable deed, while supporting a relative is two charitable deeds: spending money and strengthening the ties of kinship." (Reported in Al-Jami` As-Saghir by Ahmad, At-Tirmidhi, An-Nasa'i, Ibn Majah, and Al-Hakim on the authority of Salman Ibn Amir; verified by Al-Hakim, and supported by Adh-Dhahabi, as related in Faydul-Qadir by Al-Manawi 4/237).

As such, it can be deduced that

whether it be a human or even a dog, deserves great reward. So, what about assisting a human being who is fighting between life and death like donating kidney? Manifestly, it then entails much greater and multiple rewards remarkably if the grafting is between related donor and recipient or the so called directed donors.

Allah Almighty knows best.

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spiritual HEALTH

The Lord's Clinic

I went to the Lord's Clinic to have my routine check-up and I confirmed I was ill.

When the Lord took my blood pressure, He saw I was low in tenderness. When He read my temperature, the thermometer registered 400 of anxiety. He ran an electrocardiogram and found that I needed several "love bypasses" since my arteries were blocked with loneliness and could not provide for an empty heart.

I went to the orthopedist, because I could not walk by my brother's side and I could not hug my friends, since I have fractured myself when tripping with envy. He also found I was short-sighted, since I could not see beyond the shortcomings of my brothers and sisters. When I complained about deafness, the diagnostic was that I had stopped listening to Jesus' voice talking to me on a daily basis.

For all that, the Lord gave me a free consultation thanks to His mercifulness, so my pledge is, once I leave this clinic, to only take the natural remedies He prescribed to His words of truth:

- Every morning, take a full glass of gratitude.
- When getting to work, take a spoon of peace.

- Every hour take one pill of patience, one cup of brotherhood, and one glass of humility.
- When getting home, take one dose of love.
- When getting to bed, take two caplets of clear conscience.
- Do not give in to sadness or depression for what you are going through today.

God knows how you feel. He knows exactly and with perfection what is being allowed to happen to you in your life at this precise moment. His purpose for you is simply perfect. He wants to show you things that only you can understand by living what you are living, by being in the place you are now. May God give you...

*For every storm, a rainbow...
For every tear, a smile...
For every care, a promise...
And a blessing in each trial.*

*For every problem life sends,
a faithful friend to share...
For every sigh, a sweet song...
And an answer for each prayer.*

Photo by Godfrey Tacadena

Morphine Distribution for Cancer Pain Relief

Freedom from Pain

by

EMMANUEL A. TIONGSON, MD

Dangerous Drugs Abuse Prevention and Treatment Program - Office for Special Concerns

One of the strategies of the Aquino government to fulfil the mandate of universal health care for all Filipinos is to improve access to quality affordable medicines. In the area of cancer care, the Department of Health has purchased some Php 10 million worth of morphine drugs intended for indigent patients suffering from pain. However, problems arise in the distribution and use of these medications that hinder patients from achieving freedom from pain.

Not everyone with cancer experiences pain, but one out of three people undergoing cancer treatment does. If cancer is in the advanced stage, meaning cancer that has spread or recurred, the chance of experiencing cancer pain is even higher. Unfortunately, cancer pain is often untreated despite well-known means to stop the pain.

Cancer pain occurs in

many ways. It may be dull, aching or sharp; constant, intermittent, mild, moderate or severe. Fifteen years ago, following the introduction and adaptation of the World Health Organization (WHO) Analgesic Ladder as the benchmark for cancer pain relief, guidelines for the cancer pain program was set into motion for providing opioid accessibility and availability for the country.

The Philippines immediately adopted pain management as one of the major components of the DOH's cancer prevention and control program under the Degenerative Disease Office of the National Center for Disease Prevention and Control. Cancer patients who are in need of pain control medicines especially during the latter stages of the disease were given the opportunity to get free morphine, an opiate analgesic use to treat moderate to severe cancer pain.

Beset by economic woes and political problems, the program lost ground. Morphine utilization has remained very low. According to the International Narcotics Control Board in 1999, morphine allocation was pegged at 85 kilograms (kg) annually, but the national importation and usage of morphine was only at 15 kg/year for a population of 75 million Filipinos during that time.

Most current data reveal that 13 out of 100 males and 12 out of 100 females of Filipinos would have some form of cancer if they lived up to age 75. Ten (10) out of 100 males and

seven (7) out of 100 females would have died from cancer before age 75. Of these numbers, they will require some form of cancer pain relief, and the need for more accessible and available morphine for this unfortunate lot becomes mandatory. Sadly, the majority of them would die without the benefit of using a strong opiate that could relieve them of the agonizing pain.

The major obstacles for not receiving adequate treatment for cancer pain, according to a study done by the Philippine Cancer Society and the Pain Society of the Philippines, bordered on unresolved issues from the physician, patient, health care system and regulation.

Filipino doctors have "opiophobia" or the fear of prescribing opiates. Majority of them do not have S2 license for prescribing regulated drugs and they would not want to bother themselves with going through the process of applying for one at the Philippine Drug Enforcement Agency (PDEA) since this would entail additional burden and responsibility. Many doctors also fear giving opiates to their patients because they would suffer side effects and become addicts in the long run, thus compounding their already miserable situation. Doctors prefer to use other non-narcotic drugs instead of the strong opiates to control the pain and they are not aware that opiates are readily available.

According to the WHO, pain is monitored as the fifth vital sign and the Montreal Declaration stipulated that access

to pain management is a fundamental human right, and every physician has the moral obligation to provide relief of pain for those suffering from it.

Meanwhile, the Declaration of Policy of the Comprehensive Dangerous Drugs Act of 2002 stated that, "The government shall aim to achieve a balance in the national drug control program so that people with legitimate medical needs are not prevented from being treated with adequate amounts of appropriate medications, which include the use of dangerous drugs". Unfortunately, this balance is not attained because doctors find the process of prescribing strong opiates like morphine too tedious and difficult. Doctors should have a S2 license, and getting it requires them to undergo a drug test. Moreover, in prescribing these

medications to cancer pain patients, doctors use the special yellow prescription pads which are filled in triplicates.

Five years ago, the DOH co-hosted the first International Conference of the Association of Southeast Asian Pain Societies (ASEAPS) and the 7th Asia Pacific Hospice Conference (APHC) that called for strong advocacy and renewed commitment to pain management and palliative care. In 2008, the "Workshop on Assuring Availability and Accessibility of Opioid Analgesics for Pain and Palliative Care" was held in Boracay to assist the Philippines, Indonesia and Thailand in strengthening the opioid use for pain management in their countries. In that workshop, then Health Secretary Francisco T. Duque III announced the allocation of Php 10 million for the purchase of morphine for pain management of indigent patients especially those living in remote areas. In February 2009, during the press conference for the World Cancer Day, the DOH turned over the



morphine drugs to DOH hospitals and other selected hospitals like the University of the Philippines-Philippine General Hospital and some hospices that care for cancer patients.

The DOH organized a technical working group (TWG) for the distribution of free morphine tablets to indigent patients suffering in pain from cancer and other diseases. The TWG is composed of DOH offices – Dangerous Drug Abuse Prevention and Treatment Program under the Office for Special Concerns, Material Management Division, National Center for Health Promotion, Information Management Service, UP-PGH, Madre De Amor Hospice Foundation and other health partners.

The draft administrative order on the distribution of morphine went through a public hearing in November 2010. This order sets guidelines that will address redundancy in procurement of morphine by individual hospitals in favor of one centrally controlled office that would be in charge of continued

monitoring and evaluation for a more streamlined approach to cancer control. Likewise, amendments on Yellow Pad Prescription issuances are currently being completed.

The problems being encountered in the distribution of morphine in hospitals are still the same. Thus, advocacy and information dissemination are now being strengthened to make doctors and pharmacists aware of the accessibility of opiates in the DOH and other selected hospitals as well as to get feedback from them on the common problems they are encountering in providing free morphine to indigent patients. Meanwhile, the PDEA has made the renewal of S2 licenses easier by accepting online registrations for physicians applying for renewal via their website <www.pdea.gov.ph>.

Hospitals are also urged to put the specially-designed posters to let the indigent patients and their families know that they can avail of the pain medication for free. The Philippine Cancer Society and the Pain Society of the Philippines are urging the DOH to set-up Pain Clinics in all government hospitals that will be manned by qualified pain specialists to address the human resource requirement needed to attend to the needs of not only cancer pain patients but also those with problematic and unrelenting pain due to a range of other disabling conditions.

With the combined efforts of all agencies concerned, it is hoped that patients suffering from intractable pain either from cancer or from any other cause will get the fundamental human right to be free from pain and have an improved quality of life in their most trying time.

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Caring for Children with Cancer TAHAN-TAHANAN

by
ELIZABETH G. MASCAREÑAS
HEALTHbeat Staff

There's a revolutionary concept that is being claimed to be the first in the world in the care of indigent children with cancer at the East Avenue Medical Center (EAMC). This is "Tahan-Tahanan" — a halfway home for patients and their family members/ caregivers who come from the provinces and seek treatment in Metro Manila hospitals.

Tahan-Tahanan is so special that it was inaugurated on Valentine's Day by no less than President Benigno S. Aquino III, together with House Speaker Sonny Belmonte, Quezon City Mayor Herbert Bautista, Health Secretary Enrique T. Ona and EAMC Director Roland Cortez.

Dr. Ma. Victoria M. Abesamis, the head of the multidisciplinary team of EAMC Pediatric Oncology and the one who conceptualized the facility, said this is the

much-awaited realization of a dream to provide best quality holistic care for children with cancer. The team is composed of pediatric oncologists, nurses, psychologists, teachers and volunteers as well as the patients and their families.

"This is our legacy, our way of paying it forward, our chance to make a difference, and live a life with meaning and significance," Abesamis said. "Fighting cancer has a huge effect not only on child's life but for the whole family as well. Tahan-Tahanan creates an atmosphere to make life with cancer easier and as much as possible, live in a normal way," she added.

Tahan-Tahanan is the combination of the words "*tahan*," an endearing summon to a child to stop crying, and "*tahanan*," which is more than a physical structure within

which a person lives, but an environment offering security and happiness together with the family. Thus, Tahan-Tahanan is made with the purpose of providing a homey, safe, secure, well-ventilated, clean and environment-friendly living experience for its clients.

The clients are provided with free board and lodging coupled with a 24/7 comprehensive enrichment program, such as home-study, arts and crafts, sports, music, theater, dance as well as skills training for the parents/caregivers. Play, being the essential part in a child's life, is the center of activity and the Tahan-Tahanan is complete with essential fixtures, including playground equipment and especially hand-crafted age-appropriate educational toys to meet the developmental needs of the children.

A patient can be admitted after passing the following qualifications: 1) pediatric cancer patient aged 0-20 years old; 2) with a clinical abstract from his/her pediatric oncologist; 3) with residence outside Metro Manila, and updated residence and barangay certificates; 4) social abstract from a medical or barangay social worker; 5) without any communicable disease; 6) with good compliance in treatment; and 7) with patient/parent/caregiver's willingness to participate in all activities of the center like household chores, skills training, socialization, play therapy, support group and family counseling sessions.

Tahan-Tahanan was established with a budget of Php 7 million. The Philippine

Charity Sweepstakes Office (PCSO) provided Php 3 million financial assistance for infrastructure and operation. Furthermore, the Tahan-Tahanan may decide to refer patients to PCSO for medical assistance and treatments. Some of the furniture, appliances and paintings were donated by people with good hearts. Volunteers who are willing to donate their time, talent and treasure and more importantly their love and affection to children with cancer are very much welcome in order for this project to succeed with all its endeavors.

Cancer in Children

All kinds of cancer, including

childhood cancer, have a common disease process — cells grow out of control, develop abnormal sizes and shapes, ignore their typical boundaries inside the body, destroy their neighbor cells, and ultimately can spread (or metastasize) to other organs and tissues.

As cancer cells grow, they demand more and more of the body's nutrition. Cancer takes a child's strength, destroys organs and bones, and weakens the body's defenses against other illnesses. Childhood cancers often are hard to recognize, can occur suddenly and without early symptoms, but have a high rate of cure if diagnosed early.

The most common symptoms of pediatric cancer are dizziness; vomiting;



TOP LEFT: Dr. Ma. Victoria M. Abesamis head of the Tahan-Tahanan at East Avenue Medical Center. TOP RIGHT AND BOTTOM LEFT: The playroom. BOTTOM RIGHT: A patient enjoying a book in her room. (Photos by Paking Repelete)

unexplained fever or recurring fever; unexplained weight loss; frequent headaches; fatigue; paleness; sudden eye or vision changes; excessive bruising or bleeding; swelling or pain in the joints, bones, pelvis, back or legs; lump in the armpit, leg, chest, stomach or pelvis; and recurring or persistent infections.

Abesamis, a member of the Philippine Society of Oncologist, said there are approximately 2,500 children diagnosed with cancer in the country every year, and the survival rate, if diagnosed early, is around 80 - 85% (or 1,000 children). But still, cancer is the second most common cause of death among children between the ages of 5 and 14 years, according to the 2005 Philippine Health Statistics. The different types of cancer in children are acute lymphocytic leukemia, bone cancer, brain and spinal cord cancer, Erwing's sarcoma, lymphomas (Hodgkin's disease and non-Hodgkin's

lymphoma) neuroblastoma, osteoracoma, retinoblastoma, rhabdomyosarcoma, and Wilm's tumor.

The most common type of cancer in children in the Philippines, Abesamis said, is leukemia or cancer of the blood cells. It usually begins in the bone marrow where blood cells are formed. In leukemia, the bone marrow produces abnormal white blood cells. Over time, as the number of abnormal white blood cells builds up in the blood, they crowd out healthy blood cells. This makes it difficult for the blood to carry out its normal functions. Acute lymphoblastic leukemia can be cured and treatment includes chemotherapy, other drug therapy, and radiation. In serious cases, bone marrow and blood stem cell transplant is needed.

Once cancer has been diagnosed, it is important for parents to seek help from a medical center that specializes in pediatric oncology. The best defense for parents is

information. They must learn about the disease, its risks, and its treatment. Coping with the illness will be more manageable if the whole family knows what to expect both from the medical and emotional viewpoint.

The diagnosis and treatment of childhood cancers take time, and there are both short-term and long-term side effects. Cancer has huge implications for the quality of the child's life. The child's schooling might get disrupted when hospitalization is needed and it would also mean missing out on the normal growing-up period that most children and teenagers experience.

But thanks to medical advances, more and more kids with cancer are finishing successful treatment, leaving hospitals, and growing up just like everybody else.

The EAMC aspires that the Tahan-Tahanan would be replicated in other hospitals in all regions nationwide.

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If Your Child Has Cancer

It is never easy to talk about a cancer diagnosis with your family or friends, but it is more difficult to talk about it if it is your child who has cancer. Many parents in this situation wanted to know the best way to approach the subject with their children.

Here are some ideas to consider:

- Take in mind the age and maturity of your child. What do they relate to? What might work for one child, may not work for another. If they're at the age when they're reading books, you may want to get a book that describes what cancer is in very simple terms. If they're an older child or teen, they really just need you to be honest with them and give them facts, while at the same time reassuring them that you'll be there for them.
- Describe any physical changes that might occur during treatment, such



as hair loss, fatigue, loss of appetite, etc.

- Let them know that you'll communicate openly with them as best you can about what's happening.
- Keep a daily routine if possible as children find much comfort in this.
- If you have more than one child, try to schedule one-on-one time with each of them to make sure to keep those special moments together. You'll find that it's during these moments that they might talk about their fears or ask questions they might have been too shy to ask in front of others.

It might also be a good idea to look for resources to assist you in communicating this news; such as books, DVDs, peer support groups, and even weekend camps. Most of all, be supportive and open with their questions and concerns. Keep the lines of communication open and continue the hugs, love and support.

Text by Lyndria Miller from Healthy Living Blog.
Cartoons grabbed from the Internet.



The devastating 9.0 magnitude earthquake that spawned the massive wave in Japan on March 11 and set off a nuclear crisis on the following days have led to radiation concerns in this part of the Pacific and the rest of the world. The series of disasters also have some devastating effects on Congress proposals in establishing nuclear power plants in the country.

The World Health Organization released the following frequently asked questions that would help us understand radiation and hopefully appease our fears of a nuclear event.

What is ionizing radiation?

When certain atoms disintegrate, either naturally or in man-made situations, they release a type of energy called Ionizing

radiation (IR). This energy can travel as either electromagnetic waves (gamma or X-rays) or as particles (neutrons, beta or alpha).

The atoms that emit radiation are called radionuclides. The time required for the energy released by a radionuclide to decrease by half (i.e., the "half-life") range from tiny fractions of a second to millions of years depending on the type of atoms.

Are people normally exposed to ionizing radiation?

Human beings are exposed to natural radiation on a daily basis. The radiation comes from space (cosmic rays) as well as natural radioactive materials found in the soil, water and air. Radon gas is a naturally formed gas that is the main natural source of radiation.

People can also be exposed to radiation from human-made sources. Today, the most common man-made source of ionizing radiation are certain medical devices such as X-ray machines.

The radiation dose can be expressed in units of Sievert (Sv). On average, a person is exposed to approximately 3.0 mSv/year of which, 80% (2.4 mSv) is due to naturally-occurring sources (i.e., background radiation), 19.6 % (almost 0.6 mSv) is due to the medical use of radiation and the remaining 0.4% (around 0.01 mSv) is due to other sources of human-made radiation.

In some parts of the world, levels of exposure to natural radiation differ due to differences in the local geology. People in some areas can be exposed to more than 200 times the global average.

How are people exposed to ionizing radiation?

Ionizing radiation may result from sources outside or inside of the body (i.e. external irradiation or internal contamination).

Internal contamination may result from breathing in or swallowing radioactive material or through contamination of wounds. External irradiation is produced when a person is exposed to external sources such as X-rays or when radioactive material (e.g. dust, liquid, aerosols) becomes attached to skin or clothes, resulting in external contamination.

External contamination can often be washed off the body.

What type of radiation exposure could occur in a nuclear power plant accident?

If a nuclear power plant does not function properly, radioactivity may be released into the surrounding area by a mixture of products generated inside the reactor ("nuclear fission products"). The main radionuclides representing health risk are radioactive caesium and radioactive iodine. Members of the public may be exposed directly to such radionuclides in the suspended air or if food and drink are contaminated by such materials.

Rescuers, first responders and nuclear power plant (NPP) workers may be exposed to higher radiation doses due to their professional activities and direct exposure to radioactive materials inside the power plant.

What are the acute health effects of radiation exposure?

If the dose of radiation exceeds a certain threshold level, then it can produce acute effects, such as skin redness, hair loss, radiation burns, and acute radiation syndrome (ARS). ARS is a set of signs and

symptoms that may develop after whole-body doses above 1 Sv (i.e. about 300 times the annual dose to background radiation). It is related to the damage of the bone marrow, where the blood cells are produced. At higher doses (>10 Sv) other organs may be affected (e.g. gastrointestinal, cardiovascular).

In a nuclear power plant accident, the general population is not likely to be exposed to doses high enough to cause such effects. Rescuers, first responders and nuclear power plant workers are more likely to be exposed to doses of radiation high enough to cause acute effects.

What long-term effects can be expected from radiation exposure?

Exposure to radiation can increase the risk of cancer. Among the Japanese atomic bomb survivors, the risk of leukemia increased a few years after radiation exposure, whereas the risks of other cancers increased more than 10 years after the exposure.

Radioactive iodine can be released during nuclear emergencies. If breathed in or swallowed, it will concentrate in

the thyroid gland and increase the risk of thyroid cancer. Among persons exposed to radioactive iodine, the risk of thyroid cancer can be lowered by taking potassium iodide pills, which helps prevent the uptake of the radioactive iodine.

The risk of thyroid cancer following radiation exposure is higher in children and young adults.

Which public health actions are most important to take?

Health effects can only occur if someone is exposed to radiation, thus the main protective action someone can take is to prevent exposure. Those closest to the radiation are at greatest risk of exposure and the greater the distance away, the lower the risk. This is why when a nuclear accident occurs, the recommended public health actions involve evacuation and sheltering of those near the site.

These necessary actions depend on the estimated exposure (i.e., the amount of radioactivity released in the atmosphere and the prevailing meteorological conditions such as wind and rain. The actions include



Nuclear power plant meltdown following the devastating earthquake and tsunami in Japan. (Photo circulates in the Internet.)

steps such as evacuation of people within a certain distance of the plant, providing shelter to reduce exposure and providing iodine pills for people to take to reduce the risk of thyroid cancer).

If warranted, steps such as restricting the consumption of vegetables and dairy products produced in the vicinity of the power plant can also reduce exposure. Only competent authorities who have conducted a careful analysis of the emergency situation are in a position to recommend which of these public health measures should be taken.

How can I protect myself?

Keep you and your family informed by obtaining accurate and authoritative information (for example, information from authorities delivered by radio, TV or the Internet) and following your government's instructions.

The decision to stockpile or take potassium iodide tablets should be based on information provided by national health authorities who will be in the best position to determine if there is enough evidence to warrant these steps.

If I have been exposed to high levels of radiation, what should I do?

If you are coming indoors after radiation exposure, undress in the doorway to avoid further contamination in your home or shelter. Remove clothing and shoes and place them in a plastic bag. Seal the bag and place it in safe location, away from living areas, children, and pets.

Shower or bathe with warm, not scalding hot, water and soap. Notify authorities that you may have contaminated clothing and personal belongings to be



Japan's triple disasters: earthquake, tsunami and radiation spill. (Editorial cartoon circulates in the Internet.)

handled appropriately and disposed of according to accepted national procedures.

When people are advised to stay indoors, what does this mean?

When a radiological or nuclear event occurs, public health authorities may order residents in the affected areas to stay indoors rather than to evacuate. You may be advised to take shelter at home, at work, or in public shelters. The recommendation is usually issued to protect people from exposure to radiation.

If you are advised to stay indoors, you should find the safest room in your house or office building that has a minimum number of windows or doors. Ventilation systems, such as heating and cooling systems, should be shut down.

In sub-zero temperatures, it is important to keep warm. If you have been instructed to shelter in your home, office, or other structure, it may not be safe to burn fuels — such as gas, coal, or wood — to keep warm. Carbon monoxide poisoning may occur in rooms that are not properly ventilated and should not be used in this circumstance. If available, electrical forms of heating would be safer.

Shelter can provide protection

from both external and internal irradiation, as well as from inhalation of radioactive material. Taking shelter is a simple and protective action that can be implemented promptly during the early phase of an incident.

What are potassium iodide pills?

Potassium iodide pills are a source of stable (i.e. non-radioactive) iodine. The thyroid gland requires iodine to produce thyroid hormones. The presence of

stable iodine in the body in an appropriate amount blocks the thyroid from absorbing radioactive iodine (radioiodine), reducing the risk of thyroid cancer which may follow from exposure to radioiodine.

Potassium iodide pills are not "radiation antidotes". They do not protect against external radiation, or against any other radioactive substances besides radioiodine. They may also cause medical complications for some individuals with poorly functioning kidneys. Potassium iodide should be taken only when there is a clear public health recommendation.

When and why should I take potassium iodide?

You should only take potassium iodide when it is recommended by public health authorities. If you are at risk or have been exposed to radioiodine, potassium iodide pills may be given to protect the thyroid gland from uptake of radioiodine. This can reduce the risk of thyroid cancer in the long run, when given before or shortly after exposure.

Should I take iodized salt to protect myself from radiation?

No, you should not take iodized

salt to protect yourself from radiation. It is dangerous to take large amounts of iodized salt in order to increase the amount of stable iodine in the body. Increasing one's daily intake of iodized salt will cause more harm than good. The main ingredient of iodized salt is sodium chloride, which is linked with hypertension (high blood pressure) and other medical disorders. The iodine content in iodized salt is too low to prevent uptake of radioiodine.

Sodium chloride is acutely toxic in large amounts: even tablespoon quantities of salt repeatedly taken over a short period of time could cause poisoning.

Can I take other forms of iodine?

No, you should not take products that contain iodine, other than medicines recommended by public health authorities.

Iodine is found in a number of different household and industrial products. For example, iodine may be found in some disinfectants, antiseptics, and water-sterilizing solutions. These products should not be taken as an alternative to potassium iodide pills, because such products contain other ingredients that are harmful if swallowed.

Can pregnant women take potassium iodide pills?

Yes, pregnant women can take potassium iodide pills, following the instructions of public health authorities. Potassium iodide will cross the placenta and protect the thyroid of the growing fetus, as well as the mother's.

Can breastfeeding women take potassium iodide?

Yes, breastfeeding women can take potassium iodide, following the instructions of public health authorities.

- o O o -

HEALTH information

RxBox

The Department of Health forged an agreement with the Department of Science and Technology (DOST) to strengthen the National Telehealth Service Program. This allows health workers in the field, especially those in far flung community, to have an access to guidance from clinical specialists to improve their provision of health services through the use of short messaging system (SMS), email or the Internet.

An important instrument developed for this telehealth service is the "RxBox" that uses information and communications technology (ICT) to measure, store and send patient information, such as heart rate, electrocardiogram, blood pressure, pulse rate and blood oxygenation.

Research teams from the University of the Philippines (UP)-Manila National Telehealth Center and the UP-Diliman Electrical and Electronics Engineering Institute of the Department of Computer Science and the National Institute of Physics developed the system.

The RxBox saves the information and then transmit it via wired and wireless networks to a remote medical specialist who reads and interprets the sent data. This way, the specialist can assist the doctors at the base station who personally attend to patients.

DOST Secretary Mario G. Montejo said that "the RxBox is a local technology that responds to the health care needs of the people from areas that have inadequate access to quality health

professionals and facilities."

Aside from measuring vital signs, the RxBox is also equipped with a camera to capture and send images of patient or body parts being examined. Its hands-free video conference mode enables doctors from different locations to consult each other. Moreover, its sound transmission features enable doctors to listen and save actual patient sounds. The UP telehealth team is also designing a custom software for the RxBox to smoothly interface with computers, server databases, mobile phones and personal digital assistants (PDA).

Health Secretary Enrique T. Ona said that the UP-Manila National Telehealth Center has been working with the DOH Doctors to the Barrios Program and other municipal health officers in since 2008. The DOH is committed to expand telehealth for the next 3-5 years.

"We intend to eventually cover 600 municipal health officers in fourth to sixth class municipalities in the country as well as 1,000 towns having communities that are beneficiaries of the Pantawid Pamilyang Pilipino Program. Telehealth shall also assist us in collecting nationwide health data, such as maternal, infant and child mortality rates in real time," Ona said.

The DOST is procuring RxBox units and the Philippine Council for Health Research and Development provides technical and administrative assistance to ensure the success of the telehealth program.

- o O o -



this guy's in love with you, pare

Kaibigan

EDGAR: Ang KAIBIGAN ay isang makahulugang salita...
BRIAN: Bakit naman, 'pre?
EDGAR: Dahil, paano na lang ang IBIGAN, kung wala KA?!?

Tulak

IVAN: Bro, I need help. Patulak naman 'to. Ayaw umandar eh.
BENJIE: Okay. I'll be there. Where you at?
IVAN: Nasa swing.

Pugante

Isang takas na bilanggo ang pumasok sa isang kuwarto at tinali ang mag-asawa sa kama. Lumapit ito sa babae, hinalikan sa tenga at pumunta sa banyo...

MARIO: Nakita ko kung paano ka niya hinalikan. 'Wag kang pumalag para makalabas tayo dito ng buhay. Maging matatag ka... I love you.

JOAN: Hindi niya ako hinalikan, binulong niya sa akin na bakla siya at tinanong kung nasaan ang KY jelly. Ang sabi ko nasa banyo. Maging matatag ka... I love you.

Beer Pa Nga!

Isang araw...
ERWIN: Waiter, beer pa nga!
WAITER: Sir nakakarami na kayo, ah. Ang sama siguro ng araw ninyo, noh?
ERWIN: Oo, natuklasan ko na bakla pala ang Kuya ko.

Kinabukasan...
WAITER: O, sir, ano naman ang problema ninyo ngayon?
ERWIN: Hay naku, nalaman kong bakla rin pala ang bunso kong kapatid.
Sa sumunod na araw...
WAITER: O, sir, maglalasing ulit kayo?
ERWIN: Oo, bigyan mo ko ng kalahating case na beer agad!
WAITER: Hay naku, wala na bang miyembro ng pamilya mo ang nagkakagusto sa babae?
ERWIN: Meron, yung asawa ko!

Sa CR...

Nagkasabay sa CR ang macho at bakla...
ANTON: Wow, ang laki naman n'yan...
MACHO: Wala na itong silbi dahil iniwan na ako ng GF ko... puputulin ko nalang at ipapakain sa aso!
ANTON: Grrrrrrr.... Aw! Aw! Aw!

Bagong Kasal

ABBY: Ano ba? Two days na tayong kasal, wala pa rin?!?
EDMOND: Pagod nga kasi ako.
ABBY: Sigie ka, kapag ayaw mo pa rin, maghahanap ako ng lalaki!
EDMOND: Sigie! Dalawahin mo pa! Tig-isa tayo.

May I Confess

JEFF: Dad, may I confess po me sa 'yo... Bakla po ako... Huwag po ninyo akong bugbugin please..
JUN: Sssshhhh!! Wag kang masyadong loud at baka ma-hear tayo ng mudra dear mo! Kapag dalawa lang tayo, carry mo akong tawaging mother.

Basketball

GLEN: Bro, napanaginipan kita kagabi.
DENNIS: Tungkol saan 'pre?!?
GLEN: Naglalaro daw tayo ng basketball. Then I stumbled. Tapos pagkasalo mo sa akin, biglang nagkalapit 'yung mga lips natin.
DENNIS: Pwede ba, tama na...
GLEN: Too much info ba, bro?
DENNIS: Hindi. Kinikilig kasi ako.

The Fuzz Over E-Cigarette

by
ANTHONY R. RODA, MAHeSoS
HealthBeat Staff

E-cigarette or electronic cigarette is a plastic and metal device that heat a liquid nicotine solution in a disposable cartridge, creating vapor that the "smoker" inhales. A tiny light on the tip even glows like a real cigarette.

In February, an e-cigarette trader in the Philippines released an advertorial (paid advertisement that looked like a news report) that stated, "The answer to clean, safe and smoke-free environment has finally arrived in the country in full support of the Department of Health's anti-lung cancer and healthy heart campaign." It also claimed that the product is completely nicotine-free and has ingredients they call as "E-liquid" and "E-juice" that are said to be organic and found in many food products.

For the DOH, there is misrepresentation in the deceptive advertorial which dragged the name of agency and made it look like the DOH is endorsing the product. However, the stand of the DOH on e-cigarette which was issued through a Health Advisory signed by Sec. Enrique T. Ona in July 2010 stated that there is still insufficient evidence that e-cigarette is safe for human consumption and warned the public against using it.

The DOH also follows the World Health Organization (WHO) recommendation of not considering e-cigarette to be a form of "legitimate therapy for smokers trying



SMOKE EVERYWHERE?? We hope not. Photo grabbed from <www.laughingsquid.com>

to quit." The WHO stressed that "there is no evidence to support marketing of these products for tobacco cessation as no rigorous, peer-reviewed studies have been conducted showing that the e-cigarette is a safe and effective nicotine replacement therapy."

The trader's claim that its product has no nicotine in it has casted many doubts

from tobacco control advocates. They said that if it contained no nicotine the smokers will not use it since they will not get their nicotine fix or kick. They said that some e-cigarettes claim to have no nicotine, but laboratory tests found that they actually do.

Nicotine is what makes smoking pleasurable. It is the addictive component of tobacco. It is absorbed into the blood and affects the brain within 10 seconds. It causes smokers to feel good because of the chemicals in the brain that it releases. It also causes a surge in heart rate, blood pressure, and adrenaline which also feels good. However, stimulation is then followed by depression and fatigue, leading the smoker to seek more nicotine and puffs another cigarette. Addiction to nicotine results in withdrawal symptoms when a person tries to stop smoking.

Tobacco control advocates also argued that if there is no nicotine in electronic cigarettes and they are really only fake smokes, then the more reason why government should not allow their sale and use because these products would only promote the concept of smoking and entice young people to try and possibly introduce them to actual cigarettes.

Another issue on the e-cigarette is on its use in public places. Some e-cigarette distributors have touted the convenience of their products because they can be

"smoked" anywhere traditional cigarettes are not allowed. Tobacco control advocates, however, discourage e-cigarette users to "smoke" in non-smoking public places.

The Associated Press reported in February that in the US, the Department of Transportation prohibited the use of e-cigarettes on airplanes as it interprets smoking regulations to include e-cigarettes. This is in response to Sen. Frank Lautenberg of New Jersey, who wrote the 1987 law that banned smoking on airplanes and asked transportation officials to clarify the rule.

"We still don't know the health effects of e-cigarettes, and we don't want to turn airline passengers into laboratory

mice," Lautenberg was quoted as saying.

Although the e-cigarette does not emit the same odor and smoke produced by a real cigarette, there are preliminary scientific findings that the vapors these products emit have detectable levels of known carcinogen and toxic chemicals to which users could potentially be exposed. However, there is still no data on what chemicals are released into the air by these products. Meanwhile, there are unverified reports that some e-cigarettes may contain other substances like marijuana or other illegal drugs.

The e-cigarette is reported to have been invented in 2004 by a Hong Kong-based firm, and now it easily available,

widely advertised and used. It does not have any baseline product standard. Some countries like Israel, Australia and Canada have reportedly banned them over safety issues.

Other countries, like the Philippines, are still in a quandary on what to do with them. Aside from safety, there are issues on legalities – such as product registration, license to sell after proper consumer protection evaluation, warning labels or list of ingredients, prohibition of use in smoking restricted areas, etc. Now that the e-cigarette is here, government authorities should already craft and implement the necessary policies and procedures.



May 31, 2011 is World No Tobacco Day. This year, the campaign highlights the World Health Organization's Framework Convention on Tobacco Control – one of the most rapidly and widely embraced treaties in the history of the United Nations, with more than 170 Parties.

The world needs the WHO FCTC as much as, if not more than, it did in 1996 when the World Health Assembly adopted a resolution calling for an international framework convention on tobacco control. Tobacco use is the leading preventable cause of death. This year, more than 5 million people will die from a tobacco-related heart attack, stroke, cancer, lung ailment or other disease. That does not include the more than 600,000 people – more than a quarter of them children – who will die from exposure to second-hand smoke. The annual death toll from the global epidemic of tobacco use could rise to 8 million by 2030. Having killed 100 million people during the 20th century, tobacco use could kill 1 billion during the 21st century.

PASMA

by
DONATO DENNIS B. MAGAT
HEALTHbeat Staff

Everything's in the Internet, that's what we are made to believe. Just Google it, and so I did. I just wanted to find out what are the health effects of washing your hands or bathing after ironing clothes. I heard it again lately from Manang, our laundry woman. My search for answers in the Internet led me to a web of more confusion. People from other countries answering "Yahoo! Ask" or "Ask Doctor" sites never heard of any effects to health. Filipinos however are pointing to *pasma*, a Tagalog term that has no

translation in English or any other language.

My quest continued and using my Department of Health connection I tried setting appointments for interviews from doctors — neurologist, orthopedic surgeon, gastroenterologist, dermatologist and even obstetric-gynecologist. To my dismay, no one would want to "officially" describe *pasma* and just referred it as a "medical fallacy."

No Filipino doctor would want to damage their reputation by going against an old-age belief that form part of the country's

culture and tradition, and so I thought.

Onli in Da Pilipins

Despite the leaps and bounds in medical science, many beliefs handed down from generations simply refuse to die. Some may be considered as regional mythologies like the belief in *tikbalang*, *kapre*, *dwende*, *nuno sa punso*, etc.

Today, rural villagers still whistle to summon the wind for a refreshing breeze. Some predict tomorrow's weather conditions based on the night skies. Others offer chickens to drive away evil spirits.

Many beliefs and practices on health are about pregnancy, childbirth and child rearing, among them are *lihi*, *binat*, and *usog*. These may have contributed much in the high maternal and infant death rate of the country.

Some diseases seen in rural areas are still being diagnosed and treated by village healers called *herbolarios* (or *herbalists*). These *herbolarios* diagnose a disease from imagined signs in a slaughtered pig's liver, raw eggs or melted candles in water. This kind of diagnosis is often referred to as *pagtatawas*.

One common belief that has stood the test of time is *pasma*. According to Filipino belief, it is a disorder caused by the imbalance of hot and cold in the body. Cold water is believed to be harmful to the body if a person is exposed to it after a strenuous physical exertion.

Some causes of *pasma*, according to rural folks, are the washing of hands or feet when tired, or showering or even a sponge bath after a hard day's work. Other possible causes include bathing after sex as it is believed that cold may enter the body through the vagina, cervix, and uterus. Washing hands after ironing clothes is also another cause for *pasma*. However, there is no known or documented bad effect of ironing after washing clothes.

In short, any kind of prolonged and repetitive activity that causes undue tiredness followed by bathing or washing of tired body parts should be avoided for fear that it might eventually lead to a condition called *pasma*.

Michael Tan, a renowned health and medical anthropologist in the country, referred to *pasma* as a "folk illness." Filipinos complain about *pasma* all the time, Tan wrote in his column in Philippine Daily Inquirer in 2007. People with the perceived *pasma* complain about hand tremors, sweaty palms, numbness and pain, among other varied signs and symptoms usually attributed to an interaction of *init* (heat) and *lamig* (cold). These symptoms are quite different from the original Spanish word "espasmo," which means spasm.

People also perceive certain occupations to be more vulnerable than others to *pasma*, for example, farmers, secretaries, pianists, students, athletes, factory workers, househelp and laundrywomen. In other words, anyone working with their hands.

Other variations of the *pasma* are *pasmang bituka*, *pasmang sapatos*, *pasmang matanda*, and *pasmang mata*. *Pasmang bituka* is a form of abdominal pain or flatulence attributed to drinking cold water when tired and when coming from the heat. *Pasmang sapatos* is the sweating of the feet due to tiredness and getting wet in the rain.



Pasmang matanda, on the other hand, is a common arthritic affliction of the hands, feet, and knees in older patients, and is also attributed to the frequent practice of cold bathing when tired. *Pasmang mata*, the frequent blinking and visual blurring of a person's eye, is believed to be the effect of spending the whole day in a hot and sweaty environment and then washing the face with cold water.

Until now, *pasma* continues to baffle medical experts, hence no straightforward approach on its kind of treatment. However, rural healers provide some folkloric therapeutics to remedy its occurrence. These are avoiding tiresome repetitive movements of the upper extremities, avoid washing of clothes after ironing, avoid bathing after a hard day's

work or any strenuous activity in order not to disrupt the balance of heat-cold system in the body, and for women to avoid bathing or washing after sexual intercourse, during menstrual periods, and 12-14 days after giving birth.

Rural healers also have improvised different massage concoctions to heal or soothe tired muscles to avoid *pasma*. Some of these home-made 'formula' are salt and lukewarm water, salt and guava leaves, salt and kerosene, and rice water. The usual practice is to soak the affected body parts in the concocted solution. In some province, the warm first morning urine is used as a soak-and-wash prescription against tremors, numbness, and excessive sweating.

Other form of treating *pasma* are digging and lying covered with sand for

3-5 hours and a 30-minute steam bath of lagundi and kalamansi leaves.

The simple way to avoid pasma is just do not go into water when a person is too tired or has been exposed to heat. Relax and take an hour of rest before doing so.

Modern medicine view *pasma* as mere product of imagination of the olden times. Some conditions diagnosed by herbalist as *pasma* turned out to be real, existing medical condition that can be cured scientifically. For example, tremors could be a symptom of Parkinson's disease, or other underlying conditions like hypertension, diabetes mellitus, thyroid dysfunction or just plain old age. Extremity edema (or a condition of abnormally large fluid volume in tissues between the body's cells) could be from kidney or heart diseases; numbness of the hands from carpal tunnel syndrome; palm sweating from hyperhydrosis; and extremity numbness from diabetes or lumbosarcal disease.

The Filipino's belief on *pasma* could have aggravated existing medical conditions needing immediate attention.

Pasma and Stress

Tan noted in his column of a small study in a physiology class of medical students in the University of the Philippines titled "Clinical and Neurophysiological profile of Laundrywomen With and Without Self-perceived *Pasma*: A Cross-Sectional Survey." Although is a small study, it is designed very well and yielded intriguing results. The research team recruited 17 laundrywomen, all from Pasay City, who perceived themselves to have *pasma* and compared them with 16 other women, also laundrywomen, without *pasma*. The women went through a battery of tests, including blood pressure, body mass index, blood chemistry (fasting blood sugar) and various neurological tests.

Most of the medical tests in the study did not have significant differences between the women with and without *pasma*, but they had one important finding: the *pasma* group generally took longer for their blood pressure to return to normal after certain tests, alerting the researchers to the possibility that people with *pasma* might be

more vulnerable to stressors.

The researchers did find that the women with *pasma* tended to have longer work hours. And while laundrywomen usually attribute *pasma* to ironing, the researchers found that women with *pasma* actually had longer washing hours, rather than the ironing itself.

Could it be then that *pasma* is the Filipino's way to dramatize their state of their being tired and overworked?

Tan concluded in his column: "So, when your household helpers express fears of *pasma*, or complain that they have *pasma*, you should see this as a polite way of complaining about the work load. Don't think it's 'all in the mind'; there is such a thing as somatization, where psychological stress leads to very real physical signs and symptoms. A good employer should be sensitive enough to reduce the work load, lest he end up with more than *pasma* on the helper's hands... and on his conscience."

My laundry woman may really be complaining now. Should I give her a raise, then?!!

Answers to "Make the Healthier Choice" on Page 3

b) German Measles. The rubella virus causes "German measles," also known as "three-day measles." On the other hand, the rubeola virus causes "red measles," also known as "hard measles" or just "measles." Although German measles is usually a milder disease, the virus can cause significant birth defects if an infected pregnant woman passes the virus to her unborn child. (See "Iligtas ang Pilipinas sa Tigdas" on page 9.)

b) 6 months. Only breast milk for babies from the first hour up to six months of life — no water, no "am" (boiled rice water) and other liquid, no infant formula or food. This is the one message that the Department of Health wants to deliver to new and expectant mothers, primarily in lower-income areas, as it launched the Breastfeeding TSEK (Tama, Sapat at EKslusibo) campaign. (See "Breastfeeding TSEK" on page 19.)

c) Kidney. The organs that are dispensable and can be safely removed without compromising one's life, include the appendix, uterus, eyes and one of the two kidneys. Of these, the kidney is the most common internal organ grafted from a living donor to be transplanted to a recipient. At times, organs from the deceased due to accidents are harvested for donation and transplantation. (See "Virtues of Kidney Donation" on page 31.)

b) Type 2 Diabetes. It is formerly called adult-onset diabetes or noninsulin-dependent diabetes and the most common form of diabetes. People can develop Type 2 diabetes at any age—even during childhood. This form of diabetes usually begins with insulin resistance, a condition in which fat, muscle, and liver cells do not use insulin properly. (See "The GOOD RAPE" on page 28.)

b) Leukemia. The most common type of childhood cancer in the Philippines is leukemia or cancer of the blood cells. It usually begins in the bone marrow where blood cells are formed. In leukemia, the bone marrow produces abnormal white blood cells and over time, they crowd out healthy blood cells making it difficult for the blood to carry out its normal functions. Acute lymphoblastic leukemia can be cured and treatment includes chemotherapy, other drug therapy, and radiation. In serious cases, bone marrow and blood stem cell transplant is needed. (See "Tahan-Tahanan" on page 36.)

c) X-ray Machines. Human beings are exposed to natural radiation on a daily basis. The radiation comes from space (cosmic rays) as well as natural radioactive materials found in the soil, water and air. People can also be

exposed to radiation from man-made sources, and today, the most common of which are certain medical devices such as X-ray machines. (See "Radiation Concerns" on page 39.)

c) Vapor. E-cigarette or electronic cigarette is a plastic and metal device that heat a liquid nicotine solution in a disposable cartridge, creating vapor that the "smoker" inhales. Although it does not emit the same odor and smoke produced by a real cigarette, there are preliminary scientific findings that the vapors the e-cigarette emits have detectable levels of known carcinogen and toxic chemicals to which users could potentially be exposed. However, there is still no data on what chemicals are released into the air by these products. (See "The Fuzz Over E-Cigarette" on page 44.)

c) S2 License. Majority of Filipino doctors do not have S2 license for prescribing regulated or narcotic drugs and they would not want to bother themselves with going through the process of applying for one at the Philippine Drug Enforcement Agency (PDEA) since this would entail additional burden and responsibility. This becomes a problem to many patients suffering from pain who desperately need morphine drugs. (See "Freedom from Pain" on page 34.)

a) Equal. "ISO" is not an abbreviation. It is a word, derived from the Greek "isos," meaning "equal," which is the root for the prefix "iso-" that occurs in a host of terms, such as "isometric" (of equal measure or dimensions) and "isonomy" (equality of laws, or of people before the law). The name ISO is used around the world to denote the organization, thus avoiding the assortment of abbreviations that would result from the translation of "International Organization for Standardization" into the different national languages of members. Whatever the country, the short form of the organization's name is always ISO. (See "The DOH Quest for ISO Certification" on page 24.)

b) Death. The ovicidal and larvicidal (OL) mosquito trap system involves a black container and a strip of wet lawanit board inside the trap. The Department of Science and Technology (DOST) explained that the OL mosquito trap is not a new technology and it has been known since 1969, but what is novel about it is the natural ovicide and larvicide incorporated to the system. These are in the form of pellets made from organic compounds derived from plants. When the pellets are incorporated to the system, these become ovicidal and larvicidal. The suffix "cidal" connotes death. Once the egg touches the solution, it will die. If the egg hatches, the larvae will die and will not become pupa, the pupa will not become adult and no adult to lay eggs. (See "Trapping Dengue" on page 18.)

- o o o -

TIDbeat

RELATIONSHIP Sign Language



Single and Looking



In a Relationship



Separated/Divorced



In an Open Relationship



In a Rocky Relationship



LOSER:
Cannot Find a Relationship



VIRGIN:
No Relationship Since Birth

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?

TRABAHO lang...

Call Center Agent

NOON: Ang hindi magmahal sa sariling wika ay mas mabaho pa sa malansang isda.

NGAYON: Ang hindi nagmahal sa sariling wika ay sa call center kumikita.



Cashier

Sa isang grocery, nilapitan ng lalaki ang isang babaeng nakatayo sa gilid...

MAU: Miss, dito ba babayaran ang mga pinamili ko?

DIANE: Hindi noh. Anong akala mo sa 'kin, cashier?

MAU: Ganun ba? Mukha ka kasing bayaran.

Saleslady

JENNY: Miss, may tinda ba kayong sanitary napkin dito?"

SALESLADY: Meron po.

JENNY: Nasaan?

SALESLADY: Sa MENS department po.

Taxi Driver

Nagmamadaling sumakay ng taxi ang isang seksing babaeng nakahubad...

CHICHI: Bakit ka nakatitig sa katawan ko, ngayon ka lang ba nakakita ng nakahubad?

DRIVER: Hindi, Miss! Iniisip ko lang kung saan nakatago ang pamasaha mo.

Job Interview

BOSS: Why should we hire you?

TONY: Mas mabuti po ang bagong tulad ko dahil wala pang sungay.

BOSS: English please.

TONY: Well, you see, uh, I'm brand new, so I'm not yet horny!

Job Applicant

BOSS: Ikaw ba yung applicant?

CHE: Opo, Sir.

BOSS: Eh, bakit ganyan ang suot mo? Bakit ka naka 2-piece bikini? Ano ba ang inaapplan mo?

CHE: Summer Job po.

Attorney

ATORNI: Ano? Idedemanda mo ng sexual harassment ang boss mo dahil sinabihan ka na mabango ang buhok mo! Anong masama 'dun?

JOY: Atorni, unano ang boss ko...

UNANO!!!

Hindi Ka Papasok?!?

INA: Anak, 'di ka ba papasok sa school ngayon?

CHIT: Ayoko pong pumasok.

INA: Bigyan mo ako nga ako ng mabigat na dahilan kung bakit ayaw mong pumasok sa school?

CHIT: Dahil galit sa akin ang mga teachers ko!

INA: Pero kailangan mo pa ring pumasok, anak..

CHIT: Sige 'Nay, bigyan mo ako ng mabigat na dahilan kung bakit kailangan kong pumasok?

INA: Dahil 52 years old ka na at ikaw ang kanilang School Principal!!!

Manager

GERRY: Boss pwede ba ako nalang ang pamalit 'dun sa puwesto ng Manager nating kamamatay lang?

BOSS: Ok lang sa akin na ikaw ang pumalit sa kanya, kung papayag ang punerarya.

Judge

Sa isang courtroom...

JUDGE: Estafa na naman? Ikaw na naman? Sampung taon ka nang humaharap dito sa korte ko, ah.

ROBERT: Your honor, hindi ko po kasalanan kung hindi po kayo ma-promote!

(-: Jokes and photo from the Internet :-)

pakita ang totoo sa pakete



Ganito dapat ang nakalagay sa pakete ng sigarilyo.

"Magna Carta of Women, the Philippine CEDAW"



1. Iparehistro ang pagbubuntis.
2. Gamitin ang Mother & Child Book.
3. Manganak sa Health Facility.
4. Regular na magpacheck-up.

MABUHAY KA!

Pumunta sa pinakamalapit na Health Facility.

"Sa Paraang MNCHN, matutupad ang Hangarin ng Millennium Development Goals (MDGs)"

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DOH

