



# HEALTHbeat

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## EMER ROJAS

*From Tobacco Victim to  
Global Cancer Ambassador*

One Home,  
**One Heart**

**ALCOHOL**  
in the eyes of Islam

**SHISHA**  
Water Pipe Smoking

**LARYNX**  
Careless Whispers, Voiceless Shouts





## Hanapin at Linisin ang maaaring pamugaran ng lamok.

### Gawin ang mga sumusunod:



- Butasan, biyakin o kaya ay lagyan ng lupa ang mga lumang gulong upang hindi maipunan ng tubig at pangitlugan ng lamok.



- Takpan ang mga drum, timba at iba pang ipunan ng tubig upang hindi pamahayan ng kiti-kiti at linisin ito minsan isang linggo.



- Palitan ang tubig ng plorera o flower vase minsan isang linggo.



- Linisin at alisin ang tubig sa paminggalan.



- Itapon ang iba pang bagay na maaaring pag-ipunan ng tubig at pangitlugan ng lamok tulad ng lata, bote at tansan.



- Linisin ang alulod ng bahay upang hindi maipunan ng tubig at pamahayan ng kiti-kiti.



**Magpatingin sa health center  
kung may lagnat na ng 2 araw.**



**GAWING DENGUE-FREE  
ANG INYONG BARANGAY.**



# May TAMA Ka Ba?!?

- \_\_\_\_\_ 1. Which of the following statements is true...
  - a) Tuberculosis is the No. 1 killer in the Philippines
  - b) Tuberculosis remains to be the 6th leading cause of death in the Philippines
  - c) Tuberculosis is no longer in the 10 leading causes of death in the Philippines
  
- \_\_\_\_\_ 2. Seven (7) out of 10 leading causes of deaths in the Philippines are...
  - a) Infectious Diseases
  - b) Maternal and Child Health Conditions
  - c) Non-Communicable Diseases
  
- \_\_\_\_\_ 3. Over 70 per cent of all heart and breathing emergencies occur in the...
  - a) Church
  - b) Home
  - c) Workplace
  
- \_\_\_\_\_ 4. Which of the following can put a strain on your larynx or the voice box:
  - a) Singing
  - b) Whispering
  - c) Yelling
  - d) None of the Above
  - e) All of the Above
  
- \_\_\_\_\_ 5. An hour of exposure to shisha smoke (or smoking through a water pipe) is equivalent to smoking...
  - a) 10 cigarettes
  - b) 20 cigarettes
  - c) 100 cigarettes
  
- \_\_\_\_\_ 6. Alcohol (beer, liquor or wine) is a/an...
  - a) aphrodisiac
  - b) depressant
  - c) stimulant
  
- \_\_\_\_\_ 7. If you are going to play "The Price is Right," which of the following costs less...
  - a) 1 Sachet of 3-in-1 Coffee
  - b) 2 Cigarette Sticks
  - c) PhilHealth Membership per day
  
- \_\_\_\_\_ 8. Which of the following lung disease caused by a bacteria infects the lungs, blood, and the covering of the brain and its complications can lead to death...
  - a) Emphysema
  - b) Influenza
  - c) Pneumonia
  
- \_\_\_\_\_ 9. The simple prevention method to examine one's breast for lumps and other abnormalities to prevent breast cancer is known as...
  - a) Breast Self-Examination
  - b) Lactation Amenorrhea Method
  - c) Mammography
  
- \_\_\_\_\_ 10. Killing adult mosquitoes through a process of producing a mist is called...
  - a) Fogging
  - b) Space spraying
  - c) Watering

## Answers on Page 49

## NCDs

What's the problem in non-communicable diseases (NCDs) that they are not getting the appropriate attention from political leaders, policymakers and the public at large?

NCDs are diseases of long duration and generally slow progression. The four most common NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as emphysema and asthma) and diabetes. These four NCDs account for 80% of all deaths due to NCDs.

Maybe the problem lies in the name. NCDs lack the excitement that people are forced to take action. They are not transmitted from person-to-person like tuberculosis, nor from animals-to-person like malaria, rabies or bird flu. NCD cases do not crowd public hospital beds at any given time like dengue or food poisoning, and they seldom involve a large group of children getting sick like measles. NCDs may not even be sexy like HIV/AIDS.

Maybe the problem is in the demographics. NCDs mostly affect middle-aged adults and the elderly – those who are past their prime. But of course, because of years of neglect on NCDs, a changing demographic is happening and cases of heart attack, stroke or cancer are occurring in the younger and more productive age group.

And maybe the problem is in the causation. NCDs are brought about by tobacco use, excessive alcohol drinking, unhealthy diet and physical inactivity. These are lifestyles that most people love to do and habits that are too hard to break. But measures to control these risk factors often need government action such as taxation, regulation and advertising curbs, bringing politicians into conflict with tobacco, food and alcohol industries.

On top of these problems, investments for the prevention and control of NCDs remain inadequate. The High-level Meeting of the UN General Assembly in September has made the world sit up and take notice of the huge global burden of NCDs, but it fell short of setting goals or targets. Countries now need to be urgently factoring NCDs into their longer term health planning alongside other pressing health challenges.

Without the needed global investments for NCDs and stronger commitments and actions to be taken by countries, the world is bound to have a sick future ahead. Let's hope not.

— The Editors



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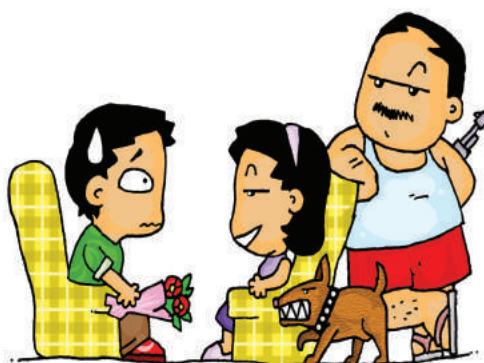
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## JOKES N'YO

20	KALAbat
25	laughter HEALS
35	FACEbat
39	stress RELIEF
50	SABat



6



16



26



32



36

# *Non-Communicable Diseases and* **HEALTH PROMOTION**

On September 1, HealthJustice Philippines, along with the Department of Health (DOH), World Health Organization (WHO) and the University of the Philippines - National Center for Public Administration and Governance (UP-NCPAG) organized a multi-sectoral forum entitled "The Future of Health: Sustainable

Intersectoral Collaboration Addressing Non-Communicable Diseases (NCDs) in light of Universal Health Care." The objective of the program was to communicate the need to implement health promotion in the Philippines and emphasize that health in all aspects of people's lives should become a top priority of the government.

Health promotion is the process of enabling people to increase control over, and to improve their health. It moves beyond focus on individual behavior towards a wide range of social and environmental interventions. Institutionalizing health promotion in the Philippines will direct government funds to strategies and programs



**MEETING OF MINDS FOR HEALTH PROMOTION.** From left to right, Dt. Soe Nyunt-U - WHO country representative, Dr. Susan Mercado - adviser of WHO Western Pacific Region's Tobacco-Free Initiatives, Dr. Prakit Vathisathokit - secretary general of Thailand's Action on Smoking and Health Foundation, and Health Secretary Enrique T. Ona during the forum organized by HealthJustice Philippines on the future of health sustainable intersectoral collaboration addressing non-communicable diseases in the light of universal health care.



that emphasize holistic healthy lifestyles through important interventions such as reducing tobacco use, promoting physical activity, promoting healthy food, and advocating for road safety.

According to Dr. Susan Mercado, adviser for WHO Western Pacific Region's Tobacco-Free Initiative, "25 to 30 percent of the population are sick and only 10 percent need to go to the hospital. Despite this, the bulk of the money for health is dedicated to the 10 percent who have to go to the hospital." Dr. Mercado stressed the need to invest in health of the majority of the population and added that WHO is hoping that "very soon the Philippines will have its own model of a Health Promotion Foundation."

Dr. Prakit Vathisa-thokit, a veteran tobacco control stalwart from Thailand, said that investing in health promotion saves people's lives and government funds. He said that in Thailand, death from tobacco was estimated to have reached 42,000 individuals per year, with economic loss from smoking-related diseases costing from USD 414 million to 1.2 billion. In 2011, the Health Intervention and Technology Assessment Program estimated government savings to have reached USD 47 million with 9,000 individuals prevented from smoking. In 2006, studies found that traffic accidents reach around 13,000 deaths per year, with half of victims within the age range of 15 to 35 years of age, and more than 26 per cent related to drunk driving. After the implementation of Road Safety Campaigns,



**TO THE HIGHEST LEVEL...** Health Secretary Enrique T. Ona's turn to speak and make a political commitment at the United Nations High-Level Meeting on Non-Communicable Diseases held in New York on September 19 and 20.

road accidents were reduced to 11,000 in 2009.

Health promotion is also a global trend. Neighboring countries such as Thailand, Malaysia, Korea, Singapore and China have set up various health promotion initiatives. Canada, United Kingdom, Australia, United States, Israel, and many other countries are doing similar actions and investing government funds in health promotion. Health promotion initiatives commonly used include multi-sectoral collaboration through community-based health groups or fora to identify local health priorities and funds allocation, strong

partnership with local non-government organizations, and management of funding by an inter-sectoral group.

Acting on the reality that unhealthy habits such as smoking and alcohol abuse make people ill, waste public funds, deplete people's savings, and clog up hospitals, governments are increasing taxes imposed on tobacco and alcohol products. In turn, tax increases result in price increases, which governments hope to help discourage consumption of these products. As part of the strategy, they are strictly implementing laws related to protecting people's health – imposing penalties on people who smoke in public places, promoting healthy foods and lifestyles, and funding health promotion initiatives.

## **NCD in the Philippines**

In his speech during the forum, Health Secretary Enrique Ona said that the health profile of the Philippines has changed considerably given the increase in life expectancy, rapid urbanization, and lifestyle trends. Current data reveals that seven (7) of the 10 leading causes of death in the country are non-communicable diseases. Heart diseases, strokes, cancers, accidents, diabetes mellitus, chronic lower respiratory diseases and renal disease account for over 50% of deaths that occur annually. More importantly, the Philippine is one of the 23 countries that contribute to around 80% of the total mortality burden attributed to chronic disease in developing countries.

Ona said that lost productivity and high health care costs of catastrophic outcomes resulting from NCD can certainly drive any family into impoverishment and poverty. He added, "You can just imagine how this will impact to those who are already very poor to begin with. Sadly, this is always the story when it comes to non-communicable diseases. As a clinician, I've seen this so many times in my practice."

Ona stressed that the DOH's health reform agenda of **Kalusugan Pangkalahatan** is directed towards improving access of the poor to quality health care. Aside from providing financial risk protection through the expanded coverage and enhanced benefits of PhilHealth (national health insurance program) and improving the quality of health services particularly in the public sector through health facilities enhancement, interventions are also directed at making the society and environment conducive to healthy lifestyles.

He said, "Tobacco use, unhealthy

diet, physical inactivity and excessive alcohol use lead to the development of NCDs. To a great extent, we can prevent NCDs if we are able to prevent and modify these risk factors among Filipinos. And to do this, we need to empower people to be responsible for their own health."

The health chief also said that the restructuring of excise taxes for sin products is one of the priority legislations of the Aquino administration. While many see its value in infusing more funds for the health sector, the government also recognizes its potential in deterring potential smokers, particularly the youth, to engage in the deadly habit. "A long battle lies ahead of us to pass this law, but I believe that with everyone's support we can do it," Ona concluded.

The WHO has long established that one key strategy to address NCDs is increasing tobacco tax to discourage tobacco consumption and at the same time use the additional revenue to fund health promotion programs designed to build healthier

environments and empower individuals to make healthy choices.

This been reiterated by Southeast Asia Tobacco Control Alliance (SEATCA) Director Bungon Ritthiphakdee when she said that her county, Thailand, which increased tobacco taxes nine times since 1994 and with the current 85 per cent current excise rate has reduced "smoking prevalence among youths and the poor... by more than 50 percent," she stressed.

### Global Declaration on NCDs

At the United Nations (UN) High-Level Meeting held in New York on September 19 and 20, world leaders unanimously adopted the Political Declaration on NCDs, agreeing that "the global burden and threat of NCDs constitutes one of the major challenges for development in the 21st century, which undermines social and economic development throughout the world".

UN Secretary General Ban Ki-Moon said that governments should educate people and encourage healthier options. He said that three (3) out of every five (5) people on earth die from NCDs and encouraged "people to cycle to work instead of driving, they get exercise and the planet is spared more greenhouse gas emissions," and added that feeding children with nutritious diet at school increases their attendance and teaches them healthy "eating habits can last a lifetime."

On the other hand, WHO Director-General, Dr Margaret Chan, stressed that NCDs are "the diseases that break the bank". A new WHO study of the costs of scaling up a core intervention package to prevent and treat NCDs in low- and middle-income countries has shown that it will cost USD 11.4 billion a year for



*Philippine delegates to the United Nations (UN) High-Level Meeting on the prevention and control of non-communicable diseases in New York led by Health Secretary Enrique T. Ona, Atty. Debby Sy of Health Justice and Global Cancer Ambassador Emer Rojas (second to fourth from left).*



all of these countries. This is compared with the World Economic Forum's estimated bill of nearly USD 500 billion a year between now and 2025 if a 'business as usual' approach is taken and disease rates continue to soar.

The NCD Alliance, a network of more than 2,000 non-governmental organizations in 170 countries, urged

countries to use the WHO's new data to cost out their own national NCD plans, pulling together existing plans they might have on the individual diseases and risk factors, and to establish a national coordinating agency, and a monitoring and evaluation framework for tracking progress on tackling NCDs.

The NCD Alliance also applauded

the language in the Declaration barring involvement of the tobacco industry and called for an ethical framework for this new partnership to address potential conflicts of interest of food, beverage and healthcare enterprises.

- o o -



*Department of Health executive committee members and Philippine Medical Association officers forge an understanding to tackle the rising epidemic of non-communicable diseases. (Photo by Paking Repelente)*

## DOH & PMA versus NCDs

In August, the Department of Health joined hands with the Philippine Medical Association (PMA) to address the rising epidemic of non-communicable diseases (NCDs), also known as chronic diseases, brought about by risk factors primarily tobacco use, excessive alcohol drinking, unhealthy diet and inadequate physical activity.

A Memorandum of Under-

standing was forged between the DOH and PMA that will adopt the concept of public-private partnership (PPP) in order to sustain program and project goals.

Under the PPP framework, the DOH and PMA agree to commit themselves to work for the control and eradication of NCDs by reducing risk factors through healthy lifestyle interventions. A big chunk of this agreement is health promotion

utilizing all forms of media, including the Internet, to change people's behavior towards healthy living and lifestyle.

Health Secretary Enrique T. Ona said, "It is a fact that government cannot do the job alone of sustaining various health programs due to limited resources, both financial and human." He added that public health and clean environment are both vital concerns of the DOH and PMA.

# Careless Whispers, Voiceless Shouts

by

ANTHONY R. RODA, MaHeSoS  
HEALTHbeat Staff

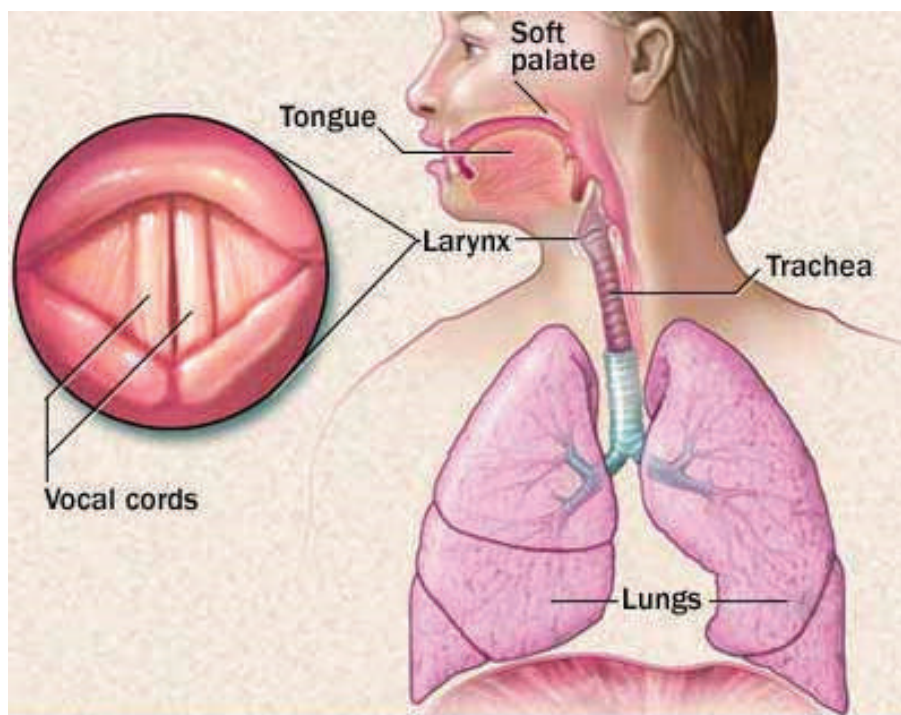
## Careless Whispers

Gossipers beware! Be careful of careless whispers, it may hurt your larynx.

For years, many otolaryngologists advised against whispering as it actually causes more trauma to the larynx than normal speech.

Some experts may disregard the advice as a myth, but a study in 2006 called "Laryngeal Hyperfunction During Whispering: Reality or Myth?" proved otherwise. Dr. Robert T. Sataloff from the Department of Otolaryngology-Head and Neck Surgery of the Thomas Jefferson University Graduate Hospital, Philadelphia, and his team of colleagues recruited 100 subjects and examined their vocal cords with fiber-optic scopes as they counted from 1 to 10, first in a normal voice, then in a whisper.

They found that in 69 of the subjects, whispering put more strain on the vocal cords. They were squeezing their vocal cords together more tightly to produce the whisper, which is more traumatic. In 18 subjects, there were no change and in 13, whispering was easier on the vocal cords. Dr. Sataloff recommended people who are concerned about their voices to avoid whispering and simply talk softly.



*Speech occurs when air flows from the lungs, up the windpipe (trachea) and through the voice box (larynx). This causes the vocal cords to vibrate, creating sound. Sound is shaped into words by the muscles controlling the soft palate, tongue and lips. (Photo grabbed from Mayo Foundation for Medical Education and Research)*

## Laryngitis

The larynx is an organ at the front of the neck. It is also called the voice box. It is about two inches long and two inches wide. It is above the windpipe (trachea), and below and behind the larynx is the

esophagus. The cartilage at the front of the larynx is sometimes called the Adam's apple. The larynx plays a role in breathing, swallowing, and talking.

Inside the larynx are the vocal cords — two folds of mucous membrane covering muscle and cartilage. Normally



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the vocal cords open and close smoothly, forming sounds through their movement and vibration. But when the vocal cords are overused, irritated or infected, they will become inflamed or swollen. This is referred to as laryngitis.

In laryngitis, the swelling causes distortion of the sounds produced by air passing over them. As a result, the voice sounds hoarse, and in some cases the voice can become almost undetectable. Laryngitis may be short-lived (acute) or long lasting (chronic).

Acute laryngitis is often temporary and improves after the underlying cause gets better. The causes of acute laryngitis include: viral infections such as cold, measles or mumps; bacterial infections such as diphtheria; and vocal strain, caused by yelling or overusing your voice. In most cases, the symptoms may last less than a couple of weeks.

The signs and symptoms of acute laryngitis include: hoarseness, weak voice or voice loss, tickling sensation and rawness of throat, sore throat, dry throat and dry cough. These symptoms can be managed with self-care steps, such as resting the voice and drinking plenty of fluids. Breathing moist air also helps. This can be done by using a humidifier to keep the air throughout the home or office moist, or inhaling steam from a bowl of hot water or a hot shower. Moisten the throat by sucking on lozenges, gargling with salt water or chewing a piece of gum. Avoid decongestants as these medications can dry out the throat. And, avoid whispering as this puts even more strain on your voice than normal speech does.

However, if hoarseness lasts for more than two weeks, it is time to see a doctor. Medical attention is also definitely needed for a child who is seen with symptoms of laryngitis and makes noisy, high-pitched breathing sounds when inhaling, drools

more than usual, has trouble swallowing, has difficulty breathing, and has a fever higher than 39 °C. These symptoms may indicate croup or inflammation of the larynx and the airway just beneath it. Although croup can usually be treated at home, severe symptoms require medical attention.

Chronic laryngitis, on the other hand, is laryngitis that lasts more than three weeks. This type of laryngitis is generally caused by irritants over time, and can cause strain, injuries or growths (polyps or nodules) on the vocal cord. These injuries can be caused by: inhaled irritants, such as chemical fumes, allergens or smoke; acid reflux, also called gastroesophageal reflux disease (GERD); chronic sinusitis; excessive alcohol use; habitual overuse of your voice (such as with singers or cheerleaders); and smoking.

Other causes of chronic hoarseness include: bowing of the vocal cords in old age; vocal cord paralysis, which can result from injury, stroke, a lung tumor or other health conditions; and cancer

### **Laryngeal Cancer**

No one knows the exact causes of cancer of the larynx, also called as throat cancer. Doctors cannot explain why one person gets this disease and another does not. People with certain risk factors are more likely to get cancer of the larynx. A risk factor is anything that increases your chance of developing this disease.

Age and gender are important risk factors – cancer of the larynx occurs most often in people over the age of 55, and men are 10 times more likely than women to get it. Occupation is another risk factor. Workers exposed to sulfuric acid mist or nickel have an increased risk of laryngeal cancer. Also, working with asbestos can increase the risk of this disease. Asbestos workers should

follow work and safety rules to avoid inhaling asbestos fibers. A personal history of head and neck cancer is a risk factor. Almost one in four people who have had head and neck cancer will develop a second primary head and neck cancer.

Other studies suggest that having certain viruses or a diet low in vitamin A may increase the chance of getting cancer of the larynx. Another risk factor is having gastroesophageal reflux disease (GERD), which causes stomach acid to flow up into the esophagus.

Then there are excessive alcohol drinking and smoking. People who drink alcohol are more likely to develop laryngeal cancer than people who don't drink. The risk increases with the amount of alcohol that is consumed. The risk also increases if the person drinks alcohol and also smokes tobacco. On the other hand, smokers are far more likely than nonsmokers to get cancer of the larynx. The risk is even higher for smokers who drink alcohol heavily. People who stop smoking can greatly decrease their risk of cancer of the larynx, as well as cancer of the lung, mouth, pancreas, bladder, and esophagus. Also, quitting smoking reduces the chance that someone with cancer of the larynx will get a second cancer in the head and neck region. (Cancer of the larynx is part of a group of cancers called head and neck cancers.)

The symptoms of cancer of the larynx depend mainly on the size of the tumor and where it is in the larynx. Symptoms may include the following: hoarseness or other voice changes; a lump in the neck; a sore throat or feeling that something is stuck in your throat; a cough that does not go away; coughing out blood; breathing problems; bad breath; earache; and unintentional weight loss. These symptoms may be caused by cancer or by other less serious problems. Only a doctor can tell for sure.



***Emer Rojas, the self-proclaimed walking graphic health warning on the ill effects of smoking and losing his voice to laryngeal cancer, has been chosen by the American Cancer Society as a Global Cancer Ambassador for the Philippines.***

Cancer of the larynx may be treated with radiation therapy, surgery, or chemotherapy (use of drugs to kill cancer cells). Some patients have a combination of therapies.

When patients need surgery, the type of operation depends mainly on the size and exact location of the tumor. There are several types of laryngectomy or surgery to remove part or all of the larynx.

During surgery for cancer of the larynx, the surgeon may need to make a stoma. This surgery is called a tracheostomy. The stoma is a new airway through an opening in the front of the neck. Air enters and leaves the windpipe (trachea) and lungs through this opening. A tracheostomy tube, also called a trach ("trake") tube, keeps the new airway open. For many patients, the stoma is temporary. It is needed only until the patient recovers from surgery.

However, for total laryngectomy, the stoma is permanent. And in patients with total laryngectomy, they will need

to learn to speak in a new way, using an electrolarynx, a device pressed against the skin of the neck to produce vocal sounds.

### **Voiceless Shouts**

"I am not a robot," this is what Engr. Emer Rojas usually say when people seem to be dumbfounded on the sound produced by the electrolarynx when he speaks. An information technology business owner, trade lecturer and radio host, Emer lost his voice to laryngeal cancer in 2002 and has a stoma in front of his neck to enable him to breathe. Even up to now, treatment procedures continue and his condition is being monitored monthly because his laryngeal cancer might return, just like any other type of cancer.

Smoking is the culprit of his cancer, having been a chain smoker since he was 18. Today at 53, the tables turned as he is now one of the country's most credible anti-tobacco advocate, makes the

rounds of lectures across the country and encouraging everyone, especially young people, to avoid smoking. More importantly, he is a frontrunner in the pushing for national and local tobacco control laws and policies that will protect the citizenry from the hazards of smoking and exposure to secondhand smoke and promote tobacco-free environments and healthy lifestyle.

"I am a walking graphic health warning that many of our legislators do not want to put in cigarette packs. I am a perfect example of disease and disability brought about by smoking that the tobacco industry manipulatively have been covering up all these years to perpetuate their business," Emer emphasized.

Even without voice, Emer's shouts become louder. He founded the New Vois Association of the Philippines (NVAP) in March 2007 as a spin-off organization of the Philippine Laryngectomy Club (PLC). NVAP addresses tobacco control, support to cancer victims, particularly those who have lost their voice to laryngeal cancer, and addressing issues and concerns of persons with disabilities (PWDs).

His efforts have been noticed not only in the country but also around the globe. This year, Emer has been chosen by the American Cancer Society as a Global Cancer Ambassador for the Philippines and represented the country in United Nations high level meetings on the prevention and control of non communicable diseases as well as in the conference of parties of person with disabilities organizations.

What Emer initially thought as the most tragic event in his life and career – losing his natural voice – turned out to be his greatest asset in the mission of helping people and preventing cancers on a global scale. *(See related article on Emer and his New Vois Association in the next pages.)*



# Emer Rojas and NEW VOIS

Emer Rojas is an electrical engineering graduate of the Mapua Institute of Technology and got his master's degree in entrepreneurship at the Asian Institute of Management in 2000. He worked for 18 years in the Philippine Long Distance Telephone company until he opted to for early retirement at the age of 39. He started a new phase in his life as an entrepreneur and opened Net Surfers Club, an internet service provider company in 1997.

His successful career was cut short when he fell victim to the ill effects of cigarettes after 27 years of smoking. He was diagnosed with stage four laryngeal cancer in 2002 and luckily he is surviving this ordeal up to today.

After losing his vocal cords, Emer joined the Philippine Laryngectomy Club (PLC), a cancer support group, in 2003. The following year, he became its president. Seeing the need to expand the activities of the club, he founded and became the president of the New Vois Association of the Philippines (NVAP) in March 2007.

The NVAP has a three-pronged tasks: 1) tobacco control advocacy; 2) support cancer victims, particularly those who have lost their voice to laryngeal cancer; and 3) address issues and concerns of PWDs. On the other hand, the PLC is focused on the implementation of activities and volunteerism work. Both organizations share

the same office, logistics and membership base.

## Tobacco Control

Emer is actively involved in the tobacco control movement in the Philippines and he takes the whole NVAP organization with him in this hard and crucial fight against an industry that profits on a legal but deadly product - tobacco.

Smoking kills 240 Filipinos everyday and it is the major contributor

of developing cancer. Most of the NVAP members attribute the loss of their vocal cords and eventually their having cancer to excessive smoking as well as exposure to secondhand smoke.

Thus, the NVAP members believe that they have an obligation and a social responsibility to raise awareness among the public, especially the youth, on the hazards of smoking to prevent throat cancer. Since 2006, Emer and other NVAP members are being invited to share their stories and provide a living testimony on the ill effects



*Emer Rojas, founder and president of New Vois Association, Inc.*



**NEW VOIS ADVOCACIES:** (Top photos) New Vois members and their families march to the Commission on Human Rights in October 2010 requesting support from the agency in upholding the right to health of every Filipino against the ill effects of tobacco products. (Above left) New Vois conducts esophageal speech training where laryngectomees (speech-impaired cancer survivors) are taught how to speak again despite the absence of their vocal cords. (Above, right) New Vois became instrumental in the granting of the 20% discount on medicine purchases of persons with disabilities.

of smoking. They go as far as Philex Mines, Benguet, Mountain Province down to Davao City, Mindanao.

Aside from lectures and pep talks, the NVAP involves itself in several activities to push for tobacco control. NVAP filed a petition at the Makati Regional Trial Court in September 2010 to push for the implementation of the Department of Health Administrative Order (DOH AO) 2010-13 which mandates the placement of graphic health information and the removal of misleading descriptors such as “mild,” “light,” “ultralight,” and others in tobacco product packages and labels. Barely a week after the DOH AO was signed and announced, it already suffered several lawsuits from tobacco companies halting its implementation.

To dramatize the importance of the DOH AO, Emer and the rest of the NVAP members staged a march to the Commission on Human Rights in October 2010 requesting support from the agency on the right to health of every Filipino. This rally became the first and only tobacco control activity that landed the headlines of leading national newspapers.

### Cancer Support Group

NVAP addresses the need to raise the awareness that cancer is preventable through various ways such as early detection, proper medical care, proper diet and nutrition as well as through a healthy lifestyle. NVAP interacts with other allied organizations both here and abroad in order

to enhance its knowledge base on cancer, its prevention, cure and rehabilitation.

The major rehabilitation activity that the organization conducts is esophageal speech training where laryngectomees (speech-impaired cancer survivors) are taught on how to speak again despite the absence of their vocal cords. A total of 11 laryngectomees were sent to Tokyo and Bangkok in 2000, 2002 and 2004 to become esophageal speech instructors as certified by the Asian Federation of Laryngectomee Associations (AFLA). Last year and early this year, the NVAP invited AFLA officers and speech trainers to the Philippines and they conducted a comprehensive esophageal speech training for beginners and would-be speech instructors. Through these recent programs, an additional 42 members



stepped up as trainers.

Through these training programs, laryngectomees were given the chance to overcome their disability, return to their normal lives and become useful members of the society once again. To date, only NVAP offers such free specialized training to people without vocal cords.

In 2006, NVAP was awarded the prestigious Shigehara Award as the Most Outstanding Laryngectomee Organization in Southeast Asia by the AFLA for its exemplary performance in esophageal speech training. Meanwhile, in July 2010, The University of the Philippines - Philippine General Hospital's Department of Rehabilitation Medicine conferred to Emer the Most Outstanding Person With Disabilities (PWD) Award with no less than Social Welfare and Development Secretary Corazon "Dinky" Soliman giving the recognition.

Cancer patients are now regarded as PWDs and the award cited Emer's all-out support in the rehabilitation of speech-impaired cancer survivors for the past seven years.

In April this year, The American Cancer Society selected Emer to be one of the two Global Cancer Ambassador of the Philippines. (*The other is Dr. Rachel Rosario of the Philippine Cancer Society.*) This adds another laurel to the cancer control advocacy efforts of NVAP. His main task as the Global Cancer Ambassador is to urge the global community to address cancer and other NCDs as priority issues in the High Level Meeting at the United Nations (UN) General Assembly in September.

### **PWD Advocacy**

In the past two years, the NVAP is exerting much efforts on issues and concerns of the PWD sector. Emer is currently the sectoral representative at the Quezon

City Development Council which suggest ordinances and programs for the benefit of the constituents of the city. He is also the corporate secretary of the House with No Steps, Inc. (a sister organization of the Tahanang Walang Hagdanan, Inc.) as well as an ex-officio member of the executive committee of the AKAP-Pinoy, a national federation of PWD organizations. Moreover, Emer also represents the NVAP to various PWD organizations such as the League of PWD Leaders (LPDL) – a 16-person team of PWD leaders from various PWD organizations joining forces to craft the sector's policies and directions.

In July 2010, NVAP together with two other PWD groups spearheaded a rally to raise the concern on the violations of the Republic Act 9442 or the Magna Carta of the Disabled Persons, specifically on the granting of the 20% discount on medicine purchases of PWDs. This rally heralded the start of several lobbying movements at the House of Representatives which eventually culminated in the granting of the said discount by Mercury Drugstore Corporation on March 1. This marked the success of the sector in the recognition of its rights and in

the implementation of a law that would be very beneficial for the PWDs.

In September, Emer joined Lauro Purcil of the Katipunan ng Maykapansanan sa Pilipinas (KAMPI) in representing the country in the Convention of State Parties on United Nations Convention on the Rights of Persons with Disabilities at the UN Headquarters in New York City. Issues of international importance with regards to PWDs were discussed here.

The NVAP has proven its capability and capacity to help in the betterment of the PWD sector. NVAP shares its resources and talents in the pursuit of the rights and privileges that PWDs must enjoy as the marginalized and underprivileged sector of the society. The NVAP believes that through the concerted effort of various PWD organizations, the sector shall be able to contribute to the progress and prosperity of the country.

As for Emer, despite the battles he is constantly facing with his cancer as well as with his many advocacies, life is still worth living, especially with the support and encouragement of his loving wife and four children.



***Emer with wife Violet and kids Elaine, Enka, Eins and Eduard.***

# HAWAK KAMAY

## *A Breast Cancer Survivor Story*

by

**ROMEO V. MARCAIDA** and **ROSEMARIE CALALANG**

Philippine Cancer Society - Patient Navigation Program

*Hawak kamay*

*Di kita iiwan sa paglakbay*

*Dito sa mundong walang katiyakan*

*Hawak kamay*

*Di kita bibitawan sa paglalakbay*

*Sa mundo ng kawalan...*

- Yeng Constantino

"Hawak Kamay" by Yeng Constantino became an instant hit in 2007 not only because of its nice melody and lyrics but also because of the depth of its meaning which could melt even the toughest heart. This is probably the perfect theme song for the joint project of the Department of Health

and Philippine Cancer Society, Inc. (PCSI) as it tells about helping people in need and in times of their darkest hour and teaching people to hold on while traversing the unknown.

The program called Breast Cancer Medicine Access Program through the Patient Navigation Program where a "patient navigator" guides a breast cancer patient to go through the barriers (financial problem, medical system, language, cultural, psychosocial, transportation and the need to take care of a child) which hinders the patient to seek medical help. This project was launched in May by the DOH National Center for Pharmaceutical Access and Management (NCPAM) with partners including the PCSI and the "access point" hospitals — Jose R. Reyes Memorial Medical Center, East Avenue Medical Center, and Rizal Medical Center.

Among the growing number of patients enrolled in the program is 47-year old Teresita "Tess" Varona. She is from Mansalay, Oriental Mindoro and a mother of a 10-year old boy. She used to be in a buy and sell business before she got sick.

Her husband, Rodrigo, manages a sari-sari store. They were doing well and contented with their life until February this year when Tess felt a lump on her right breast. She ignored it at first and kept it a secret from her husband.

After a month when Tess

started to feel constant pain, she confessed her condition to her husband. Quickly thereafter, both of them agreed to consult a doctor.

In April, Tess went to the Philippine Heart Center in Quezon City where a relative works. Upon her checkup, she was told by the doctor that she has to be operated as soon as possible. A modified radical mastectomy was performed on her on April 26. Their bill went as high as P118,000 for four days of confinement. In order for them to pay the bill, they asked help from relatives, friends and neighbors. and their debt went as high as P150,000. This problem was aggravated by the news that Tess has "invasive ductal carcinoma stage II B. At the back of her mind, she was thinking that death will immediately follow soon because cancer is impossible to beat just like her mother who died of lung cancer a year after it was detected.

She knows that her battle against the disease was just beginning. Tess was told that she has to undergo several sessions of chemotherapy and the cost would go as high as P40,000 per session. They were already in debt and if they will ask again for financial help, it wouldn't be enough. She was losing hope and in total despair.

"Gusto ko pang makita na lumaki ang anak ko eh," a teary eyed Tess said on why she does not want to totally lose hope. With this in mind, she went back to her hometown and directly went to the office of a local councilman to ask for help. As a Born





Again Christian, she prayed hard every day that someone will help her with her financial crisis. A few days later, like an answered prayer, while watching a primetime show on GMA 7, Tess saw a crawler at the bottom of the television screen that tells about a DOH program for breast cancer patients in some hospitals including East Avenue Medical Center (EAMC). She hurriedly went back to Manila and visited the Breast Cancer Center in EAMC. She met Malyne Gonzales, the "patient navigator," and upon evaluation, she was told that she qualified to the program. This means free chemotherapy drugs for the whole treatment regimen.

While on chemotherapy, Tess regularly talked to her "patient navigator" who guided her when she had to accomplish laboratory tests as well as explained to her in details any question she had in mind about her condition. She was also constantly monitored on her post-chemotherapy status and reminded of her scheduled checkups and next chemotherapy session.

A patient under chemotherapy usually manifests malaise, nausea and vomiting, loss of appetite and other side effects of the drugs, but Tess endured all these because of her determination to survive. She attended all her follow-up checkups, even if it meant taking a 24-hour bus and ferry trip that cost her P600 vice versa which her mother-in-law helped her pay. She knew that it was important to follow doctor's orders.

Tess said that her "patient navigator," doctors and nurses showed kindness and compassion. People from her church offered countless prayers. The love and support from her relatives were endless. And on August 19, she finished her fourth and final cycle and was one of the first breast cancer patients to graduate from the program.

As of this writing, Tess still

experiences the side effects of the chemotherapy drugs but her smile shows her joy. Tess likes to extend her heartfelt gratitude to the DOH and all the people involved in her treatment. She said that if it were not for the program she will not be able to undergo chemotherapy treatment at all. "*Ipagdarasal ko na lang ito sana,*" said Tess, referring to her condition if there was no help.

For Tess, the program was the light of hope when she was in a dark tunnel and did not know where to go. Today, she feels that she will have an active and productive life ahead. In the coming weeks, she plans to take over the management of their sari-sari store while her husband will continue the buy and sell business. She also wishes that the program will continue and help more Filipino women with breast cancer.

Tess reiterated that she does not

know where her cancer came from or how it developed. But now she realized that early detection and early management lead to higher rate of survival.

To all women, whatever status in life, hear the call and have a look at your precious body – your breasts. Perform a simple self-breast examination or have somebody look at it. Five or 10 minutes of breast self-exam is nothing compared to months of chemotherapy treatment and all the difficulties that go with it. Cliché as it may be, but over the years it has been proven that prevention is way better than cure.

If you have not done your breast examination, start TODAY. Go to your nearest health center or clinic for the breast examination or visit the PCSI free clinic on Mondays and Wednesdays, 8-10 am at 310 San Rafael St., San Miguel, Manila. For more information call 7342126 and 7352707.

## spiritual HEALTH

### *A Day Without Me...*

*A boyfriend challenged his girlfriend to live a day without him. No communication at all and if she passed it, he'll love her forever. The girlfriend agreed. She did not text or call him the whole day, not knowing that her boyfriend has only 24 hours to live because of cancer. The next day, she excitedly went to her boyfriend's house. She cannot control her tears as she saw her boyfriend lying in a coffin, holding a handwritten note for her — "You did it baby, can you do it everyday? I love you..."*



*Photo: Cancer cell, grabbed from the Internet.*

# *Bashing the* **SMOKER'S BODY**



This one goes to the communication books.

Just about the time when artist Mideo Cruz's mural consisting a mixed match posters of Jesus Christ, crucifixes, phallic symbols and condoms at the Main Gallery of the Cultural Center of the Philippines was receiving vicious and defamatory statements from various religious groups and influential leaders, the Municipality of Panitan in Capiz, through its Sangguniang Bayan Resolution No. 57, series of 2011, condemned the Department of Health "to the highest degree" for "deliberately allowing the public display of malicious, indecent, and immoral posters and stickers of The Smoker's Body exhibiting the vital male sex organ."

The said resolution, dated July 22, 2011, was presided by Vice Mayor Genroso D. Derramas and approved by Mayor Katherine Dequiña-Belo. Copies of the resolution were sent to the DOH and to the different committees of the House of Representatives in August.

The Smoker's Body, as the Resolution claimed, is an "invasion of men's privacy that brought shame and dishonor to male smokers, hence degrading men's social standing and status." Moreover, it is "considerably a pornographic material that injects a strong prejudice and inculcates malice, indecency and immorality into the vulnerable mind of the child and youth who view it all the time, each day on their way to school and back home."

The Smoker's Body, developed by the World Health Organization, is originally a pin-up graphic poster showing some of

smoking's less publicized side effects from head to toe, including deformed sperm, reduced blood flow to the penis which can cause impotence, and infertility. It has been translated in several languages and can be seen around medical establishments and other educational institutions around the globe. The essential purpose of this poster is to inform the minds of people, especially the youth, and to discourage them from smoking. This anti-smoking poster has been proven very effective a lot of times.

The Philippines adopted the Smoker's Body and the DOH and many organizations with tobacco control programs put it in appropriate posters, leaflets and instructional presentations.

Through the years, the Smoker's Body has been the most requested health promotion material, although the DOH admitted that it occasionally receives a few feedback from individuals airing their concerns on the exposure of the penis. Four years ago, the DOH placed a white brief on the genitals of the Smoker's Body tarpaulins that were displayed in light railway train stations. Those who saw it, especially students, snickered at the modest change. And now, back on its original form, the Smoker's Body again received some flak, but now from a higher level.

Oh well, nobody can please everybody all the time. Not everyone has the same education, values formation and state of morality. What is blasphemous to one, maybe an art to the other. And what is pornographic to some, maybe life-saving science to many.





# SHISHA

## *Smoking thru the Water Pipe*

In the current era of economic globalization, some forms of tobacco, historically localized to specific regions of the world, have spread to every continent. These forms of tobacco sometimes gain foothold in new countries based on their exotic cachet, but they rarely, if ever, displace manufactured cigarettes for a significant market share. Instead, they frequently serve as a gateway to addiction, luring youth and other fad smokers into lifelong dependence on cigarettes.

Take for example smoking through the water pipe, also known as hookah, shisha, narghile or hubble-bubble. The hookah, in its first and simplest form originated in India. It soon travelled west to Iran, Turkey, and Egypt where it gained mass popularity and are now the sites of some of the best quality hookahs in the world. Most Islamic scholars now agree that smoking is "haram" or forbidden and thus prohibited for Muslims due to its harmful effects on the human body.

Hookah is most prevalent in North Africa, the Mediterranean region and some parts of Asia. Now, it has found its way and starting to be

popular in the Philippines. It is referred to in the country by its name "shisha."

Shisha operates by water filtration and indirect heat. Flavored tobacco is burned in a smoking bowl covered with foil and coal. The smoke is cooled by filtration through a basin of water and consumed through a hose and mouthpiece.

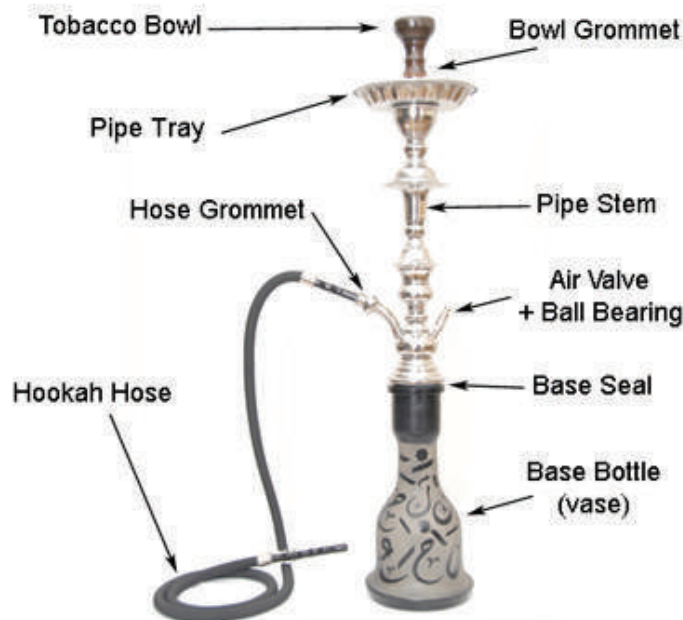
In traditional setting, the shisha is typically of the single-hose variety. This is in contrast with the multi-hose variety favored in the shisha lounge and intended to emphasize the communal nature of the activity. The shisha lounge has clear antecedents in the tradition of coffee houses

in the Middle East and Turkey where people smoked tobacco from shisha or other styles of water pipe provided by the establishment.

In Metro Manila, shisha lounges are seen in entertainment districts and even in the University Belt of the City of Manila. The sale of shisha and other water pipes is also advertised, particularly to the youth, in the Internet and social networking sites.

In other countries, many people are said to prefer smoking through the water pipe because of the cool, smooth flavorful taste of the smoke. With a vast collection of flavors to choose from and many other variables to manipulate, shisha smoking is said to becoming an art form. Many seasoned smokers enjoy adding ice, fruit juice, milk or wine to water in the glass vase to change the taste, texture, or effect of the smoke.

Many, especially the youth, is made to believe that the water used in shisha makes the tobacco less toxic and thus, safer than smoking cigarettes. However, the tobacco is no less toxic in a shisha pipe, and the water in shisha does not filter out the toxic ingredients in the tobacco smoke. Shisha smokers may actually inhale more



tobacco smoke than cigarette smokers do because of the large volume of smoke they inhale in one smoking session, which can last as long as 60 minutes.

Dr. Susan Pineda Mercado, team leader of the Tobacco Free Initiatives at the World Health Organization Western Pacific Region, said that one hour of exposure to shisha smoke is the equivalent to exposure to 100 cigarettes.

Meanwhile, Dr. Richard D. Hurt, internist and director of the Nicotine Dependence Center of Mayo Clinic, said that while research about shisha smoking is still emerging, evidence shows that it already

poses many dangers.

Shisha smoke contains high levels of toxic compounds, including tar, carbon monoxide, heavy metals and cancer-causing chemicals (carcinogens). In fact, hookah smokers are exposed to more carbon monoxide and smoke than are cigarette smokers.

Contrary to popular belief, shisha is as addictive as cigarettes and other tobacco products. This is because shisha contains nicotine which leaves the smoker begging for more. Besides heart disease and lung cancer, shisha use is also linked with increased risk of cancer in the mouth and the

urinary bladder. There is also some evidence that shisha use may also decrease the sperm count in men. Regular shisha users have lung functions approximately 25% lower than those who do not use this, and one study has also shown that shisha use increases the risk of pulmonary tuberculosis.

The shisha smoke also poses dangers associated with secondhand smoke. Shisha smoking by pregnant women can result in low birth weight babies.

Moreover, the mouth piece and pipes used in shisha lounges, bars or cafés may not be changed and cleaned properly, risking the spread of infectious diseases.

## KALAbeat

# 10 Dahilan Kung Bakit Dapat Nang Tigilan ang facebook

10.

Mas lalo kang ginagawang tamad. Paupo-upo ka nalang ng ilang oras sa harap ng kompyuter kaka-post, chat o games.

9.

Di ka na makatulog nang maaga. Baka kasi ma-miss mong mag-online ang mga katropa at kamag-anak mo, lalo na yung mga nasa ibang bansa.

8.

Nawawalan ka na ng ganang puntahan at i-discover ang iba't ibang lugar. Nakita mo na kasi sa mga posts ng friends mo.

7.

Marami ka nang nakikitang cyber bullying, lalo na sa mga piktyur na ginagawang katatawanan.

6.

Di mo na magawang makipagkapwa-tao sa



totoong buhay.

5.

Marami ka nang friends na hindi mo naman talaga kilala at nakiki-greet pa tuwing birthday mo. Nawawala na tuloy ang pagiging sentimental mo.

4.

Hindi ka na marunong manligaw o

magpaligaw. Puro cheesy pick-up lines o quotes nalang ang mga banat mo sa shoutout o comment para sa natitipuhan mo.

3.

Hindi ka nae-excite kapag nagkikita kayo ng kapamilya, kapuso, kaibigan o kaklase. Nagsawa na kasi kayo sa shoutout at comment ng isa't isa.

2.

Wala nang mapag-usapan ang barkada sa tuwing nagkikita-kita kayo at puro piktyur-piktyur nalang ang inaatupag upang may mai-post sa Facebook.

1.

Wala ka nang iniisip kundi kung anong mga bago at kwelang bagay na dapat mong i-post para makatanggap ka ng maraming like at comment.



# ALCOHOL

## in the Eyes of Islam

by

**TATO M. USMAN, MD, MPAIM**

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

The World Health Organization (WHO) stressed that alcohol is now the world's third largest risk factor for disease burden after childhood underweight and unsafe sex; it is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe.

Alcohol contributes to galore of deaths annually. It is a depressant that can affect virtually every organ in the body, since it goes directly into the bloodstream. It lowers inhibitions and impairs judgment, leading to unsafe behaviors, disease, disability and even death.

### Alcohol and...

#### **...The Gastrointestinal Tract.**

Alcohol causes loosening of the muscular ring that prevents the stomach's contents from re-entering the esophagus. Acid from the stomach flows backward into the esophagus (acid reflux), burning those tissues, and causing pain and bleeding.

Inflammation of the stomach also can result in ulcers, bleeding, pain, and a decreased desire to eat. A major cause of severe, uncontrollable bleeding (hemorrhage) in people with alcoholism is the development of enlarged (dilated)

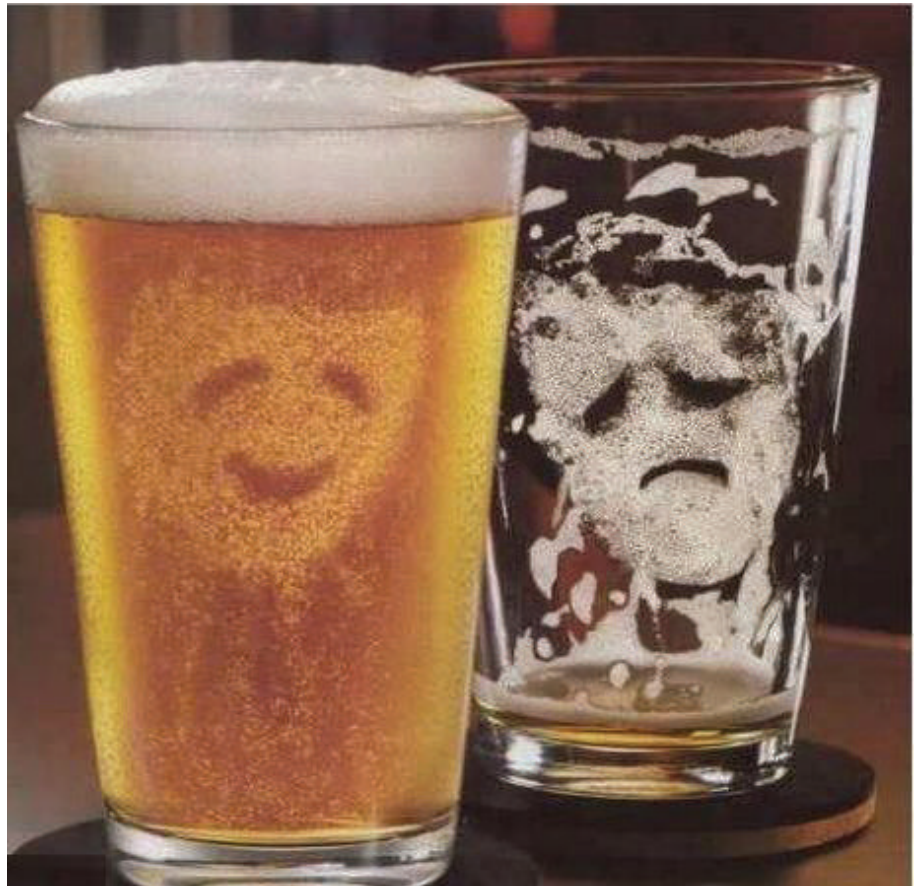


Photo grabbed from <[angmanginginom.blogspot.com](http://angmanginginom.blogspot.com)>

blood vessels within the esophagus, which are called esophageal varices. These varices develop in response to liver disease, and are extremely prone to bursting and hemorrhaging. Hemorrhaging varices are

often fatal.

Diarrhea is a common symptom, due to alcohol's effect on the pancreas. In addition, inflammation of the pancreas (pancreatitis) is a serious and painful

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problem in many people who abuse alcohol. Throughout the intestinal tract, alcohol interferes with the absorption of nutrients, which can result in a malnourished state.

Alcohol is broken down (metabolized) in the liver and interferes with a number of important chemical reactions that occur in this organ. The liver begins to enlarge and fill with fat (fatty liver). Fibrous scar tissue interferes with the liver's normal structure and function (cirrhosis), and the liver may become inflamed (hepatitis).

As this scar tissue builds up, it prevents the liver from functioning properly, which can lead to bile build-up in the blood. Clotting may lessen and blood pressure may rise.

**...The Systolic Pressure.** As much as 10% of hypertension cases could be related to alcohol consumption. Regular consumption of three or more drinks per day increase the risk of hypertension. Particularly, systolic pressures are more markedly affected than diastolic pressures.

In one study, the association between alcohol and high blood pressure is particularly noticeable when alcohol intake exceeds five drinks per day. The connection is a dose-related phenomenon. In other words, the more alcohol consumed, the stronger is the link with hypertension. Moreover, alcohol contains calories and may contribute to unwanted weight gain — a risk factor for high blood pressure.

**...Cancers.** Most cancers have multiple causes and risk factors. Risk factors include a person's age, sex and family medical history; many cancers are associated with lifestyle risk factors such as smoking, dietary factors and alcohol consumption; and among cancers, alcohol intake is a risk factor for oral, laryngeal, esophageal, colonic, liver, lung and breast cancers.

**...Diabetes.** Another disease associated with alcohol abuse is pancreatitis,

characterized by an inflammation of the pancreas and, much like cirrhosis, ultimate scarring of the organ. This scarring affects the production of insulin and the way in which sugar is released into the bloodstream.

Type 1 diabetes can occur in an older individual due to destruction of pancreas by alcohol while the risk factors for developing type 2 diabetes include high alcohol intake.

**...Osteoporosis.** One of the most surprising diseases caused by alcohol abuse is osteoporosis, which involves the thinning of the bones or loss of bone mass. This depletion makes bones more brittle. While it is most common in women, it can affect men, and excessive use of alcohol can diminish the vitamins and minerals needed for healthy bones, as well as exacerbate the effects.

**...Infectious Diseases.** The harmful use of alcohol decreases white blood cells resulting in weakening of the immune system and making the body prone to acquire or worsen infectious diseases like tuberculosis. Moreover, alcohol and drunk behavior contribute to the spread of sexually transmitted infections and HIV/AIDS, boost the development of these diseases and reduce the effects of medical treatment.

**...The Dengue Mosquito.** Some people claim that "alcoholic individual repel mosquitoes due to its alcoholic breath and masked the odor of carbon dioxide released onto the air." However, studies have shown that people who are under the influence of alcohol are most likely attractive to dengue carrier mosquitoes than those who are not drunk.

**...The Expectant Mothers.** Alcohol consumption by an expectant mother may cause fetal alcohol syndrome and preterm birth complications, which are detrimental to the health and development of neonates.

**...Medications.** Drinking alcohol, even at moderate levels, can put you at risk for serious health problems. It interacts negatively with more than 150 medications. It can also interfere with the effectiveness and increase the side effects of some blood pressure medications.

**...Wernicke-Korsakoff Syndrome.** This brain disorder is a serious condition that can be caused by alcohol abuse. Essentially, this condition is a combination of two disorders that develop from a vitamin deficiency and an actual change in the brain. Typically, people who suffer from Wernicke-Korsakoff syndrome will experience blurred vision, memory loss, confusion and problems with mobility, usually isolated to the legs. Sadly, a portion of this syndrome (that which involves the brain) can be permanent.

**...Mental Health.** Harmful drinking is a major determinant for neuropsychiatric disorders, such as alcohol use disorders and epilepsy. In a Department of Health survey (2000), the most commonly reported symptoms of mental illness in the Philippines include two important mental health illness closely linked with chronic non-communicable diseases, specifically excessive sadness and no control over use of cigarettes and alcohol.

**...Social Problems.** The more heavily a person drinks, the greater the strain will be on relationships with family, friends, and co-workers. It could even lead to the loss of job, or committing or being the victim of an act of violence. If a person has to ask himself if he has a problem with alcohol, the chances are he does.

**...Vehicular Accidents.** When alcohol accumulates in the bloodstream, errors increase. A person's reaction time slows down drastically, and he will find that he is unable to control his vehicle, or other mechanical items, as he did prior to drinking. In addition, drinking alcohol creates a false



sense of confidence, so he may not realize that he is out of control.

### Alcohol in Islamic Perspective

During the Period of Jahiliyyah (pre-Islamic ignorance), Arabs were very fond of wine and drinking parties. This love of wine is reflected in their language, which has nearly one hundred names for it, and in their poetry, which celebrates the praises of wine, goblets, drinking parties, and so on.

To eradicate this pervasive evil from society, Almighty Allah adopted a wise course of education and training, prohibiting it in measured stages. First, He made it clear to them that the harm of drinking alcohol is greater than its benefit; next, He told them not to come to prayer while intoxicated; and finally, He revealed the verse in Surah Al-Ma'idah in which He made the final say that drinking alcohol is totally and decisively prohibited. Almighty Allah says: "O ye who believe! Strong drink and games of chance and idols and divining arrows are only an infamy of Satan's handiwork. Leave it aside in order that ye may succeed. Satan seeketh only to cast among you enmity and hatred by means of strong drink and games of chance, and to turn you from remembrance of Allah and from (His) worship. Will ye then have done?" (Al-Ma'idah: 90-91)

In these two verses, Allah strictly prohibits wine and gambling, linking them to idols and seeking omens by means of divining arrows, and declares them to be *rijs* (abominable or filthy), a term which the Qur'an reserves for extremely indecent and evil things. He ascribes them to the

work of Satan, which indeed consists only of obscenity and evil, and commands the Believers to abstain from them as the only way to attain success. Almighty Allah then mentions the harmful effects of wine and gambling on society, namely, the breaking of relationships and ensuing enmity and hatred, in addition to the harm they do to man's soul by causing him to neglect the religious obligations of remembering Allah and of performing Prayer. The verses end with a very stern admonition to abstain: "Will ye then have done?" And when the Prophet (*peace and blessings be on him*) finished reciting these verses for the first time, the listeners answered with the fervent cry, "We have desisted, O Lord! We have desisted!"

The response of the Muslims to these verses was remarkable indeed. At the time some people were drinking, with partly filled cups in their hands. As soon as they heard someone announcing, "Alcohol has indeed been prohibited," they poured the remaining drinks upon the ground and broke the big clay pots in which other drinks were being fermented.

Furthermore, Islam takes an uncompromising stand in prohibiting intoxicants (like alcohol or wine), regardless of whether the amount is little or much. If an individual is permitted to take but a single step along this road, other steps follow; he starts walking and then running, and does not stop at any stage. That is why the Prophet (*peace and blessings be upon him*) said, "Of that which intoxicates in a large amount, a small amount is haram." (Reported by Ahmad Abu Dawud and At-Tirmidhi.) And again, "If a bucketful intoxicates, a sip of it is haram." (Reported by Ahmad, Abu Dawud and At-Tirmidhi.)

### Wanting Stricter Policies on Alcohol

With the increasing alcohol-related injuries, diseases and deaths, the more the country's leaders and policymakers should implement a more comprehensive approach to alcohol, better education, better protection of children and youth from exposure to alcohol advertising.

Aside from putting high taxes on alcoholic products, it is also high time to put warnings on labels that indicate alcohol use is dangerous to health as well as outrightly ban alcohol advertising in order to mitigate the high burden of this unhealthy lifestyle.



# One Home, One Heart

This year, on World Heart Day (September 29), the World Heart Federation (WHF) and its members challenge you to take charge of your family's heart health and become your home's advocate for heart-healthy living.

To help you, the WHF has identified four actions you and your family can take:

## **1. Ban Smoking in the Home.**

Stop smoking tobacco in the home to improve your own and your children's heart health. Implement a new rule in your home – for every cigarette someone smokes, an extra household chore is waiting!

**2. Stock Your Home with Healthy Food Options.** Start the day with a piece of fruit or prepare your own lunch at home to ensure healthy options are taken to work or school. Make sure every

evening meal contains at least two to three servings of vegetables per person.

**3. Be Active.** Families should limit the amount of time spent in front of the TV to less than two hours per day. Organize outdoor activities for the family, such as cycling or hiking trips, or simply playing outside. When possible, instead of using the car, take your bicycle or walk from home to your destination.

**4. Know Your Numbers.** Visit a health professional who can measure your blood pressure, cholesterol and glucose levels, together with waist-to-hip ratio and body mass index (BMI). Once you know your overall risk for cardiovascular diseases (CVD), you can develop a specific plan of action to improve your heart health.

Make this action plan clearly visible in your home as a reminder!

By taking action, you and your family can reduce the burden of CVD. However, not all heart events are preventable. It is therefore important to know what action to take should a heart attack or ischaemic stroke, occur in the home. Over 70 per cent of all cardiac and breathing emergencies occur in the home when a family member is present and available to help a victim.

Learn the signs and symptoms of a heart attack or stroke:

- Chest discomfort, including squeezing or pain in the centre of the chest between the breasts or behind the breastbone;
- Discomfort and/or pain spreading to other areas of the upper body such as one or both arms, the back, neck, jaw or stomach;
- Shortness of breath with or without chest discomfort. Other signs include: unexplained weakness or fatigue, anxiety or unusual nervousness, indigestion or gas-like pain, breaking out in a cold sweat, nausea, vomiting, light-headedness and collapse;
- Sudden weakness of the face, arm, or leg, most often on one side of the body;
- Sudden confusion, trouble speaking or understanding;
- Sudden trouble seeing in one or both eyes;
- Sudden trouble walking, dizziness, loss of balance or coordination; and
- Sudden, severe headache with no known cause.

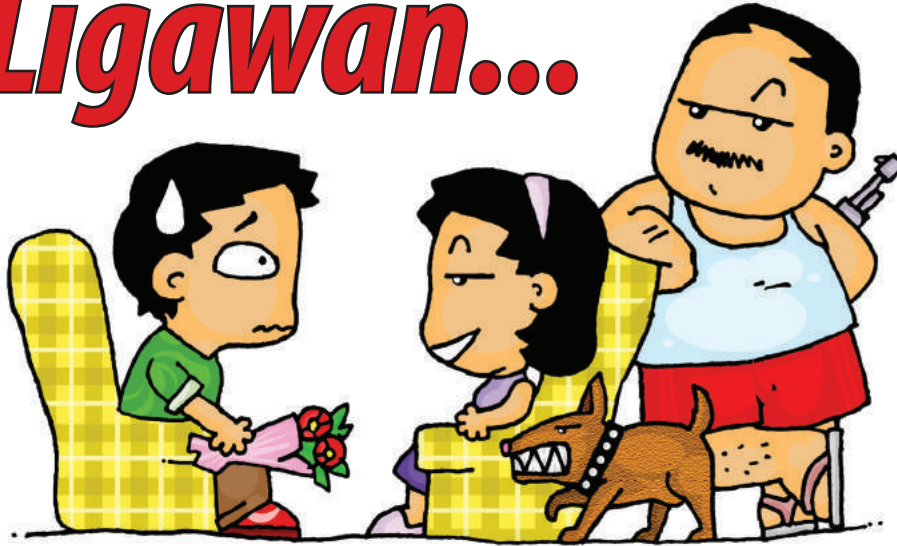
If experiencing any of these signs, which could come and go, seek medical attention as soon as possible.

The CVD risk factors include: high blood pressure; being overweight; high blood cholesterol; tobacco use; lack of physical activity; and presence of diabetes.





# Ligawan...



Art by Antonio Totto, Jr.

## Kaya Mo?

*Matapang na hinarap nang manligaw ang mahigpit na ama ng babae...*

RUBEN: Gusto ko po sanang maging nobya ang anak ninyo.

AMA: Bakit? Kaya mo ba siyang buhayin?

RUBEN: Bakit po? Patay na po ba siya? Huhuhu! Mahal pa naman kita, Alegria, bakit mo ako iniwan!

## Da Best

*Hinarap ng ina ang manligaw ng anak...*

INA: Alam mo, iho... Ang asawa ko ang 'da best! Hindi naninigarilyo! Hindi umiinom! Nasa bahay lang lagi!

IVAN: Naku, parang santo pala ang asawa ninyo?!!

INA: Hindi! Paralisado ang mokong. Hinambalos ng kabit n'ya.

## Glow in the Dark

INA: Anak, alam mo bang ang nililigawan mong si Lita ay parang Glow in the Dark?

JUN: Talaga, Nay? Boto ka na sa kanya at kaya mo ba nasabi yun ay dahil she puts a spark of light in my darkest night?

INA: Hindi, noh! Kasi naman, sa dilim lang siya maganda!

## May Bisita Ka

*Sinilip sa bintana ng ina ang kumakatok na manligaw ng anak...*

INA: Hoy, Macon, manligaw mo yata ang kumakatok sa pinto.

MACON: Ang tiyaga nga niyang Neil na yan. Ayoko naman sa kanya!

INA: Bakit naman? Sa tingin ko nga, he has the face of a saint...

MACON: (Natawa) Talaga? Eh, sinong saint?

INA: St. Bernard!

## Alphabet Tweetums

*Gumagawa si Alejandro ng love letter sa kanyang iniirong gamit ang alphabet...*

ABC = always be careful

DEF = don't ever forget

GHI = go home immediately

JKLM = just keep loving me

NOPQRSTUVWXYZ = no other person

quite right shall treat u very well

*Nag-aalala na siya dahil 3 letra nalang ang natitira. Kaya ang sinulat nya ay...*

XYZ = Xee You Zoon!

## Relax, See A Movie

DAD: Sasagutin mo ba yan, anak? Ang pangit niya eh, ikaw ang ganda-ganda mo!

LENY: Dad, hindi ka ba nanood ng "Beauty and the Beast"?!?

Magiging gwapo rin yan!

(Hindi nakatiis at bumanat ang lalaki...)

JOEREM: Hindi rin po ba kayo nanood ng "Shrek"? Papangit din ang anak ninyo!

**Looking for a person to love is like looking for a healthy food...  
Hindi siya kailangang masarap, basta good for the heart!!!**

# FIGHTING TB

## through the photographer's lenses

by

**JEROME P. TRINONA**

Philippine Business for Social Progress

The battle against tuberculosis (TB), which kills at least 75 Filipinos daily, goes beyond the hospitals, clinics and treatment centers. This time, the lenses of amateur and professional photographers and photography hobbyists take center stage and capture stunning images that tell the world that TB can be cured, TB care is free and readily available, and cured TB patients have productive, healthier lives.

The corporate-led Philippine Business for Social Progress (PBSP), the principal recipient of the Global Fund TB Grant which supports the National Tuberculosis Program of the Philippines, recently concluded the photo contest "To Be Free is To Be TB-Free" during the Lung Month celebration last August.

Hundreds of entries were submitted by professionals, hobbyists, and amateur photographers from all over the country in the categories of "People" which included portraits of patients, health service providers and educators; "Places" featuring treatment centers, laboratories and hospitals; and "Things" which featured images of medicines and equipment as central subjects.

The top seven winners were announced at the Manila Grand Opera Hotel in Sta. Cruz, Manila on September 16. Quezon City-based student Jamecca Pagayon with her entry "Jump for Hope" bested hundreds of online submissions from



**FIRST PLACE: "Jump for Hope" by Jamecca Pagayon.** *Being sick from an illness such as TB can be a very hard reality for a person to face. A TB patient needs to undergo proper medical treatment as well as the full support of his/her family. TB is curable. To be free from the clutches of TB is a blessing from God and having such a blessing can make any person jump for happiness.*



participants all over the country.

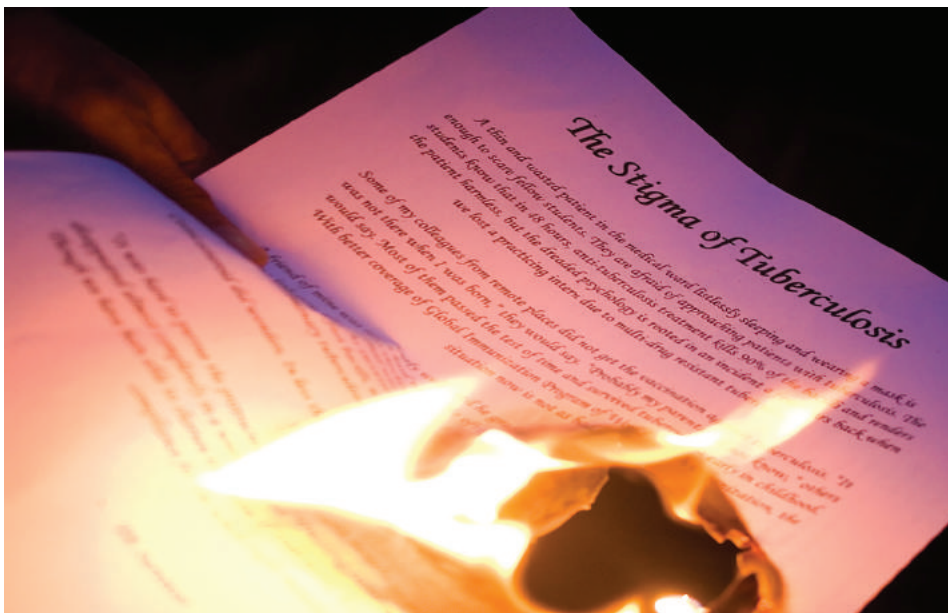
Pagayon won a cash prize of P30,000, with her winning photo featuring a silhouette of a person jumping free, throwing his hands in the air and letting go of a face mask, symbolizing freedom from the clutches of the dreaded TB disease.

Hobbyist photographer Chris Aleta of Sta. Cruz, Manila got a cash prize P20,000

for a second-place finish for his photo, "Ashes of Despair." His photo of a burning paper represents his hope that the stigma of TB will eventually be burned away by the positive things in life.

Another student, Kai Buhay also of Manila, won P10,000 for a third-place finish for her photo of a smiling, recovering TB patient.

The winning entries will be showcased in PBSP-Global Fund's TB Information Campaign that includes a photo exhibit and nationwide caravan, production of a coffee-table photo book and other materials such as the "To Be Free Is to be TB-Free" 2012 calendar, flyers, and other promotional materials to inform and educate the public on TB.

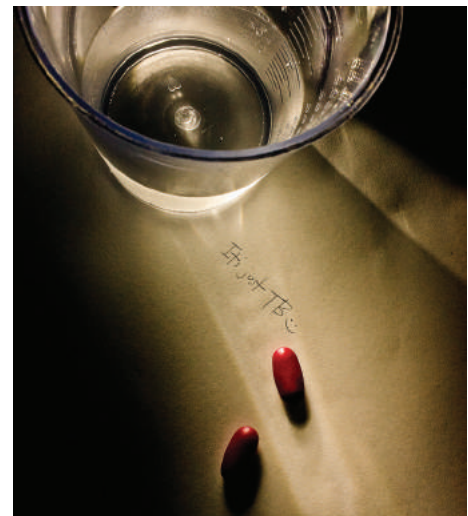


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**SECOND PLACE: "Ashes of Despair"** by Christian 'Chris' Aleta. The stigma brought by tuberculosis should be erased from the minds and overcome by the survivors, who should always look at the positive things that life has to offer.

>>>

**THIRD PLACE: "Smile with No Worries"** by Katherine 'Kai' Buhay. This person is a cured TB patient.. He prevented the spread of TB to his other family members by seeking early treatment at the local health center and availing of free TB services.



^^^

**4th PLACE: "Persistence"** by Romel Cadarve. Persistence [the act of continuing steadfastly or firmly amid opposition or challenges] is needed for the successful treatment of TB.

>>>>  
**5th PLACE: “DOTS Health Workers”** by Smarla Angtuaco. Health workers play an important role to ensure that patients take their medicines regularly. Through DOTS (Directly Observed Treatment, Short-Course), patients are effectively treated, while new infections and the development of multi-drug resistance TB are prevented.



**6th and 7th PLACES: “Handful of Lifesavers”** (left) and **“Starting a New Life”** (right), both by Marlyle Querimit. TB patients have to take a mix of TB drugs everyday to ensure recovery from the disease. TB care is free and available at the local health centers. (Last photo) A patient newly diagnosed with TB wakes up in the morning to take her medication. Occupied with deep thoughts, she is positive that her recovery will happen soon.

To date, TB is still the sixth leading killer disease in the country, with the Philippines ranking 22nd in the world in the highest number of TB cases, second only to China in Asia and the Western Pacific region.

The Global Fund promotes global public-private partnership dedicated to attract and disburse additional resources in the prevention and treatment of HIV/

AIDS, TB and malaria. Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with these three diseases.

The PBSP, on the other hand, is the largest corporate-led social development foundation in the Philippines. PBSP is the first of its kind in Asia leading the

promotion and practice of corporate social responsibility. It operates nationwide with programs in education, health, sustainable livelihood, micro small and medium enterprise development, and the environment implemented with partners and communities as empowered players in development.

- o O o -



# Dengue Surge in Luzon

by  
**GLEN S. RAMOS**  
HEALTHbeat Staff

If it is health news, it must be dengue. In July to September, dengue grabbed headlines because of the sudden alarming peak in the number of cases this year. Government officials did not rule out the possibility of another outbreak in the country if the problem is not resolved immediately.

The sudden increase of dengue fever cases in the country this year caused serious concern among health officials and the community. Most dengue cases came from Metro Manila, Central Luzon and the Ilocos region.

Although dengue fever is considered a common disease, the nation was alarmed when a surge of about 2,000 new cases occurred in the first two weeks of August. This incident prompted officials to declare health emergencies in a number of areas in Metro Manila and affected areas of the country.

Even with the Department of Health's assurance that the total number of cases nationwide is lower than that of last year, the DOH National Epidemiology Center reported dengue cases at the National Capital Region, Region 1 and 2 nearly double, with 10,487 cases recorded in the first seven months of 2011 compared to 5,416 in the



same period last year.

This sudden rise in cases caused pressure and panic among public health facilities in Metro Manila, especially at the Quirino Memorial Medical Center. Due to the numerous affected patients, hallways were converted and temporary wards were made outside the hospital premises to house dengue patients, most of were children aged 0-15 years.

Most dengue cases in Metro Manila came from Quezon City, Manila and Caloocan. The most vulnerable were the poor, who lived in informal shelters or squatter settlements

in various areas all over the city. They lack basic community infrastructure, including access to piped water and adequate garbage disposal. They also lacked the community structure to facilitate collective action on any issue, including the threat of a dengue fever outbreak. Most of them were also unaware of the cause of dengue fever and how their actions might contribute to the spread of the disease. They feel that it is the responsibility of the government to contain the disease or any threat of its outbreak.

In the Ilocos region, health officials blamed the erratic weather as a cause for the sudden surge of dengue cases in the province. Poor planning, lack of financial assistance, and the state of the economy are believed to be factors for the rise of cases.

According to Dr. Anna de Guzman, provincial health officer of Pangasinan, they were not able to anticipate the coming of the rainy season due to the rising cost of petroleum products and basic commodities. People were more focused on putting food on their table rather than cleaning their surroundings.

Pangasinan recorded 11,084 dengue cases from January 1 to September 17, 2011; this is higher compared to the



number of cases recorded in the same period last year which is 3,860. There were 62 deaths this year, compared to 35 last year.

The provincial government of Pangasinan also launched their cleanup and vermin control drives to lessen the growing incidence of dengue cases. Dengue patients were also provided immediate medical treatment with Governor Amado Espino assuring the residents that blood and other medical supplies are sufficient in the provincial hospital to treat those affected with dengue.

Unlike Pangasinan, the provinces of La Union and Ilocos Sur placed their respective provinces under the state of calamity in order to combat the growing dengue cases in the province and immediately help dengue patients and access public funds to provide emergency measures to stop the spread of the disease in the community.

The Ilocos Region, composed of Ilocos Norte, Ilocos Sur, La Union and Pangasinan, is among the top four regions in the country with increasing dengue cases. Other areas are Metro Manila, Cagayan Valley and Central Luzon.

In Central Luzon (Region 3), dengue cases also continued to swerve

upward with 15,114 cases from January 1 to September 17, 2011. The Regional Epidemiology Surveillance Unit reported a total of 33 deaths with the province of Bulacan having 11 fatalities. Most of the victims were children aged 0-15 years old.

Dr. Rhodora Cruz, the dengue control program coordinator of the DOH Center for Health Development-Central Luzon, also launched counter measures in coordination with local governments to curb the massive surge of dengue cases and to provide protection to the population.

The biggest surge of dengue cases in the country was in 1998 with more than 38,000 cases.

### ABaKaDa

On August 25, the DOH together with the Departments of Interior and Local Government, Science and Technology, Education, Environmental and National Resources, and the Metro Manila Development Authority launched its latest campaign against dengue dubbed, "*Aksyon Barangay Kontra Dengue*" (or ABaKaDa), in an effort to stir up community action that will be sustainable, target-driven and that can be adopted by LGUs with perennial

threats of a dengue epidemic.

ABaKaDa seeks to reinforce the country's drive against dengue by going back to the basics of comprehensive vector control supported by environmental manipulation and modification. ABaKaDa calls for regular weekly clean-up drives spearheaded by the barangay leaders and includes the active participation of community volunteers, civil society and others in government.

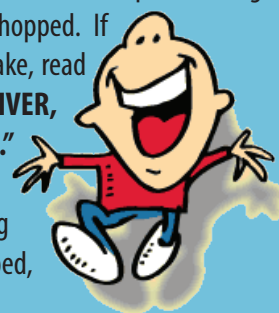
Health Secretary Enrique T. Ona said, "Combating dengue requires everyone's cooperation. We need to do our part in fighting this threat." Lessons from past dengue epidemics showed that communities determine the dengue burden depending on their seriousness and commitment to source reduction or elimination of mosquito breeding sites, the first line of defense to prevent and control dengue.

Specifically, the campaign urges families, barangay leaders and youth councils (Sangguniang Kabataan) to do community clean-up drives and to aggressively seek and clean out possible mosquito breeding sites every week especially in areas that continue to experience clustering of dengue cases. This is expected to be carried out at least until October this year when cases are also expected to significantly fall.



## Ano Daw?

Healthbeat is not sure whether this TV news clip circulating in the Internet is real or photoshopped. If you have not noticed the big mistake, read again: "**TUBIG SA MARIKINA RIVER, MALAYO PA SA MARIKINA RIVER.**" If this is real, we should seriously have second thoughts in believing the news. If this is photoshopped, however, it certainly is very funny.



## PATIENTS WHO AVAILED OF THE PHILHEALTH'S NO BALANCE PAYMENT FOR DENGUE

(September 1 - 17, 2011)

REGION	HOSPITAL	NO. OF CLAIMANTS
Region 1 (patients from Dagupan City)	Corpuz Clinic & Hospital Region 1 Medical Center	2 19
Region IV-B (patient from Batangas City)	St Patrick's Hospital Medical Center, Inc	1
Region V (patients from Legaspi City)	St. John Hospital	1
	Bicol Regional Training & Teaching Hospital	2
	Ago General Hospital	1
Region X (patient from Cagayan De Oro City)	Gozo Community Hospital	1
Region XII (patients from Koronadal City)	Holy Nazarene Clinic & Hospital	1
	St. Jude Clinic	1
		TOTAL 29

SOURCE: PhilHealth



School authorities are also urged to implement search and destroy actions at the school premises at least every week before classes break on a weekend. Other stakeholders, such as owners or managers of business establishments/malls and construction sites, are also strongly encouraged to initiate and sustain their own clean-up activities in their areas.

Searching and destroying breeding sites include covering all water containers, regularly changing water in flower vases, de-clogging of roof gutters, and filling up with soil all stagnant surface water in vacant lots in villages or housing areas or used tires found in roofs and in vulcanizing shops.

Self-protection means wearing long sleeved shirts and long pants, and using mosquito repellants whenever practical. Seek early consultation at the nearest health center when there is suspicion of

dengue and immediately visit a hospital when there are dangers signs like nose bleeding, restlessness, persistent vomiting or rapidly decreasing platelet count and, Say YES to fogging when there is an impending outbreak (in potential hotspots) as evaluated by the health officers.

### No Balance Payment for Indigent Dengue Cases

Effective September 1, the Philippine Health Insurance Corporation (PhilHealth) began implementing its new case rate payment scheme, where members would be able to predict how much PhilHealth would be paying for the services provided. Included in the new case rates is dengue, classified into Dengue 1 (dengue fever and dengue hemorrhagic fever (DHF) Grades I and II) and Dengue II

(DHF Grades III and IV) with reimbursement rates amounting to P8,000 and P16,000, respectively.

Complimenting the case-rate system is the no balance billing scheme which applies only to indigent patients covered by the national household targeting system for the poorest of the poor when they go to government hospitals only. Under this scheme, Philhealth beneficiaries no longer have to pay extra in case their medical expenses go beyond the amounts covered by the packages in the case rate system.

For the first half of September when this new scheme was fully implemented, only 29 dengue patients have availed. *(See table in this page.)*

The DOH and PhilHealth expect more people to avail of this payment scheme not only for dengue but also for the other 20 common medical and surgical conditions.

# Synchronized Action Against **DENGUE**

by  
**GLEN S. RAMOS**  
HEALTHbeat Staff

## **Metro Manila Against Dengue**

Due to the alarming rise in the number of dengue cases and the growing number of deaths in Metro Manila, the Department of Health Center for Health Development – Metro Manila (DOH CHD-MM) Regional Director Eduardo C. Janairo, launched one of the most intensive and ambitious campaigns to fight dengue at the National Capital Region (NCR) dubbed as “Synchronized Action Against Dengue” with the theme “*Bayanihan Para Sa Kalusugan!*”

*Isang Linggong Pakikibaka...At Susundan Pa...!”*

The activity is in line with Health Secretary Enrique T. Ona’s directive of controlling dengue through an intensive clean-up of surroundings and other anti-dengue actions such as space spraying and larviciding.

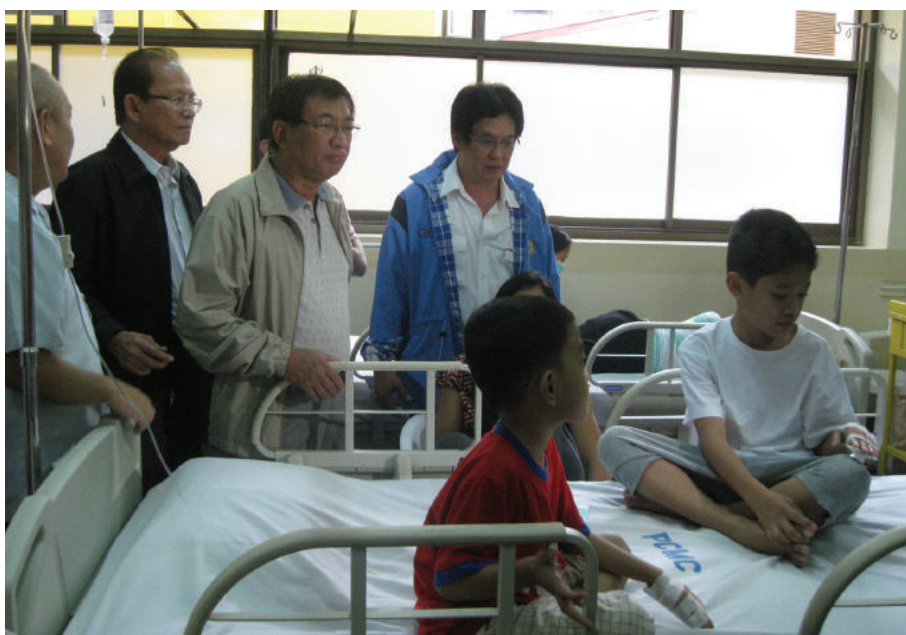
The campaign will be done in coordination with various barangays all over Metro Manila where there is high dengue incidence. “We are aiming to eliminate the *aedes aegypti* mosquito in one instantaneous

action so that they can no longer travel to nearby place or barangay where they can re-populate and hide. If everybody will be doing the same activity at the same time for a period of 10 days, there will be no place for a female mosquito to roam around and lay her eggs”, Janairo explained.

There is no other way but to synchronize efforts to fight and eliminate dengue. This is why the DOH is joined by other government agencies like Metro Manila Development Authority, Philippine National Police, Department of the Interior and Local Government, Department of Labor and Employment, Department of Education, Commission for Higher Education and Department of Science and Technology (DOST).

According to Janairo, a synchronized action against dengue is effective because it will be done simultaneously and in three-cycles. “We have already done a synchronized action against dengue in CHD-Region 1 and the result was zero cases of dengue. Of course, we have to sustain the clean-up activities, spraying and larviciding to ensure that there will be no more recurring cases. It is effective as far as our experience in Ilocos”, he remarked.

The reason for the conduct of three cycles of elimination is to annihilate the mosquitoes that were missed during the first round of the cleanup and conducting a



*Health Secretary Enrique T. Ona and Director Eduardo Janairo (third and fourth from left) visit the dengue ward of the Philippine Children Medical Center in Quezon City during the peak months of dengue cases (July-August). Also in the photo is Director Jovencio Ordoña (second from left.)*





**Space spraying is the process of producing a mist that will kill a mosquito once it comes into contact. (Photos in this article by Glen S. Ramos)**

second round of anti-dengue after 10 days. A final cycle of the same activity will be done again after 10 days for the completion of the three cycles to ascertain the effectiveness of the campaign and to ensure that the dengue mosquitoes are eliminated. It will be closely monitored and evaluated to determine its success.

The local governments of Metro Manila, especially those with high dengue cases have spearheaded the conduct of the synchronized action to fight dengue which begun in Valenzuela on August 22. Together with the city health officers and local health executives, a massive action against dengue have been initiated which includes activities such as *linis estero*, *bahay-bahay linis* visit, larviciding, and space spraying.

Communities were mobilized as early as 6 am, starting with a simultaneous clean-up drive. The top ten cities with the

high incidence of dengue cases have been targeted for the synchronized action against dengue program. The space spraying/misting activity within Metro Manila started at 6:30 up to 10:30 am and 3 up to 7 pm. This is the best time to kill mosquitoes because they are most active at dawn or dusk, looking for food, which is blood. Everyone should avoid walking or sitting outdoors during this period due to the heightened activity of mosquitoes. Staying indoors at dawn and during early evening hours will lessen the chance of being bitten. Occasional wearing of long-sleeved shirts and pants will provide protection outdoors but bites can still occur through thin clothing and to an exposed skin.

If staying outdoors during these periods cannot be avoided, mosquito repellents may be applied as it will help to prevent bites. As a reminder, always read

and follow directions in the label. Mosquito repellent should not be applied to the hands of young children, and treated skin should be washed with soap and water after returning indoors, as a precaution.

The target of the synchronized action against dengue is to eliminate the mosquito known as the female *aedes aegypti* and to stop the transmission of the dengue virus. This type of mosquito carries the dreaded dengue disease which is fatal if not immediately treated. The *aedes* usually place their eggs at the base of plants in low lying areas with clear stagnant waters and in low areas that flood periodically. They also can deposit their eggs above the water line in artificial containers (such as tin cans, old tires, etc.) or in tree holes that hold water. These eggs will eventually hatch when inundated with rain water.

Although the synchronized space

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spraying and misting activity can provide adequate benefits in the elimination of the aedes mosquito, still the most cost effective measure to reduce their number around homes and surrounding areas is to find and eliminate their breeding sites – i.e., stagnant water. Adults of some mosquito species remain near their breeding site. Others can travel long distances, even up to several miles. Because of this, problem mosquitoes may come from distant breeding sites.

Unlike the traditional fogging where chemical-based insect repellent is used (which according to environment experts can damage the ozone layer), space spraying only involves the use of water-based insect repellent known as Sumilarv. It is used to spray mosquitoes and their breeding sites. It is diluted with water and sprayed into the air and to areas where mosquitoes frequently habit. It is effective for three to four months and the mist from spraying machines will subside in 30 minutes, allowing people and animals to enter the sprayed area safely. Also, water-based insect repellent does not trigger allergies like asthma and other respiratory ailments although it has been advised that persons with such conditions should stay away from the vicinity where spraying is being conducted to avoid complications. However, spraying an area does not prevent mosquitoes from re-entering the area.

Space spraying is the process of producing a mist that will kill a mosquito once it comes into contact. The purpose of the synchronized activity is to immediately stop transmission of dengue by killing the adult mosquito through misting.

The CHD-MM also organized and trained a team of 30 spraymen in the proper preparation of the spraying solution. They were divided into two teams and were sent to serve in areas with high dengue cases to augment the lack of manpower and

logistics and provide support to other local government units in Metro Manila.

Ovi-Larvicidal traps (composed of a black can, a strip of lawanit and an insecticide pellet where mosquitoes are supposed to lay their eggs) provided by the DOST were also given to households to monitor if there were still mosquitoes left in the areas after the activity.

An intensive information drive and education campaign were also been conducted in schools (both public and private), workplaces and various communities by barangay health workers and other non-government organizations who pledged their support for the anti-dengue activity.

In order to avert the increase of dengue cases in the future, CHD-MM is currently establishing a case surveillance system which will be known as the Dengue Rapid Reporting System. It will involve local chief executives, local hospitals and the Regional Epidemiology and Surveillance Unit through a well-defined and responsible reporting of dengue cases to ensure immediate prevention and control measures that will decrease dengue cases and deaths.

This system will provide a mechanism to ensure that every single dengue case from the community will be reported by all participating agencies and facilities. It will be an early warning system for timely and effective public health action and will improve the efficiency of disease surveillance for use in planning and evaluating control strategies.

### **We Can Fight Dengue**

Dengue is now considered a perennial problem. Regardless of the weather, potential breeding sites of mosquitoes can develop. Pot holes, neglected swimming pools or clogged rain gutter can

produce hundreds of new mosquitoes within a few days. Trees that have been uprooted by storms leave soil depressions that eventually collect seepage and rainwater. Large areas of standing water, such as swamps, sluggishly moving streams or ditches and even flooded areas can be possible breeding sites for mosquitoes.

As responsible citizens, we can do our share to help lessen mosquitoes' breeding sites and prevent an outbreak of dengue in our area. There are effective steps that we can do to minimize mosquito breeding.

First, we can dispose of old tires, buckets, aluminum cans, plastic sheeting or other refuse that can hold water. Empty accumulated water from trash cans, boats, wheel barrows, pet dishes, and flower pot bottoms. The best thing to do is to turn them over if they are not in use.

Second, clean debris from rain gutters and unclog obstructed downspouts. These are among of the most overlooked breeding sites for mosquitoes around homes. Remove any standing water on flat roofs or around structures. Repair leaking faucets and air conditioners that produce puddles for several days.

Third, change water in wading pools at least once a week and keep swimming pools clean and chlorinated. Ornamental pools (those with ponds in their homes) can be aerated or stocked with mosquito-eating fish. Aeration/water movement (we can place aquarium pumps) helps because mosquitoes prefer quiet, non-flowing water for egg-laying and development.

Fourth, fill or drain ditches and swampy areas, and other soil depressions and remove, drain, or fill tree holes and stumps with sand to prevent accumulation of water. Eliminate standing water and seepage around animal watering troughs,



water tanks and septic tanks. Be sure that water tank screens are intact and that access covers fit tightly.

We can irrigate lawns and gardens cautiously to prevent water from standing for several days.

We can also use a mosquito larvicide when it is impractical to eliminate a breeding site. Larvicides are insecticides which are used to control immature mosquitoes before they can have the chance to develop into biting adults.

Some mosquito breeding sites are not always obvious or accessible, that is why there some sources that will remain undetected or impractical to treat. Also, mosquitoes can fly for several kilometers, which is why it is necessary to take additional measures against adults.

Mosquitoes prefer to rest in

protected sites during the day. Yards with lots of trees, shrubs, and dense vegetation or properties adjoining such areas, can have nightmarish problems. The removal of tall weeds and pruning of dense shrubs and trees are part of the activities of the synchronized action against dengue.

By keeping our windows, doors and entryways tightly sealed and insect screens in good order, we can keep our mosquitoes out of our home. The occasional mosquito that may enter can be eliminated by striking it with a swatter. Aerosol and other various indoor insecticides labeled for mosquitoes seldom provide relief due to its low toxicity level and environment friendly characteristic.

Dengue fever is caused by a bite from a striped mosquito known as *aedes aegypti*. The mosquito flourishes during rainy

season but can breed in water-filled flower pots, plastic bags, and cans year-round. One mosquito bite can inflict the disease.

Dengue is an acute illness of sudden onset that is usually followed by symptoms of headache, fever, exhaustion, severe muscle and joint pain, swollen glands and rash. The virus is not contagious and cannot be spread directly from person to person. There must be a person-to-mosquito-to-another-person pathway. There are four sero-types of dengue virus that is why a person can be infected again once he has recovered from the deadly virus.

"The DOH CHD-MM and Metro Manila LGUs with the cooperation of the community will sustain the regular clean-up drive and space spraying up to the end of this year. We will not stop until Metro Manila is declared dengue-free," Janairo assured.

**FACEbeat**

# Extreme Hygiene

*Photo grabbed from Facebook*





# *The Promise of Good Health* Community Health Teams

Keep your promise  
to stay healthy.



©Ignacio/2010

On October 11, in time for the 20th Anniversary celebrations of the Local Government Code at the Philippine International Convention Center, the Department of Health (DOH), with its government partner agencies – such as the Departments of Interior and Local Government (DILG), Social Welfare and Development (DSWD) and Education (DepEd) – launched the Community Health Teams (CHTs), a mobilization campaign to guarantee that every family in the community is periodically visited and attended by health providers as part of the government's efforts to meet the country's targets in the Millennium Development Goals by 2015 as well as to achieve **Kalusugan Pangkalahatan** (Universal Health Care).

The CHTs will do a nationwide door-to-door visit to reach all families, especially the poorest Filipino households, identified through the DSWD's National Household Targeting System (NHTS). The CHT mobilization aims to link these families to social service providers, to provide critical social services when needed and to deliver key health messages.

The campaign runs from October 2011 to January 2012, covering 12 priority areas that include Metro Manila, Negros Occidental, Quezon, Cebu, Pangasinan, Iloilo, Cavite, Maguindanao, Zamboanga del Sur, Leyte, Davao del Sur and Pampanga. The government is allotting a budget of P1.25

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billion for this campaign.

A total of 10.8 million households under the NHTS will be reached by 48,000 CHTs. Each CHT shall visit 15-80 households per day to cover the entire barangay in 17 to 25 days depending on the total households and distance of each household in the said Barangay.

Each CHT is composed of a leader, either a midwife or nurse, and four members that include a barangay health worker or traditional birth attendant, a social welfare development office representative or parent leaders, a barangay nutrition and a barangay service population officer.

Providing health education to household members will be the entry point for each visit. Flashcards containing 12 basic health messages will be used by the CHTs. These messages are:

- **Keep your promise to stay healthy.** This message reiterates the government's Pantawid Pamilyang Pilipino Program to help recipient families to help them stay healthy.
- **Have at least 4 prenatal care visits.** This message is intended for pregnant women, have prenatal visits, prepare a birth plan and watch out for emergency signs to prevent complications during pregnancy.
- **Give birth at a health center, lying-in, or hospital.** This message is for pregnant women to deliver only in a health facility, go back for postnatal check up to reduce the risk of complications and give the baby a healthy start in life.
- **Breastfeed your child right after birth.** This message is for pregnant and lactating mothers as well as their partners to ensure that newborns are exclusively breastfed in the first six months and continue to be breastfed up to 2 years of age

and beyond.

- **Complete your child's immunization.** This message is for parents and caregivers to bring the child to the health center for complete immunization, vitamin A and deworming, according to the DOH schedule to protect the child against dangerous diseases.
- **Space your children 3-5 years apart.** This message is for couples of reproductive age to go to the health center and talk to a health worker about family planning methods and services on birth spacing in order for children to become healthier and do better in school.
- **Practice proper hygiene.** This message is for the whole family to wash their hands, drink clean water and use the toilet to prevent the spread of diseases.
- **Live a healthy lifestyle.** This message is for the whole family again to avoid too much fatty, salty or sweet food, do physical activity and exercise, and avoid smoking and drinking alcohol to prevent chronic diseases.
- **Use your PhilHealth card.** This message is for the decision makers of the family to bring their PhilHealth card everytime they use a PhilHealth-accredited facility.
- **Use your PhilHealth benefits.** Likewise, every member of the family should be more aware of the various benefit packages of their social health insurance and use them when necessary.
- **Know where to go for health services.** This message is for the whole family for them to know what health facility is appropriate for their specific health needs and where the

different kinds of health facilities are located within their area.

- **Go to the health center if you have been coughing for 2 weeks or more.** This is an important message for the whole family to prevent and immediately seek consultation and treatment when symptoms of respiratory diseases, particularly tuberculosis, occur.

Aside from providing health education, the CHTs also provide immunizations for children and senior citizens and other health services as the need arises, like counseling for mental health problems and family planning needs. Moreover, the CHTs will distribute Complete Treatment Packages or medicines with the information on how to properly use them to avoid antimicrobial resistance to medicines.

Health Secretary Enrique T. Ona emphasized, "The DOH is now on the next phase of its effort to achieve **Kalusugan Pangkalahatan**, and this campaign is just one of many programs directed to providing poor Filipino families access to quality health care."

The DOH is taking the lead in this initiative and in particular will be in charge of the training and mobilization of CHTs. Partner agencies will provide additional support in terms of logistics and information among other things in the implementation of the program.

"The mobilization of CHTs is the DOH's strategy to ensure that all populations and individuals vulnerable to illnesses are provided information and services to maintain their health and well-being and to prevent progression of illness. After all, preventing illness and promoting wellness is in fact cheaper than treating the sick," Ona concluded.

- o O o -

# How to prevent **FOOD POISONING**

Whatever the season (sunny, rainy, and even the Yuletide season when celebrations and parties are abundant), food poisoning can happen. Food poisoning is defined as an illness caused by the consumption of food or water contaminated with bacteria and/or their toxins, or with parasites, viruses, or chemicals. The symptoms, varying in degree and combination, include abdominal pain, vomiting, diarrhea, and headache. In more serious cases, food poisoning can result in life-threatening brain, liver, and kidney syndromes leading to permanent disability or death.

Most of the illnesses are mild and improve without any specific treatment. Some patients have severe disease and require hospitalization, aggressive hydration, and antibiotic treatment.

The World Health Organization developed very simple messages and measures that can have a big impact on health protection against food-borne diseases. Proper food preparation can prevent many foodborne diseases.

The five keys to safer food are:

**1) Keep Clean.** Wash your hands before handling food and often during food preparation. Wash your hands after going to the toilet. Wash and sanitize all surfaces and equipment used for food preparation. And, protect kitchen areas and food from insects, pests, and other animals.

While most microorganisms or germs do not cause disease, dangerous

germs are widely found in soil, water, animals, and people. These germs are carried on hands, wiping cloths, and utensils, especially cutting boards, and the slightest contact can transfer them to food and cause foodborne diseases.

## **2) Separate raw and cooked.**

Separate raw meat, poultry and seafood from other foods. Use separate equipment and utensils such as knives and cutting boards for handling raw foods. Store food in containers to avoid contact between raw and prepared foods.

Raw food, especially meat, poultry and seafood and their juices, can contain dangerous germs which may be transferred onto other foods during food preparation and storage.

**3) Cook thoroughly.** Cook food thoroughly, especially meat, poultry, eggs, and seafood. Bring foods like soups and stews to boiling to make sure that they have reached 70 °C. For meat and poultry, make sure that juices are clear, not pink. Ideally, use a thermometer. Reheat cooked food thoroughly.

Proper cooking can kill almost all dangerous germs. Studies have shown that cooking food to a temperature of 70 °C can help ensure it is safe for consumption. Foods that require special attention include minced meats, rolled roasts, large joints of meat and whole poultry.

**4) Keep food at safe temperatures.** Do not leave cooked food at room temperature for more than two (2)



hours. Refrigerate promptly all cooked and perishable food (preferably below 5 °C. Keep cooked food piping hot (more than 60 °C) prior to serving. Do not store food too long even in the refrigerator. Do not thaw frozen food at room temperature

Germs can multiply very quickly if food is stored at room temperature. By holding at temperatures below 5 °C or above 60 °C, the growth of germs is slowed down or stopped. Some dangerous germs still grow below 5 °C.

**5) Use safe water and raw materials.** Use safe water or treat it to make it safe. Select fresh and wholesome foods. Choose foods processed for safety, such as pasteurized milk. Wash fruits and vegetables, especially if eaten raw. Do not use food beyond its expiry date.

Raw materials, including water and ice, may be contaminated with dangerous germs and chemicals. Toxic chemicals may be formed in damaged and mouldy foods. Care in selection of raw materials and simple measures such as washing and peeling may reduce risk.



# LOLa

## Lola Prinsesa

**LOLA:** Iho ako ay isinumpa. Isa akong prinsesa, ngunit kung ako ay iyong masidhing hahalikan sa aking labi, ako ay babalik sa maganda kong anyo at tuluyang mapuputol ang sumpa!

*(At masidhing hinalikan ng lalaki si lola.)*

**IAN:** Ayan, tapos na! Bakit di ka pa nagpapalit ng anyo?

**LOLA:** Ilang taon ka na ba, iho?

**IAN:** 21 na ho!

**LOLA:** 'Yang tanda mong yan, naniniwala ka pa sa mga fairy tales? Hala, alis na at nang makapambiktima ulit ng iba... Nabitin ako sa 'yo!

## Walang Kagalit

**PARI:** Sino ang may kagalit?

*(Nagtaas laht ng kamay maliban kay lola.)*

**PARI:** Si lola lang ang walang kagalit?!? Ano na po ba ang edad n'yo, lola?

**LOLA:** 90 anyos.

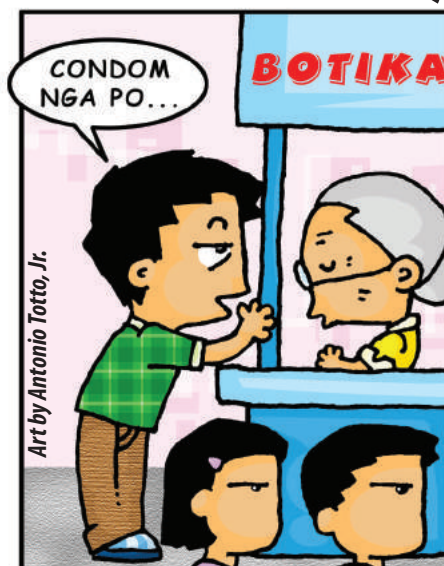
**PARI:** Tignan n'yo si lola, 90 years old na, walang kagalit. Dapat ganito din tayo. Teka lola, bakit po wala kayong kagalit?

**LOLA:** Patay na ang mga walang hiya!!!

## Away Matanda

**LOLA:** Mas mabuti pa yata kung nagpakasal nalang ako sa demonyo noon pa!!!

**LOLO:** Weehhh! Bawal kaya magpakasal sa kamag-anak!



## Hirit ni Lola

**LOLA:** Mag-lovemaking naman tayo!

**LOLO:** Sandali lang, kukunin ko ang condom ko.

**LOLA:** Engot, hindi na ako mabubuntis!

**LOLO:** Ikaw ang engot! May rayuma ang ari ko, hindi pwedeng mabasa! Hmmmp!

## Banat Ni Lolo

**LOLO:** Tanim ka ba?

**LOLA:** Ang korny mo! Ang tanda na natin, may banat ka pa. Sige na nga, bakit?

**LOLO:** Kasi, ang hita, binti at paa mo ay puro ugat na! Bwahahaha.



## Ubo, Ubo

**JOEL:** Nakakaawa naman ang lola mo.

**ERWIN:** Bakit?

**JOEL:** Nakasabay ko kasi magsimba nung Linggo, ubo nang ubo. Pinagtitinginan nga ng tao.

**ERWIN:** Papansin lang yon! Bago kasi ang blouse niya!

## Sumbong

*Nagsumbong ang mag-lola sa pulis...*

**PAULO:** Sir, hinoldap kami at ni-rape po ang lola ko...

**PULIS:** Lola, ano po ang masasabi ninyo?

**LOLA:** Hindi na ako nahihirapang umihi ngayon.

Catch **Healthbeat** Online

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

## *Frequently Asked Questions*

# Influenza & Pneumonia Vaccinations

It's the cold season and people are prone getting sick of influenza and pneumonia, particularly the elderly. Here are some frequently asked questions that senior citizens need to know about influenza and pneumonia vaccinations.

### **Influenza Vaccination**

**What is Influenza?** Influenza or commonly called as 'flu' is a contagious disease caused by the influenza virus. It spreads rapidly and often strikes a community all at once. It is one of the ten leading causes of illnesses nationwide. Flu vaccination protects a person from getting influenza and it also helps to avoid transmission to others.

**What are the complications?** The complications of flu that may occur and need to be prevented include: bacterial pneumonia, encephalitis, bronchitis, and ear infections. High risk individuals (senior citizens, children 2 years and below, and those with chronic illnesses such as lung, heart, kidney diseases and diabetes) can have more serious complications.

**What are the signs and symptoms?** The signs and symptoms of flu are: high fever, sore throat, chill, headache, sneezing, runny nose, nausea and vomiting, lack of energy, and loss of appetite

**How is influenza different from the common cold?** Other illnesses can have the same symptoms and are often mistaken

for influenza. Sometimes people confuse the common cold and flu.

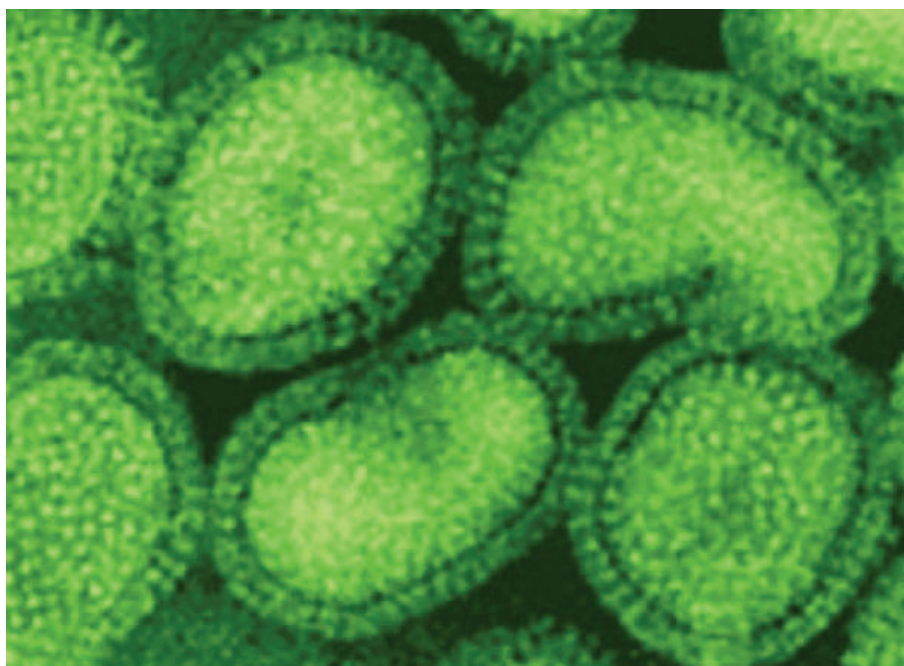
The common cold is caused by rhinovirus. Most people get a cold several times each year and the flu only once every few years. Flu infections mostly cause symptoms in the nose, throat, and lungs. It is very difficult to distinguish the flu from other viral or bacterial respiratory diseases on the basis of symptoms alone. Hence, a doctor's examination may be needed to determine whether a person has another infection that is a complication of influenza.

**How is flu transmitted?** Flu is easily transmitted through: droplet spread or the person catches the flu when a person

breathes in tiny respiratory droplets from coughs or sneezes from someone who has the flu; touching infected surfaces, such as door knob, faucet handle, phone or any object that has the influenza virus; and handling of infected objects that may accidentally reach the mouth and nose of others.

### ***Who are at risk of getting flu?***

The flu virus spreads rapidly. It often strikes a community all at once. In most people who are healthy, the flu goes away within 7 – 10 days. However, some people are at a greater risk from getting the disease. These include senior citizens, very young children, anyone with chronic lung or kidney diseases; diabetes; other chronic disease or a



*The "forever-changing" influenza virus.*

weakened immune system.

**How can flu be prevented?** Flu can be prevented by: frequent hand washing, covering mouth and nose when coughing and sneezing, not spitting anywhere, and getting vaccinated.

**What are the benefits of getting influenza vaccination?** Vaccination will protect the individual against influenza. The immune system (the body's natural defense against certain diseases) of the person will produce its own protection called antibodies against influenza. However, it will not prevent illness caused by other viruses such as the common cold, even though some of the symptoms are similar to flu.

**What is the flu shot?** The "flu shot" is another term for the seasonal influenza vaccine. It is an inactivated vaccine (containing killed flu virus) that is given by injection, usually in the arm. It protects against three (3) flu viruses that will be the most common in the upcoming season.

**Who should get the flu shot?** Everybody, especially senior citizens, should get a yearly flu shot. It is important to

remember that flu viruses change from year to year, so flu shots must be given every year. The flu virus this year may not necessarily be the same virus strain that circulate next year.

When can a person get the flu shot? Senior citizens need one dose of seasonal influenza vaccine each year. It may be given at the same time as other vaccines, including pneumococcal vaccine or at any time of the year.

**What are the contraindications of getting the flu shot?** Contraindications (*symptoms or conditions that make vaccination inadvisable*) can happen if a person has severe allergy to eggs and if a person is moderately or severely ill at the time of vaccination. A person with mild illness can usually get the vaccine. Talk to a health care provider for another schedule of vaccination for those who were not given flu shot.

**What are the possible side effects of getting flu shot?** The risk of a vaccine causing serious harm or death is extremely small. Possible mild side effects are: soreness, redness, swelling where the

shot was given, hoarseness, sore, red or itchy eyes, cough, and aches. If these problems occur, they usually begin soon after the shot and last one to two days.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, they occur within a few minutes to a few hours after the shot.

**What to do in case a severe reaction occurs?** Immediately after the flu shot, look for the following signs and symptoms: high fever or behavior changes; difficulty of breathing; hoarseness; wheezing; hives; paleness; weakness; fast heart beat; and dizziness;

If any of these symptoms is present, immediately, go to the nearest hospital. Tell the doctor what happened, the date, time, and severe reaction happened; and, the time and date when the flu shot was given.

## Pneumonia Vaccination

**What is Pneumonia?** Pneumonia is a serious lung infection caused by a bacteria. It infects the lungs, blood, and the covering of the brain. Complications from pneumonia can lead to death and very dangerous especially to older persons and those with chronic diseases (e.g. hypertension, diabetes and lung infection). This should not be taken for granted and it can be prevented through vaccination.

**What are the complications of pneumonia?** The complications of pneumonia that may occur and need to be prevented include: spread of bacteria through the bloodstream and infect other organs of the body; fluid retention surrounding the lungs that may cause inflammation; and lung abscess or the presence of pus in the infected organ.

**What are the signs and symptoms?** The signs and symptoms of



The pneumonia virus.



pneumonia are: high fever, cough, shortness of breath, chest pain, headache, sweating, muscle pains, and feeling of tiredness.

***How is pneumonia transmitted?***

Pneumonia is easily transmitted through: coughing, sneezing and spitting; inhaling fine particles coming from the lungs, nose and mouth of an infected person; handling infected objects that may accidentally reach the mouth and nose of others.

***Who are at risk of getting pneumonia?*** Anybody can get pneumonia. However, some people are at a greater risk from getting the disease, including senior citizens, very young children, those with chronic health, lung or kidney diseases; and those with diabetes, other chronic disease or weakened immune system.

***How can pneumonia be prevented?*** Pneumonia can be prevented by: frequent hand washing, covering mouth and nose when coughing and sneezing, not spitting anywhere, and getting vaccinated.

***What are the benefits of getting pneumonia vaccination?*** Vaccination will protect the individual against any of the 23 serotypes of pneumococcus bacteria that is present in the vaccine.

***What is pneumococcal vaccine?*** The pneumococcal polysaccharide vaccine (PPV) protects against 23 serotypes of pneumococcal bacteria that is given by injection, usually in the arm. The vaccine stimulates the immune system (the body's natural defense against certain diseases) to produce antibodies against pneumococcus bacteria.

***How many times should the senior citizens be vaccinated with pneumococcal vaccine?*** It is recommended that all senior citizens (60 years old and above) should receive a single dose of pneumococcal vaccine. It means, only one (1) dose of pneumococcal vaccine is given once in a lifetime and can be given at any

time during the year.

However, a second dose (or re-vaccination) is given to the senior citizen who has received the dose before age 65 and five years have elapsed since the last vaccination and to those who have unknown vaccination status.

***Who are not qualified to be given pneumococcal vaccine?*** If the senior citizen is moderately or severely ill at the time of vaccination, he/she is not qualified for a vaccination. However, if the illness is mild, he/she can be given vaccination.

***Can the senior citizen be given pneumococcal vaccine and influenza vaccine at the same time?*** Yes, it is more cost-effective and saves time and effort for the elderly. Pneumococcal vaccine will be given at the right arm, while the flu vaccine at the left arm.

***What are the usual side-effects of the vaccination that may be encountered by the senior citizen?***

Pneumococcal vaccine is a safe vaccine and seldom does it cause side effects. Although a vaccine, like any other medicine, could possibly cause severe allergic reactions. Some of the reported side effects include: soreness and/or redness at the injection site, muscle aches, moderate fever (< 39 °C) which generally occurs after vaccination and resolves within 24 hours.

***What actions are to be taken if severe reaction occurs?*** If any of the following conditions and signs of severe allergic reactions occur such as high fever or behavior changes, difficulty of breathing, hoarseness, wheezing, hives, paleness, weakness, fast heart beat and dizziness, the health care provider should immediately go to the nearest hospital and inform the doctor what happened, the date and time the severe reaction happened, and the date and time when the pneumococcal vaccine was given.

-o o o-

At the end of our lives we will not be judged by how many diplomas we have received, how much money we have made or how many great things we have done.

We will be judged by: *I was hungry and you gave me to eat. I was naked and you clothed me. I was homeless and you took me in.*

- Mother Teresa of Calcutta  
1910 - 1997





*The biggest names in the business sector rally behind the Department of Health in its quest to address the stumbling blocks in the effort to make quality health care accessible to every Filipino through PhilHealth. (Photo by Paking Repelente)*

# Partnering with PhilHealth

## PhilHealth and PPP

The Philippine Health Insurance Corporation (PhilHealth) launched in September its Public Private Partnership (PPP) initiatives to provide financial risk protection for all Filipino especially the poor by ensuring universal coverage and improving the benefits of the social health insurance. The PPP initiatives are designed to help PhilHealth encourage more and more people to become part of PhilHealth and to assist PhilHealth in improving its services for its members.

Some of the biggest names in the business sector rallied behind the Department of Health in its quest for **Kalusugan Pangkalahatan** to address the stumbling blocks in the effort to make quality health care accessible to every

Filipino through PhilHealth.

Through this PPP initiative, the SM chain of malls and the CIS BayadCenters provide more than 1,300 registration sites for those who wish to be PhilHealth members, up from the current 107 PhilHealth Service Offices that offer registration activities.

Globe and Smart telecommunications provide marketing support to inform the public about PhilHealth offerings and benefits through their text blasts. In cooperation with E-soluzione, an IT-solutions company, the telecom giants now allow users to transact with PhilHealth through their mobile phones.

All PhilHealth members are now be entitled to discounts for medicines and other health services. Watson's Pharmacy gives discounts for medicine and cosmetic product purchases while Rose Pharmacy

and SouthStar Drug provide discounts for its unbranded generic drugs. Qualifirst, a subsidiary of United Lab also gives 50-60% discount for its generic medicines. Likewise, Glaxo-Smith Kleine (GSK) offers a substantial discount for their flu vaccines while PQ Health Shield provides 20% discount on all vaccines given in their outlets. Other discounts are given by Fresenius Medical Care for its hemodialysis services and Vivian SarabiaOpticals who will offer free eye examination and 20% discount on frames and lenses.

"ALL CARDS" has committed to assist PhilHealth in providing the new and better quality PhilHealth ID card which will be made of PVC (plastic) with a magnetic stripe. Finally, UNILAB shoulders the card cost of senior citizens.

All these support will be at no cost

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to the DOH or PhilHealth.

"The support of the private sector is critical in the pursuit of our objectives. Government cannot do it alone, we need the support of all our partners" Health Secretary Enrique T. Ona said, as he called on more private sector support for the thrust of **Kalusugan Pangkalahatan**.

### **Universal Coverage in 3 Years**

Sec. Ona said, "The National Health Insurance Act of 1995 mandates that every Filipino citizen, rich or poor, is required to enrol in PhilHealth 'to avoid adverse selection and social inequity.' This is the reason why we are hell bent in achieving universal coverage in three (3) years."

A year ago, only an estimated 54% of Filipinos were enrolled with PhilHealth. Today, there are additional enrollees, about 4.2 million families under the sponsored program who have been identified through the National Household Targeting System of the Department of Social Welfare and Development (DSWD). These are the poorest of our people, about 25 million of them and who have been left out without any health coverage through the years. Including the formal sector (gainfully employed), this leaves the country with another estimated 5 million families to be brought to PhilHealth enrolment. This fact actually reveals that adverse selection and social inequity do persist at present, because a substantial number of our fellow Filipinos are NOT PhilHealth members.

Ona reiterated that PhilHealth non-members do not only fail to enjoy the benefits of financial risk protection but they also renege on their duties as citizens to help others in the collective struggle for national development. Those who are members, on the other hand, cannot enjoy the full benefits that may be provided by PhilHealth

since the lack of membership limits the quantity and quality of benefit packages that may be implemented. PhilHealth premium contributions by all are the lifeline of a universal social health insurance.

PhilHealth is the most affordable quality health care currently in the country. Financial risk protection – the cloud of protection that envelopes the family if and when health crises occur – comes at a cost of just Php 3.33 per principal member per day. This is even more affordable than a sachet of coffee, a lottery ticket, or two sticks of cigarettes per day, among others. But the benefits outweigh the immediate gratification of these. At Php 3.33 per day, one is insured, and so are their qualified dependents. Unlike other insurances, PhilHealth is a social health insurance where one need not pass a medical examination to be a member. All Filipinos are members as long as premium is paid because everyone should share in the risk and the burden in protecting ourselves from the high costs of illnesses and diseases.

In addition, hospitalization benefits from PhilHealth can go as high as Php 38,000 for packaged cases and more for some catastrophic illnesses. PhilHealth, aside from being the most affordable, is also the biggest payer of health services in the country. In 2010 alone, PhilHealth has paid more than 33 billion pesos worth of reimbursements to at least 1,800 accredited facilities nationwide.

"But despite all these, sadly, not all are PhilHealth members," Ona said.

Poor Filipino families or 30-40% of Filipinos who live on a monthly salary of less than P6,500, cannot afford to pay PhilHealth premiums on their own. This is why the national government has a sponsored program that subsidizes their premiums. This year, PhilHealth was able to enrol through full premium subsidies of some 5.2

million families identified by the DSWD's National Household Targeting System as the poorest. The DOH has also enrolled some 3.8 million in partnership with the different local government units.

Ona said that for next year, the DOH will enrol the poorest 5.2 million families with full government subsidy at Php 2,400 per year, doubling their annual premiums. A greater challenge however, is to get those who can afford or those who belong to the informal sector and can afford to pay the minimum premium cost to enrol to PhilHealth.

Moreover, the DOH is aware that many PhilHealth members are not familiar with their entitlements. Through the so-called "membership services," the DOH and PhilHealth are determined to educate and inform members of their entitlements, benefits, and the processes to avail of these. PhilHealth will also simplify its procedures and processes to fast track everything from enrolment, claims processing, reimbursements, by investing in upgrading its information technology (IT) capability to move things faster.

Finally, both the DOH and PhilHealth want to further enhance the benefits of members. Priority is given to improve in-patient and out-patient benefit packages for the poor. The introduction of Case Payment Scheme for the top 22 most common medical and surgical conditions has already been introduced in September. This goes hand in hand with removing co-payments of the poorest members admitted in government hospitals to virtually zero. Many of these programs are initially directed for the poorest members in our society, but the implementation of interventions packages that will also benefit those belonging to the formal or employed sector, overseas Filipino workers, and individually paying members is not too far behind.



*Top Honors for the*  
**DOH PPP**  
**Management Office**

The Department of Health (DOH), through its Public-Private Partnership Management Office (PPPMO), recently won first prize in the Business Case Development Fundamentals And Workshop conducted by PricewaterhouseCoopers Financial Advisors Inc. Apart from that recognition, the panelists composed of top officials of the PPP Center of the Philippines and PricewaterhouseCoopers considered the presentation of the DOH PPPMO as the most comprehensive despite the time constraints.

This important milestone in the early existence of the PPPMO came after its successful presentation of the Research Institute of Tropical Medicine's Vaccine Self-sufficiency Program II to the Economic Development Cabinet cluster and its eventual approval by President Benigno S. Aquino III. These developments are indicative of the capacity of the DOH to pursue Public-Private Partnership projects in health.

The DOH team, led by its consultant Gilda Resurreccion, presented the business case of the Philippine Orthopedic Center (POC) Modernization project.

The award is an indication that the PPPMO, through the business case development of the POC Modernization project, had performed due diligence in being exhaustive in all financial scenarios and ensuring the accuracy and completeness

of financial information, not only to prevent the government from paying too much but also to guarantee that governance and risk management objectives are met.

Health Undersecretary Teodoro J. Herbosa, the DOH's PPP focal person, explained that this bodes well for public-private partnerships in the health sector. "This shows that the DOH, through its PPPMO, is now ready to help DOH hospitals and other government health facilities in ensuring transparency and efficiency in the implementation of their PPP initiatives."

PricewaterhouseCooper is an international network of member firms

which offer financial advisory services to both public and private sectors.

The business case development workshop aimed to equip financial planners with the capacity to develop robust, comprehensive and relevant business cases intended to assess the viability of PPPMO projects in accordance with the parameters of the PPP Center of the Philippines. The workshop which was initiated by the PPP Center of the Philippines and the Development Academy of the Philippines through a grant from the British Embassy Manila was held from September 7-16, 2011 at Astoria Hotel in Pasig City.



Photo from <[muscleprodigy.com](http://muscleprodigy.com)>

**BY DOING WORK THAT YOU LOVE,  
YOU WILL ENJOY YOUR JOB AND LIFE.**

# *Safety Guidelines for* **COMMUNITY FIREWORKS DISPLAY**

The use of firecrackers has long been a part of the Filipino tradition in celebrating cultural and religious festivities, especially in welcoming the New Year. Filipinos believe that making noise drives away bad or evil spirits. For nearly two decades, that the Department of Health has been conducting surveillance on injuries and deaths brought about by the use of fireworks and firecrackers which continuously show a rising trend.

In recent years, the DOH urged local government units to enforce a ban on the use of fireworks and firecrackers in residential areas and campaigned for a designated communal fireworks/firecrackers display area in their respective localities. Last year, the DOH even staged a sample fireworks display in a community in Payatas, Quezon City. It could be done and it is much safer for the public.

This year, the DOH, through the Degenerative Disease Office of the National Center for Disease Prevention and Control, and in close collaboration with the Bureau of Fire Protection (BFP) and the Philippine National Police (PNP), has formulated the guidelines on how to plan and organize a community display of firecrackers and other pyrotechnic devices. These guidelines are based on existing laws, particularly

Republic Act (RA) 7193 - An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices and RA 9514 - An Act Establishing a Comprehensive Fire Code of the Philippines, Repealing Presidential Decree no. 1185 and for Other Purposes.

## **Getting Started**

Under the guidelines, the LGUs are recommended to organize a local committee that may be known as "Community Fireworks/Firecrackers Display Committee (CFDC)" which may be chaired by the barangay chairman. The composition of the CFDC may include representatives from local civic, faith-based and people's organization.

The roles and functions of the CFDC must include planning and coordination of all activities, identification and organization of display implementers (e.g. trained fireworks display operators), and organization of essential teams such as health and emergency as well as security and safety.

Based on the implementing rules and regulations of RA 9514, a clearance to conduct fireworks/firecrackers display must be secured from the City/Municipal Fire Marshall and a permit to possess and display

fireworks must likewise be secured from the PNP.

## **Site and Layout**

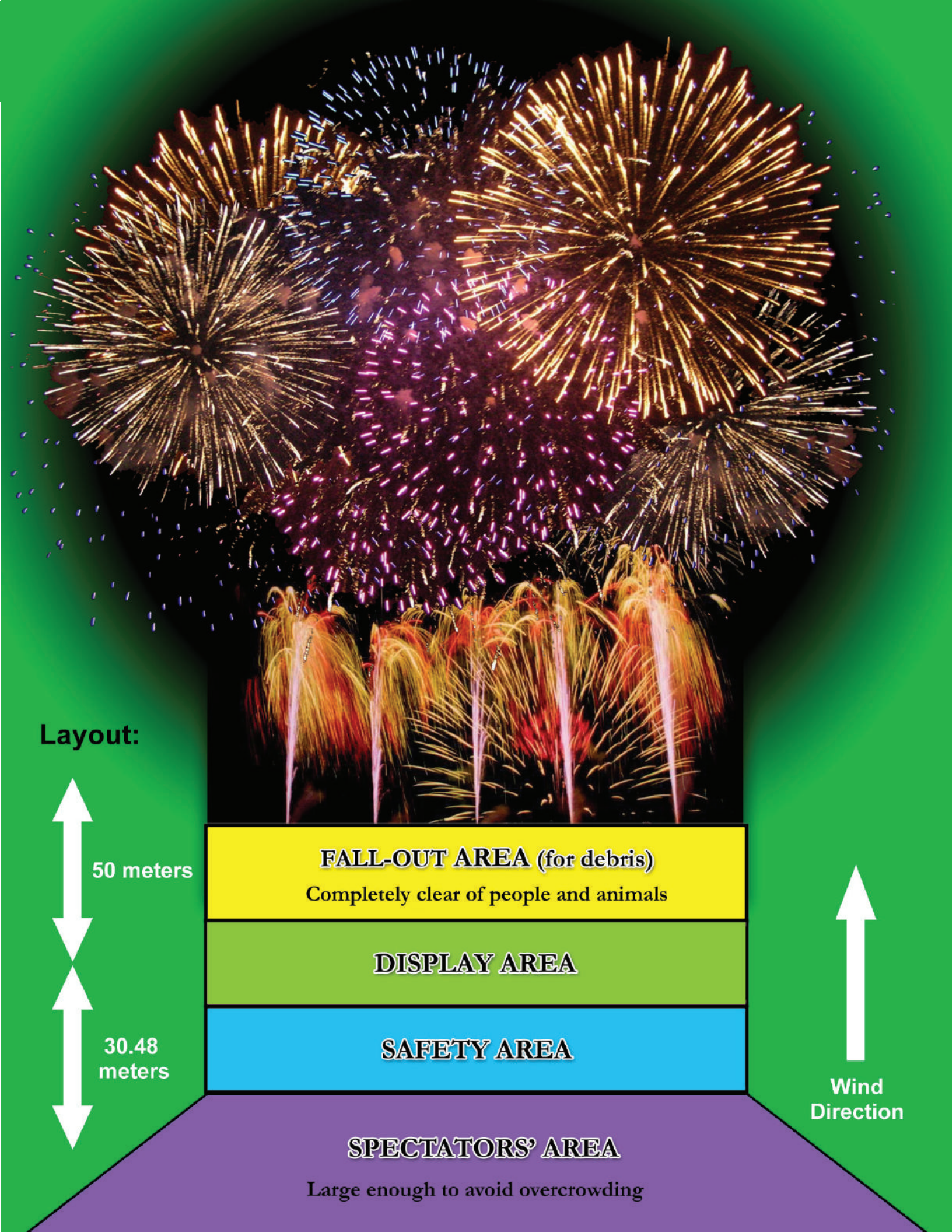
An identified designated community fireworks/firecrackers display area should have the following specifications:

- Space (lot) at least 100 square meters;
- Preferably soft ground/soil;
- A good sized spectators' area just to avoid overcrowding;
- A Safety area between the firing area and spectators' area at least 30.48 meters;
- A fall out area of at least 50 meters;
- No overhead obstruction near the display area including trees and cables; and
- If possible, firing area should be adequately distanced from buildings and fire hazard objects.

*(See layout next page.)*

The fireworks display area should be further enhanced by having a separate emergency access route and making sure it is always open. A stable foundation for the fireworks should also be strongly secured on the ground or any leveled area. Signages should also be placed in all public access







routes and amenities including traffic control signs. Barriers for crowd control should be put up with the assistance of the police and barangay tanods. The fall out area should be properly cordoned off so that people, especially children do not stray into it by mistake. The area should be properly lighted.

It is also very important for local Government agencies, BFP, PNP, health emergency services and the nearest referral health facility/hospital to be properly informed prior to the holding of the event.

Health and emergency posts should be placed and located strategically in the perimeter of the display area. Ambulances should always be available.

BFP, PNP and barangay personnel should be posted in the perimeter of the display area. Fire trucks, fire extinguishers, drums of water and a public address system should always be available.

An escape route should also be formulated and staff involved in handling the pyrotechnic devices as well as the viewing public should all be properly briefed or informed. Make regular announcements about emergency exists, first aid points and where to get help in case of emergency situations. In case of injury during the display, a designated person should call emergency services and the fireworks/firecrackers display should be stopped immediately.

The conduct of the display should be done only by experts and ensure that they are easily identified. Start the display on time so that spectators will not become restless. If an unavoidable delay happens, let everyone know as soon as possible.

Other safety recommendations include the ban on sale or drinking of alcohol in the vicinity of the display area, children should always be under the supervision of their parents or guardians.

# PAPUTOK

## Health Hazards

*Paputok*, the collective name for firecrackers and fireworks in Pilipino, is believed by many to drive away bad luck and evil spirits, especially during Christmas and New Year's celebrations. But do they realize that the use of *paputok* causes harmful effects that may lead to a lifetime of misery. The health hazards of paputok include:

- **SERIOUS PHYSICAL INJURIES.** We are all too familiar with injuries that can happen with the use of *paputok*, including death, amputation of the limbs (hand and foot), burns, eye injuries resulting to blindness, poisoning due to firecracker powder ingestion, and tetanus.
- **NOISE DISTURBANCES.** *Paputok* produces a deafening noise that can lead to anxiety, stress, sleep disorders, and hearing disabilities, and trigger high blood pressure and heart attack in humans. The noise that paputok creates can also result to severe ear injuries in animals. It terrifies them and causes them to run wildly or lose their navigational skills.
- **RESPIRATORY ILLNESSES.** Asthma, bronchitis and other respiratory diseases are prone in people who are exposed to firecrackers. Toxic dust and harmful chemicals will easily invade any human body because it is an airborne substance. This can affect the normal functions of your lungs and can result to many diseases.
- **CHRONIC DISEASES.** *Paputok* contains toxic elements that are potent irritants and known or suspected carcinogens (cancer causing agents). Firecrackers and fireworks may include chemicals such as copper, cadmium, lead, magnesium, manganese, potassium, sodium, nitrate, nitrite, phosphorus and sulfur. Long-term exposure, especially in manufacturing *paputok*, can lead to disabling and debilitating chronic diseases.
- **ENVIRONMENTAL DISASTER.** *Paputok* produces toxic smoke and dust that can aggravate the poor quality of air we breathe, and may directly affect climate. Firecrackers and fireworks also leave behind unwanted garbage such as paper scraps, cellophane and plastic wrappers that clog waterways and add up to the mountains of holiday trash in dumpsites. And when Mother Nature makes her revenge, disasters take its toll in human lives.

This coming holiday season, be safe and happy. HUWAG KANG MAGPAPUTOK!

## Answers to “May TAMA Ka Ba?!?” on Page 3

1) **b) Tuberculosis remains to be the 6th leading cause of death in the Philippines.** The number 1 killer in the country to date is heart disease, but tuberculosis still remains to be in the Top 6, with the Philippines ranking 22nd in the world in the highest number of TB cases, second only to China in Asia and the Western Pacific region. But of course, TB is curable. Through DOTS (Directly Observed Treatment Short-Course) therapy, patients are effectively treated, while new infections and the development of multi-drug resistance TB are prevented. (See “*Fighting TB Through The Photographer’s Lenses*” on page 26.)

2. **c) Non-Communicable Diseases.** The health profile of the Philippines has changed considerably given the increase in life expectancy, rapid urbanization, and lifestyle trends. Current data reveals that seven (7) of the 10 leading causes of death in the country are non-communicable diseases. Heart diseases, strokes, cancers, accidents, diabetes mellitus, chronic lower respiratory diseases and renal disease account for over 50% of deaths that occur annually. The Philippine is one of the 23 countries that contribute to around 80% of the total mortality burden attributed to chronic disease in developing countries. (See “*Non-Communicable Diseases and Health Promotion*” on page 6.)

3. **b) Home.** Over 70 per cent of all cardiac and breathing emergencies occur in the home when a family member is present and available to help a victim. By taking action, you and your family can reduce the burden of cardiovascular diseases. But not all heart events are preventable. It is important to know what action to take should a heart attack or ischaemic stroke, occur in the home. (See “*One Home, One Heart*” on page 24.)

4. **e) All of the Above.** Overusing your voice by singing or yelling obviously may put a strain in your larynx and may cause laryngitis. And, believe it or not, whispering too. Research showed that squeezing the vocal cords together more tightly to produce the whisper is more traumatic. Avoid whispering and simply talk softly. (See “*Careless Whispers, Voiceless Shouts*” on page 10.)

5. **c) 100 cigarettes.** Shisha or smoking through a water pipe is no less toxic than cigarette smoking, as what many people is made to believe. Shisha smokers may actually inhale more tobacco smoke than cigarette smokers do because of the large volume of smoke they inhale in one smoking session, which can last as long as 60 minutes. One hour of exposure to shisha smoke is the equivalent to exposure to 100 cigarettes. (See “*Shisha - Smoking thru the Water Pipe*” on page 19.)

6. **b) Depressant.** Alcohol contributes to galore of deaths annually. It is a depressant that can affect virtually every organ in the body, since it goes directly into the bloodstream. It lowers inhibitions and impairs judgment, leading to unsafe behaviors, disease, disability and even death. (See “*Alcohol in the Eyes of Islam*” on page 21.)

7. **b) PhilHealth Membership.** Financial risk protection – the cloud of protection that envelopes the family if and when health crises occur – comes at a cost of just Php 3.33 per principal member per day. This is even more affordable than a sachet of coffee, a lottery ticket, or two sticks of cigarettes per day, among others. But the benefits outweigh the immediate gratification of these. At Php 3.33 per day, one is insured, and so are their qualified dependents. Unlike other insurances, PhilHealth is a social health insurance where one need not pass a medical examination to be a member. All Filipinos are members as long as premium is paid because everyone should share in the risk and the burden in protecting ourselves from the high costs of illnesses and diseases. (See “*Partnering with PhilHealth*” on page 43.)

8. **c) Pneumonia.** It is a serious lung infection caused by a bacteria. It infects the lungs, blood, and the covering of the brain. Complications from pneumonia can lead to death and very dangerous especially to older persons and those with chronic diseases (e.g. hypertension, diabetes and lung infection). This should not be taken for granted and it can be prevented through vaccination. (See “*Influenza & Pneumonia*” on page 40.)

9. **a) Breast Self-Examination.** To all women, whatever status in life, hear the call and have a look at your precious body – your breasts. Perform a simple self-breast examination or have somebody look at it. Five or 10 minutes of breast self-exam is nothing compared to months of chemotherapy treatment and all the difficulties that go with it. Cliché as it may be, but over the years it has been proven that prevention is way better than cure. (See “*Hawak Kamay: A Breast Cancer Survivor Sory*” on page 16.)

10. **b) Space Spraying.** Unlike traditional fogging where chemical-based insect repellant is used, space spraying only involves the use of water-based insect repellant known as Sumilarv. It is used to spray mosquitoes and their breeding sites, and it produces a mist instead of a fog. The DOH Center for Health Development in Metro Manila is currently using this process in areas with a clustering of dengue cases. (See “*Synchronized Action Against Dengue*” on page 32.)

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## 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?

# WALANG BASTUSAN

## Di Mapigilan

- NENE: 'Langhiya ka! Matapos mong ipasubo at ipa-blow sa akin... ipuputok mo pa sa mukha ko?!?
- TOTOY: Hindi ko na mapigilan, eh!
- NENE: Hmp... Bumili ka nga uli ng plastic balloon!

## I'm In Love!

- NINGNING: Haaay! I'm in love!
- MARIVIC: Hmp. At nang-inggit ka pa talaga, ha?
- NINGNING: Hindi naman. Ikaw, kumusta lovelife mo?
- MARIVIC: Heto, self-supporting!

## Heart Beats Fast

- EDGAR: Dahil kay Joana, my world is spinning round and round, and my heart is beating fast. Do you think I'm in love?
- BRIAN: Huwag kang mag-ilusyon! May high blood ka!

## Ask Me Out

- JOAN: 'Wag ka na kasi mahiya, boy. I know you want to ask me out.
- MARIO: Nakakahiya talaga eh. Saka nakakailang dito sa classroom.
- JOAN: Okay lang yun...
- MARIO: Okay then... Get out!@#\$%



Art by Antonio Totto, Jr.

## Regalo Ko

- OSCAR: May regalo ako sa iyo. Hulaan mo.
- DELIA: Bigyan mo naman ako ng clue.
- OSCAR: Ok. Kailangan mo ito sa leeg mo.
- DELIA: Alam ko na! Kwintas!
- OSCAR: Nangangarap ka naman masyado. Heto, bato! Panghilod ng libag sa leeg mo!

## Iniwan N'ya Ko

- GLENDA: Ang sakit! Bakit ganun ang boyfriend ko?!? Iniwan na niya ako... Huhuhu.
- DENISE: Bakit? Saan ba dapat kayo pupunta?
- GLENDA: Ikaw talaga! Panira ka ng moment!

## Honeymoon

- BOY: Hon, heto at nakasal na tayo. Siguro naman ay okay nang pasukin ko ang hindi pa napapasok ng iba?
- AILEEN: Ha?!? Sweetheart naman... hindi kaya mabingi ako?

## Parang Suweldo Lang

- ARLYN: Mare, kumusta ang sex life ninyo ni pare?
- ROSE: Parang suweldo lang sa opisina. Tuwing kinsenas at katapusan lang. Kaya madalas na bumabale ako sa mga kaibigan niya!

## Maglalaslas Ako!

- LIZA: Di na talaga magwo-work ang relationship natin... iiwan na kita.
- ERIC: Huwag Mahal... Di ko kaya! Kapag umalis ka maglalalaslas ako!
- LIZA: Magpatuli nga hindi mo kaya, Maglalaslas pa kaya?!?

## Happy Halloween

- EVELYN: Anak, pag namatay ako, ayokong "RIP" ang ilagay n'yo sa lapida ko.
- JAYSON: Eh, ano po ilalagay namin, Mama?
- EVELYN: Ang gusto ko "ISR."
- JAYSON: Ano po ang ibig sabihin nun?
- EVELYN: "I SHALL RETURN!" Awooooooh!



# HUWAG KANG MAGPAPUTOK



## HUWAG GUMAMIT NG PICCOLO

Ang pagbenta at paggamit ng piccolo ay ipinagbabawal ng batas.

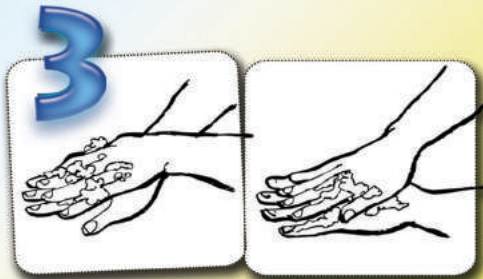




# MAGHUGAS NG KAMAY



Basain ng tubig ang kamay  
at sabunin



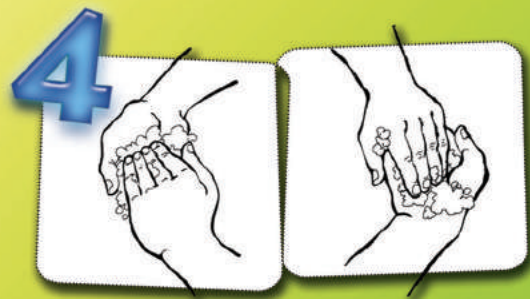
Kuskusin ang pagitan  
ng mga daliri



Kuskusin ang pagitan ng hinlalaki



Sabuning mabuti ang kamay,  
ilalim ng kuko at daliri



Kuskusin ang likod ng mga daliri



Kuskusin ang mga palad gamit ang mga  
daliri at banlawan mabuti ng malinis na tubig

Umawit ng **Happy Birthday** ng dalawang beses habang  
naghuhugas ng kamay upang masiguro na ito'y malinis.