



# HEALTHbeat

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Top Health News of 2011  
**RH Bill Circus**

World Population  
**7 Billionth Baby**

Men's Health  
**Bloody Sperm**

Personal Health  
**Vasculitis**

Mag-**SMOKE-FREE**  
na to

MMDA Chairman Francis N. Tolentino

# Health Champion

# *Maligayang Pasko at Malusog na Bagong Taon*



**KALUSUGAN  
PANGKALAHATAN**

**Sukob ang bawat pamilya. Sakop ang buong bansa.**



# Doing Desiderata

*"Go placidly amid the noise and haste, and remember what peace there may be in silence..."*  
This is the first line of Max Ehrmann's famous poem, "Desiderata." Is this what the Department of Health is doing nowadays?!

Since after EDSA Revolution I in the mid-80's, the DOH led the pack of government agencies as the most active and very visible in providing and promoting services to the people. It has topped social and people surveys, satisfaction ratings as well as international studies as THE best performing agency several times. It is also well known for being a "training ground" for political wannabes, and has successfully seated a health secretary in the Senate. Secretaries come and go, but they left becoming household names.

Those days are gone now, but it does not mean that the DOH has stopped performing its functions well. It's just that Health Secretary Enrique T. Ona seemingly chooses to stay out of the limelight, and he is seen facing the media only when serious health issues arise. The big chunk of his time is diligently spent in fulfilling universal health insurance coverage within three years, meeting the country's targets in the Millennium Development Goals by 2015, and laying out plans and programs to better enhance government health facilities and services. Sadly, these are health issues that have not been truly prioritized by previous administrations. Moreso, these are issues that are not so popular in the news.

Silently as it may seem, the DOH has already built the foundation of bringing health, especially to low-income and indigent families, who are still the great majority of the population. For today's DOH, becoming superficially popular takes a back seat, and turning into a driving force that delivers the most wanting policies and programs takes the stand.

The Desiderata ends with the lines, *"With all its sham, drudgery, and broken dreams, it is still a beautiful world. Be cheerful. Strive to be happy."*

Have a truly blessed Christmas and a happy new year.

— The Editors



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***This issue is dedicated in memory of HEALTHbeat staff, FEDELINO "Nong" MENDOZA.***

(See our tribute on page 32.)

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# Welcoming the PHILIPPINES' Symbolic 7 Billionth Baby



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**THE 7 BILLIONTH BABY AND THE 3 KINGS???** Danica May Camacho, the Philippines' symbolic 7 Billionth Baby, calmly lies on the chest of her mother – Camille Camacho, while the “three kings” look over. From left to right: Florante Galura – the proud father, Health Secretary Enrique T. Ona and Dr. Ruben Flores – director of the Dr. Jose Fabella Memorial Hospital. (Photos by Paking Repelente)

# The 7 Billionth Baby

by

**DONATO DENNIS B. MAGAT**

HEALTHbeat Staff

The world population now stands at seven billion. At the first few minutes of October 31, the Philippines welcomed with much enthusiasm its symbolic seven

billionth inhabitant. Is it good news? Or bad news?

Health Secretary Enrique T. Ona welcomed the news of seven billion

population as a forum to discuss issues at hand, but also urges all citizens to make concrete actions so that everyone does not become part of the problem but instead be

---

part of the solution.

Ona added that the seven billion population is an achievement since this means that the average life expectancy at birth of Filipinos has increased from 57 years in 1970 to 65 in 1990 and 72 in 2010, and that people are now living healthier lives.

However, according to health experts, disparity in health care access between the rich and the poor has been widening, in terms of access to information, services, and even health facilities, social status acts as determinants.

The country's symbolic seven billionth baby, named Danica May Camacho, is the second of two siblings. She may be considered luckier among other babies born during her era because she was awarded a well-baby package from United Nations, a college scholarship grant from the Asian College of Science and Technology, and a health insurance from Philhealth.

Danica May's parents, Florante Galura and Camille Camacho, were also lucky. They were given a sari-sari store package from PureGold grocery and a dealership orientation from Natasha, a direct marketing firm.

Well-wishers of baby Danica included Secretary Enrique T. Ona, United Nations Resident Coordinator Jacqui Badcock, United Nations Population Fund (UNFPA) Country Representative Ugochi Daniels, Jose Fabella Memorial Hospital Director Dr. Ruben Flores and media from different networks. It was, indeed, a happy and momentous event that time, but is there really a cause to celebrate?

Ona noted that the arrival of the seven billionth addition to the world population poses a big challenge to the country's healthcare system. Is the country still meeting its obligations to look after the needs of its people now numbering approximately 94 million?

The health chief noted that such is an opportune time to assess where the Philippines is in terms of addressing population-related issues focused on health. Also, what actions can be done individually and collectively in responding to the challenges of a world with seven billion population.

Many economists would frown on this new development as more people would be competing for even scarce resources. About 26% of the world's population live below poverty line, and even more intriguing is that poverty incidence in developed regions is at 1% while it is 54% in least developed regions.

The 2011 State of the World Population Report noted that great disparities exist among and within countries and in rights and opportunities between men and women as evidenced by the fact that 215 million women of child-bearing age in developing countries lack access to voluntary family planning, millions of adolescent boys and girls have little access to sex education and information on ways to prevent pregnancies and protect themselves from HIV.

UNFPA Representative to the Philippines Ugochi Daniels said that Filipino women belonging to the poorest quantile have an average of six children, which is two more than what they really want. This happens because women in the lowest economic strata lack access to reproductive health information and services.

On the other hand, more affluent women only have an average of two children, which is what they generally desire. This only points to the fact that these women have more control of their fertility as they have access to information, services, and contraceptives.

Today, the Philippines, according to the 2011 State of the World Population Report, is the 12th most populous country in

the world with about 94 million people and Asia remains home to 60% of the world's population.

Statistics reveal that it took 123 years for the world population to increase from one billion to two billion, but it only took 84 years for the population to increase from two billion to seven billion. The journey from six billion world population to seven billion only took 12 years (1999-2011). The projected number of years for the world to reach eight billion range from 10-11 years.

China still holds the record for the most share in the world population at 1.35 billion. India follows at 1.24 billion. However, the Population Division of the Department of Economic and Social Affairs estimates that India in 2025 will overtake China with a projected population of 1.46 billion compared to China's 1.39 billion.

In many parts of the developing world where population growth rate is outpacing economic growth, the unmet need for reproductive health care, focused mainly on family planning, remains enormous. The report also said that governments that are serious in eradicating poverty should also be serious about providing the services, supplies, and information that men, women and young people need to exercise their rights.

In some of the poorer countries, high fertility rates hamper development and perpetuate poverty, while in richer countries, low fertility rates and too few people entering the job market are raising concerns about prospects for sustained economic growth and the viability of social security systems.

Daniels noted that the world of seven billion presents some essential global truths. Within countries, wide disparities between the rich and the poor are glaring.

About 43% of the world population is under 25 years. The average



**Health Secretary Enrique T. Ona (left) poses with 12-year old Lorrize Mae L. Guevarra (center, the symbolic 6 Billionth Baby who was born on October 12, 1999) and her mother. (Photo by Paking Repelete)**

number of children that a mother bears during her entire reproductive life has gone down from 5 in the 1950s to 2.5 in 2010. However, fertility rates in least developed regions remain at a high of 4.2%.

Daniels also noted that in the Philippines, 49% of the population lives in cities as more people from the rural areas

look for better opportunities elsewhere. Internal migration, according to Daniels, poses issues that have to be addressed such trafficking of women.

Also, Daniels said that the Philippines is composed mostly of young people under the age of 25 years making up for 54% of the population. Because of this,

there is a need to respond to the needs of young people by providing them with life skills, including proper information about their sexuality.

Presently, about 10% of Filipino girls between the ages of 15 and 19 are now becoming mothers. These young people are also becoming increasingly vulnerable to HIV infections. Latest data from the Department of Health revealed that an average of eight new cases of HIV infection are reported everyday compared to one or two some four or five years ago. What makes the situation even worse is that these new cases belong to the most productive age.

Former Health Secretary Alberto Romualdez urged that people should become impatient on the promise of quality health care for all and start demanding for it. The whole sector should work doubly hard and outrun the pace of population growth if it were to provide quality health care services for all and achieve its Millennium Development Goals.

The world's population will continue to increase but the time to act is not now, but yesterday.

# Binyag

- PARI: Pagkaganda-gandang kambal. At babae't lalaki pa. Sino sa inyo ang mga magulang?  
 MAGULANG: Kami po, Father.  
 PARI: Ano ang ipapangalan ninyo sa sanggol na babae?  
 MAGULANG: Mercedes po, Father.  
 PARI: Ah, napakagandang pangalan. At dito naman sa sanggol na lalaki?  
 MAGULANG: Ferrari po, Father.  
 PARI: Ano? Mercedes at Ferrari?  
 MAGULANG: Opo, Father. May problema po ba?  
 PARI: At ano naman ang gusto ninyong gamitin ko na pambinyag sa kanila? UNLEADED o DIESEL?



# PARTNERSHIPS in Essential Newborn Care

by

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

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

## Essential Newborn Care Policy

Analysis of the neonatal deaths shows that half occur during the first 2 days of life. Birth asphyxia (31%), complications of prematurity (30%) and severe infection (19%) account for the majority of newborn deaths.

An observational study of consecutive deliveries using a standardized assessment tool to document minute-by-minute newborn care done in the first hour of life was undertaken in 51 hospitals in nine regions of the country in 2008. The study found that Philippine hospital practices prevented newborns from benefiting from their mothers' natural protection in the first hour of life. Further, the performance and timing of evidence-based interventions in immediate newborn care are below World Health Organization (WHO) essential newborn care (ENC) standards. Specifically:

- Only 3% of the study showed that newborns were dried prior to or with cord clamping, and only 1 of 26 with difficult breathing were dried first. Hypothermia can lead to infection, coagulation defects, acidosis, delayed fetal to newborn circulatory adjustment, hyaline membrane disease and brain hemorrhage.

- Unnecessary delays and restrictions on immediate and sustained skin-to-skin contact, early latching on, rooming in and full breastfeeding compromised the newborns' chance for maintenance of warmth and sustained breastfeeding. These earliest interventions contribute to hospital infection control as they directly reduce risk of neonatal sepsis.

- Almost no newborn benefited from the natural transfusion through non-immediate cord clamping. A Cochrane systemic review of seven randomized controlled trials (RCTs) showed that among infants less than 37 weeks of gestation, non-immediate cord clamping is associated with fewer transfusions due to anemia or low blood pressure and fewer intraventricular hemorrhages. Full term neonates also benefit by having lower incidence of anemia.

- Only 61.3% of newborns was initiated breastfeeding within the first hour. However, newborns were given a median of only about two minutes to get colostrum, as their first immunization. Furthermore, they were being forced to breastfeed at a median of 10 minutes, long before the typical newborn would be ready.

- More than 80% was exposed to hypothermia during washing. The WHO recommends that initial bathing should be six hours after birth or longer. The vernix was washed off at a median of 8 minutes thereby removing a protective barrier to bacteria such as *E. coli* and Group B Strep. Furthermore, washing removes the crawling reflex.
- Virtually all healthy newborns were suctioned unnecessarily, 80% more than once – a practice WHO discourages.

Hence, the passage of Department of Health Administrative Order (AO) 0025 series of 2009, otherwise known as Adopting New Policies and Protocol on Essential Newborn Care.

The AO covers all its attached agencies including the National Nutrition Council (NNC). Under this AO, particularly under VI.A.4.4.1., states, "Within 90 minutes of age, facilitate the newborn's early initiation to breastfeeding... This automatically superseded all previous existing policies apropos initiation of breastfeeding time frame within first hour of life of NNC.

## Partnerships on ENC

According to the National  
*Turn to page 11...*

# 25 YEARS NA ANG MILK CODE!

Ang *Milk Code* ay batas na nilagdaan ni dating Pangulong Corazon Aquino noong 20 Oktubre 1986 na ang layunin ay protektahan ang *breastfeeding* para sa tamang nutrisyon at kalusugan ng mga batang Pilipino.

**Makipagtulungan sa Department of Health at i-report ang mga paglabag sa mga alituntunin nito tulad ng:**

1. Pamimigay o pagdo-donate ng Formula Milk para sa mga sanggol na edad tatlong taong gulang pababa (Section 6, EO 51; Section 51, DOH-AO No. 2006-0012);
2. Pamimigay ng mga feeding bottles, tsupon at mga gamit na makakahikayat sa paggamit o promosyon ng breastmilk substitute (Section 6, EO 51; Section 51, DOH-AO No. 2006-0012);
3. Paggamit ng pasilidad ng mga health care system para i-promote ang mga infant formula, breastmilk substitutes, feeding bottles at tsupon (Section 7, EO 51);
4. Anumang tulong o suporta para sa mga health workers mula sa mga milk companies (Section 32, DOH-AO No. 2006-0012);
5. Mali at mapaglinlang na mga impormasyon tungkol sa mga gatas at iba pang produkto na nasasakop ng Milk Code na makikita sa mga patalastas sa TV, radio, billboards at iba pa (Section 17, DOH-AO No. 2006-0012).

*I-report ang mga paglabag sa*  
Food and Drug Administration  
(EO 51 IAC Secretariat) tel. No. 02-8078386  
email address: eo51reports@yahoo.com.

**Tandaan, WALANG HIHIGIT PA SA GATAS NG INA.**

May panganib ang di wastong pagpapakain sa mga batang edad tatlong taon pababa.



**Sundin ang batas...  
tungo sa tuwid na landas.**

***Isulong ang breastfeeding,  
ipatupad ang Milk Code.***



...continued from page 9

Demographic and Health Survey (NDHS, 2008), less than half of births (44%) in the Philippines occur in health facilities – 27% in the public sector and 18% in private sector facilities – and 56% of births occur at home. Home births are much more common in rural areas which are 70% while urban areas are 40%. Overall, 62% of births are delivered by a skilled provider (doctor, nurse, or midwife). Another 36% are assisted by a traditional attendant or “hilot,”

The Field Health Service Information System in Autonomous Region of Muslim Mindanao (FHSIS-ARMM, 2008), reported that home deliveries are 90.16% while hospital deliveries are only 9.03%.

On one hand, 51.47% of birth deliveries is handled by physicians (4.58%), nurses (2.26%), and rural health midwives (44.63%), while the bulk of deliveries (48.41%) is handled by traditional birth attendants.

In ARMM, it has been a practice of Muslims to deliver babies at home because of cultural practices and Islamic rituals being practiced freely such as but not limited to spiritual support of families like giving supplication through a sip of water by expectant mothers since time immemorial. Another reason that counts most why birthing mothers prefer home deliveries is the Islamic rituals surrounding birth particularly performing of azan (Islamic call to

prayer) on the right ear of the newborn and the iqamah (second call to Islamic prayer) on the left ear immediately after delivery and before the initiation of breastfeeding. These practices are indispensable among Muslims.

However, with the advent of evidence-based intra-partum techniques and protocols particularly the ENC, high maternal and infant mortality will continue to persist if the aforementioned practices and rituals are not interfaced.

With the present realities among Muslims in ARMM, there is an urgent need to establish a strong partnership between the health professionals and the traditional birth attendants by delineating the roles and responsibilities without necessarily

**Give birth at a health center, lying-in, or hospital.**



**Breastfeed starting at birth up to 2 years and beyond.**



*Two of the 12 messages that will be imparted by Community Health Teams to 10.8 million households, particularly especially the poorest Filipino families identified through the National Household Targeting System of the Department of Social Welfare and Development, are on essential newborn care. Hopefully, these information and services will greatly contribute to the attainment of the country's targets to the Millennium Development Goals No. 4 and 5 (reduction of child and maternal deaths, respectively) by 2015.*

compromising the ENC protocols and the Muslim cultural sensitivities and Islamic rituals.

The health professionals will do the ENC protocols while the traditional birth attendants will handle the cultural practices and Islamic rituals such as spiritual supplications, azan & iqamah, and proper burying of placenta.

Under the Aquino Health Agenda on **Kalusugan Pangkalahatan** (Universal Health Care), public-private partnership is one of the strategies and interventions, like community health team (CHT) and breastfeeding advocates and educators (BAE), a group of women of Noorus-Salam (light of peace) in partnership with Philippine Center for Islam and Democracy (PCID), Magbasa kita Foundation, UNICEF and NNC-ARMM that are homologous to CHT and peer counselors in non-ARMM areas.

### Islamic Guidance

Allah Almighty said, "So ask the

people of the Reminder if you do not know..." (An-Nahl: 43 and Al-Anbiya': 7).

This verse indicates that seeking the one who has the expertise over illnesses should be given top priority. For example, if we are dealing with birthing, then look for obstetrician who is most knowledgeable. In the absence of obstetrician or if the client is a pauper, then look for other qualified health service providers within reach.

Imam Malik narrated in his Muwatta that Zaid bin Azlam said, "During the time of the Prophet (*peace and blessings be upon him*), a man was injured and the blood was congested in the wound. The man then called two doctors from Bani Anmar to examine him. The man then claimed that the Messenger of Allah (*peace and blessings be upon him*) asked them, "Who is the best doctor between the two of you? They asked "Is there a preference in the medicine, O Messenger of Allah? He said, 'The One who sent down the disease also sent down the cure.'"

This Hadith (a report of the sayings

or actions of The Prophet) indicates that Muslims should seek the best authority in each and every matter and field, because such expertise will ensure that the job is done with excellence.

The Prophet (*peace and blessings be upon him*) also said, "Those who know it are aware of it, and those who do not know it are ignorant of it."

On the other hand, Abu Dawud, An-Nasai and Ibn Majah said that the Messenger of Allah (*peace and blessings be upon him*) said, "Those who practice Tibb (medicine), but are not knowledgeable in this profession are responsible for their actions." (Also Al Hakim narrated this Hadith).

This Hadith is a good reminder to non-skilled birth attendants who are practicing birthing even in the presence of skilled health professionals.

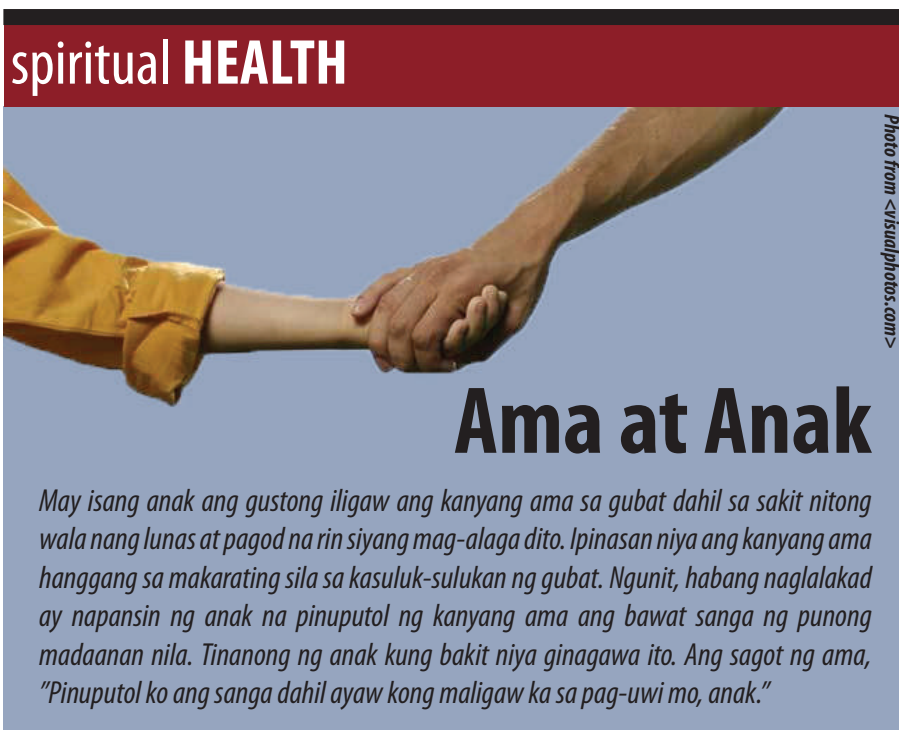
Thus, seeking knowledge is compulsory. The Prophet (*peace and blessings be upon him*) said, "Seeking knowledge is a must for every Muslim – male and female" (Ibn Majah).

Muslims have to work in an organized group, for the collective effort of a group of people is always better and more effective than the arithmetic sum of their individual efforts. Such collective work of a group should however be aimed at achieving a certain goal otherwise it loses its *raison d'être*.

Allah Almighty said, "Help one another unto righteousness and pious duty. Help not one another unto sin and transgression." (Al-Maidah: 2)

Hence, to resolve the predicament on birthing issues and thereby mitigate high maternal and infant mortality rates, a strong partnership on ENC between midwives and traditional birth attendants is commendable especially in communities that are least urbanized like in ARMM.

Allah knows best.



**spiritual HEALTH**

*Photo from <visualphotos.com>*

## Ama at Anak

*May isang anak ang gustong iligaw ang kanyang ama sa gubat dahil sa sakit nitong wala nang lunas at pagod na rin siyang mag-alaga dito. Ipinasan niya ang kanyang ama hanggang sa makarating sila sa kasuluk-sulukang ng gubat. Ngunit, habang naglalakad ay napansin ng anak na pinuputol ng kanyang ama ang bawat sanga ng punong madaanan nila. Tinanong ng anak kung bakit niya ginagawa ito. Ang sagot ng ama, "Pinuputol ko ang sanga dahil ayaw kong maligaw ka sa pag-uwi mo, anak."*

With research growing rapidly and changes happening so often, finding and sorting facts can sometimes be difficult and confusing. This brief aims to provide you with concise evidence-based information to keep you abreast of state-of-the-art medical practice.

## Oral Contraception Offers Long-Term Protection against Ovarian Cancer

Oral contraceptives (commonly known as pills) protect women against ovarian cancer. When a woman uses oral contraception for a longer period, the risk of ovarian cancer is greatly reduced.

In a systematic review of 45 studies, *The Lancet*, a highly acclaimed medical journal, concludes that women who had ever used oral contraceptives were significantly less likely to develop ovarian cancer than women who had never used oral contraceptives.<sup>i</sup>

For every five years of use of oral contraceptives, the risk of ovarian cancer reduces by 20%. Even if all or a combination of factors – like ethnicity, education, age at first birth, age at first menstruation, family history of breast cancer, height, weight, body mass index, use of alcohol or smoking – are considered, the reduction risk is altered only by less than 1%. This means that prolonged use of oral contraception regardless of a woman's background is strongly associated with the reduction in the risk of having ovarian cancer.

The risk of ovarian cancer for a woman who stopped using pills less than 10 years ago is reduced by 29%. If a woman stopped using pills about 10 to 19 years ago, the risk is reduced by 19%, and by 15% if contraception ceased 20 to 29 years ago.

Estrogen dose in pills has decreased substantially over time. However, the *Lancet* research sees no significant difference on risk reduction if the contraceptive use took place in the 1960s, 1970s, or 1980s. The systematic review gives strong evidence that, even with minimal estrogen dose, oral contraceptives offer long-term protection against ovarian cancer.

## Oral Contraception and Cervical Cancer: the Recent Evidence

Prolonged use of oral contraceptives (pills) among women increases the risk of cervical cancer. However, more recent research established that the number of cervical cancer cases associated with pills use is very small. This

i Beral V, Doll R, Hermon C, Peto R, Reeves G. Ovarian cancer and oral contraceptives: collaborative reanalysis of data from 45 epidemiological studies including 23257 women with ovarian cancer and 87303 controls. *Lancet* 2008; 371: 303-314.



risk also disappears 10 years after a woman stopped taking oral contraceptives.<sup>ii</sup>

In 2003, a systematic review of 28 studies worldwide<sup>iii</sup> published by *The Lancet*, the peer-review medical journal, concluded that women who are current users of oral contraceptives are more at risk of developing cervical cancer compared with women who never used oral contraceptives. The longer a woman uses pills, the higher her risk of developing cervical cancer.

Cervical cancer is caused by HPV, a common sexually transmitted infection (STI) found on skin in the genital area, in semen, and also in the tissues of the vagina, cervix and mouth. It is primarily transmitted through skin-to-skin contact. Vaginal, anal, and oral sex also can spread HPV, but other major factors proven to increase cervical cancer risk are multiple pregnancies, having first pregnancy at the young age, and smoking. HPV usually clears on its own without treatment, but sometimes persists.

For women with persistent existing HPV, using the pills for more than five years appears to speed up the development of the infection into cervical cancer.

Providers should therefore advise combined oral contraceptive pills users – and all other women – to be routinely screened according to the national guidelines to detect any changes or abnormal cells on the cervix which can be removed.<sup>iv</sup>

ii Franceschi S. The IARC commitment to cancer prevention: The example of papillomavirus and cervical cancer. *Recent Results in Cancer Research* 2005; 166:277-297.

iii Smith J S, Green J, Berrington de Gonzalez A, Appleby P, Peto J, Plummer M, Franceschi S, Beral V. Cervical cancer and use of hormonal contraceptives: a systematic review. *Lancet* 2003; 361: 1159-1167.

iv WHO. *Family Planning Global Handbook for Providers. Evidence-based guidance developed through worldwide collaboration.* 2007.

# BLOODY SPERM

by

**GLEN S. RAMOS**  
HEALTHbeat Staff

Red semen comes oozing out instead of sticky white fluid. The disturbing sight of blood appearing in the semen can cause great concern to men who experience it.

The condition is known as hematospermia or the presence of blood in semen. The blood content may not be distinctly obvious, but trace amounts can be determined due to discoloration in the semen. The excretion of reddish or brownish semen is an indicator of hematospermia.

Hematospermia has been written about for centuries. Even Hippocrates, the father of Medicine, has commented on this condition. It can occur in males of any age. In younger men, less than 40 years old, hematospermia is uniformly benign. But even in older men, it is rarely associated with malignancy.

This condition does not necessarily point to a serious underlying cause that needs treatment because it will revert to normal after a few days. In some cases, antibiotics are prescribed by doctors to hasten treatment.

Hematospermia may happen after a recent accident to the penis or testicles from either a blunt or sharp object. Sometimes, however, blood vessels in

the testicles can also occasionally become damaged and burst even without being physically struck by an object, causing a short-term appearance of blood in the sperm.

The condition may also occur after undergoing certain medical procedures like a prostate gland biopsy. More than 80 per cent of men who have undergone this procedure have experienced ejaculating semen with blood for as long as four weeks. Vasectomy (the process of blocking the passage of the sperm cells during ejaculation, thus rendering a man incapable of impregnating a woman) may also result to this condition one week after the surgery.

Growth of tumors, whether benign or malignant, in the key parts of the male genital system (prostate, testicles, seminal vesicles and urethra) and even the urinary bladder may also result to bloody semen.

In addition, urinary tract infection and various forms of sexually transmitted infections such as chlamydia, herpes, trichomoniasis and AIDS are also conditions that may cause hematospermia.

Other causes may include inflammation (such as prostatitis, epididymitis and urethritis), hypertension, leukemia, scurvy, lymphoma, liver cirrhosis,

cancer, intraductal carcinoma and hemophilia.

Certain signs and symptoms may indicate that blood may soon appear in the sperm. These include: having difficulty and pain when urinating and ejaculating, having traces of blood in the urine, pain in the lower back, scrotum and testes, as well as the inflammation of the general groin area.

Although hematospermia is benign and commonly idiopathic (spontaneously occurring without known causes), it is important to closely monitor its occurrences to see if it is a simple case or it could stem from a more serious condition. Seeking medical attention is necessary if blood appears in the semen for more than seven days.

To prevent having a hematospermia, a person can wear protective gear while playing sports or engaging in any sort of strenuous activity where damage or tear could possibly occur in the groin area. Wearing a supporter will do the trick. Get one that is not too tight to cause constriction and not too loose or relaxed.

And always be careful in that particular section of the body. There may be wisdom to the usual male toilet graffiti that says, "The future is in your hands."

Photo from <all-about-hematospermia.com>

# HOW YOUR BALLS HANG

Sorry guys, this is not about how you should hang those balls on your Christmas tree or elsewhere, but this is about your balls down there - testicles, scrotum and all.

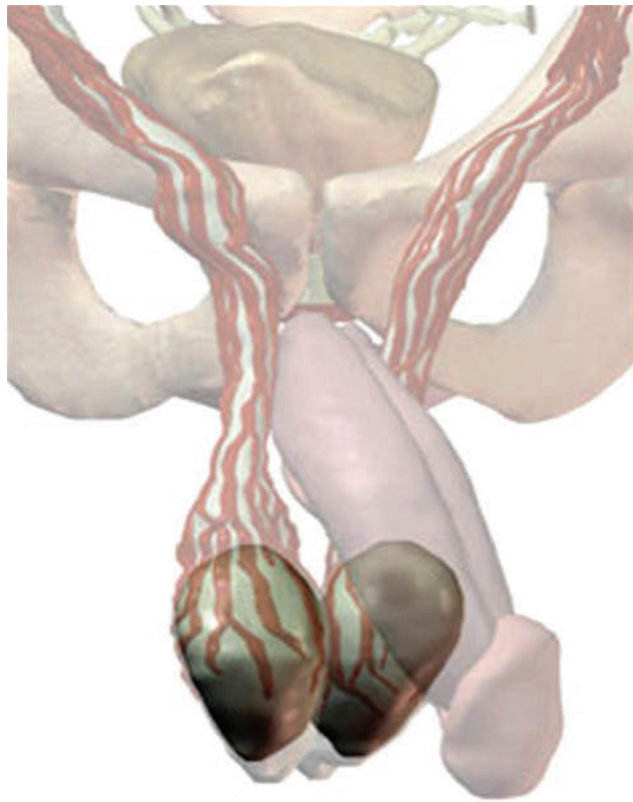
## Be Aware

Boys can see more easily their sex organs developing than girls because these are outside the body. First the testicles get bigger at around 12 to 14 years old and the penis gets bigger a year later.

Males, human and other mammals, usually have two testicles in their scrotum. These are firm, oval-shaped glands. Most men have testicles that match in size, but some men's testicles are much larger or smaller than other men's. It is normal for an adult man to have testicles that are between 14 cm<sup>3</sup> to 35 cm<sup>3</sup> in size.

Nearly all men have one testicle that hangs lower than the other. Scientists think this may be so that they do not hit against each other. It can be either the left or the right that hangs lower, but in 85% of men, it is the left.

The testicles hang in the scrotum by the spermatic cord. They are outside the body because they need to be cooler than



the temperature inside the body, in order to make sperm. If a man's testicles get cold, they are automatically pulled closer to the body. The spermatic cord is tightened by the cremasteric muscle. If the testicles are too warm, the cremasteric muscle relaxes or gets longer. This lowers the testicles to keep them cooler. This is how the testicles are kept at the right temperature. This is called the cremasteric reflex. (A reflex is something your body automatically does without you

thinking about it.)

There are other uses for the cremasteric reflex apart from making the testicles at the right temperature. Stress can also make the cremasteric reflex work. If a male human or mammal gets into a fight, then its testicles are in danger. They automatically pull up close to the body. The cremasteric reflex also happens during sexual intercourse.

Sometimes the size of a man's testicles changes. The testicles get smaller if a man takes testosterone. The testicles do not have to work to make testosterone, so they become smaller. Meanwhile, if a man's testicles are kept more warm than usual, they make less sperm and they get smaller. Steroids taken for muscle enhancement often have the undesired side effect of testicular shrinkage. Also, if the testicles are injured or hurt, they can become smaller. So, we can only hope that those gay dancers splitting their legs in talent contests on television or stage shows will watch out for the health and safety of their balls.

On the other hand, the testicles get bigger if a man takes hormones from the pituitary gland (called gonadotropins). Gonadotropins are the hormones that tell the testicles to make sperm and testosterone. Moreover, some diseases cause testicles to

swell.

Sometimes, the testicles stay inside the lower abdominal tract or what is called undescended testes. Surgery can correct and put the testicles in the scrotum.

Like the ovaries of the female, testicles are components of both the reproductive system (being gonads) and the endocrine system (being endocrine glands). The respective functions of the testicles are: producing sperm (spermatozoa) and producing male sex hormones, of which testosterone is the best-known.

The testicles are well-known to be very sensitive to impact and injury. Blue balls is a slang term for a temporary fluid congestion in the testicles and prostate region caused by prolonged sexual arousal.

The most prominent diseases of testicles are: testicular cancer and other neoplasms; swelling of a testicle, caused by hydrocele testis; inflammation of the testicles, called orchitis; inflammation of the epididymis, called epididymitis; spermatic cord torsion also called testicular torsion; varicocele or swollen vein from the testes, usually affecting the left testicle; and anorchidism is the absence of one or both testicles.

The removal of one or both testicles is termed as orchidectomy, in medicine and castration in general use, especially when done as punishment or torture, or as a catch-all term for orchidectomy in a veterinary context. On the other hand, it is called gelding specifically in the equine sense.

### Know Your Own Balls

Become familiar with

the look, feel and shape of your own testicles because this will help you notice just in case anything goes wrong.

Let's do a recap. The characteristics of healthy testicles include:

- each testicle feels like a smooth, firm egg;
- one testicle tends to hang lower than the other;
- one testicle may be slightly larger than the other;
- there is no pain or discomfort when the testicles and scrotum are handled gently; and
- the testicles and scrotum will be pulled up close to your body when they are cold. They will be hanging down loose when hot. This is handled automatically to keep the testicles at the right temperature.

Once a month, check each testicle by gently rolling it between your thumb and one or two fingers. Perform this check after

a warm shower or bath when the scrotum skin is soft and the testicles are down further from the body. You need to get to know what your testicles feel like and what is normal for you.

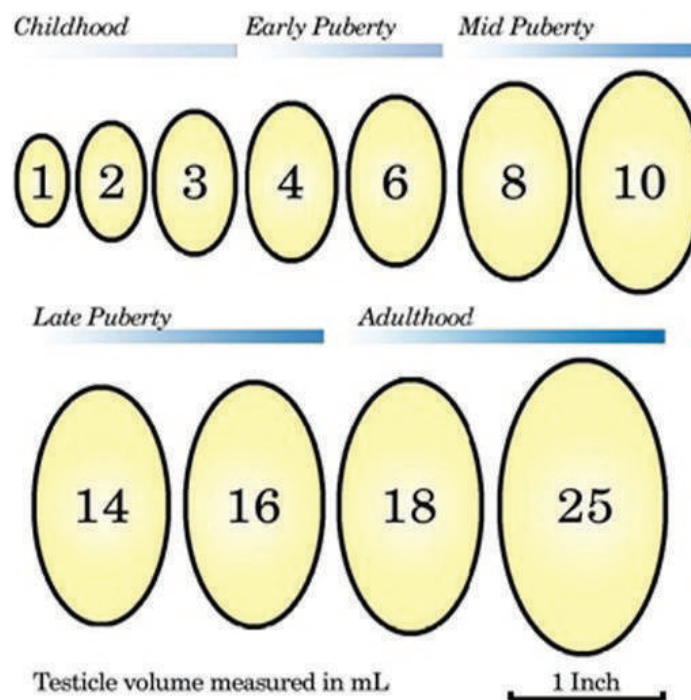
Look for lumps (usually on the front or side of the testicle), swelling, discomfort, change in size and shape (other than normal teenage growth of the testicles), a sensation of heaviness in the testicles. If you have a problem, it is important to realize that you may have only some of the symptoms listed here and not all of them.

In case of injury, you can understand what it feels like to have the testicles hit by something - even lightly. The pain and discomfort is beyond words and goes right up through the whole body. If the pain does not go away after a reasonable period of time or new lumps or swelling appears, have your balls checked by a doctor.

Immediately swallow your pride and get medical advice. A doctor will examine your testicles and advise you if there is a problem. If testicular cancer is detected early in its development, then the cure rate is almost 100%. If there is a problem, the longer you put off going to the doctor, the less chance of total recovery.

The lifetime risk of a male developing testicular cancer is 1 in 316. It is the most common cancer experienced by men, 15-35 years old. Those outside this age group can still develop this cancer, the only difference is that it is not the most common cancer for that age range. The cause of testicular cancer is unknown, but the rate of having this cancer is rising.

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**Orchidometer - used to measure testicle size and track sexual development in boys.**

*Thoughts and Feelings of Having***VASCULITIS**

by

**JOEREM P. CERIA, RN**

DOH National Center for Health Promotion

**From Bad to Worse**

It was a typical happy family day - Sunday, September 11. Everything was okay, until the time I took my pants off to change that night and noticed a rash on my right leg. I ignored the rash thinking that maybe I had scratched my leg early that day, not knowing this was the start of almost a month long misery.

Two days passed, Wednesday after lunch, I felt something wrong with my left leg. At first I thought I was just having a slight cramp but it was getting bad and I got home limping. The rash on my right leg had already spread all over to both legs and feet. The condition of my legs had gone bad to worse because aside from the rashes, my legs and feet became swollen. At this point, my brain cells were shifting gears from cool mode to panic mode! Where on earth did I get this disease? In my exciting 29 years of existence, it was my first time to encounter this kind of disease – not only to see but also to experience it myself! I was not able to go to work the next day and Friday.



I am a Department of Health employee and also a registered nurse, but with an unknown condition like this, I

easily turned to folkloric cultural beliefs of *kulam* (witchcraft spell), *sumpa* (curse) and other unseen elements of nature. Bewildered, confused and getting impatient to know more about my condition, I began to point to the *nuno sa punso* (dwarf-like creature in Philippine mythology). I recalled an incident a day before I felt the signs and symptoms, of killing big ants crawling my feet. I thought I may have disrespected the little people who live in their dwelling and they have put a hex on me. This is the reason why before I brought myself to a hospital, I had a stop at Lola Ana's house. Lola Ana is a well-known "magtatawas" in our place.

("Pagtatawas" is a ritual in Filipino superstition where an affliction or psychological disorder is diagnosed by interpreting the form produced in a basin of water as heated alum or molten wax drop from a lighted candle as the one causing the condition.)

She performed a ritual, which will tell what or who caused my condition. She melted a candle using a flat iron and then let the wax drop in a basin of water. After a few seconds, she took the

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formed wax out of the water and looked at it. In an instant Lola Ana saw a figure of a girl but could not exactly identify whether it is an elemental, a spirit or a human. She showed it to me, but I could not see what she was seeing and I just agreed with her. Before I left, she wiped my rashes with oil. That was my first time to consult a *magtatawas*, and I must admit it was a pretty interesting experience.

Then, I finally proceeded to Dr. Jose N. Rodriguez Memorial Hospital and consulted a dermatologist, thinking my condition was a skin disease. But the doctor told me it was vasculitis.

## Vasculitis

Vasculitis (*vas-kyu-ll-tis*) is an inflammation of the blood vessels. It happens when the body's immune system attacks the blood vessel by mistake. Vasculitis can affect arteries, veins and capillaries. Arteries are vessels that carry blood from the heart to the body's organs. Veins are the vessels that carry blood back to the heart. Capillaries are tiny blood vessels that connect the small arteries and veins.

When a blood vessel becomes inflamed, it can narrow that will make the blood more difficult to get through, close off completely so that blood cannot get through, or stretch and weaken so much that it bulges and may burst and cause dangerous bleeding inside the body. Inflammation may involve pain, redness, warmth, swelling, and loss of function in the affected tissues.

In vasculitis, inflammation can lead to serious problems. Complications depend on which blood vessels, organs, or other body systems are affected. There are many types of vasculitis, but overall the condition is rare. Moreover, the cause of vasculitis is often unknown.

Wow, I have a disease that is rare

and with still unknown cause. I must be somebody that special, or so I thought. This increased my desire to find out more information about vasculitis, and my search brought me to the website of the National Heart Lung and Blood Institute of the US Department of Health and Human Services. Surprisingly, I found out that Kawasaki Disease - a rare childhood disease in which the walls of the blood vessels throughout the body become inflamed and Buerger's Disease - a smoking-related disease that typically affects blood flow to the hands and feet causing ulcers on the fingers and toes and leading to gangrene are included in the long list of types of vasculitis.

According to the website, vasculitis can affect people of all ages and races and both sexes. Some types of vasculitis seem to occur more often in people who have certain medical conditions, such as chronic hepatitis B or C infection; those who have certain autoimmune diseases, such as lupus, rheumatoid arthritis, and scleroderma; and smokers.

Treatment for vasculitis will depend on the type of vasculitis you have, which organs are affected, and the severity of the condition. People who have severe vasculitis are treated with prescription medicines which include corticosteroids and cytotoxic medicines. Rarely, surgery may be done. People who have mild vasculitis may find relief with over-the-counter pain medicines, such as acetaminophen, aspirin, ibuprofen, or naproxen.

The main goal of treating vasculitis is to reduce inflammation in the affected blood vessels. This usually is done by reducing or stopping the immune response that caused the inflammation.

Moreover, the medicines used to treat vasculitis can have side effects. For example, long-term use of corticosteroids may lead to weight gain, diabetes, weakness,

a decrease in muscle size, and osteoporosis (a bone-thinning condition). Long-term use of these medicines also may increase your risk of infection.

And, while being treated for vasculitis, the patient needs to see the doctor regularly and consult any new symptoms and other changes in health status, including side effects of the medicines.

## From Worse to Hell

At the Rodriguez Hospital, I was given a prescription of corticosteroids, specifically prednisone. The following week my condition did not improve at all and progressed from worse to hell.

I was able to go to the office on Monday, but my condition prevented me from doing my work and with so much prodding from my officemates, I went to see a dermatologist from Dr. Jose R. Reyes Memorial Medical Center to have a second opinion. Still, there was no clear answer as to what caused my illness. The doctor just increased the dosage of my prednisone from 30 milligrams (mg) to 60 mg per day. That afternoon, the swelling of my feet and legs had gone worse, but I managed to go home. There, I really got bothered because when I checked on my rashes, the pinkish color became deep red or maroon and they already spread to other parts of my body, going up to my thighs, stomach, lower back, stomach, elbows and hands.

I was absent for two weeks. It was very hard. Every step I made was so painful, it was like my muscles got stuck and both legs and feet were really swollen. My left knee also started to swell. I could hardly move my lower extremities and became semi-paralyzed at that time. I was losing weight because of too much worrying. And I often had sleepless nights because my feet were hurting.

Days passed without any improvement. I consulted again another doctor who specializes in rheumatology and Internal medicine. I showed to her all my laboratory results – complete blood count, red blood cells, white blood cells, complement 3 in blood, blood urea nitrogen, creatinine and urinalysis – which were all in normal levels. except for my serum glutamic-pyruvic transaminase result which was a bit at a high level because at the time I was taking high doses of medication. The lady doctor again just prescribed another drug for the swelling.

Walking in pain, my mother bought me crutches to support my swollen legs. At this point, I was feeling disgusted because I was religiously taking the numerous prescribed medicines but there was still no progress on my legs. The third week was hell week! And on the Friday of that week, a neighbor told us to try and visit Lola More, a *manghihilot* (a practitioner of the ancient Filipino art of healing through massage) and a devotee of the Black Nazarene (the dark-colored, wooden sculpture of Jesus Christ, believed to be miraculous by many Filipinos). We went to her house in Valenzuela City and had my legs massaged. Her first stroke was terribly painful but as she went on, I was feeling relieved. It felt like my blood started to circulate again. That was the start of my recuperation. Thanks to Lola Mores' gentle hands, I would not need my crutches anymore.

### Feels Like Heaven

Everyone will have a set of health conditions occurring in his/her lifetime. Some will experience rare diseases or still unexplainable conditions. For me, there must be a reason why I went through an ordeal that is called vasculitis. Although it has already been described by medical

experts, there is much to be discovered about the illness. What caused my vasculitis is still mind-boggling for me.

The three weeks that I was sick seemed like forever. But going through the pain and suffering have made me realize quite a lot. As they say, God works in so many mysterious ways.

First, pushing your body to the limit can be a very bad habit. Before I had vasculitis, my legs are always on the run, playing basketball for two straight hours then straight to the showers without giving time out for my legs to relax for a while. For the record, I'm not categorically saying this has caused my disease, but who knows, until now nobody has the answer, anyway.

Second, many Filipinos, no matter how educated they may be or how competent medical science has to offer, would turn to folkloric practices, or better yet, turn to faith in God, to find solutions to their most difficult health situations.

And finally, I realized that God has always been there even though most of the time we tend to forget Him due to too much enjoyment we are having in our lives, and only to remember Him when we are badly sick or in need. I believe that giving an hour or two of our time to God at Church once or twice a week is healthy for the body and great for the soul.

I thank God for

not leaving me in my trials and enlightening my life once more. Thank you, God!

And of course, the people around me are worth thanking for the support, care and prayers they have made. Those are my family, my other family at the DOH National Center for Health Promotion, neighbors and friends. I thank you very much from the deepest of my four chambered heart. I never lost hope but rather gained strength from them.

And for the pain reliever liniment which I use until now when I massage my legs, thanks. (Hehehe)

Please indulge me if this seems an appreciation speech heard during awards night. It just feels like heaven.

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*Without the pain and suffering of vasculitis, Joerem can now comfortably take care and play with his daughter, Jamaira.*



# AGING matters

by  
**RIZA C. DE LEON, MD**

*"Life would be infinitely happier if we could only be born at the age of eighty and gradually approach eighteen."*

- Mark Twain

Aging inspires fear in the heart of any man, and women especially. The ancient Greek poet Homer decried old age as "loathsome," and Shakespeare termed it "hideous winter." As such, countless men have dreamt of finding the legendary Fountain of Youth, a magical spring which restores the health and youth of anyone lucky enough to bathe in its waters. Alchemists of

old desired to create common metal into gold, once believed to be the most potent anti-aging substance. But the search for longevity remains fruitless and endless and simply a captivating tale, or so we thought. Medical science has come to the rescue.

As we age, there is a build up of random damage to the building blocks of our body (DNA, proteins, carbohydrates and fats). This begins early in life and eventually exceeds the body's self-repair capabilities. The damage slowly impairs the work of cells, tissues and organs, making one prone to disease and giving rise to the ravages of age -

loss of muscle and bone mass, slow reaction, poor hearing and vision, and wrinkling of the skin. Aging is inescapable, or is it?

The United Nations Children's Fund (UNICEF) estimates that the average Filipino will live until 72 years of age, an upward trend compared to 57 years in 1970 and 65 years in 1990. We live longer now simply because we have altered the way we live.

Anti-aging Medicine, one of the fastest-growing medical specialty throughout the world, is based on applying advanced scientific and medical technologies for early detection, prevention, treatment,

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and reversal of age-related dysfunction, disorders, and diseases. Anti-aging Medicine simply aims to prolong the healthy life span in humans and ensure that those years are enjoyed in a productive and vital fashion.

Anti-aging Medicine is scientific and well documented. The US National Library of Medicine hosts more than 3,000 peer-reviewed articles on the subject.

### **ACEing the test of time**

What are the weapons to combat aging? The use of antioxidant supplements, such as beta-carotene, selenium, lycopene, and vitamins A, C, and E, is widespread. Occurring naturally in the body and in fruits and vegetables, antioxidants are touted as the key to long-lasting youth. They are said to neutralize the bad guys called free radicals, molecules produced when our body breaks down food, or by exposure to tobacco smoke and radiation.

Since the 1950s, one theory of aging states that oxidation caused by free radicals is a central process of aging, and at the heart of age related deterioration. It is believed that aging is, in fact a process of oxidizing or "rusting." Free radicals can damage cells, and may play a role in heart disease, cancer and other diseases.

According to the National Cancer Institute at the US National Institutes of Health, studies show that antioxidants may slow or possibly prevent the development of cancer. However, data from recent clinical trials are less clear and point to inconsistent conclusions.

Nonetheless, the US National Eye Institute study on age-related eye disease, found that combining antioxidants and zinc cut risk of having advanced stages of age-related macular degeneration (AMD) by a quarter. Antioxidant supplements used alone slashed the risk by about 17 per cent.

In 2007, a study published in the American Journal of Clinical Nutrition found that people who ate foods rich in vitamin C had fewer wrinkles and less age-related dry skin than those whose diets had only small doses of the vitamin. Vitamin C helps form collagen, and may guard against ultraviolet rays from the sun, the cause of freckles and a mottled complexion.

### **From the Beginning**

Stem cells have the unusual ability to renew themselves over the lifetime of the organ while making daughter cells that differentiate into one or multiple lines. Nearly 30 years ago, scientists discovered ways to derive embryonic stem cells from early mouse embryos. In 1998, stem cells from human embryos were created and grown in laboratories for reproductive purposes through in vitro fertilization procedures.

Given their unique regenerative abilities, stem cells offer new hope for treating diseases such as diabetes and heart disease. However, much work remains to be done for cell-based therapies to treat disease, which is also referred to as regenerative or reparative medicine.

Skincare specialists are also riding the bandwagon of stem cells. The skin stem cells are found near hair follicles and sweat glands and lie dormant until they receive signals from the body to begin the repair mode.

The use of topical products stimulates the stem cell to split into two types of cells: a new, similar stem cell and a daughter cell, which can create almost every kind of new cell in a specialized system. This means that the stem cell can help repair fine lines and wrinkles, and restore and maintain firmness and elasticity. Since it is impossible to incorporate live materials into a skincare product, embryonic stem cells cannot be

used. Products with plant stem cells are now widely available. An example of plant stem cells comes from the Swiss Uttwiler Spatlauber apple, known for its ability to heal its own bruises and damage to its skin and can last for months after picking.

Some researchers believe that the use of stem cell technology for a topical, anti-aging cosmetic trivializes other more important medical research in this field. But, all's fair in the war on aging.

### **Magic Shots**

In 1989, Botox (Botulinum toxin type A), by Allergan, Inc., was approved by the U.S. Food and Drug Administration (FDA) for treating misaligned eyes (strabismus), uncontrollable blinking (blepharospasm), and spasm of the face (hemifacial spasm) in adult patients. Three years later, Botox was approved to temporarily improve appearance of moderate-to-severe frown lines between the eyebrows (glabellar lines).

A youthful face, sans wrinkles can now be yours by a single shot, or eight, or 12. The cosmetic use of botulinum toxin type A has now become widespread with many celebrities viewing it as less intrusive than plastic surgery.

The results of Botox procedures can last up to six to eight months. It is fast and not that painful. Instant youth in a shot! Three out of my 10 patients come in regularly for this procedure. In my practice, its uses range from removal of facial wrinkles, such as crow's feet in the side of the eyes, to control of severe underarm sweating. Of the three patients who come in for Botox, two are men.

Botox, a drug made from a toxin produced by the bacterium *Clostridium botulinum*, is the same cause of food poisoning called botulism. It works by weakening or paralyzing certain muscles or

by blocking certain nerves. Doctors use it in very small doses.

How about laugh lines around the mouth and deeper forehead grooves? A popular treatment involves injecting cosmetic wrinkle fillers into the face. Cosmetic wrinkle fillers are soft tissue fillers injected into the skin to give the face a smoother contour. The filler is also used to plump lips, ala Angelina Jolie. Results are temporary, about six months, depending on the filler used, because the body eventually absorbs them. Cost starts from P25,000.

Wrinkle fillers are made of various types of materials such as collagen and hyaluronic acid gel, and some include a combination of products. Some products also contain lidocaine, which numbs the skin at the injection site.

As with any medical procedure, Botox and fillers pose risks with possible side effects of allergic reaction, infection, bruising and raised bumps on the skin. It is very important that a skilled and trained skin care physician does the procedure.

## Honing on Hormones

Anti-aging hormone supplements are said to work wonders, giving you youthful looks and generally making you feel healthier. These treatments are a cocktail of prescription-only hormones including human growth hormone (HGH), estrogen, testosterone, Dehydroepiandrosterone (DHEA) and pregnenolone.

Hormones, chemical messengers needed to keep the body working properly, affect metabolism, reproduction, growth and immune function, among others. Their levels dwindle in middle age and this natural



**OUR CONTRIBUTOR:** *Dr. Risa C. De Leon, a diplomate of the Philippine Association of Primary Skin Health Physicians, Inc. and member of the World Society of Anti-Aging Medicine and a skin care consultant at Vanity Skin Aesthetics Dermatology Clinics located at the Ground Floor, One Ecom Center, Ocean Drive, Mall of Asia Complex, Pasay City and 5th Level, SM Manila.*

slowdown has prompted an interest in the use of synthetic hormones to stave off the realities of old age.

The use of anti-aging hormones is still shrouded in controversy. Their long-term effects are still unknown. There are studies suggesting a link between HGH and cancer, diabetes and joint pain. DHEA and pregnenolone may cause irregular heartbeats and irreversible hair loss. Taking hormone replacement drugs or supplements should be done strictly under medical supervision.

Small short-term studies by the US National Institute of Aging show that daily HGH injections can add muscle mass but

don't translate into greater strength or function. Patients receiving HGH report lesser pain, better flexibility and a sense of well being they did not have before. Thicker skin, enhance immune system, more energy, cholesterol balance shifted in a positive way, and more calcium deposited on bones are other said benefits.

Over-the-counter dietary pill supplements, known as HGH releasers, and HGH in spray form are currently marketed as low-cost back-ups. But claims of their anti-aging effects, like all those regarding HGH, are arguable.

Testosterone in men regulates sex drive (libido), bone mass, fat distribution, muscle mass and strength, and production of red blood cells and sperm. FDA-approved testosterone drugs come in the form of patches, injections, and topical gels. Testosterone supplementation is the standard treatment for men who produce little or no testosterone on their own only. Although other men report bigger muscles, sturdier bones, and a higher sex drive, more rigorous studies are needed to see if possible benefits outweigh its potential risks.

Estrogen in women helps maintain bone strength and may cut risk of heart disease and memory problems before menopause. For more than half a century, drugs with estrogen have relieved menopausal symptoms, like hot flashes and vaginal dryness, and prevented or treated brittle bones or osteoporosis. However, some studies show that estrogen may cause thickening of the lining of the uterus and raise the risk of endometrial cancer, and hike the risk for developing dementia (Alzheimer's disease).

DHEA supplement advocates tout that the hormone improves energy and

strength, boost immunity, bulks muscles and lessens fats. Sadly, there is no conclusive scientific evidence proving these benefits.

### The Real Deal

Hundreds of studies clearly prove that eating right and exercise significantly impact healthy function in old age. In 2006, the Harvard School of Public Health found that an anti-aging lifestyle, which includes advanced preventive care such as screenings, early disease detection, aggressive

intervention, and optimal nutrition, all of which are cornerstones of the anti-aging medical model, can boost lifespan by 24.6 more years.

In skincare, there are several factors that can cause the skin to change as we age. "The negative effects of sun exposure, such as melasma, wrinkles, freckles and a tough leathery appearance of the skin, are often quite visible in people who have failed to protect their skin. My best advice is to avoid the sun, and protect your skin with a high Sun Protection Factor (SPF) sunscreen every

day of the year, rain or shine.

The secrets of old age are now revealed: A 10-year study of Canadians showed that the most important predictors of excellent health were absence of chronic illness, income over US \$30,000, having never smoked, drinking alcohol in moderation, maintaining a positive outlook, and managing stress levels. Yes, common sense is still the best framework for lifelong habits for a happy and healthy living, no matter what the age.

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**KALAbeat**

# STOP: Grandparents At Play

*It cannot be denied that more and more senior citizens are texting and tweeting nowadays and there is already a need to disseminate and understand STC or Senior Texting Code. So, for the "techie" lolo and lola out there, learn these codes and pass them on to your children and grandchildren to bridge the communication and generation gaps and have a common understanding of your texts and tweets.*

ATD: At The Doctor's  
BFF: Best Friend Fainted  
BTW: Bring The Wheelchair/Walker  
BYOT: Bring Your Own Teeth  
CBP: Covered By PhilHealth  
CGU: Can't Get Up  
CMD: Changing My Diaper  
CUATSC: See You At The Senior Center  
DWI: Driving With Incontinence  
FWB: Friend With Beta-blockers  
FWIW: Forgot Where I Was  
FYI: Found Your Insulin



GGPBL: Gotta Go, Pacemaker Battery Low!  
GHA: Got Heartburn Again  
HGBM: Had Good Bowel Movement  
IMHO: Is My Hearing-Aid On?  
LMDO: Laughing, My Dentures Out  
LOL: Living On Lipitor  
OMG: Oh My Gout  
SGGP: Sorry, Gotta Go Poop  
TTYL: Talk To You Louder  
WAITT: Who Am I Talking To?  
WTF: Wet The Furniture  
WWNO: Walker Wheels Need Oil



**You know you're getting old when everything hurts.  
And what doesn't hurt doesn't work.**

- Hy Gardner

# KAHAYUPAN

## Baboy

DOK: Magmula sa araw na ito, ang pwede mo lang kainin ay ang mga hayop na lumalangoy.

*One week later, pinuntahan ng duktor ang pasyente sa bahay para kamustahin...*

DOK: Nandyan ba ang Sir mo?

MAID: Ay dok, nasa swimming pool po si Sir. Tinuturuan pong lumangoy yung mga baboy!

## Pusa

EDGAR: Alam mo, kahit nakalagay ang ulam namin sa mesa at walang takip, hindi kinakain ng pusa namin!

BRIAN: Maniwala ako?! Ano ba ang ulam n'yo?

EDGAR: Asin!

## Garapata

WENG: Anak, dumudugo ang daliri mo? Lumapit ka nga dito.

*At sinipsip ang dalari ng anak.*

WENG: Saan nasugat ito, ha?

LANCE: 'Nay, hindi po sugat yan. Tiniris ko lang ang mga garapata ng aso.

## Aso

ED: Lola, ingat po kayo dyan... nangangagat po ang mga aso d'yan.

LOLA: Alam ko, iho. Sa tanda kong ito wala pa kong nakitang aso na nanununtok. Adik ka ba?



**LEARN DISCIPLINE FROM THE DOGS: Teach Me How to Dougie.** (Photo grabbed from the Internet)

## Parrot

*Sa pet shop, a customer talks to the parrot...*

AJIE: Hoy! Can you talk, ha?!? Bobo!

PARROT: Yes I can. Eh ikaw, can you fly?

ENGOT!!!

## Daga

ANAK: 'Tay may daga sa kusina!

TATAY: Paalisin mo.

ANAK: Oy daga, umalis ka!

TATAY: Bobo, gulatin mo.

ANAK: Oy daga! BULAGA!

TATAY: Engot, takutin mo.

ANAK: Daga, aswang ako! Awooooooh!

TATAY: Peste! Bugawin mo!

ANAK: Boss, rats?!? 300 pesos lang.

Batang bata pa.

## Fairy Tale

*A dark-skinned ugly baby was given a pair of wings by a fairy...*

BABY CHIT: Does this mean I'm an angel??

FAIRY: (Laughing out loud) Of course not! Ambisyosa ang kulay uling nato! Paniki ka!

## Tunay na Kahayupan

JANET: Nakakaasar yang kumpare mo.

MENCHU: Bakit na naman, Mare?

JANET: Ang gusto ba naman ay mag-dogstyle kami?

MENCHU: Eh, ano naman ang problema dun? Okay naman yun.

JANET: Anong, okay ka dyan?!? Ang gusto niya ay gawin namin sa kalsada!

MMDA Chairman Francis N. Tolentino

# Health Champion

by

**ELIZABETH G. MASCAREÑAS**

HEALTHbeat Staff

## Political Will

“Political will” has been used, misused and abused by politicians, bureaucrats and advocates promoting change, but nobody seems capable enough to define it or measure it. Craig Charney, president of Charney Research - a leading pollster on political issues in the US, said that “political will is the ghost in the machine of politics, the motive force that generates political action.” He said that political will can be defined as the combination of three factors: opinion plus intensity plus salience. Strong opinions form political will only if they are salient to public choice. There is no political will if there is no connection to public affairs.

The definition seems vague, until somebody comes along to show people the meaning and essence of political will. Atty. Francis N. Tolentino, chairman of the Metropolitan Manila Development Authority (MMDA), fits to a tee the image of a leader with strong political will. His programs and projects – like dismantling oversized and illegal billboards, enforcing smoking ban in public places, putting speed limits in major highways and implementing the bus tagging system – are shunned by some profit-oriented industries and businesses but are badly wanted and very much appreciated by the public. Despite the odds, Tolentino has

endured and persevered.

Tolentino is a graduate of Bachelor of Laws at the Ateneo de Manila University Law School and a Doctor of Judicial Science (International Environmental Law) at the Tulane University Law School in New Orleans, Louisiana, USA. He passed the 1984 Philippine Bar Exams with a general average of 86.25% (with scores of 94%, 95% and 100% in Labor Laws, Taxation and Criminal Law, respectively), and also passed the 1991 New York State Bar Exams.

Tolentino, who is a member of the Natural Resources Defense Council in New York City and Tulane Environmental Law Society in New Orleans, Louisiana, USA, is a true champion of promoting health and environment. He also wrote an article for the Integrated Bar of the Philippines Journal, 2010 entitled: An Environmental Writ: The Philippine's Avatar.

Before his stint as the MMDA Chairman, Tolentino was appointed officer-in-charge Mayor of Tagaytay City after EDSA I Revolution and duly-elected Mayor for three consecutive terms (1995-2004). He became president of the League of Cities of the Philippines as well as executive vice

president of the Union of Local Authorities of the Philippines from 2001 to 2004. He also holds the rank of full Colonel, Philippine Army (Reserve) and he was awarded as the Philippine Army Officer of the Year in 2000 and the Armed Forces of the Philippines (AFP) Reserve Officer of the Year in 2001.

There seems to be no other person that is more able capable than Tolentino to be at the helm of MMDA – the agency that performs planning, monitoring and



coordinative functions, and in the process, exercise regulatory and supervisory authority over the delivery of metro-wide services within Metro Manila, comprising 16 cities and the lone municipality of Pateros and the home to 14 million residents.

MMDA originally started out as Metro Manila Commission (MMC) which was created by Presidential Decree 824 issued by then President Ferdinand Marcos on November 7, 1975, which integrated Manila and adjacent Quezon City with two cities and 12 municipalities of the province of Rizal and one municipality of Bulacan. On January 9, 1990, during President Corazon Aquino's administration, that MMC became the Metro Manila Authority (MMA) through Executive Order No. 392 and now Vice President Jejomar Binay was its first chairman. On March 1, 1995, the agency was officially renamed as MMDA through the passage of Republic Act (RA) 7924.

Now on its 36th year, MMDA has never been so strong and diligent in implementing its seven functions, namely: development planning; transport and traffic management; solid waste disposal and management; flood control and sewerage management; urban renewal, zoning and land use planning and shelter services; health and sanitation, urban protection and pollution control; and public safety.

## Civil Will

On July 27, 2010 President Benigno S. Aquino III announced the appointment of Tolentino as MMDA chairman. On his way the MMDA office for the turnover ceremony, he was caught in traffic and was late for around 15 minutes which was scheduled at 10 am. This led him to resolve to review some existing methods to decongest EDSA's traffic problems, he vowed for a more vibrant and accessible organization through "civil



**TOP:** 100% Smokefree Metro Manila - seemingly the most controversial of all MMDA's programs.  
**BOTTOM:** Measuring the speed limit.

will," which he roughly defines as entailing people's participation and the involvement of various sectors. He said, "All sectors and stakeholders will be consulted as we are hoping for civil acceptance on all aspects of our operations."

According to Tolentino, the mantra of his administration will be discipline with compassion, reiterating that human rights will not be compromised with the implementation of the agency's various

thrusts. "I have accepted the position with great hope of attaining a better quality of life in Metro Manila and making MMDA a model agency," Tolentino said during the simple turnover rites.

That was over a year ago, and those who have been banking on his statements then are now asking what he cannot do. People are noticing the big change over at MMDA, and media has their keen eyes on every step Tolentino makes. Manila Standard



**TOP: Inspection of Ali Mall bus terminal with President Benigno S. Aquino III. BOTTOM: The first in Philippine History motorcycle lane.**

lifestyle columnist, Harold Geronimo, even rated MMDA as one of the top Aquino government performing agencies. He wrote, "Gone are the days when MMDA is only visible through their traffic enforcers. Today, the agency is very active physically in the streets and virtually real-time on social media."

And the Department of Health is proud to have Tolentino as a partner because many of his priorities are focused on health

and the environment, not only because RA 7924 mandates the MMDA to protect and safeguard public health, but also because he is an expert on environmental issues. The improvement of traffic and transport management, for example, contributes to efforts to have clean air in the metropolis and thus address the increasing burden of non-communicable diseases.

A recent health and environment program that puts Tolentino's civil will

to a test is the enforcement of the 100% smokefree environment policy in Metro Manila which regulates the use of tobacco in confined public places in accordance with the Framework Convention on Tobacco Control (FCTC) for which the Philippines became a signatory in 2005 and with RA 9211 or the Tobacco Regulation Act of 2003 and RA 8749 or the Clean Air Act. The Philippines has good laws, but many laws lack proper implementation. And when someone like Tolentino puts his foot down to enforce the law, hell and high waters came rushing on him.

While non-smokers who comprise the majority of the population hailed the program and several national and local governments as well as the civil society supported it, the tobacco industry not only frowned at it but became very persistent to stop it. The MMDA's anti-smoking program has been a case where the tobacco industry blatantly showed its force in interfering with public health policies in order to resist regulations that will affect their products vis-à-vis their profits. (See related story on page 44.)

The MMDA was taken to court for apprehending violators caught smoking in public places. And after months of controversial battle in the courtroom as well as in the media, the Mandaluyong Trial Court still issued a writ of preliminary injunction against MMDA's anti-smoking program. The order stated, "Pending the determination of whether or not the respondent MMDA has valid authority to implement RA 9211, there is an obvious and imperative need for preliminary injunction, a provisional measure to prevent or restrain in the meantime the MMDA to implement its Smoking Ban in open areas not covered by the definition of public places in RA 9211 so that its implementation may not render moot and academic the main issue in this

case."

Tolentino said that despite the court-ordered setback, they will continue the campaign within the limits prescribed by law, but, will again file motion for reconsideration and petition for certiorari (a document which a losing party files with the Supreme Court asking the Supreme Court to review the decision of a lower court. It includes a list of the parties, a statement of the facts of the case, the legal questions presented for review, and arguments as to why the Court should grant the writ).

"Everyone deserves to breathe clean air. The MMDA, with its mandate to uphold public health and anti-pollution, is committed in its efforts to minimize the deadly effects of smoking. We have done so, and shall continue to do so, in accordance with the parameters set by the law," said Tolentino.

### "Cleaning" the Air

Aside from the anti-smoking, another program that MMDA strictly enforce

to "clean" the air is the Anti-Smoke Belching Program, which is in accordance with RA 8749 or the Clean Air Act. Recent air quality monitoring of major thoroughfares of Metro Manila revealed an average value of 140 micrograms per nano centimeter – far from the acceptable 80 microgram per nano centimeter based on Philippines and US standards. In fact, the value of 140 on USA Air Quality Index is considered unhealthy for sensitive groups or those persons with cardiovascular and respiratory conditions.

To reduce the total suspended particulates (TSP) in the air at particulate matter size 10 micrograms ( $PM_{10}$ ) and particulate matter size 2.5 micrograms ( $PM_{2.5}$ , which tobacco smoke has plenty of), the MMDA in partnership with the Land Transportation Office (LTO) and the Department of Environment and Natural Resources (DENR) including the anti-smoke belching units of the Metro Manila LGUs apprehends smoke belching vehicles travelling along the major thoroughfares. Motor vehicle plates are confiscated and turned over to LTO which conducts

subsequent smoke emission testing. Vehicles with no license plates are not allowed to traverse Metro Manila roads.

Corollary to this is the Unified Vehicle Volume Reduction Program (UVVRP) or a means by which MMDA reduces the daily volume of vehicles along major thoroughfares. Through this program, the total suspended particulates (TSP) in the air are lessened as traffic becomes manageable, while stalling of vehicles as well as release of toxic gases while running idle is minimized.

The UVVRP, particularly the number coding for public utility vehicles such as city and provincial buses was approved by the Metro Manila Council and was implemented last year on an experimental basis. This brought about a reduction in the volume of buses to an average of 2,817 bus units/day or about 18 per cent or 618 units less than the pre-UVVRP average bus count daily. With this, the program was permanently implemented through a MMDA resolution.

Moreover, prior to implementation of UVVRP and one of Tolentino's first directives as MMDA Chairman was the cancellation of all exemptions (except for medical and media practitioners) from the program. It has effectively cancelled 6,500 previously-granted exemptions.

On the average, travel time along the 24 kilometers stretch of EDSA has been reduced by almost 16 per cent and travel speed increased by more than 24 percent.

To further reduce the number of vehicles along major thoroughfares, the MMDA and the Land Transportation and Franchising Regulatory Board (LTFRB) implemented a campaign against "colorum" buses. Buses with legal franchises and which chassis numbers matched with the LTFRB record of legitimate 'certificate of public convenience' was given bar-coded "authorized EDSA bus" yellow stickers by the MMDA. This resulted in the tagging of 8,627



*Impounding colorum buses – one of the many moves to reduce the number of vehicles along major thoroughfares.*

buses or 70.81 percent of the total 12,689 authorized city and provincial buses plying along EDSA.

The MMDA is also currently gearing up its Mega Manila-Provincial Integrated Bus Axis System (Mega Manila-PIBAS) based on President Benigno S. Aquino III's instructions to Tolentino to take the lead in consolidating the different provincial bus terminals into common terminals.

Metro Manila has a total of 85 provincial bus terminals spread all-over the metropolis – 49 terminals for northbound buses and 36 terminals for southbound buses. There are 60 bus companies operating in these terminals with approximately 7,368 buses. These provincial bus terminals, majority of which are located along EDSA, disrupt the continuous flow of traffic whenever buses maneuver in and out of the terminals and during loading and unloading of passengers.

The Mega Manila-PIBAS is envisioned to be "a world-class terminal complex" patterned after centralized and integrated bus terminals in other countries, and will promote the delivery of efficient transport service and maximize road usage. Two major terminals are currently being proposed, one in the north and the other in the south. It will also adapt a centralized ticketing system designed with an automatic fare collection system for all bus operators to improve bus transport service and promote convenience to the riding public.

### Reducing Vehicular Accidents

MMDA is serious in addressing the increasing deaths due to vehicular accidents, and two Metro Manila highways – Commonwealth Avenue in Quezon City and Avenue of Diosdado Macapagal in Pasay City – are on Tolentino's watch list.

Early this year, pleas from

concerned citizens became louder for government to curb the spate of vehicular and pedestrian accidents in Macapagal Avenue. This road linking Metro Manila to and from the province of Cavite, became famous for reckless and unlawful drag racing. The MMDA together with the Metro Manila mayors agreed to impose a maximum speed limit of 60 kilometers per hour (kph) for all types of vehicles including motorcycles, traversing the 35 meters wide by almost five kilometers in length four-lane road. The speed limit is monitored by strategically located laser speed guns that record vehicles that go beyond the speed limit.

Meanwhile, over at Commonwealth Avenue, which has been branded as the "killer highway" of Metro Manila, the MMDA deployed 140 traffic enforcers to carry out the 60 kph speed limit. Aside from this, the agency designated lanes to different vehicles plying the highway. The two rightmost yellow lanes on both sides of Commonwealth Avenue are reserved for dedicated use by public utility buses and public utility jeepneys.

The MMDA also implemented the use of dedicated loading and unloading zones as well as footbridges for pedestrians along Commonwealth Avenue to ensure safety of motorists, commuters and pedestrians. Violators are fined Php 1,200. Names of violators are posted on the MMDA's website until such time fines and penalties are settled.

And for the first time in Philippine history, as Tolentino puts it, the MMDA has established motorcycle lanes, now called the "blue lanes" along the two thoroughfares. Effective October 17, non-exclusive motorcycle lanes were designated on the fourth lane from the curb of Commonwealth Avenue, and the first lane of Macapagal Avenue. Motorcycle riders are also required to observe a 60-kph speed limit.

For one week, violators were not issued traffic tickets but were required to undergo a 15-minute seminar at designated spots along the thoroughfares. A special sticker was given to a rider who completed the seminar that could be attached to his motorcycle. And starting October 24,



*MMDA disaster relief operations go beyond Metro Manila – aiding even the recent flood-stricken Bulacan residents.*

traffic tickets were issued to violators and a Php 500 fine was meted to those who breached the designated lane, except when making turns or U-turns, in which case motorcycle riders are to gradually shift lanes 100 meters away from the turning point.

Next year, Tolentino is planning to implement the motorcycle lanes in Roxas Boulevard, C5 Road and EDSA.



*Aren't you glad MMDA is watching us, Metro Manila? (All photos in this article is courtesy of MMDA.)*

The agency is also involved in Street Dweller Care that assists mentally-challenged people living in Metro Manila streets to be referred to the DOH National Center for Mental Health for appropriate care and attention. Substance abuse victims using the streets as their homes are referred to the Department of Social Welfare and Development's Fabella Center for eventual confinement to the Camp Bagong Diwa Drug Rehabilitation Center.

## Flood Control

And then there's flooding. Among the major problems the MMDA faces is the "never-ending work" in cleaning up Metro Manila of garbage that partly causes flooding when heavy rains come. People in Metro Manila have yet to learn the lessons of Typhoon Ondoy, which dumped heavy rains that triggered killer floods in the metropolis in September 2009.

Aside from the usual estero and barangay clean-up drives, the MMDA inaugurated on August 3 its Flood Control Information Center (FCIC), a nerve center for the agency's flood control and disaster-related operations. Tolentino said the FCIC will comprehensively monitor Metro Manila flood-prone areas and provide crucial information needed to make policy decisions in crisis situations.

The Center is equipped with 16 monitors connected to over 70 closed-circuit televisions stationed on key Metro Manila intersections, flood-prone areas and pumping stations. The Center will tap the national and international satellite-based weather monitoring services and utilize an Incident Management and Map Navigation

Software that will collate information on flood and other disaster-related incidents. It has a floor map of Metro Manila and outlying waterways that will help trace communities that would be affected when water systems overflow.

The information generated from the center will be available to all the Metro Manila local government units and the public, to guide them on what to do during calamities, Tolentino added.

In September, almost exactly two years from the Ondoy flooding, Luzon was visited by two to three strong typhoons in succession. Although Metro Manila was not badly hit by floods, Central Luzon, particularly Bulacan, was inundated. The MMDA immediately dispatched personnel and equipment to provide rescue and relief operations to the people in the flooded areas, which were already beyond its jurisdiction. This showed MMDA's dedication and commitment to assist and serve anywhere it is needed.

## No Time to Relax?

Day in and day out, the MMDA that Tolentino is building does not seem to rest.

And for provincial residents visiting Metro Manila and have no roof to stay and rest, the MMDA has established the Workers' Inn which charges only Php 30 for an overnight stay. This alleviates the stress of temporary residents who may have to process documents over a certain period of time. Stress is known to contribute to non-communicable diseases affecting the cardiovascular system. For this year alone, the Workers' Inn was home for 176,128 transient residents, serving roughly 29,354 people per month.

And towards the end of the year, during the Yuletide season, the MMDA stages the Metro Manila Film Festival. While at it, the agency also involves itself in the prevention and control of firecracker-related injuries. And by next year, MMDA is already laying the groundwork for the implementation of the anti-drunk driving policy.

Tolentino has the determination to improve the health of Metro Manila residents by making the environment a better place to live in. And the whole MMDA organization moves forward to build "Clean Habit, Clean Air, Clean City."

- o o o -

“Sa hinaba-haba man ng prusisyon, bading naman pala ang iyong makaka-relasyon.”

# kalolokah!

## Sobrang Sarap

IRMA: Alam mo ba, girl, sa sobrang sarap ng mga lalaki...  
SIONY: Ano?!?  
IRMA: Pati sila, nagtitikiman na!

## Bigote't Balbas

ABBY: Hay naku, bakit maraming bakla ang may bigote o balbas? Minsan, balbas sarado pa nga. Tulad nalang ng dating boyfriend ko.  
MAY: Siyempre, gurl, para matago ang mga stretch mark nila, noh?!?

## Wet and Wild

*Dalawang giraloo sa swimming pool...*

MARK: Tulong! Tulong! Hindi ako marunong lumangoy!!!  
ACE: O, eh, ano naman?!? Kung ako nga hindi marunong magluto, ipinagsisigawan ko ba?!? Wag ka ngang pampam d'yan!

## Dry Lips

EDGAR: Ang dry ng lips mo, ah.  
AURORA: Talaga?  
EDGAR: Halika nga dito para 'di mag-dry.  
AURORA: Weh? Baka halikan mo lang ako?  
EDGAR: Gagah! Lalagyan ko lang ng lipstick. Ambisyosang 'to! Tseh!

## Family Meal

*Pamilyang salu-salong kumakain ng instant noodles...*  
ANAK: Dad, baka 'di na po ako maka-graduate dahil buntis po ako...  
DINKY: Ano?!?  
ANAK: Mom, mahirap po ba ang mag-buntis?!?  
TERE: Mas mahirap ang maging ina, lalo na sa isang ambisyosang bakla na kagaya mo! Kumain ka nalang nga 'dyan at baka maingudngod ko sa nguso mo ang noodles!

## Champoy

DEMPOT: Daddy, bakit po yung 'bird' ng classmate ko parang champoy?  
OBET: Hahaha! Bakit anak maliit ba?!?  
DEMPOT: Hindi po... MAALAT!

## Away

JEFF: 'Tay, nakipag-away po ako...  
JUN: Aba, at nagbibinata na talaga ang anak ko! Pero, bakit ka naikapag-away?  
JEFF: Kasi po tinutukso nila ako ng bakla... Kaya pinalo ko ng shoulder bag ang mga chuvacheners na 'yun! Mga gagah sila!

## Gay Crime Scene

*May holdapan sa beauty parlor...*  
PULIS1: Hoy Ateng! Nanditey na si Darna, sumuko ever ka na! Super surroundings ka na namin, teh!  
HOLDAPER: Wiit! Keri ko kayo, teh! Tumbang preso yan si Darna saken!  
PULIS1: Ay, echuserang frolet ka! Mga bakla, sugod na tayis!!!  
PULIS2: O, narinig n'yo si Mother Earth. Gora na, mga bayot! Puuush!

## Pigilan ang Kabaklaan

*Mga payo ni Lolo Tonyo sa mga lalaking na umaalingasaw ang matris...*

- Isang beses lang maligo sa isang araw at huwag madalas maghilamos ng mukha.
- Iwasan ang kulay pink, purple at red sa kasuotan, lalung-lalo na kung pantalon, shorts, belt at sneakers.
- Wag kang palatili. Tigasan ang boses at iwasan ang masyadong paggalaw ng kamay habang nagsasalita.
- Huwag titigan ang musles ng ibang lalaki at mas lalong huwag tumitig sa mata ng ibang lalaki na sosobra sa tatlong segundo.
- At iwasan ang heart-to-heart talk sa katropang lalaki.

“Walang matinong lalake, sa malanding kumpare.”

# Goodbye, NONG MENDOZA

January 29, 1961 - November 11, 2011



TOP: Nong Mendoza's story in HEALTHbeat July-October 2010 issue. LEFT: Nong doing a Boy Abunda look-alike in the Celebrity Christmas Party of the National Center for Health Promotion last year.

As we bid farewell to 2011, we also say goodbye to FEDELINO "Nong" MENDOZA – Information Officer III of the Department of Health's National Center for Health Promotion, graphic artist, **HEALTHbeat** staff who used to do artworks and cover designs, and most especially, a dear friend.

Nong lost his more than two years battle with lung cancer after he was diagnosed at Stage 4 in September 2009. He shared his personal health story in **HEALTHbeat** July-October 2010 issue, the first time this magazine went into full color.

In his story entitled "Battling Lung Cancer," Nong narrated his ordeal with the disease, not only in dealing with the physical pain but also in experiencing a gamut of medical and financial difficulties. He said, "with a disease like lung cancer, it is very important that people around you and the institutions behind you are able to provide you with the best care and support physically, emotionally and financially."

Henry Ward Beecher, a Protestant clergyman and reformer, said, "So we fall asleep in Jesus. We have played long enough at the games of life, and at last we feel the approach of death. We are tired out, and we lay our head back on the bosom of Christ and quietly fall asleep."

Nong was survived by his wife, Bambi, and two kids, Justin and Zen Zen. You will surely be missed, Nong! Rest in peace.

# HEALTH NEWS

## Top 10 in 2011

by

**ANTHONY R. RODA, MaHeSoS**  
HEALTHbeat Staff

*It's a tradition. It's an obligation. HEALTHbeat brings you once again the Top 10 health stories that rocked the Department of Health in 2011, based on media monitoring of health news coupled with the opinions of the editorial staff. If the news is a reflection of the state of health of the nation, then we are quite in trouble because it starts off in blood and ends up in a circus. Let's do the countdown...*

### 10 Voluntary Blood Donation

"More blood, more life." This was the global theme for World Blood Day on June 14. This was also the theme adopted by the Department of Health when it observed the National Voluntary Blood Donation Month in July. A few heeded the call in blood letting activities, mostly from coming from the health sector and some from the police and the military. Others were already regular donors and for a few newbies they, shall we say, "forced volunteers." The act of voluntarily donating blood has not exactly crept in the consciousness of Filipinos. Many would only think of donating blood when a member of the family or a close friend is the one in need.

One thing good that happened during the surge of dengue cases in Luzon was the hype media created on the need of blood for dengue patients, mostly children. And for the first time, news on voluntary blood donation reached **Healthbeat's**

countdown of the Top 10 health news.

On August 15, Philippine Red Cross (PRC) Secretary General Gwendolyn

Pang urged more people to donate blood as severe dengue cases need blood.

Data provided by PRC show that



*OIC Undersecretary Gerardo Bayugo (right) shakes the hand of Enchong Dee (left) - matinee idol, swimmer, regular blood donor and instant DOH voluntary blood donation program poster boy. (Photo by Paking Repelente)*

annual blood collection falls short of what is needed. The PRC has an average collection of 2,500 to 3,000 units of blood daily nationwide.

Pang explained that in 2010, PRC collected a total of 273,000 units of blood, representing 49.6 per cent of the total national collection of 550,000 units from all blood collecting agencies, including the DOH and the Philippine Blood Coordinating Council. But the total collection was still 440,000 units short of the national requirement for 950,000 units last year. The PRC urged the public to “be more resolute in promoting voluntary blood donation” with the rise in dengue cases in mind.

Dr. Lyndon Lee Suy, program manager of the DOH Emerging and Re-emerging Infectious Diseases, emphasized the need for donated blood by severe dengue patients. He said, “While only five per cent of dengue patients need blood, we still encourage blood donation.”

Quite a coincidence, Enchong Dee, matinee actor, swimmer and a regular blood donor, was scheduled to donate his precious blood in the DOH, the following day, August 16. This donation landed on the news and easily he became a DOH poster boy for the blood program.

Soon after, the Philippine Medical Association, ABS CBN, TV 5, among others held their own blood letting activities. The DOH hopes that this good deed would be sustained any day of the year, with or without dengue.

Filipinos have to remind themselves that giving blood is giving the most precious gift to another person: the gift that will extend the life of the sick while at the same time, reinvigorate the giver. As Health Secretary Enrique T. Ona emphasized, “We do not lose blood when we give because as we donate blood, we refill our bodies with new and fresher blood.”

## 9 Smokin' Superstars

When health and showbiz news combined this year, the issue was smokin' hot because it was dangerously treading on artistic freedom. But shouldn't we all be concerned about the health of the people too?

On June 2, when the Metropolitan Manila Development Authority (MMDA) announced the extension of the submission of scripts for the 37th Metro Manila Film Festival (MMFF), MMDA chairman Francis Tolentino also called on participating movie producers to exclude scenes that show actors

and actresses smoking cigarettes. The MMFF runs from December 25, 2011 to January 7, 2012, and within that period no foreign films are shown in cinemas.

He said, “When a popular actor or a movie lead character lights up a cigarette on screen, it sends out a message – subliminal or otherwise – that smoking is cool. We don't want to send the wrong message to our children. We want to inculcate positive, health-conscious values and awareness,” Tolentino said.

As soon as it was announced,



the movie industry warned Tolentino that he may be treading on questionable legal grounds since filmmaking is covered by the constitutional right of free expression. Lily Monteverde, a perennial supporter of the MMFF with her various horror and drama entries over the years, said, "*Hindi pupuwede*. Actors have to bring life to any role and if their character is smoking, it does not mean that they are setting a bad example to the youth." Veteran director Soxy Topacio, on the other hand, insisted filmmaking is essentially built on the nuances of characterization and if smoking will project the nature of a role or enhance cinematography, it is justified.

Artistic freedom and being truthful or factual are often raised when artists delve into the topics of sex, violence, morality, politics and now health. These, too, were the protective shield that the entertainment industry used in September when "Smokefree Philippines" spearheaded by the Philippine Medical Association criticized superstar Nora Aunor for the bad image she was conveying in her photo on the cover of Yes! magazine as well as Anne Curtis and her Paris setting cover of Rogue magazine.

Father Robert Reyes, a staunch supporter of Smokefree Philippines, was quoted as giving a strong statement to Aunor, "Nora, you are ill-advised. You think you are moving forward, it's a step backwards." He added, "The Filipino reading public is not dumb... If you want to be popular again, be wholesome. *Gusto n'yo ba gayahin ka namin? Ang trabaho n'yo is to inspire us, not to scandalize us.*"

In an ABS CBN news report, Aunor expressed her dismay and said, "*Kriminal ba 'yung ginawa ng tao o ano? Masyadong pinapalaki 'yung isyu. Bakit, ngayon lang napansin na naninigarilyo ako?*" Yes! editor-in-chief Joan Maglipon also defended the superstar by saying the said pose depicts the freedom of Aunor today. Maglipon

added, "In a perfect world, we will not have anyone smoking or drinking or gambling or lying. Not just in magazines, but out there in the real world... But apart from being in an imperfect world, there is the very real concern with freedom of expression, which not even the most well-meaning advocates should trample on." She later, however, stressed their magazine's support to the smokefree campaign.

Curtis, on the other hand, in her interview with ABS CBN's "Bandila" said, "*Siyempre na-sad din kami* that it was given that kind of publicity but at the same time *naiintindihan din naman namin ang point nila.*" To set the record straight, she maintained that it was not the magazine's intention to promote or to engage the youth into smoking. "I don't smoke. So I do not promote smoking. Just to be clear also," Curtis added.

Over at ABS CBN's "The Buzz," KC Concepcion said that the magazine covers are within a gray area. "*Hindi siya advertisement. Hindi siya commercial. Hindi siya photograph na magpo-promote ng isang brand ng sigarilyo. So, yung tobacco regulation or Tobacco Act is really targeted sa tobacco industry, sa mga nagpo-promote*

*ng smoking at nagpo-promote ng brand ng cigarette. So, in terms of personal choices ng mga artista, katulad ng mga nalalagay sa mga magazines, it can be seen as an artistic expression.*"

The tobacco industry must have been laughing its heart out with the news because it has been circumventing the ban on advertising and promotion by the way it has positioned cigarette smoking. Youth and women, as the two magazine covers projected, are lured to smoking because of the social image they want to present to others. All these years, the tobacco industry has created an image of smoking as being tough, cool, sexy, sophisticated, attractive or a form of rebellion.

However, what the tobacco industry doesn't say is the reality that smoking causes debilitating and painful diseases and death. Anti-tobacco advocates would want to see the day when the entertainment industry would invoke their artistic freedom in showing graphic visualization of the hazards of smoking in movies or magazine covers. Until that happens, they could only be more vigilant in protecting women and youth to the false representation of smoking in media.

## 8 Iligtas sa Tigdas ang 'Pinas

On April 4, the Department of Health launched its month-long, nationwide, door-to-door measles vaccination campaign dubbed "*Iligtas sa Tigdas ang Pinas*" for about 18 million children aged nine months to below eight years. The main objective of the campaign is to reduce the number or pool of children who are at risk of getting or susceptible to measles and achieve at least 95% measles-rubella immunization.

From April 4 to May 4, vaccination

teams, aptly called "*bakunadoors*," knocked on doors to give free Measles and German Measles vaccines to targeted children, even if they already had previous measles vaccination or if they had already acquired measles. Aside from vaccines, some local governments also provided free capsules of Vitamin A which is an important micronutrient for good eyesight, strong bones, and a healthy immune system.

The "doors" referred to in this

campaign included doors of houses, condominiums, apartments, tenements as well as the so-called non-conventional doors in the community. These non-conventional doors included informal settlements such as families living under the bridge, inside the parks, cemeteries and open spaces, in tents, carts, abandoned buildings, commercial establishments, market stalls, and institutions where children may reside.

Measles is a highly contagious disease which can be fatal. It is spread by coughing and sneezing, close personal contact, or direct contact with infected nasal or throat secretions. Immunity against measles is developed following vaccination.

Likewise, German measles, also known as rubella, is a highly contagious mild disease characterized by flu-like symptoms followed by a rash. Immunity against German measles is also developed following vaccination. However, the primary danger with rubella is the infection of pregnant women as it poses a serious threat to the life of the unborn. It may cause miscarriages, premature delivery, and serious birth

defects, including heart problems, hearing and sight problems, cognitive impairment, and liver or spleen damage.

According Health Secretary Enrique T. Ona, measles-rubella vaccine is safe, effective and inexpensive. Moreover, he stressed it costs between P500 to P15,000 to treat a child with measles but preventing measles through vaccination is free.

On May 6, Ona announced that Barangay Suaverdez in the municipality of Anao, Tarlac province became the first barangay in the country to achieve its target of zero missed child and a 95% house marking accuracy during the month-long campaign.

The DOH also received partial results that revealed that 11.8M children (63%) of the targeted 18M children were already vaccinated against measles and rubella.

Among the top three regions with the highest percentage of vaccinated children were Region 9 (Zamboanga Peninsula), which has been a consistent top performer since the first week of the campaign, with

81% (or 565,255 of their 695,329) eligible children; Region 12 (SOCCSKSARGEN) with 80% (or 658,160 of their 818,197) eligibles; and Region 9 (Davao Region) with 79% (or 688,009 of their 868,764) children.

Since the campaign fell during the Holy Week, many children were still not reached. To enable some areas to catch up, the campaign was extended until May 30 or even beyond in order to attain at least 95% coverage of eligible children nationwide.

And to measure the success of the campaign, an internal and external rapid coverage assessment (RCA) after a barangay has declared completion of vaccinations was conducted. The internal RCA team is composed of the DOH Regional Center for Health Development and the Provincial Health Office while the external team is composed of the national DOH and the World Health Organization and other partners. A measles-free certification will be given to the areas that will meet the criteria of "no missed child and no measles cases for three months after the campaign.

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**LEFT:** A child happily shows proof that she's just been immunized (Photo by Jezzierette Clyde Cafe-Daquilanea). **RIGHT:** "Bakunadoors" or health workers going door-to-door giving measles-rubella vaccinations to children 9 months to less than 8 years old.

## 7 Woeful Suicide

On February 8, controversial former military chief and Energy Secretary Angelo T. Reyes was reported to have committed suicide while visiting his mother's grave at the Loyola Memorial Park in Marikina City where he shot himself in the chest using a Caliber .45 pistol which pierced through his heart. Before this incident, he has been in the hot seat due to allegations that he received P50 million in "send-off" money after he retired from the AFP as claimed by retired Lt. Col. George Rabusa.

On August 2, Attorney Benjamin Pinpin, 32, assistant chief legal counsel of the Development Bank of the Philippines was reported to have strangled himself with a nylon cord in the bathroom of a hotel in Zapote Alabang Road. In a suicide letter, Pinpin revealed how upset he was about being investigated for a P510-million loan granted to a businessman during the past DBP administration. He said he did not want his family to be affected by the controversy.

On September 19, the news reported that a 13-year old alleged "gay" shot his 17-year old "boyfriend" twice in the head before turning his .22 calibre pistol on himself. This was said to happen inside SM San Fernando, Pampanga in what has been termed as a "crime of passion." Both teeners died a few days later.

And on October 27, Martin Guingona Lamb, 20, grandson of former Vice President Teofisto Guingona, made the news when he jumped off to his death from the 31st floor of a hotel in Muntinlupa City before dawn. Police said Lamb was having drinks with his friend at the hotel bar before the incident happened. His friend told the police that Lamb talked about his problems.

These are just some of the high



*Depression may lead to suicide. Photo grabbed from the Internet.*

profile reported cases of suicide that happened this year. There are more news of people committing suicide, and many more cases in the country went unreported, and statistics on suicide are also blurry.

A study entitled, "Suicide in the Philippines: Time Trend Analysis (1974-2005) and Literature Review" by Maria Theresa Redaniel, David Gunnedell (of the University of Bristol in United Kingdom) and May Antonette Lebanan-Dalida (of the University of the Philippines-Manila) posted in BMC Public Health website this year, said that more women than men attempt suicide in the Philippines, but as seen in most other countries, the case fatality is higher in males due to their preference for more violent/lethal methods of suicide. The male-to-female ratio for suicide (3.3:1) in the Philippines is higher than in China or India but comparable to that seen Thailand, Japan and New Zealand.

The study also said that suicide

attempts and mortality were generally higher in adolescents and young adults than in the older age group. This contrasts with patterns seen in most countries where rates tend to increase with age. This could be due to increased vulnerability of young people to social stressors. Adolescence is a period of life changes and most teenagers struggle with issues such as independence and developing a sense of identity and a system of values and responsibilities.

Meanwhile, a Department of Health survey in 2007 found that 15 out of 900 teenagers tried to commit suicide.

Dr. Dina Nadera, a psychiatrist and dean of the University of the Philippines Open University, said suicide is so sensitive an issue that, in fact, the 2004 Philippine Health Statistics euphemistically called it "intentional self-harm." Quite often, too, families would have the cause of death listed as something other than suicide, she added.

As Michael Tan, anthropologist,

wrote in his column "Pinoy Kasi" in the Philippine Daily Inquirer on September 8, "The suicide rate in the Philippines is relatively low compared to other countries.' This is explained by the fact that the country has a Catholic majority population. Although most major religions look negatively at suicide, the Catholic Church tends to be the most judgmental, with threats of eternal damnation and some Catholic priests refusing a church burial."

But as to cases of depression, the World Health Organization, says otherwise. The Philippines has the highest incidence of depression in Southeast Asia. In 2004, there were over 4.5 million cases of depression reported in the country and 3 per cent

of Filipinos were clinically diagnosed as depressed. However, of the 90 depressives, only 30 will seek help. The other 30 will suffer the symptoms but will be ashamed to seek help because of the stigma associated with the illness. These symptomatics would rather keep it to themselves and suffer in pain and in silence. The other 30 will suffer the symptoms not knowing what is wrong with them.

Knowing what depression is all about is already a big step in managing the illness. There is an urgent need to empower individuals suffering from the illness with resources, professional help and organizational linkages that can open new doors and bring light in their journey

of suffering and pain to that of positive self-discovery and well-being. The families and friends of people suffering from depression are equally important and they need to know and understand the illness to enable them to respond and provide constructive support to their loved ones during these difficult times.

On September 9, a day ahead of the World Suicide Prevention Day, the DOH joined the Natasha Goulbourn Foundation - a non-government organization that advocates for better understanding of depression, in several activities targeting the youth in leading schools and universities, particularly holding lectures and discussions on depression and suicide.

## 6 PhilHealth Schemes and Things

One of the two health issues that made it to the second State of the Nation Address of President Benigno S. Aquino III on July 25 is the enrolment to PhilHealth's

insurance program of 5.3 million poor families identified in the Department of Social Welfare and Development's National Housing Targeting Survey for Poverty Reduc-

tion (NHTS-PR). (The other health issue is immunization which the President uttered twice in passing.) PhilHealth enrolment and its consequent utilization of benefits by indigent families are considered the centerpiece of the Aquino Health Agenda's **Kalusugan Pangkalahatan** (universal health care) within three years. That's by June 2013 already, and time is ticking fast.

Effective September 1, the DOH and PhilHealth implemented the case rates scheme for in-patient treatment of 22 common medical and surgical conditions. Simply put, Health Secretary Enrique T. Ona said that this scheme is akin to a "pakyaw," or wholesale system where all the fees are fixed, but for 22 most common cases only and not for all types of cases which will be paid directly to both government and private hospitals and clinics.

The case rates payment covers: dengue 1 (P8,000); dengue 2 (P16,000); pneumonia 1 (P15,000), pneumonia 2



*The Department of Health and PhilHealth advise all eligible Filipinos to enrol in the national social health insurance program and use their benefits. (Photo from PhilHealth)*

(P32,000); essential hypertension (P9,000), cerebral infarction cerebro-vascular accident hemorrhage 1 (P28,000); cerebro-vascular accident hemorrhage 2 (P38,000); acute gastroenteritis (P6,000); asthma (P9,000); typhoid fever (P14,000); and newborn care package in hospitals and lying-in clinics (P1,750).

On the other hand, the surgical procedures include radiotherapy (P3,000 per session); hemodialysis (P4,000 per session); maternity care package (P8,000) coupled with the normal spontaneous delivery (NSD) Package in Level 1 (P8,000) and Levels 2 to 4 hospitals (P6,500); caesarian section (P19,000); appendectomy (P24,000); cholecystectomy (P31,000); dilatation and curettage (P11,000); thyroidectomy (P31,000); herniorrhaphy (P21,000); mastectomy (P22,000); hysterectomy (P30,000); and cataract surgery (P16,000). This is much different from the original scheme of PhilHealth which was to pay for services where rates were based on the category of hospital, length of stay at the hospital, kind of illness and complications, among others.

An added feature to the new case rates scheme is the “no balance billing for NHTS-PR PhilHealth members admitted in government hospitals for these conditions. This is why Ona encourages indigents to go to government hospitals instead because the scheme does not cover private hospitals.

The Private Hospitals Association of the Philippines (PHAP) was up in arms over new regulations and warned that patients’ bills would go up. They also threatened to remove themselves from the list of PhilHealth-accredited hospitals.

In an ABS CBN news report, Dr. Rustico Jimenez, PHAP president, was quoted as saying, “*Ang dengue, tests pa lang ubos na ang P8,000. Paano pa yung professional fees ng mga doktor? Ang tatamaan nito yung*

*ordinaryong tao.*”

DOH and PhilHealth maintained their position saying that they have to put a ceiling on payments to protect the funds of members and ensure hospitals do not overcharge.

Also in September, the DOH and

PhilHealth announced its public-private initiative to encourage more people to become part of PhilHealth and to assist PhilHealth in improving its services. Members are now entitled to discounts for medicines and other health services in some participating pharmacies and shops.

## 5 Plight of the ‘Nightingales’

In December 2010, Dr. Leah Paquiz, founding president of “Ang Nars” told ABS CBN “Bandila” that the government should look into the practice of hospitals that require registered nurses to pay for their training. She revealed, “*Nag-o-on-the-job training (OJT) volunteerism, sila pa ang nagbabayad, tapos ‘yung certificate, hindi naman po siya qualified maging employment certificate.*” Paquiz also said more than 500,000 nurses in the country are either jobless or underemployed.

The news report also showed interviews of partly-hidden nurses narrating their sad plight and showing proofs of payment they made as volunteer nurses in undisclosed hospitals.

On the other hand, GMA news reported Dr. Rustico A. Jimenez, president of the 600-member Private Hospitals Association of the Philippines (PHAP), as saying his organization has asked volunteer nurses and their supporters to show evidence so they can investigate the issue. He said, “If we cannot see any written proof such as receipts or contracts, we cannot act accordingly,” Jimenez said. “We want to see contracts that say nurses were made to work in a hospital and yet were even asked to pay instead of the hospitals paying for their services rendered.”

Nevertheless, in the first half of January, the legislators were quick

to investigate the sad plight of nurses, particularly on some OJT nurses who are reportedly made to pay between P5,000 to as much as P10,000 for their certification in the course of their “training period” or “work experience” with a hospital, which may last from 6 weeks to 8 months.

On January 17, the Department of Health, in coordination with the Department of Labor and Employment (DOLE) and the Department of Social Welfare and Development (DSWD), announced the start of recruitment of 10,000 registered nurses for its “RNheals” program. RNheals, an acronym for Registered Nurses for Health Enhancement And Local Service, is expected to address the shortage of skilled and experienced nurses in 1,221 rural and far-flung communities.

Nurses would undergo training and development, and a certificate of competency and employment will be given by the DOH, DSWD, and the Professional Regulation Commission – Board of Nursing to those who will satisfactorily complete requirements. While on deployment, the nurses would be given an allowance of P8,000 a month by the DOH while the local government unit where they are assigned shall supervise them, ensure their safety and security, and provide modest board and lodging. LGUs were also encouraged to provide additional allowances and benefits

...OFFICE AND MUNICIPAL GOV'T OF NAUJAN  
...ot: MARIA ANGELES CARANZO - C  
...e Mayor DEIN Z. ARAGO & SB



*Nurses Kaycie, Allen, Avy and K-anne, RNheals Batch 1 assigned in Naujan, Oriental Mindoro. Photo by Dr. Chen del Mundo, grabbed from his blog <<http://fyinstyledaily.blogspot.com>>.*

worth at least P2,000 for these nurses.

However, after a few months of service for the RNheals program, the nurses aired their concerns about not receiving their stipends. In May, the DOH apologized for the delay and assured the nurses that it has fast-tracked the requirements necessary for the release of funds earmarked for the program as well as guaranteed them that for the succeeding months they would be paid on time.

In September, Health Secretary Enrique T. Ona issued a memorandum order directed to all DOH hospitals to stop all volunteer training programs for nurses. He pointed out that the current practice of registered nurses “volunteering” in hospitals is not consistent with the provisions of law.

Ona stressed, “Many hospitals have implemented ‘nurse volunteerism’ in the guise of ‘training programs’ in order to justify the collection of ‘training fees,’ whereby such basic skills training put no added value to the professional career of the nurses.”

According to the Republic Act 9418 or the Volunteer Act of 2007, “volunteerism” as an act involving a wide range of activities,

including traditional forms of mutual aid and development interventions that provides an enabling and empowering environment

## 4 Dengue Surge in Luzon

When dengue cases peaked in July and August in Luzon and a number of children died, one angle that some media people in news and commentary hyped was the inaction of government in what they saw as a crisis. For the Department of Health, this was uncalled for and very much unjustified.

For more than a decade that dengue mosquitoes have been attacking the country, the DOH has already institutionalized its dengue prevention and control program in public health and hospital services as well as in health promotion. But as the already-a-cliché goes, “the government cannot do it alone.” In dengue prevention and control, communities and the whole society should do their big part.

Since the first day of June, the DOH has alerted the country that it was Dengue

both on the part of the beneficiary receiving, and the volunteer rendering the act, undertaken for reasons arising from social-developmental, business or corporate orientation, commitment or conviction for the attainment of the public good and where monetary and other incentives or reward are NOT the primary motivating factors.

Instead of “forced volunteerism,” Ona wanted the DOH by itself or in conjunction with the Board of Nursing to craft a residency program for nurses. Under the proposal, the government-funded residency program will give nurses 6-18 months of training in a public or privately-owned hospital. He said this includes all DOH regional medical centers.

By October, the DOH and its partners started the recruitment and eventual deployment of RNheals batch 2 nurses.

Prevention Month. Although dengue is no longer a seasonal disease, epidemiologic data in previous years still show that the onset of the rainy season cause the disease to rise. On June 15, it was not only the Philippines that conducted a massive anti-dengue campaign, but the whole ASEAN (Association of Southeast Asian Nations) as well. ASEAN Dengue Day was declared this year and would be observed every year thereafter to foster more awareness about the disease. This year’s observance has for its theme, “Dengue is everybody’s concern, causing socio-economic burden, but it is preventable.”

On this day, the DOH urged top officials and leaders of the country’s public schools, churches, public markets, and communities to conduct search and destroy

activities in their areas of jurisdiction to prevent dengue. Barangay officials, through the Liga Ng Mga Barangay, were also urged to seriously undertake government's anti-dengue campaign by allocating a part of its budget for dengue prevention and control. At the launch ceremonies held in Kalookan City, Health Secretary Enrique T. Ona said, "Dengue is everybody's concern, but with our concerted efforts, dengue can be controlled starting today."

And then it happened. Towards the end of July, a sudden increase of dengue cases happened in Metro Manila, Central Luzon and the Ilocos region. The nation, as what was being reported in media, 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.

An off-the-cuff remark of a reporter in a DOH press conference of having a "Ilocano strain" of dengue went haywire in the news and even attributed Secretary Ona for it.

This sudden rise in cases caused pressure and panic among public health facilities in Metro Manila, especially at the Quirino Memorial Medical Center (QMMC), where it was shown on television numerous affected patients sharing beds, hallways were converted to wards, and temporary wards were made outside the hospital premises to house dengue patients, most

of were children aged 0-15 years. Adding misery to QMMC at this time was the fact that the nearby government and private hospitals were partially closed due to damages caused by the recent floods.

On August 25, the DOH together with the Departments of the Interior and Local Government, Science and Technology, Education, Environmental and Natural Resources, and the Metro Manila Development Authority launched a new 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.

Lessons from past dengue epidemics showed that communities determine the dengue burden depending on their seriousness and commitment to eliminate mosquito breeding sites. 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.

At about the same time, the DOH and PhilHealth (Philippine Health Insurance Corporation) introduced and began implementing effective September 1, the 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



***In Quezon City, because of the high number of dengue cases, the DOH Center for Health Development - Metro Manila, conducted space spraying on mosquitoes and their breeding sites. Unlike traditional fogging where chemical-based insect repellent is used, space spraying only involves the use of water-based insect repellent. It produces a mist instead of a fog. (Photo by Glen Ramos)***

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.

Everything has been done by government to minimize the impact that dengue brings to the country - from advocacy campaigns to dengue fast lane in health

facilities to scientific research altering the genes of the dengue carrying mosquitos to clinical testing of a potential vaccine against the disease. This is not inaction in the part of government. What may truly be wanting is for people to change their behaviors and practice the recommended cost-effective measures to prevent dengue.

### 3 Global Concern for Non-Communicable Diseases

In August, the news that Jukebox King April Boy Regino was suffering from prostate cancer shocked the local entertainment industry. By October, the news that he was "cured" by taking the food supplement was even more shocking to many outside showbiz. Anyway, the news died a natural death, so-to-speak.

But the real shocking news happened on September 23 when it was announced that the non-showbiz husband of television actress, Camille Prats, succumbed to nasopharyngeal (throat) cancer. Anthony Linsangan was only 32.

And then there was the revelation made by actor Albert Martinez as his wife, Liezel, struggles with recurring cancer. In ABS CBN's "The Buzz" on October 16 Martinez said that when he found out about the health condition of his wife, his whole world shattered again. He said he thought that her wife's condition was already doing well for the past two

years. Earlier, Liezl was diagnosed with stage 3 breast cancer and went through mastectomy, a surgery done for removing the breast. In 2010, she was cleared of the

deadly disease.

Cancer and other non-communicable diseases (NCDs) are now major threats to public health, globally.

In 2008, the World Health Organization reported that NCDs cause an estimated 35 million deaths each year, and 60 per cent of these deaths are due to four main non-communicable diseases, namely cardiovascular diseases (heart disease and stroke), diabetes mellitus, chronic respiratory diseases, and cancers. Worse, 80 per cent of these deaths occur in low to middle income countries, where the Philippines belong. In fact, the seven out of 10 leading causes of death in the country are due to NCDs.

And recent demographics show that people having NCDs are not confined to the older generation as it used to be, but they are affecting the younger and most productive age group, just like what happened to Prats' husband. NCDs are



*Health Secretary Enrique T. Ona speaks before the UN High-Level Meeting on Non-Communicable Diseases in New York.*

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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.

NCDs seldom hit big in media's attention maybe because these diseases are not contagious and do not crowd hospital beds at any given time. Nevertheless, global attention this year focused on NCDs. From Moscow in April to Geneva in May, and on to New York in June and September, health ministers and world leaders tackled the prevention and control of non-communicable diseases in international meetings and conferences.

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." However, this meeting fell short of setting goals or targets. Countries now are urged to factor in NCDs into their longer term health planning alongside other pressing health challenges. Global investments for NCDs and stronger commitments and actions by countries and their leaders are important. But measures to control NCDs often need government action such as taxation, regulation and advertising curbs that bring politicians into conflict with tobacco, food and alcohol industries. If nothing is to be done now, the world is bound to have a sick



*President Benigno S. Aquino III shows off his biking form during a campaign to promote "Ehersisyong Pangkalusugan Para sa Lahat" in May. (Photo by Paking Repelete)*

future ahead.

Health Secretary Enrique T. 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."

He stressed that the Department of Health's health reform agenda of **Kalusugan Pangkalahatan** is directed towards improving access of the poor to quality health care. It incorporates providing financial risk protection through the expanded coverage and enhanced benefits of PhilHealth (national health insurance program) and improving the quality of health

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services particularly in the public sector through health facilities enhancement.

The DOH is placing up-to-date diagnostic equipment that will allow health facilities to respond to the common health care needs which include management of non-communicable diseases and trauma. Likewise, the DOH Complete Treatment Pack has been introduced this year and this will make a number of maintenance medications for hypertension and diabetes more accessible for the poor.

Interventions are also directed at making the society and environment conducive to healthy lifestyles. To a great extent, NCDs can be prevented if Filipinos are able to modify the risk factors. Ona

said that the restructuring of excise taxes for sin products is one of the priority legislations of the Aquino administration. And to do this, he added, we need to empower people to be responsible for their own health. We need to educate them about the potential harm that unhealthy lifestyles would bring. This is essentially what health promotion is all about.

Ona said, "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."

Meanwhile, the DOH, together with the Departments of Social Welfare and Development and Education, started to mobilize the Community Health Teams

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in October to provide comprehensive public health services such as immunization, family planning counseling, among others right at the doorstep of families. Part of the services they will perform is to deliver these key messages on healthy lifestyles: avoid tobacco smoking and excessive alcohol use, have a balanced diet and regular exercise. The DOH believes that health promotion strategies are best done at the level of the community and the family.

On May 15, the DOH staged “*Ehersisyong Pangkalusugan Para sa Lahat*” campaign which was participated in by the President himself. This made a lot

of attention especially since it was the President talking about healthy lifestyle and exercise. Then on May 31, World No Tobacco Day, the DOH was delighted by the increasing number of local government units, government hospitals and offices making great strides in protecting people from secondhand smoke, raising the number of participants in this year’s DOH Red Orchid Awards. In September, the Philippine Medical Association forged an agreement with the DOH in a health promotion strategy utilizing all forms of media, including the Internet, to change people’s behaviors towards healthy living and lifestyle.

In the ASEAN (Association of South East Asian Nations), the Philippines is the lead country to undertake strategies of revitalizing and facilitating enabling environments for ensuring promotion of healthy lifestyle for the people of the region.

All the country’s current efforts in the prevention and control of NCDs also entail partnerships with all sectors of society - government agencies, local governments, private sector, and non-governmental and faith-based organizations, among others. And most specially, the Philippines is one with the world in the fight against NCDs.

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## 2 Smokefree Metro Manila

Why did this health news rank so high in **HEALTHbeat**’s countdown? Well, this is one of the very few instances when tobacco control advocates took the offensive against the rich and mighty tobacco industry that for so long has considered the Philippines as their “Disneyland” because of the lax and lenient tobacco regulation laws and policies.

On May 29, a few days before the World No Tobacco Day (May 31), the Metropolitan Manila Development Authority (MMDA) announced to the media its smoking ban in public places. Deputized “environmental enforcers” were deployed in teams to apprehend persons caught smoking primarily in major thoroughfares (loading bays, footbridges, stairwells of train stations), public utility vehicles and land transportation terminals in coordination with the Land Transportation and Franchising Regulatory Board. Meanwhile, the LGUs are responsible for city roads and establishments in their jurisdiction and the Civil Service Commission is responsible

for government vehicles and offices. The penalty ranges from P500 up to P1,000 for the first offense, or 8-hour community service.

As soon as it was announced, ABS CBN TV Patrol put on a text poll and showed that 91% of the viewing public agreed with the new MMDA policy. This is evident of a silent majority of the population who are against tobacco use, especially in public places.

After a month-long information drive, the new policy took effect on July 1. Barely a week after the MMDA fully implemented its smoking ban policy, Chris Nelson, the managing director of PMFTC - a venture between Philip Morris and Fortune Tobacco - said in a Malaya news report on July 7, the PMFTC is prepared to take action against the MMDA on the regularity of the issuance. He was even quoted as saying, “It may not even be us, it could be a smoker who may take action.”

And like a Nicodemus prophesy, two smokers have really taken the MMDA

to court after they were fined for smoking in public. On July 26, the Philippine Daily Inquirer reported security guards Antony Clemente and Vrienne Lamsen, in their petition, asked the Mandaluyong Regional Trial Court to stop the MMDA from implementing a ban on smoking in public places in Metro Manila. The two were said to have been apprehended by an MMDA enforcer after they were caught smoking on the sidewalk on EDSA, near Farmers Market in Cubao, Quezon City, on July 6.

Lawyer Jesus de la Paz told the Inquirer that the area where the two security guards were caught smoking was not covered by Republic Act (RA) No. 9211 or the Tobacco Regulation Act of 2003. He was further quoted as saying, “We also contest the authority of the MMDA to collect fees and impose punishment on supposed violators.” In several interviews, de la Paz was also quoted to exclaim that the smoking ban of MMDA is unconstitutional.

On August 2, a group of lawyers supportive of the MMDA ban questioned de

la Paz's motives for going to court in a bid to halt the agency's efforts. HealthJustice, a non-profit public health law think-tank that has helped gain popularity for various tobacco control measures, issued a press release that claimed that one of the clients of de la Paz's law firm (Gonzales Batiller David Leabres & Reyes) is Philip Morris Manufacturing Inc., as listed on the company's website. Eventually, ABS CBN news report showed that Philip Morris was already removed from the list of clients.

On August 15, Judge Carlos Valenzuela of Branch 213 of the Mandaluyong Regional Trial Court (RTC) issued the temporary restraining order (TRO) for 20 days ruling in favor of the two complainants. They were required to post the P100,000 bond, which would cover the claims of damages if the court's final decision went in MMDA's favor. The following day, one of the complainants of the smoking ban, identified as Antony Clemente, claimed in an interview with ABS-CBN News that he did not pay for the required bond to file the case. He said, "*Hindi ko naman siya kayang bayaran kasi minimum wage lang naman ako. Bale nagkakaugnayan lang d'yan, attorney lang ho. 'Yung Philip Morris ang naapektuhan kasi. Dahil sa pinapatupad na paghuhuli na 'yan, syempre 'yung negosyo, naapektuhan.*"

The supposed admission sparked an outrage among tobacco control advocates. Dr. Jaime Galvez Tan, former health secretary, expressed his dismay in a press statement, "The tobacco industry is obviously pulling out all stops to block laudable public health measures like the MMDA's enforcement campaign. Cases like these show how the tobacco industry belittles the competence of medical authorities in guarding the health of our citizens. In planting a witness against MMDA, they undermine the authority of the government to take care of its people."



MMDA Chairman Francis Tolentino said, "The complainants were planted and their arrest by our environmental enforcers was planned that's why we can say that some businessmen were interested in this case." The PMFTC, for its part, issued a statement denying the allegations that the company was behind the complaint. Meanwhile, the petitioners' lawyer dismissed the news

interview of Clemente as "unreliable," claiming his client was misquoted.

On August 19, tobacco farmers from La Union were reported to have helped pay for the P100,000 bond required by the court. This signalled the start of a 20-day TRO on the enforcement of the no-smoking policy on sidewalks and public thoroughfares in Metro Manila.

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After this temporary setback, the MMDA together with the local government units still pursued the enforcement of its smoking ban in areas covered by Republic Act 9211 or the Tobacco Regulation Act of 2003.

Meanwhile, the Department of Health issued a press statement that supported MMDA's smokefree program and said, "In its pursuit of **Kalusugan Pangkalahatan**, the DOH stresses that the right of a smoker ceases when he or she violates the rights of others to protect their own health."

For the first three months of implementation, the MMDA recorded a total of 8,772 smokers apprehended. In September, Tolentino was awarded by the Philippine Medical Association the title as a champion in his efforts in promoting and pursuing a Smokefree Metro Manila.

But the story does not end there. The tobacco industry does not get tired of putting a popular man and his steadfast anti-smoking efforts down. On October 25, a writ of preliminary injunction was issued by Mandaluyong RTC by the same judge, Valenzuela, ordering MMDA to refrain from apprehending violators of the RA 9211 in places not within the law's coverage. The law also requires the establishment of smoking areas in places not covered by the absolute prohibition. This is bad news for the majority of the population who do not smoke but are exposing themselves to the hazards of secondhand smoke.

Just to comply with the law, MMDA placed cigarette bins along major thoroughfares where smokers can smoke and throw away their cigarette butts. Tolentino said they would take the RTC injunction to the Court of Appeals. And the wheels of justice still grind for MMDA as well as for several anti-tobacco advocates who are supporting the Authority.

## 1 RH Bill Circus

In the seemingly never-ending discussions and debates whether or not the Reproductive Health (RH) Bill should be passed in Congress, the side shows became more entertaining than the main feature, making it **HEALTHbeat's** Top Health News of 2011. Many stood and are still standing for what they truly believe in on the controversial issue, while many others are in the issue just for the pleasure of grandstanding.

Interesting news items on RH Bill were in abundance this year that putting it all here would require supplement pages. So, we picked a few that really tickled people's imagination, if not caused more confusion.

First off is the barangay ordinance in the posh community of Ayala Alabang that took effect on February 24 which seeks, among others, to penalize the sale and purchase of "anti-conceptual substance or devices." Suddenly, condoms, pills and other artificial family planning methods became prescription drugs and health devices.

This is the community where former Health Secretary Esperanza Cabral and international singer/actress Lea Salonga reside, and expectedly they were up in arms with the ordinance. But sadly, people living in that posh village are not all rich and famous who can have as many children as they want. Many of those affected are low income residents who live outside the walls of the village. Their access to health services became much more limited. They have to get them from nearby communities.

According to news reports, the community council passed the ordinance because they wanted to be proactive in their pro-life stance. Their parish, St. James the Great Parish, is very active in fighting the

passing of the RH Bill.

Next came World Boxing Champion and Sarangani Representative Manny Pacquiao dwelling on the issue and receiving flak from Senator Miriam Santiago.

On May 14, fresh from his successful title defense against Shane Mosley in Las Vegas, Pacquiao told radio dzMM that corruption is a bigger problem than overpopulation. He said that his opposition to the RH bill was based on his own decision and, more importantly, on his religious beliefs.

He said, "*Hindi naman ako pwede mag pro-RH dahil madasalin akong tao. May takot ako sa Panginoon. Ang boss ko kasi ang Panginoon. Ayokong labagin ang kautusan ng Panginoon.*" He was further quoted as saying, "God said, 'Go out and multiply.' He did not say, just have two or three kids."

That was the cue for the feisty Senator Miriam Santiago, a sponsor of the RH bill, to give an unsolicited advice for Pacquiao to not meddle in the contentious debate. She also criticized his use of the biblical quote. Santiago said, "The Bible does not say, 'Go out to the world.' It sounds very much like God is encouraging us to go out and copulate in public. God said in the Bible, 'Go forth and multiply.' That meant that God wanted man, not necessarily to literally multiply, but to go out to work with the rest of the human beings of this planet and to apply the stewardship theory. Meaning to say, taking care of each other, who are all in the planet living together."

Santiago also said that there is an "element of hypocrisy" in Pacquiao's stand. "Pacquiao's wife was quoted as saying that she uses the pill, while Pacquiao was

quoted as saying that he applies discipline to space his children. In that case, apparently, Pacquiao would have to use violence on his wife because she is not living in conformity with his beliefs," she said.

This made "PacMom," Mommy Dionesia, coming out "ready to rumble" in her son's defense. She said, "Huwag ang anak ko ang pakialaman n'yo... Yung malaswa, yung malaswa!" She also said her son has a right to express his opposition to the bill. She added, "Ano tingin nila kay Manny, tau-tauhan? Di ba congressman s'ya?"

And on the issue that Jinkee Pacquiao, Pacman's wife, using contraceptive pills, Mommy Dionesia exclaimed, "Noon pa gumagamit si Jinkee, noong bago palang sila mag-asawa. Pero ngayon, wala na."

Well as for Sen. Santiago, "I'm speechless. That's my only comment. That's a

silly topic... maghanap na lang tayo ng ibang kalaban."

Speechless may have also been the predicament of Senator Manuelito "Lito" Lapid in September who was finding it difficult to join the RH bill debates in the Senate because of his poor English and ultimately because of his supposedly inadequate education.

In Philippine Daily Inquirer report, Lapid said that his colleagues are lawyers who spent 10 years in law school while he spent 10 years practicing his action stunts. Lapid, a stunt man-turned-actor-turned politician, added much as he wants to interpellate, his tongue is not used to English.

His statements went viral on the Internet, with netizens giving reactions that range from sheer amusement to utter

disappointment. Somehow, the RH bill issue has branched out to the issue of the qualifications of elected legislators who would vote for its enactment into law.

Finally, Lapid had his time to question only Senator Pia Cayetano, one of the two sponsors of the bill, because Sen. Santiago was not present. Lapid, who has no position yet on the RH issue, wanted to clarify whether contraceptives cause birth defects in children. Inquirer quoted him as saying, "I have observed babies, especially in the provinces, who are born with club feet or a harelip. Do drugs cause that? Or what about those with [Down's Syndrome]? Could that not be prevented? What causes that? Don't the drugs a mother takes cause that?"

The RH Bill has been the most divisive issue facing the country today. President Benigno S. Aquino III has made



Photos and artworks taken from the Internet.

it as his administration's priority bill and the Catholic Church has been vigilant in opposing its passage. Legislators are pitted against each other in the debates, and the media is having a grand fiesta in reporting every angle of the arguments. In fact, TV networks have produced their own RH bill debates in the mask of public affairs specials. The social divide has also been mirrored many times over on Facebook and Twitter.

For the Department of Health, there is the strong link between reproductive health and maternal health. On October 14,

during the Association of Southeast Asian Nations (ASEAN) Human Rights Conference on Promoting Maternal Health: Responding to the United Nations Millennium Development Goal 5, Health Secretary Enrique T. Ona said, "Health is a right that's why it is important that each and every one of us has access to adequate health services and these include information and services on reproductive health."

He is also hopeful that the legislative measure on reproductive health and responsible parenthood will be

passed into law to provide mothers access to reproductive health information and services, as cited numerous studies that show how mistimed and unplanned pregnancies put women at risk for maternal deaths. "The death of mothers during childbirth - the act which breathes new life into this world - is totally unacceptable," Ona added.

The year of the "reproductive" rabbit is said to bring peace and tranquility, but for **HEALTHbeat's** No. 1 health news of 2011, the RH Bill is still an ongoing circus and debates may still not end any time soon.

**(-: Health news beyond November 15, 2011 is not included in this countdown :-)**

**FACEbeat**

## PARAKtice Makes Perfect

*Photographed from a Facebook post.*



## Answers to “Quotes of the Year” on Page 3

1. **c) Manny Pacquiao.** Yes, the world boxing champion quoted this supposed Biblical verse, “Go out and multiply,” to express his views on the Reproductive Health (RH) Bill. But the witty Senator Miriam Santiago’s quotation seems more fitting when she said, “The Bible does not say, ‘Go out to the world.’ It sounds very much like God is encouraging us to go out and copulate in public. God said in the Bible, ‘Go forth and multiply.’ That meant that God wanted man, not necessarily to literally multiply, but to go out to work with the rest of the human beings of this planet and to apply the stewardship theory. Meaning to say, taking care of each other, who are all in the planet living together.” (See “RH Bill Circus” on page 46.)

2. **a) Michael Tan (Anthropologist).** In his column “Pinoy Kasi” on September 8 in the Philippine Daily Inquirer, Tan explained, “The suicide rate in the Philippines is relatively low compared to other countries’. This is explained by the fact that the country has a Catholic majority population. Although most major religions look negatively at suicide, the Catholic Church tends to be the most judgmental, with threats of eternal damnation and some Catholic priests refusing a church burial.” (See “Woeful Suicide on page 37.)

3. **b) Father Robert Reyes.** The running priest and staunch supporter of Smokefree Philippines spearheaded by the Philippine Medical Association criticized superstar Nora Aunor for the bad image she was conveying in her photo on the cover of Yes! magazine. He gave a very strong statement saying, “Nora, you are ill-advised. You think you are moving forward, it’s a step backwards... The Filipino reading public is not dumb... If you want to be popular again, be wholesome. *Gusto n’yo ba gayahin ka namin? Ang trabaho n’yo is to inspire us, not to scandalize us.*” (See “Smokin’ Superstars” on page 34.)

4. **a) Dr. Rustico Jimenez (Private Hospital Association of the Philippines or PHAP President).** Effective September 1, the DOH and PhilHealth implemented the case rates scheme for in-patient treatment of 22 common medical and surgical conditions which will be paid directly to both government and private hospitals and clinics. Up in arms with this new scheme, PHAP warned that patients’ bills would go up. They also have threatened to remove themselves from the list of PhilHealth-accredited hospitals. In an ABS CBN news report, Jimenez said, “*Ang dengue, tests pa lang ubos na ang P8,000. Paano pa yung professional fees ng mga doktor? Ang tatamaan nito yung ordinaryong tao.*” The DOH and PhilHealth maintained their position saying that they have to put a ceiling on payments to protect the funds of members and ensure hospitals do not overcharge. (See “PhilHealth’s Schemes and Things” on page 38.)

5. **b) Dr. Leah Paquiz (“Ang Nars” Founding President).** The ABS CBN “Bandila” news report in December 2010 on the sad plight of nurses having made to pay between P5,000 to as much as P10,000 for their certification in the course of their “training period” or “work experience” with a hospital, which may last from 6 weeks to 8 months sparked controversy, Congress investigations, and implementation of new programs for nurses this year. Paquiz revealed, “*Nag-o-on-the-job training volunteerism, sila pa ang nagbabayad, tapos yung certificate, hindi naman po siya qualified maging employment certificate.*” She also said more than 500,000 nurses in the country are either jobless or underemployed. (See “Plight of the ‘Nightingales’” on page 39.)

6. **a) Complainant Antony Clemente.** Barely a week after the Metropolitan Manila Development Authority (MMDA) fully implemented its smoking ban in Metro Manila public places in July, Chris Nelson (managing director of the Philip Moris Fortune

Tobacco Corporation) was ready to take action against the new policy and was quoted in newspapers as saying, ‘It may not even be us, it could be a smoker who may take action.’ And like a Nicodemus prophesy, two smokers (Antony Clemente and Vrianne Lamsen) caught smoking in public had taken MMDA to court. A Mandaluyong judge issued a 20-day temporary restraining order in favor of the two complainant but they were required to post the P100,000 bond, which would cover the claims of damages if the court’s final decision went in MMDA’s favor. This is when Clemente claimed in an interview with ABS-CBN News that he did not pay for the required bond to file the case. He said, “*Hindi ko naman siya kayang bayaran kasi minimum wage lang naman ako. Bale nagkakaugnayan lang d’yan, attorney lang ho. Yung Philip Morris ang naapektuhan kasi. Dahil sa pinapatupad na paghuhuli na ‘yan, syempre yung negosyo, naapektuhan.*” (See “Smokefree Metro Manila on page 44.)

7. **b) Health Secretary Enrique T. Ona.** He said that lost productivity and high health care costs of catastrophic outcomes resulting from non-communicable diseases (NCDs) 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 NCDs. As a clinician, I’ve seen this so many times in my practice.” He stressed that the Department of Health’s health reform agenda is directed towards improving access of the poor to quality health care that includes placing up-to-date diagnostic equipment that will allow health facilities to respond to the management of NCDs. Likewise, the DOH Complete Treatment Pack will make a number of maintenance medications for hypertension and diabetes more accessible for the poor. (See “Global Concern for Non-Communicable Diseases” on page 42.)

8. **c) MMDA.** “Clean Habit, Clean Air, Clean City” is the tagline used by MMDA to push for its health and environment programs, particularly the 100% Smokefree Metro Manila campaign. Despite the odds the campaign is getting particularly from the tobacco industry, MMDA Chairman Francis N. Tolentino said, “Everyone deserves to breathe clean air. The MMDA, with its mandate to uphold public health and anti-pollution, is committed in its efforts to minimize the deadly effects of smoking. We have done so, and shall continue to do so, in accordance with the parameters set by the law.” (See “MMDA Chairman Francis N. Tolentino - Health Champion” on page 25.)

9. **c) 2011 State of the World Population Report.** Today, the Philippines is the 12th most populous country in the world with about 94 million people, and the United Nations Population Fund (UNFPA) Representative to the Philippines Ugochi Daniels said that Filipino women belonging to the poorest quantile have an average of six children, which is two more than what they really want. This happens because women in the lowest economic strata lack access to reproductive health information and services. (See “The 7 Billionth Baby” on page 6.)

10. **a) Dionesia Pacquiao.** This is the culmination of our quotes of the year when in May, “PacMom” came out all “ready to rumble” in defense of the criticisms her son, Manny Pacquiao, received for expressing his opposition to the RH Bill, primarily from Senator Miriam Santiago. Mommy Dionesia said, “*Huwag ang anak ko ang pakialaman n’yo... Yung malaswa, yung malaswal!*” She added, “*Ano tingin nila kay Manny, tau-tauhan? Di ba congressman s’ya?*” Well as for Sen. Santiago, “I’m speechless. That’s my only comment. That’s a silly topic... *maghanap na lang tayo ng ibang kalaban.*” (See “RH Bill Circus” on page 46.)

## 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?

# YABYU...



## Feeling

MANNY: Isang feeling lang ang gusto ko...  
 MARIVIC: Ang alin? Ang ma-in love?  
 MANNY: Hindi. Ang maka-feeling ka.

## Next Girl

FRANCIS: Tandaan mo, darating ang araw na may ibang babae akong mamahalin din.  
 LUZ: (*Napaluha*) Ouch! Eh, di bahala ka!  
 FRANCIS: The next girl I'll ever love will be our daughter.

## Di Hayop

JUN: Hindi tayo hayop... Bagay tayo.  
 JEAN: Luma na yan. 'Eto ang bago... Bagay na dapat tayo. Hayop ka lang talaga!

## Shut Up!

JOJO: Miss, mahal kita...  
 ROSE: Shut up!  
 JOJO: Miss, I love you...  
 ROSE: Shut up!  
 JOJO: Miss, ang ganda mo!  
 ROSE: Really!?!  
 JOJO: Shut up!

## O, Ilaw

MARVIN: 'Nay, sabi ng titser ko ang ina ay ilaw ng Tahanan. Eh, ano naman po ang tawag sa ama?  
 LEVY: (*Aburido*) Sabihin mo sa titser mo, ang ama ang taga-pundi ng ilaw!!!

## Nagloloko

RICARDO: Luv, sorry hindi kita nasagot kagabi. Namatay kasi ang phone ko, eh. Nagloloko kasi eh.  
 JOSIE: 'Di ba nagloloko ka din?!? Bakit 'di ka namamatay?

## Pagtatapat

PONS: Honey nakukunsiyensa na ako. Dapat ay noon ko pa sanang ipinatapat ito sa iyo.  
 LORIE: Honey, kung anuman 'yon ay okay lang sa akin. Mahal naman kasi kita, eh.  
 PONS: Alam mo, kapag nagse-sex tayo, iba ang pinapantasya kong babae.  
 LORIE: Ah, ganon ba?!? Eh, ikaw naman ang nasa isip ko kapag ka-sex ko ang ibang lalaki!

## Lasing

JOEREM: Pare, sobra ang kalasingan ko kagabi, naibenta ko ang Misis ko nang hindi ko alam.  
 MEL: Mas sobra ang kalasingan ko pare. Hindi man lang ako nakatawad!

## Pulis at Kriminal

DONATO: Ang mga babae ay parang PULIS. Kahit hawak na nila lahat ng ebidensya sa mundo, gusto pa rin nila na aminin mo ang totoo.  
 ANGIE: Ang mga lalaki ay parang KRIMINAL. Kahit hawak mo na lahat ng ebidensya, ide-deny pa rin ang katotohanan!

## Suot

BOY: Ayoko ng suot mong damit. Sobrang iksi.  
 AILEEN: Okay. Sorry.  
 BOY: Sa susunod, mahabang mahaba na ang isyuot mo. Do you understand?!?  
 AILEEN: Madre ba ako?!?  
 BOY: Tapos magsuot ka ng belo.  
 AILEEN: Hindi ka nakakatawa!  
 BOY: Tapos susuotan kita ng singsing.

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