IWAS GOITER ni mommy, LUSOG-ISIP ni baby

Ugaliing kumain ng pagkaing dagat at mag-iodized salt.

in partnership with the Philippine Thyroid Council
1. A health condition that is caused by working long hours at a cluttered desk is called...
   a) Desk Stress  
   b) Irritable Desk Syndrome  
   c) Table Top Intoxication

2. Aside from inappropriate eating habits, which of the following is the next biggest factor in the increase of overweight and obesity among Filipinos...
   a) Lack of Physical Activity  
   b) Lack of Social Network  
   c) Smoking

3. Which of the following is the best vehicle for adding iodine...
   a) Drinking Water  
   b) Salt  
   c) Sugar

4. A strategy by the Aquino government to undertake cooperative venture between the public and private sectors for the enhancement of government facilities, programs and projects is called...
   a) Corporate Social Responsibility  
   b) Plea Bargaining Agreement  
   c) Public-Private Partnership

5. The government agency that is responsible for the determination of what constitutes prohibited fireworks and other pyrotechnic devices is vested with the...
   a) Department of Health  
   b) Department of Trade and Industry  
   c) Philippine National Police

6. The bulk of HIV/AIDS cases in the Philippines in 2010 is accounted in...
   a) Injecting Drug Users  
   b) Female Sex Workers  
   c) Men having Sex with Men

7. The butterfly-shaped gland located at the base of the neck just below the Adam’s apple is called...
   a) Pituitary  
   b) Thymus  
   c) Thyroid

8. The bag designed for those who have had a stoma (surgically created opening) in their abdomen for excretion of bodily waste is called...
   a) Ambu bag  
   b) Biodegradable Poly Bag  
   c) Ostomy Bag

9. Emphysema and chronic bronchitis are generally termed as...
   a) Acute Respiratory Infections  
   b) Chronic Obstructive Pulmonary Disease (COPD)  
   c) Lung Cancer

10. A planned, structured movement of the body designed to enhance physical fitness is called...
    a) Exercise  
    b) Physical Activity  
    c) Sports
Peace Please!

“Let there be peace — and let it be with me.”

That is the motto of people born in the Year of the Rabbit. After the expected tumultuous Year of the Tiger in 2010, what usually follows is a breather of peace and tranquility in the Year of the Rabbit this 2011. However, Feng Shui experts have been reporting that this year too will be marked by volatility and conflict.

The year started off with an insignificant decrease of 14 cases of fireworks-related injuries from 1,036 cases last year to 1,022 cases this year, but the trending of cases say otherwise because the year’s total is 70 (7.4%) cases higher than the previous 5-year average. This is frustrating for the government despite its yearly massive efforts in implementing the fireworks laws and ordinances to bring down the cases of injuries during the Yuletide season. In the words of a representative from the fireworks industry of Bulacan, “traditions are stronger than laws.” Does this mean that the government’s Kamanya Kontra Paputok will remain futile in the coming years?

Hopeless at it may seem, we should still focus on being productive, and even on being reproductive, which the Rabbit is famous for. Would this mean another slump in the efforts to push reproductive health and responsible sex? It is quite expected because even when Pope Benedict XVI seemingly recognized in November 2010 that responsible sexual behavior and the use of condoms have important roles in HIV prevention, the Catholic Church is insisting the Pope’s statement was taken out of context by media and health advocates. And this recent debate brought more confusion than solution, to the point that even the Department of Health’s budget on contraceptives was allegedly slashed to zero.

And then there are disasters. Many traditional celebrations are stalled by rains, landslides, floods, and even destructive fires. Many more unpredictable events rise in our midst like terrorism, crime, surging prices of basic necessities and unemployment. The uncertainties left by the furious Tiger may not be resolved quickly by the keen and sneaky Rabbit. What this year and this new decade bring is not in anyway pointing to peace and tranquility.

Oh well, we might as well turn to the eleventh lesson from Noah’s Ark which says, “No matter the storm, when you are with God, there’s always a rainbow waiting.” If you are wondering what the other 10 lessons are, just look it up in the inside pages. Peace please!

-The Editors
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JOKES N’YO
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Poor communities in the country can hope that their access to health care services will be eased as the Department of Health (DOH) and the Department of Social Welfare and Development (DSWD) launched in February the training cum deployment of 10,000 unemployed registered nurses in communities for the improvement of local health systems and support the country’s attainment of its Millennium Development Goals targets.

The project billed “RN HEALS,” an acronym for Registered Nurses for Health Enhancement And Local Service, seeks to make essential health services available to all Filipinos and to contribute to the eradication of poverty and hunger, promotion of gender equality, reduction of child mortality, and improvement of maternal health. RN HEALS is also expected to address the shortage of skilled and experienced nurses in 1,221 rural and underserved communities for one year. This will benefit some 2.3 million households from the delivery of health services.

Community-based volunteer nurses will be deployed in all regions and provinces nationwide where DSWD’s Pantawid Pamilyang Pilipino Program (4Ps) or Conditional Cash Transfer (CCT) is being implemented as well as the DOH’s Basic Emergency Maternal Obstetric and Neonatal Care facilities under the Health Facilities Enhancement Program are being upgraded.

The regions with the most number of municipalities with both DOH and DSWD programs include: Region VIII (Eastern Visayas) with 48 municipalities; Region V (Bicol Region) with 33; Region IV-B (MiMaRoPa) with 26; Region VII (Central Visayas) with 23; and ARMM with 20. Northern Leyte in Eastern Visayas is the province with the highest (33) number of both DOH and DSWD programs.

Volunteer nurses will undergo learning and development during their deployment. The DOH and
DSWD have crafted orientation and training module for these nurses. The DSWD has identified participating communities and health facilities, and during the course of the deployment of nurses, the DOH will assess the quality of healthcare in the said communities.

RN HEALS, a priority project in the Aquino Health Agenda, is in partnership with the Department of Labor and Employment (DOLE), Philippine Regulation Commission-Board of Nursing (PRC-BON), Philippine Nurses Association (PNA) and the local government units (LGUs).

Recruitment and Selection

At the height of the Senate investigation that looked into reports of registered nurses on on-the-job-training (OJT) who are made to pay for their training, work experience, and certification, instead of being hired as regular hospital staff, the DOH and DSWD announced the RN HEALS Project through a press conference on January 12. In a way, the Project would be able to address the proliferation of these so-called “volunteer OJT nurses.”

DOH Secretary Enrique T. Ona and DSWD Undersecretary Alice Bala said that the nurses, while on deployment, are given an allowance of Php 8,000 per month by the DOH. This translates to about Php 366 per day for a 40 hours training/work week.

The LGU where the nurses are assigned supervises them, ensures their safety and security, and provides modest board and lodging. Likewise, LGUs were encouraged to provide additional allowances and benefits worth at least P2,000 for these nurses. PhilHealth and the Government Service Insurance System provided group insurance to the nurses while private corporations were encouraged to chip in through their available resources.

The competencies that will be gained by the nurses upon completion of the training cum deployment project will cover both clinical and public health practice.

“Eventually, these nurses will be part of the pool of competent nurses for later employment or absorption in health facilities, thus addressing the inadequate supply of skilled nurses and increasing the nurses’ employment rate,” Ona concluded.

Tumawag ang ina sa cellphone ng anak na lalaki...
MOM: Pauwi ka na ba? Nasaan ka na?
JOEREM: Nandito po ako sa ospital...
MOM: (Nabigla at napaiyak) Ano nangyari sa ‘yo, anak?!? Huhuhu.
JOEREM: Ma, nurse kaya ako! NURSE!! At naka-duty ako ngayon!
Many must have heard of the sarcastic comment that government hospitals in the country are suffering from the “Mona Liza Syndrome,” referring to the lyrics of the 1950 song by Nat King Cole — “They just lie there, and they die there.”

Although some government hospitals, especially in the urban areas, have improved a lot in recent years and a few has become at par with the best in the world, still the majority of health facilities desperately needs repair, rehabilitation, upgrading or outright construction.

Health Secretary Enrique T. Ona said that the public hospital system faces many pressures — pressure to contain costs, increase beds, manage complex diseases and compete with their private counterparts in a friendly way to remain financially viable. He added that the country faces severe backlogs in many of the poor localities in the delivery of even the most basic health care. Primary facilities are lacking and basic drugs and supplies are in short supply.

“The need to change and improve the healthcare system is now clear at all levels,” Ona said.

One strategy for the enhancement of health facilities in the country is Public Private Partnership (PPP). It is a cooperative venture between the public and private sectors, built on the expertise of each partner, that best meet clearly defined public needs through appropriate allocation of resources, risks and rewards. This partnership ranges from health care provision to logistics management, from information and communication technology to capacity building of health providers.

The health chief said that PPP can help manage some of the major challenges in the health sector, such as fiscal constraints for investments in modern and advanced hospital facilities and equipment; limited access to health care in rural areas; inefficient management of health services; and lack of investments in advanced information technology (IT).

Ona stressed that this is not the first time that the Department of Health will engage in a public-private partnership. One of the most successful PPP, he said, is the hemodialysis center of the National Kidney and Transplant Institute.

In November 2010, Ona introduced 9 PPP projects which the DOH wants to implement by 2011 to 2013.

1. **Philippine Orthopedic Center (POC) as the Country’s Center for Bone Diseases, Trauma, Rehabilitation, and Commercial Production of Limb Prosthesis.** The POC caters to 200,000
orthopedic cases per year, and currently produces volumes of orthopedic prosthesis provided to patients at reasonable costs.

This PPP project aims for the rehabilitation of facilities and equipment of a 880 bed capacity hospital as well as the construction of a Medical Arts Building and parking areas. The DOH intends to enhance the capacity and role of the hospital in terms of bone diseases, trauma and rehabilitation; enhance the capacity in providing quality and excellent service in the field of orthopedics; and improve the volume of production and quality of limb prosthesis which has a potential huge market within the country.

The project cost is about Php 2 billion (USD45 million). The investment opportunity includes revenue share for services, lease fee per treatment for diagnostic equipment, and revenue share from the sale of prosthesis.

2. Research Institute for Tropical Medicine (RITM): Local Production of Pentavalent Vaccine (DPT, HepaB and HiB). RITM currently has the capacity to produce ERIG (Equine Rabies Immunoglobulin) and anti-venom for snake bites. It has an existing biological production facility which needs further enhancement to comply with international standards on vaccine production.

This PPP project envisions to establish an aseptic filling line for pentavalent vaccine (diphtheria, pertussis and tetanus or DPT), hepatitis B (HBV) and haemophilus influenza B (HiB). The annual cost of the pentavalent vaccine purchased by DOH for the expanded program on immunization is around Php 1.2 billion, equivalent to 7.5 million doses. However, the potential market for these vaccines is around 10 million children, equivalent to 40-50 million doses, or more than 7 billion pesos in one year.

The project cost amounts to Php 500 million (US$11.11 Million) and the investment opportunity is in sales and revenue sharing.

3. San Lazaro Hospital (SLH) as the Premiere Research Center for Infectious Diseases. SLH is already the country’s primary hospital for infectious and communicable diseases, and it is now envisioned to become the premiere research center for infectious diseases. The sheer number of patients and diversity of infectious diseases provides an ideal opportunity for clinical trials and medical research.

In order to do this, the hospital needs redevelopment of its existing facilities and the construction of the following: 8-storey emergency diagnostic laboratory, operating rooms, intensive care units and wards; 4-storey support building; 4-storey tuberculosis wards; 4-storey AIDS wards; hostel and parking facilities.

The project cost amounts to Php 5.484 billion (US$121.87 Million) and the investment opportunity includes income sharing, lease per treatment, and data mining for clinical trials and research.

4. Establishment of a Multi-Specialty Center in Oncology, Neurosciences, and Stem Cell Research in DOH Hospitals. To improve access and affordability of specialized services, the DOH considered two options for this PPP project, namely: 1) rehabilitation of the facility and provision of equipment in DOH hospitals that are strategically located around the country to provide specialty services to a wider population; and 2) provision of the needed diagnostic equipment only in selected hospitals in order to render advanced/specialty care and services. The equipment may include: MRI, Linear Accelerator, CT Scan, PET-CT Scan, etc.

The DOH has identified 10 hospitals needing upgrades in infrastructure and equipment. The cost entails Php 2 billion (USD 45 Million) and the revenue opportunity involves lease per treatment.

5. Eversley Childs Sanitarium (Metro Cebu City) Open Land Area for Commercial Operations. The sanitarium is a 52-hectare facility of which 10 hectares can be opened for mixed-use development. It is located 20 kilometers (kms) from central Cebu City and 25 kms to the airport. Part of it is presently used as a leprosy sanitarium.
The total cost for this PPP project will depend on the extent of the commercial operations that will be established by the interested partner/s. Revenue opportunity comes in rent/lease and income sharing.

6. Western Visayas Sanitarium (Iloilo): Open Land Area for Commercial Operations. The sanitarium is a 16-hectare facility with 7 hectares unoccupied area along the national highway. The area is ideal for mixed-use development. Approximately, it is 25 kms from Iloilo City and 2 kms to the airport.

The total cost for this PPP project will depend on the extent of the commercial operations that will be established by the interested partner/s. Revenue opportunity comes in rent/lease and income sharing.

7. Construction of Multipurpose Building and Staff Facilities in Quezon City. At present, patients and their relatives do not have a decent place to stay should their hospital care requires them to spend a day or two for their medical treatment. This has become a critical concern since housing facilities are not available in most DOH healthcare facilities. Moreover, this also concerns transient patients as well as the hospital staff who are at times required to go on 24 hours or are under on-call duty.

This PPP project involves construction of housing facilities for hospital staff, transient patients and relatives while undergoing medical treatment. The first facility shall be located in a DOH specialty hospital (center for specialized care) in Quezon City. The cost amounts to P 1.5 billion (US$33 million) and revenue opportunity is in lease and income sharing.

8. Construction of PhilHealth Main Building. The construction of the PhilHealth (Philippine Health Insurance Corporation) building has an estimated gross floor area of 52,090 square meters covering a 7-storey building with two floors basement parking and a 13-storey building with two floors basement parking. The proposed area is located right in the heart of the Quezon City Central Business District which is two kms away from UP-Ayala techno hub and within the vicinity are the four specialty government hospitals and a DOH hospital as well as other government offices such as the Social Security System, Department of Agrarian Reform, and Department of Agriculture.

The cost of this PPP project is Php 2.4 billion (USD 53 Million).

9. DOH-PhilHealth eHealth Project. To effectively gauge whether the DOH is achieving results and delivering its commitments, a health information system must be built. This PPP project for the DOH Healthcare Quality Management Solution for software and hardware resources creates a system for gathering and aggregating health data and provide a means to easily access information by interconnecting DOH Offices (Central and 16 Regions), 72 DOH specialty and retained Hospitals, 16 PhilHealth Regional Offices and 8 other attached agencies.

The cost of this project is PhP 2 billion (USD 45 million) and revenue opportunity comes in data mining as well as in processing/user’s fee.

The DOH must forge an innovative path toward a more equitable and rationalized distribution of health care facilities nationwide, and this is why Sec. Ona calls on partners to help in the renewed national effort for transformation and reform in health care.

“Let us create a new national blueprint for our hospitals and health facilities, building on the investments that we have begun to upgrade their capabilities and harnessing the potential of public-private partnerships to fill our human and infrastructure gaps,” Ona concluded.

Interested investors should coordinate with the Office of the Secretary at telephone number (63-2) 711-9503/711-9502 or fax number (63-2) 743-1829.
In recent years, the conditions of government-run hospitals and medical centers have been reported to be wanting in terms of cleanliness, with most of the complaints focusing on its allegedly poorly-kept toilet facilities and untidy premises. To address the problem, Health Secretary Enrique T. Ona initiated a clean and stink-free hospitals campaign called Ospital ng Bayan: Malinis, Mabango (OBMM) in August 2010. The pilot run for this campaign is in Metro Manila.

The campaign aimed at assessing government medical facilities’ state of cleanliness and order, and giving marching...
orders to all DOH-retained specialty, special, tertiary and training hospitals and medical centers to be more steadfast in their efforts in keeping their health facilities clean and stink-free, so when the clients come, their experiences would not be as upsetting as the health concerns that they bring in for consultation and treatment.

A Technical Working Group (TWG) was formed to oversee the campaign and create monitoring guidelines, indicators and mechanics for evaluation and recognition. The TWG is composed of representatives from the Office for Special Concerns, Field Implementation and Management Office, National Center for Health Facilities
Development and National Center for Health Promotion (NCHP). The NCHP was also designated as the campaign secretariat.

The TWG is tasked to determine if the cleanliness of toilet facilities and premises are being maintained by the hospitals and medical centers.

On August 13, 2010, the health education and promotion officers (HEPO) or HEPO designates of the 20 Department of Health (DOH)-retained hospitals, medical centers and specialty hospitals in Metro Manila were called and oriented about the campaign. The NCHP presented a communication plan and directed the HEPO/HEPO designates to prepare a similar plan for their respective health facilities.

The first meeting was followed by four more meetings where monitoring guidelines and indicators were discussed, mechanics of evaluation and recognition were presented, and baseline photos needed for evaluation were submitted.

Sixteen (16) areas of concerns or indicators were observed in the surprise monitoring visits of the TWG. These include: 1) clean, dry and polished floors (all sections of the hospital); 2) clean, dust-free walls (all sections); 3) clean linens/gowns (selected sections); 4) clean, well-kept equipment/utensils/food conveyor (dietary department); 5) clean, well-kept utensils/food warmer (cafeteria/canteen); 6) clean, well-kept equipment (operating and emergency rooms, outpatient departments, and laboratories); 7) clean, well-kept office equipment (offices); 8) clean and cigarette butt-free grounds (parking area/outside vicinity).

9) Absence of foul odor (all sections); 10) proper waste segregation (all sections); 11) adequate light (all sections); 12) adequate ventilation (all sections); 13) adequate water supply (all sections); 14) absence of insects/rodents (all sections); 15) absence of street vendors (outside vicinity), and; 16) soap (selected sections).

Only 16 of the 20 DOH-retained health facilities met the October 26, 2010 deadline set by the TWG. The evaluation was conducted in November 2010. The hospitals were recognized according to their merits regardless of their official classification (i.e. specialty, special, tertiary or training hospital). In other words, any hospital/medical center can be awarded with a Gold, Silver or Bronze OBMM Banner as long as it garnered enough points to be given such recognition. Corresponding points for the indicators are as follows: 50-75% – bronze; 76-89% – silver, and; 90-100% – gold.

By January 2011, the final deliberation was over, and seven hospitals were awarded with the Gold OBMM Banner, while nine hospitals were given the Silver OBMM Banner. The results were announced in simple recognition rites on January 31, during the DOH flag-raising ceremony. Topping the list is the Philippine Heart Center.

If a hospital/medical center falls short from its previous merits, it will slide from Gold to Silver or from Silver to Bronze or from Bronze to No Banner. The evaluation and recognition will be done biannually (every May and November).

Pretty soon, all DOH hospitals nationwide will be evaluated whether or not they will be qualified to become Ospital ng Bayan: Malinis, Mabango.

- o O o -

**11 Things You Learn from Noah’s Ark**

1. Don’t miss the boat.
2. Remember that we are all in the same boat.
3. Plan ahead. It wasn’t raining when Noah built the Ark.
4. Stay fit. When you’re 600 years old, someone may ask you to do something really big.
5. Don’t listen to critics; just get on with the job that needs to be done.
6. Build your future on high ground.
7. For safety’s sake, travel in pairs.
8. Speed isn’t always an advantage. The snails were on board with the cheetahs.
9. When you’re stressed, float a while.
10. Remember, the Ark was built by amateurs; the Titanic by professionals.
11. No matter the storm, when you are with God, there’s always a rainbow waiting.

(← Content from an email. Art grabbed from: www.magic-mural-factory.com →)
There’s a new twist in the first “barangay” of the new year in Quirino Memorial Medical Center (QMMC) – instead of giving a bag of goodies to the community it serves, the hospital is providing a “bag of life.” This is the ostomy bag intended for people who survive colorectal cancer and get another lease on life despite carrying a bag near the abdomen.

Ostomy bags are designed for those who have had a stoma (surgically created opening) in their abdomen for excretion of bodily waste. Procedures like colostomy, urostomy and ileostomy require an external bag to collect waste that is passed through the stoma. Sometimes these procedures can be due to disease, other times to injury. Some patients only need a temporary bag, but millions of people around the globe live with some sort of ostomy system for the rest of their lives. Despite this kind of situation, it is important to know that a normal, active life is still very much possible after an ostomy procedure.

According to QMMC Director Angeles T. de Leon, the distribution of ostomy bags is made possible through a donation of ostomy appliances to the Department of Health by the Friends of Ostomates Worldwide-USA, facilitated by the Asian South Pacific Association. Health Secretary Enrique T. Ona divided the donation to four government hospitals, including QMMC, which will pilot an Ostomy Clinic as soon as an Ostomy Support Group is established.

On January 19, the QMMC formally launched the Bag of Life project through a meeting and lay forum for the members of the community to learn and understand about life with an ostomy and for colostomy patients to adapt and become comfortable with their situation and learn the proper care of their ostomy bags.

The meeting was attended not only by the constituents of District 3 in Quezon City where QMMC is located but also by the neighboring districts. In attendance were barangay captains, representatives of several congressmen, hospital staff and a couple of ostomates. Dr. Carlo Cajucumm and Ronaldo Lora provided the lectures while the ostomates shared about the difficulties of their present situation and expressed their gratitude on the project and donation which will make life easier for them and, most of all, will able to regain the respect and dignity for themselves and from others.

One thing that probably this event achieved is the acceptance of people with an ostomy bag who are still capable of living productive lives given the chance, proper education and understanding by the rest of society.

- o o o -
The Philippine Medical Association (PMA) has urged the Department of Health (DOH) to re-assess its policy on organ donation especially on its impact to the sovereign rights of patients to life.

“As I speak, there are numerous patients in the country who are fighting for their lives, in a death row-like cue, waiting for this life saving procedure to be performed on them,” PMA President Dr. Oscar Tinio said in a letter, dated November 22, 2010, sent to Health Secretary Enrique Ona as he cited the urgent need to re-assess the ban on non-related donors which the department imposed earlier last year.

“Unfortunately due to the current policy of the Department of Health to put a ban on non-directed donors, these patients will die without the needed organs to save them,” he further wrote.

According to Tinio there is a severe shortage on donated human kidneys nationwide. He said this was drastically aggravated by a stringent government policy to limit organ donation only to related donors, deceased donors, and directed non-related donors.

The ban on non-directed non-related organ donors, which was initiated by Ona’s predecessors, Drs. Francisco Duque and Esperanza Cabral, was triggered by media outcries regarding abuses in kidney donations, particularly the rampant sale of human kidneys among poor residents of Baseco Compound in Tondo.

Likewise, the World Health Organization (WHO) earlier tagged the Philippines a global organ trafficking hot spot, making it to its list of the top five kidney-trading countries in 2007.

The notoriety, coupled with lobbying by some doctors and religious leaders opposed to what they deem an unethical practice, led to the ban.

“We acknowledge that abuses were committed in the past and we definitely condemn these unscrupulous acts, however, the fact remains today that there is not enough supply of donor organs that can save the lives of our patients,” Tinio said.

The PMA president stressed that “if there is a defect in the nation’s human organ donation system it should be fixed by putting the needed safety nets.” He pointed out that choking the already limited supply of life saving human organs in the country will surely kill the system and the lives of our patients with it.

“As doctors we took an oath to save lives, however in this case, we cannot save the lives of our patients not because we do not have the capability or the technology to do so, but because of a policy that our government chose to impose,” Tinio added.

“A law or a policy, as I understand it, should be equitable and just to all, favoring none and never to the disadvantage of anyone,” Tinio finally said.
Take the **BUS** to health

Buses have been notorious in the news since last year and onto the early months of this year. In fact, buses are already known as “rolling coffins” because they have been involved in freak accidents, hostage crisis, and terrorist bombings. But in the Department of Health, the omnibus is being transformed to life, bringing health education and service.

**Mobile Clinics**

The People’s Republic of China (PROC) is donating Mobile Clinics to the Government of the Philippines. The donation is part of the PROC’s thrust of assisting its neighboring countries to address its problems of access to health services especially in the marginalized areas. The Mobile Clinics, it is envisioned, would expand the capacity of health facilities to provide quality care.

“This is part of the Universal Health Care strategy that we are steering the health sector to pursue in accordance with President Benigno S. Aquino’s strong assurance that the country will fight poverty and improve the health of our countrymen, especially the poor,” Health Secretary Enrique T. Ona said.

The Mobile Clinics are equipped with electrocardiogram (ECG) machine, a digital ultrasonic diagnostic facility, urine hematology and biochemistry analyzers, defibrillator monitor, x-ray machine, blood centrifuge, oxygen generator, gynecological examining table and the requisite medical supplies to be able to deliver its services.

These mobile clinics are expected to serve as ancillary services to the operations of the recipient hospitals most especially in the hard to reach and remote areas. As such, the clinics will benefit those with the least access to medical services.

The hand-over ceremony was witnessed by representatives of the Philippine government led by Sec. Ona and
Ambassador Liu Jianchao of the Chinese Embassy in behalf of the PROC.

The donation can only strengthen once more the partnership that the country has forged with the PROC.

**Lakbay Buhay Kalusugan**

Meanwhile, the DOH National Center for Health Promotion, with technical assistance from the US Agency for International Development, is set to deploy a bus from March to October this year on a health promotion campaign trail in 10 pilot provinces. Dubbed as “Lakbay Buhay Kalusugan” (LBK), the campaign utilizes traditional and new media to promote family health messages on safe motherhood, child health and nutrition, family planning, lung health and anti-smoking, as well as the importance of being covered by PhilHealth.

“Buhay” means both life and alive, while “Lakbay” means journey, symbolizing what this campaign wants to achieve — encouraging families to join the journey towards saving and improving their own lives.

The main anchor is a traveling bus that brings health services, information and entertainment through health festivals in pilot provinces — Pangasinan, Nueva Ecija, Tarlac, Bohol, Negros Occidental, Bukidnon, Compostela Valley, South Cotabato, Zamboanga del Norte and Maguindanao.

The concept of a bus as a tool to provide service and education/information is not new. It has proven effective with various projects such as Cebu City’s Mobile School and the Supreme Court’s Justice on Wheels, to name a few. While the LBK tour bus would be a vehicle to encourage families to embrace a healthy life, it will be a newsmaker itself, generating news, public interest and media coverage.

Once the bus arrives at its destination, a welcome caravan or parade will be held as the bus tours the area announcing the event. The local officials are invited to take part in the opening ceremonies. The bus will park in an area accessible to people and will be set-up as the centerpiece of the event.

The health festival has three major components: service delivery, health education and health entertainment. The bus is an actual consultation clinic. The waiting areas and areas around the bus will be divided into sections with interactive exhibits, mini-classes and fun activities focused on health concerns. The health festival may run from a minimum of a two- to three-day event, depending on the plans agreed with the local government units.

Organizations and individuals are enjoined on this endeavor through a number of mutually beneficial possibilities, such as funding to support activities, in-kind support (products for give-away, food, hotel, travel, communication, etc.), provision of services (medical, event support, performers, talents, etc.), and media partnerships (coverage, airtime, publication, media space, etc.).

As of this writing, a number of partners have joined the campaign, like UNTV, Manila Broadcasting Company, Center for Community Journalism and Development, and Air 21. The bus which costs approximately Php 2 million is generously donated by the Victory Liner.

“Walang Iwanan sa Biyaheng Kalusugan,” and so the bus tells the community people it serves. They are not just passengers, but also drivers of this journey. Long after the bus has left their community, they are still involved and can still be involved by continuing to safeguard their health and that of their family.
IODINE Nutrition

Iwas Goiter ni Mommy, Lusog-Isip ni Baby

by

DR. TEOFILO O.L. SAN LUIS, JR.
ICCIDD Director and Country Representative for the Philippines
Chairman, Philippine Thyroid Council

Tip of the Iceberg

Titanic, a movie that grossed hundreds of millions of dollars worldwide, showed the great ocean liner sinking in the North Atlantic during its maiden voyage. The cause of this disaster? Iceberg! A large object floating in open seas, an iceberg has its tip as the only visible part. What is below the surface is much larger — and dangerous. Titanic learned the lesson too late.

This analogy is perfect to illustrate the problem of iodine deficiency disorders (IDD). These disorders are a collective of diseases and adverse effects arising from a common cause: deficiency of a micronutrient. Iodine is a micronutrient whose total requirement in a lifetime would amount to only a teaspoon! Definitely a small amount (and costing only few pesos) but with enormous effects on health if not taken in during crucial phases of the life cycle of man.

When the body does not have enough iodine, it cannot function well. This leads to goiter, overt hypothyroidism, physical defects, mental retardation and other manifestations of IDD, especially in early life. The most visible — and well known — of these effects is goiter (the tip of the iceberg). Aside from goiter, women with IDD have infertility, complications of pregnancy, or repeated miscarriages.

Children born to these women have low birth weights and decreased child survival, suffer mental retardation (with loss of 13.5 IQ points on the average) and cretinism. These children have poor school performance and reduced potentialities when they grow up. There is loss of productivity by these affected members of communities who become dependent on others for care and support.

Unfortunately, these are not readily seen (the body of the iceberg beneath the water) and they are not fully appreciated but their social and economic impact on lives of those affected is enormous.

Mommies at Risk

For 2011 “Iwas Goiter ni Mommy, Lusog-Isip ni Baby” was adopted as the theme for Goiter Awareness Week (GAW) in order to focus on the intimate relationship between the mother and her child, especially as regards their iodine nutritional status.

Iodine nutrition can be best assessed through Urinary Iodine Excretion (UIE), a test that measures how much iodine has been excreted into the urine. The more iodine we take in, the higher will our UIE be. A median UIE between 100 - 200 mcg/L (microgram per liter) is ideal. However, because of physiologic adaptation to pregnancy, pregnant women have higher UIE levels (Normal Value or NV = 150 - 249 mcg/L). The 2008 National Nutrition Survey (NNS) conducted by the Department of Science and Technology - Food and Nutrition Institute (DOST-FNRI) showed that pregnant women have only a median UIE of 105 mcg/L. Compared with the 2003 levels of 142 mcg/L, this current level is 26% lower.

The situation among lactating women is similar: their median UIE value is 81 mcg/L in 2008 compared with 111 mcg/L in 2003 (27% lower). Mababa na nga noong 2003, lalo pang bumaba noong 2008! Thus, their iodine nutrition is a public health concern. They will have to be educated more vigorously on the regular use of iodized salt.
in their cooking and table consumption, aside from having iodine-rich food for their diet. Women should also benefit from regular check-up of their thyroid gland.

**Goiter due to Iodine Deficiency**

Goiter is the term used to describe the thyroid gland which has become enlarged. There are many conditions leading to its enlargement, namely: iodine deficiency, autoimmune disease, inflammation, new growth and other causes.

Goiter due to iodine deficiency can be prevented by the appropriate intake of food rich in iodine (salt-water fish, crabs, shrimps, squid, seaweeds); and by the regular use of iodized salt in daily diet. Those goiters due to other causes can be treated medically (by anti-thyroid drugs or thyroid hormones as the case may be), surgically, or through radioactive iodine depending on the clinical situation. Goiters with lumps (or nodules) can be the beginnings of thyroid cancer which would require surgery followed by radioactive iodine ablation.

An analysis of the symptoms and a physical examination (usually centered on the neck) is done by a physician or a health worker. These should alert them that something is wrong with the iodine nutrition of the patient causing goiter. Some laboratory tests (called thyroid function tests: TSH, T4, T3, FT4, FT3, thyroid antibodies); or imaging procedures (thyroid scan, ultrasound) are requested to confirm the suspicion of a goiter. In certain instances, a fine-needle aspiration biopsy (FNAB) is done to determine if there inflammatory thyroid disease or thyroid cancer.

**Adjusting Iodine Nutrition**

Salt is the best vehicle for adding iodine. Everyone needs salt, everyone eats it, usually in daily amounts, and the technology for iodization is straightforward. The Philippines has regulations calling for 20-40 mcg iodine/g of salt (20-40 ppm or parts per million); thus if an individual eats 5 g of salt iodized at 30 ppm, she gets 150 mcg iodine from this source alone.

Another method for providing iodine to a community is through the administration of iodized vegetable oil. A single administration orally provides adequate iodine for about a year, and if given by intramuscular injection, is satisfactory for about three years. Iodized oil is most useful when the iodine deficiency is severe, when immediate correction is important, and when iodized salt is not available (or its iodine concentration is below recommended levels).

Drinking water is another occasional vehicle for iodine nutrition. Some systems slowly release iodine from a porous basket. Another approach adds an iodine solution to water in a well or flowing through a pipe. A simpler version merely adds a few drops of a concentrated solution manually to vessels containing drinking water in a school or home. If iodine (I2) is added, it can also sterilize the water; this property is useful because many regions with iodine deficiency also have contaminated food and water.

Occasionally, iodine is given as tablets of potassium iodide, from 100 to 300 mcg per day or about 1 milligram (mg) per week. Some vitamin/mineral preparations for daily use contain 150 mcg iodine, the recommended amount. Other vehicles like sugar, bread, and tea have been occasionally used for iodine delivery. However, the many advantages of iodized salt make it the overwhelming favorite for most countries.

**Goiter Awareness Week**

Goiter Awareness Week (GAW) is observed every fourth week of January by virtue of Presidential Proclamation 1188 since 2007. This year’s GAW celebration was held in Cagayan de Oro City in Northern Mindanao to focus on the region which has the lowest UIE’s among pregnant women (33 mcg/L) and lactating mothers (55mcg/L) throughout the Philippines. Thus, Northern Mindanao (comprising Misamis Oriental, Misamis Occidental, Bukidnon, Camiguin) and the neighboring CARAGA and Zamboanga Peninsula are the regions to watch for IDD.

The DOH organized various activities including the launching of the “Declaration of Unity and Support to Fight IDD” that involved various individuals and organizations nationwide.
A Lump in the Neck

I am Rose. At 52 years old, I am your typical Golden Girl-next-door: a sale-shopaholic, a dependable employee, a doting mom, an adoring wife, an endearing friend. Well, almost typical, until a personal health issue that happened in 2010.

It all started in summer during a field assignment in a province down south when my supervisor noticed that I seemed to have a lump on my neck. She even touched it to confirm her suspicion and said that it might be goiter.

Of course, I thought my boss’ comment was another of her funny ways so I did not take it seriously and just said that it was not a lump but only (baby) fat since I was on the plump side those days. And then we both laughed. But she still advised me to have it checked.

Then in one of the countless partners’ meetings that I attended, a lady doctor-friend gave the same comment – that a part of my neck appeared swollen and, like my boss, she suspected that it might be goiter and that I should consider seeing a specialist.

Although it startled me a bit, I continued to be stubborn by trying and exhausting all excuses that I could find just to avoid getting an appointment with the doctor.

But of course, deep down inside I was seriously considering going to an expert. But each time that I mustered enough guts to go, fear and anxiety always overpowered me.

Finally in June, I went to see Dr. Wenceslao Lauderes, an endocrinologist at the Jose Reyes Memorial Medical Center (JRRMMC). He specializes in treating disorders of the endocrine system, such as hyperthyroidism, among others. He was recommended to me by an officemate who
used to have the same health problem.

The suspicions of my supervisor and co-worker-friends were right. The lump was not a large ball of lard. It was goiter. I felt the ground under my feet crumbled.

In a haze, I heard the doctor recommend a series of exams that include TSH (a thyroid test), which results later yielded normal, and a thyroid scan.

By July, the thyroid scan results came back positive for nodules, so I was advised to undergo surgery to determine if it was benign or otherwise. My doctor, however, assured me that thyroid nodules are not aggressive like those found in breasts.

To soften the blow, so to speak, I tried to appear unfazed and unaffected by said developments as I broke the news to my family.

**Drama Queen Turned Spiritual**

Of course, I did not fool my husband by my charade. Jojo knew me better than to believe my poor impersonation of coolness. He expressed his support just by simply holding my hand as we prayed that night.

Goiter? Surgery? Gosh! I could not help but to be worried. (Sigh!)

I was forever thinking, what if it is something else more serious and dreadful? What if it is life-threatening? What will happen to me? What will happen to my son? Oh, my! I can be such a drama queen!

After quietly wallowing in unfounded grief, I came to realize that I actually knew some people who were afflicted with goiter at some point in their lives and have lived. They are now all healthy and remained productive at work. Two of them are my co-staff: the lovely Vicoy and the enterprising Weng.

Besides the two ladies, there are also other people in the DOH who can be called “goiter survivors,” too. But I won’t be naming them anymore, after all this is my story and not theirs.

Although everything then seemed to point to a positive direction, I still had this insistent urge to talk to the so-called survivors. I kept telling myself that I had to talk to them before the surgery.

And so, one by one, I tracked them down and asked them about their experiences. Of course, all of them said that it was going to be alright, that I need not worry and that the surgery will surely go well. At the back of my mind then, however, I was just praying that I survive this ordeal too, just like them.

At the same time, I was busy reconnecting with God. Literally. Not that I lost contact with Him over the years. It was just something that I thought that I must do then.

I am a Protestant by faith but this did not stop me from visiting other churches as well. It was crunch time for me. It felt like I had to pull all the stops to be heard. So, I joined my friends then in hearing masses at Catholic churches in Manila and Quezon City.

Finally, the surgery was scheduled in August at JRRMMC. I chose this hospital not only because my doctors work there but also due to the fact that it is accessible to all – my family, friends and co-workers. Apart from God, my family and my doctor, the other sources of my strength are my friends and co-workers.

Before the actual date of going under the knife, there was no time that I was alone in my hospital room. I always had visitors. My officemates even took turns in visiting me so that I would not be alone in case Jojo had to attend to the doctors’ errands.

Those who had already undergone the same surgery gave pep talks on their personal experiences. Their enlightening and entertaining stories kept up my spirit, hope and self-confidence until the day of the surgery.

The surgery was a breeze. I did not feel a thing. On the day of my discharge, we were told to wait for three weeks for the result of the biopsy.

It was easily the longest three weeks of my life. The waiting time continued to drag on even after I already recuperated and gone back to work.

It was painful to wait as the anxiety was always there. I felt like I was surf boarding and my emotions of fear, anxiety and uncertainty come and go just like how the waves and
tides roll into the shore and back to the sea. The only things that helped me make it through this time were my faith in God and the love and support of my family and friends.

And then at last, the three weeks was over and the biopsy results came. It was adenomatous colloidal goiter, and the most important word was BENIGN.

(Adenomatous goiter is explained in medical dictionaries as the enlargement of the thyroid gland, causing a swelling in the front part of the neck. It is caused by adenoma or multiple colloid nodules of the thyroid gland).

Yes! Glory Be To GOD! I can now call myself a survivor!

Now, I am slowly going back to my old self: the prototype of a GOLDEN GIRL next-door.

Understanding Goiter

The thyroid is a butterfly-shaped gland located at the base of the neck just below the Adam’s apple. It produces two main hormones — thyroxine and triiodothyronine (T-3) — that circulate in the bloodstream and help regulate metabolism. They maintain the rate at which the body uses fats and carbohydrates, help control body temperature, influence heart rate, and help regulate the production of proteins. The thyroid gland also produces calcitonin — a hormone that helps regulate the amount of calcium in the blood.

Sometimes the thyroid gland grows larger than normal — a condition known as goiter. Small goiters that do not cause physical or cosmetic problems are not a concern. But large goiters can make it hard to breathe or swallow and can cause a cough and hoarseness. Goiters that result from other conditions, such as hypothyroidism or hyperthyroidism, can be associated with a number of symptoms, ranging from fatigue and weight gain to unintended weight loss, irritability and trouble sleeping.

The most common cause of goiter worldwide is a lack of iodine in the diet. However, in countries that add iodine to salt, the more usual cause of goiter is the over- or underproduction of thyroid hormones or the nodules that develop in the gland itself.

For reasons that are not entirely clear, thyroid problems are more likely to occur during pregnancy and menopause. A hormone produced during pregnancy, human chorionic gonadotropin (HCG), may cause the thyroid gland to enlarge slightly. And although goiters can affect anyone at any age, people over the age of 50 are significantly more likely to have goiter compared to younger people.

Other causes of goiter include some medications like immunosuppressants, antiretrovirals, the heart drug amiodarone and the psychiatric drug lithium as well as exposure to radiation treatments in the neck or chest.

Treatment depends on the size of the goiter, the symptoms and underlying conditions. If the goiter is small and the thyroid gland is working properly and there are no underlying conditions, the doctor will probably recommend long-term monitoring, but no treatment.

If the goiter is caused by an iodine deficiency, the patient will be prescribed iodine supplements. In patients found to have an underactive thyroid, the doctor may prescribe the use of synthetic hormone, levothyroxine, to make up for the shortfall. On the other hand, in patients with an overactive thyroid, the doctor will most likely prescribed thionamides which help lower the amount of thyroid hormones being produced by the thyroid gland.

Surgery is an option if the goiter is so large that the patient has problems breathing or swallowing and other treatments have not worked.
Love, Love,

**Love Story**

Love story ng babaeng sex worker at lalaking drug addict...

NEIL: Love, pakasal na tayo!!!!
MACON: Okay lang ba sa ‘yo? May nakaraan ako eh!
NEIL: Okay lang ‘yun, honey. Wala naman akong kinabukasan eh!

**Softdrinks**

BLANCHE: Hon, kapag hawak ko ang bote ng softdrinks na ito... naaalala ko ang ex-BF ko.
BENJIE: Eh ako, kelan mo ako naaalala??
BLANCHE: Kapag subo ko na ang STRAW!!!

**Break Na Tayo!**

JOY: Maghiwalay nalang tayo!
JAMES: Ok. Babalikan ko na lang ang ex ko!
JOY: Aba! Ang kapal mo talaga!

**Adik**

DWIGHT: Adik talaga ako dito sa alimango.
MADZ: Naku, ingat ka sa cholesterol nyan! May kilala ako sa Tondo na kumain ng tatlong matatabang alimango punong puno ng aligi habang nakikipag-inuman.

**Endurance**

Isang relihiyosong matandang binata ang nagpakasal sa isang napakabata at seksing babae...

JUN: Honey, before we do it, let’s pray for guidance.
LITA: Darling, just pray for endurance, I’ll take care of the guidance!

**Driver Sweet Lover**

Maghiwalay na ang mag-asawa...

EVElyn: Maghiwalay na tayo!
JOEL: Ok! Akin ang bahay!
EVElyn: Akin ang farm!
JOEL: Akin ang kotse!
EVElyn: Huwag mo isama driver, matagal ng akin ‘yan.
JOEL: Pwes, magkakamatayan tayo! Akin siya!
“Supot” is a Tagalog word that means uncircumcised, used in an unfavorable and derogatory manner. It also means “bag” as you probably know why. “Supot” is also used to describe a lit “paputok” (firework/firecracker) that did not crack loud. Can this word also describe government efforts in the recent Kampanya Kontra Paputok (Fireworks Injury Prevention Campaign)?!

Year out and year in, the Department of Health (DOH) and its partner agencies embark on this ambitious advocacy campaign aimed at reducing injuries and casualties due to the indiscriminate use of fireworks/firecrackers, guns, and even fireworks powder ingestion. But still, every start of the year, the number of cases reported swell to about a thousand or even more.

With a budget amounting to millions, is it still wise for the DOH to continue its campaign? Or is it much wiser to use the money to purchase enough medical supplies to treat would-be victims of revelries with minimum emphasis on prevention because, after all, Filipinos will always insist or find a way to light the traditional firecracker during the Christmas holidays?

For Dr. Ernie Vera, the head convenor of the DOH Kampanya Kontra Paputok, the government cannot call it quits in reminding people to celebrate the Yuletide season safely and responsibly. He said that even if the trending of cases show an increase or have seemed not to change over the recent years, there are still the majority of people who listen and heed our call.

“There are many factors why many
injuries still happen during the Yuletide celebrations. There is still much to be done and we just have to put our acts together and get the commitment and participation of more stakeholders, like Congress, local government units, other government and non-government agencies, and even manufacturers and retailers,” Vera said.

The DOH reported that the number of those injured during the last holiday season’s revelry was 1.4% (14 cases) lower than the previous year. The reduction in cases and casualties is almost insignificant considering the amount of time, effort and resources poured on the campaign.

**Paputok Aftermath**

In a report submitted by the DOH National Epidemiology Center, it was revealed that there were 1,022 cases of fireworks-related injuries recorded in all 50 sentinel hospital sites of the country at the end of the surveillance period December 21, 2010 to January 5 this year. The year’s total is 14 cases (1.4%) lower than in 2009 (1,036), but 70 cases (7.4%) higher than the previous 5-year (2005-2009) average (952).

Of the total 1,022 cases, 972 were fireworks injuries, 39 were gunshot wounds, and 11 were firecracker ingestion. One death was reported from firecracker ingestion and another died much later from tetanus.

More than half (581) of the injuries occurred in the National Capital Region followed by Ilocos Region (73), with Central Luzon Region and Calabarzon both having 66 cases.

At the National Capital Region, most of the cases were from Quezon City (149), Manila (139) and Pasig (51). The cities of Manila and Quezon City also led in the 2009 most number of injuries recorded with 237 and 145, respectively.

Of the total 972 fireworks/firecracker victims, 773 were males and 580 were active users. There were 768 cases that resulted in blast/burns without amputation, while 57 required amputation and 147 suffered eye injuries.

A total of 124 of those injured were under the influence of alcohol, while 642 injuries occurred in the street.

Some 488 of the total 972 cases were caused by illegal fireworks. The top five causes of injuries were piccolo (265), followed by kwitis (150), 5-star (68), pla-pla (55), and luces (51).

According to the Philippine National Police (PNP), under Republic Act 7183 known as “An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices,” firecrackers that are over-sized, whose explosive content exceed by 0.2 grams (more than 1 teaspoon) the allowable limit, or whose fuse burning time is less than three seconds, are banned. The law lists firecrackers and fireworks that are allowed and prohibited. The determination of what constitutes prohibited firecrackers and fireworks is vested with the PNP.

However, being legal or illegal nor having less or more explosive content do not translate to safety. This year’s cases proved that the illegal piccolo as well as legal sparklers can harm little children. According to Rowena Capistrano, a Field Epidemiology Training Program fellow of DOH-NEC, the youngest case this year was a 6-month old female child from Malolos, Bulacan who suffered firecracker ingestion. While being carried by the mother in her arms, she reportedly let the child hold the seemingly harmless sparklers. The child innocently put the sparklers in her mouth.

![Cumulative Number of Injuries by Date of Injury](image)

According to the DOH-National Epidemiology Center, the year’s total of 1,022 cases is 14 cases (1.4%) lower than in 2009 (1,036), but 70 cases (7.4%) higher than the previous 5-year (2005-2009) average (952).
Kampanya Kontra Paputok (Fireworks Injury Prevention Campaign) is the first and last health campaign of the year that the Department of Health embarks on for almost two decades now. As always, the DOH calls on its partner national and local government agencies as well as the private sector to advocate for the reduction of injuries and deaths due to the indiscriminate use of fireworks, firecrackers and guns.

Last year was not different. The DOH launched the campaign as early as October 20, 2010. Press conferences were held, advertisements were aired and printed, and the Health Secretary led several events in schools, communities, and even in the Metro Rail Transit stations.

Something new happened on December...
23, when the DOH spearheaded a fireworks display in a barangay at Payatas to advocate to local government units to ban residential use of fireworks and just put on a fireworks show that will be handled by professionals in a designated safe area in the community.

As the Yuletide season approached, the DOH hospitals were on “white code,” preparing medical supplies and personnel to treat would-be victims of the revelries. On December 21, a total of 50 sentinel hospitals nationwide began their countdown by reporting fireworks injury cases to the DOH National Epidemiological Center to get the trending of the number of cases. Other hospitals outside the sentinel sites were also enjoined to report at the DOH Online National Electronic Injury Surveillance System, hopefully to get the prevalence rate of cases.
The important message here is that parents should never risk giving sparklers to under-fives because they will not understand how to use them. Sparklers, when lit, can get six times as hot as a pan with cooking oil. Moreover, children’s skin is much more sensitive than adults so burns can be a lot more severe for them.

Sadly, last year saw the rise of many fireworks and firecrackers intended for little kids. Manufacturers even produced them as looking like candies and labeled them with cartoon characters.

Target the Children

Kampanya Kontra Paputok’s message last year put a large emphasis on preventing injuries and deaths due to fireworks and firecrackers among children. This is because over the last five years, the majority of cases injured belonged to the 0–10 years old, followed closely by the 11-20 years old.

From 2005 to 2010, the percentage of children aged 1–10 years becoming victims of New Year revelry were 24% in 2005, 30% in 2006, 35% in 2007, 35% in 2008, 36% in 2009, and 34% in 2010.

Anthony Roda, health promotion officer for the campaign, said that other countries have almost the same problem when it comes to fireworks-related injuries among the children and teenagers.

“It is inherent in young people to get a thrill and excitement in exploring the limits of what is allowed and what is possible when it comes to dangerous things like pyrotechnic devices,” he said. “A common reaction among the youth on New Year’s Eve is that ‘It is like a war zone outside,’” he added.

Roda also noted that lighting firecrackers and fireworks is considered a fun activity to do together with friends, and young people think that they know how to light fireworks safely. “It is actually a challenge for communicators to remind children and young adults and keep their attention on firework injury prevention every year,” he said. “Almost always, they will not stop until the injuries happen to them,” he added.

Last year, DOH started to advocate to appropriate agencies for the creation of policies and enforcement of a ban on minors to manufacture, sell, purchase and use all fireworks and pyrotechnic devices. “Walang Batang Magpapaputok,” the DOH rallied despite the fact that it would take years and the commitment of different stakeholders in order for this message to be realized.

PNP spokesman Chief Superintendent Agrimero Cruz, said in published news reports that the sale of firecrackers or pyrotechnic devices of all kinds appear to be unregulated, so even traders without the necessary license or business permits from the PNP can just openly sell these products in any quantity.

He said that manufacturers are also skirting the police ban on prohibited fireworks by producing new but similar types and giving them new names. There is also a need to properly classify firecrackers for the guidance of the PNP. Government should always be updated on the list of illegal and legal fireworks and should act swiftly if it needs to keep in pace with pyrotechnics producers and reduce injuries and deaths.

The PNP, through its local units and through the Firearms and Explosives Division (FED), has been faithfully enforcing the law and closely monitoring the firecracker industry, but it admitted that the implementing rules and regulations (IRR) of RA 7183 should be reviewed. He said that there should be closer coordination...
among the members of the multi-agency committees tasked to implement the law.

Cruz said the Department of Trade and Industry is responsible for ensuring that firecrackers which are permitted under the law, should be safely manufactured under the highest quality standards. He added that the Bureau of Customs should also play a more aggressive role in the fight against illegal firecrackers as many firecrackers being sold locally are imported from other countries.

Ban on Fireworks?

Is it possible for national and local government to opt for a total ban on the use of fireworks during the holiday revelry and just consider other merry-making options?

Davao City is proving that with political will, a total ban is possible. On the other hand, barangays affected by a gas pipeline leak in Bangkal, Makati proved that the New Year can be joyfully greeted with just the blaring sounds coming from videokes and horns. No fireworks/firecrackers were lighted because of the impending danger in the area.

Yes, it can be done, only if we really want to. This is another message the DOH delivered to local government officials from the governor to the mayor and down to the barangay officials. The DOH wanted to encourage local governments to lead in the community-based celebrations.

Health Secretary Enrique T. Ona said that while big cities usually hold fireworks displays, simple displays could be held in individual barangays or districts.

“For those who want fireworks, maybe the families could pool resources and local executives could contribute. The fireworks display would be held in the plaza or vacant lot. That way they can enjoy 30 minutes to one hour of fireworks,” the Secretary said.

A common celebration, he added, would also mean a small group of people who would only be handling firecrackers and fireworks.

The DOH exhibited a “sample” communal fireworks display in Payatas, Quezon City on December 23.

Imposing a total ban on the sale, manufacture and use of firecrackers/firecrackers in the Philippines will mean killing the industry and depriving people of decent livelihood. Allowing its use will surely result to countless injuries every year-end. Regulating the industry, however, seems to be a lukewarm approach to the country’s perennial problem. So, where does the government stand on the issue?

On January 28, the DOH held the first ever Kampanya Kontra Paputok Summit in Manila which aimed at discussing issues and recommendations on how to bring down the fireworks-related injury cases and deaths in the country. It was well-attended by stakeholders from government agencies, local government units, non-government organizations, sentinel hospitals, DOH central and regional offices, as well as from the fireworks industry.

Engr. Celso Cruz representing the fireworks manufacturers, dealers and retailers insisted that “traditions are stronger than laws,” and banning fireworks and firecrackers is not the solution to lowering injury cases. He said that government should focus on maintaining manufacturing standards and educating the public on the safe use of firecrackers and fireworks. The fireworks industry also recommended not to use “Iwas,” “Kontra,” or even “Bawal” in campaign slogans and messages, but to use instead “Ingat Paputok.”

In that Summit, everyone seemed to agree that the decades-old law should be amended and clearly defined, especially on what are legal or illegal fireworks. However, while waiting for a law to be passed, which may take many years in the making in Congress, the DOH maintained its stand to advocate to local governments for the passing of ordinances that would ban fireworks use in residential areas, and
Some countries have banned the use of fireworks due to concerns over fire hazards and injuries. Exploding a firecracker, although a part of the Asian culture in welcoming the New Year has, over the years, led many authorities to contemplate on prohibiting its use. Its unsupervised use has left many blinded, maimed, crippled, or even dead.

In Taiwan, firecrackers were banned in urban areas in 2008. In China, many urban areas have banned firecrackers like Beijing's urban districts. Since 1996, Vietnam has banned the use of fireworks across the country because of the dangers on its use.

In Hong Kong, fireworks were banned due to security reasons because some people speculate a connection between fireworks use and the 1967 leftist riot. However, the government is staging a public display of fireworks in many other cities inside and outside of China.

Singapore imposed a partial ban on firecracker use in 1970 after a fire killed six people and injured 68. This later became a total ban in 1972 after an explosion killed two people and a mob attack on two police officers apprehending a group exploding firecrackers. Later, the total ban was lifted but was replaced by public display of fireworks/firecrackers under controlled conditions and with assistance from demolition experts from the Singapore Armed Forces.

Malaysia also bans the use of firecrackers but many Malaysians manage to smuggle fireworks/firecrackers from Thailand for their personal use.

In Indonesia, fireworks and firecrackers are prohibited during Chinese New Year celebration, especially in areas with significant non-Chinese population to avoid any conflict. However, the use of firecrackers is legal in some metropolitan areas like Jakarta and Medan, where the degree of racial and cultural tolerance is higher.

In 2007, the United States lifted its decade-old ban on firecrackers allowing a display of about 300,000 firecrackers in Chinatown's Chatham Square. Under the supervision of the fire and police departments, Los Angeles regularly lights firecrackers every New Year's Eve, mostly at temples and shrines of benevolent associations.

Australia does not permit the use of any fireworks/firecrackers, except when conducted by a licensed pyrotechnician. This rule also requires a permit from the local government, as well as other relevant local authorities like maritime or aviation including schools, hospitals and others within a certain range.

Tetanus Kills

After the New Year revelry died down, health authorities were still up on their feet for three weeks more on cases of non-neonatal tetanus resulting from fireworks injuries.

Thus, the DOH persistently reminded the public on proper wound care and to see a doctor for the necessary anti-tetanus shots to all firework injuries no matter how small the wound may be.

The incubation period (the time interval between the infection of the body by the bacteria and the appearance of the signs and symptoms) of tetanus from firecracker/fireworks ranged from 5-21 days, or even longer. Early onset of tetanus cases seen about 5-7 days after explosion usually has a bad prognosis and gives the victim a slim chance of survival because the bacteria is more virulent.

Unlike the last two years’ zero cases, this year, the DOH-NEC recorded 4 tetanus cases at the San Lazaro Hospital involving three adults and one child.

According to DOH-NEC, another casualty was added on January 15, with the death of a 30-year old male due to tetanus. He was a resident of Tandang Sora, Quezon City who directly lit pla-pla.

Think tanks have to work doubly hard now, or the Kampanya Kontra Paputok will blow right in the government’s faces, like a bomb waiting to explode again in the next holiday season.

Tick... Tack... Tick... Tack... Is the solution on hand or way out of hand?
Gifted Child

1st month, he said MAMA
2nd month, he said PAPA
3rd month, he said DEDE YAYA
4th month, he said MAMA, PAPA DEDE YAYA!

Wagwag

Dalawang batang paslit nag-uusap:

BOY: Halika, laro tayo ng “WAGWAG”
NENE: Paano naman laruin yon?
BOY: Simple lang. Higa ka, tapos
lapit at tabi ako sa ‘yo. Tapos
sigaw ka ng “Wag! Wag!”

Homework

TITSER: Ano po ba ang reklamo ninyo sa
aking pagtuturo, Misis?
EVELYN: Alam ko na ang Sex Education sa
high school ay nararapat lang lalo
na sa mga nagbibinata at
nagdadalaga. Pero, please naman,
huwag mo silang bigyan ng
homework!

Doctor’s Advice

RON: May mabisang paraan po ba para
sa isang mahabang buhay?
DOK: Mag-asawa ka.
RON: Nakakatulong po ba talaga iyon?
DOK: Hindi, pero yang kangugustuhan mo
para sa isang mahabang buhay ay
hindi na muling sasagi sa isip mo.

Calendar Method

ERA: Sabi mo, dok, safe ang calendar
method. Eh, bakit ako nabunits?
DOK: Paano ba ninyo ginamit ang
kalendaryo?
ERA: Ginawa naming banig.

Vasectomy

EDWIN: Dok, magpapa-vasectomy na po
ako.
DOK: Alam na ba ng pamilya mo ang
dessyon mong iyan at pumaya
naman ba sila?
EDWIN: Opo, nagbotohan nga po sila at
ang resulta ay 13-2.

Earth Hour at Climate Change

VICOY: Kumusta Earth Hour ninyo kagabi?
NING: Masaya. Isang oras ng
kamunduhan.
VICOY: Ang bastos mo! Pang-solve sa
climate change yung tinutukoy ko.
NING: Climate change ba kamo?
VICOY: Alam mo ba yun ha?
NING: Iyan ang panlalamig sa taong
mahal mo dahil meron kang
pinag-iinitang bago!

Party Party

“Hindi lahat ng party ay masaya.”
- Third Party

Sakit ng Matrona

Dalawang matrona ang nag-uusap...

JOY: Kamusta ang check-up mo sa
duktor kahapon, Mare?!!
DIANA: Ang tanging karamdaman
na nakita ng duktor sa edad kong
ito ay... OSTEOPURO-SEX!

(© Jokes rom the Internet. Art by Antonio Totto, Jr. :-)

READER DISCRETION IS ADVISED
Justifying Condom Use

Is Vatican softening its stance on condom use?

The controversy began on November 20, 2010 when the Vatican newspaper L’Osservatore Romano published excerpts from “Light of the World: The Pope, The Church and The Signs Of The Times,” a new book based on conversations between Pope Benedict XVI and German journalist Peter Seewald.

The paper quoted Pope Benedict XVI as reaffirming the stance he took in 2009 during his trip to Africa, where he said that condoms are not the answer to the AIDS crisis. However, the Pope also observed that condom use in some circumstances, although not justified, may indicate an individual’s awareness that sex has moral meaning and consequences. This, in turn, the Pope said, might lead the person to a greater sense of moral responsibility.

He cited the example of a male prostitute using a condom. The Pope said “this can be a first step in the direction of a moralization, a first assumption of responsibility, on the way toward recovering an awareness that not everything is allowed and that one cannot do whatever one wants.”

Condoms have been a controversial issue ever since Pope Paul VI denounced birth control in his famous 1968 encyclical, “Humanae Vitae.” In recent years, however, bishops in Africa and elsewhere have been quietly calling on the Vatican to relax its stance to allow for condom use as part of a broader approach to fight the spread of HIV and AIDS.

A Welcome Statement

HIV/AIDS prevention and control advocates worldwide welcome the Pope’s statement and found this as an opportunity to further their cause, especially at the time when they were gearing up for the observance of World AIDS Day on December 1. This has become a significant step forward because the Pope seemingly recognizes that responsible sexual behavior and the use of condoms have important roles in HIV prevention.

Dr. Shin Young-soo, director of the World Health Organization Western Pacific Region, said that “the Pope’s statement is in
line with evidence that condoms are highly effective in preventing infection with the AIDS virus. If used correctly and consistently, the male condom is the most efficient protection against the sexual transmission of HIV and other sexually transmitted infections.”

Shin said the papal statement would help ease the reluctance of several sectors to use condoms. He acknowledged, however, that the pope was not endorsing the use of condoms as a means for birth control.

Dr. Gerard Belimac, Department of Health program convenor for the Department of Health’s National AIDS/ Sexually Transmitted Infection Prevention and Control Program, said the statements of Pope Benedict XVI justified the use of condoms in certain cases, particularly to prevent the spread of AIDS. He said the use of condoms would likely help curb the AIDS virus that may boost the country’s anti-HIV/AIDS programs.

“That’s really a big welcome development for the AIDS community. It’s a good thing that they see pieces of evidence showing that condoms can help in the campaign against HIV,” he said in a published report in Philippine Star. Belimac added that even if the Pope’s stand may not easily sway the country’s Catholic hierarchy, it might influence the faithful. “Somehow, it will affect the behavior of the people towards condoms as a means to curb the virus,” he said.

Out of Context

The Catholic Church in the country insisted that the statements of the Pope over the use of condoms should not be taken out of context.

The Catholic Bishops Conference of the Philippines posted in its website a Zenit news agency report that said German journalist Peter Seewald expressed his disappointment with media for allegedly twisting portions of the book to make a “misrepresentation” of the Pope’s statements on condoms.

“Our book... speaks to the survival of [our] planet that is threatened; the Pope appeals to humanity — our world is in the process of collapse, and half the journalists are only interested in the issue of condoms,” he was quoted as saying by the Zenit news agency.

Retired archbishop Oscar Cruz, for his part, appealed to advocates of the Reproductive Health (RH) bill pending in
Congress not to promote the approval of the measure just because of the Pope's statements.

He said supporters of the RH Bill had capitalized on the Pope's statement to convince the conservative Catholic Church to soften its position on the proposed legislation.

**Out of Condoms**

The Pope's statement on condom use, or its several interpretations, brought more confusion on a Church moral issue. This confusion shifted to Congress in reconciling the Senate's and House of Representatives' versions of the P1.645 trillion national budget in the bicameral conference committee. Although the Pope's statement on condom was never mentioned in the deliberations, the alleged budget on the purchase of condoms and other contraceptives was reported to have been slashed from the proposed P880 million down to zero!

In going into the conference committee, the senators led by Senator Vicente Sotto III, drastically reduced the DOH's initial P880-million budget for contraceptives, leaving only P8 million to be used exclusively for condoms. But even the P8-million allocation was lost during the deliberations.

Sotto, who was part of the bicameral committee, said the DOH was again asked to explain where exactly it intended to spend P880 million. He said he presented the written explanation to Senate President Juan Ponce Enrile who suggested that all spending on contraceptives be stricken off the 2011 budget.

Sotto was reported to have said that lawmakers saw the motive behind the purported strategy to set aside budget for contraceptives to make up for the delay in the passage of a RH bill.

In the weekly press conference of the minority bloc, however, Minority Leader and Albay Representative Edcel Lagman, who is also the chief proponent of the RH bill, said there was no P880 million budget for contraceptives, adding that the supposed amount was part of the "alternative budget allocation" submitted by the DOH during the budget process.

Lagman said Health Secretary Enrique T. Ona made it clear in a letter to Senator Franklin Drilon that the P880 million is a "proposed alternative budgetary allocation based on the unmet need for Family Planning." According to Lagman, the real budget of the DOH under the item for family planning, totals to P932 million, which includes P400 million for all kinds of modern natural and artificial methods.

"What happened in the Senate is a lesson on the importance of not resorting to knee jerk reactions and making sure that religious dogma does not interfere with policymaking. We should be guided by our faith but we must not in any way let it interfere with our work as public servants," Lagman said.

**HIV Infection Rates Keep On Rising**

While the issue on condom use remains to be a controversial moral and health issue, new HIV infection rates keep on rising in the Philippines.

With only less than five years into the deadline to achieve its Millennium Development Goals (MDG), the country continues to fall short of its sixth MDG targets, which is to halt the spread of the dreaded HIV-AIDS disease.

Teresita Marie Bagasao, country coordinator of the United Nations Program on HIV/AIDS (UNAIDS) told the Philippine Daily Inquirer that HIV/AIDS programs remain either unfunded or under-funded and have not been able to keep up with the change and pace in HIV transmission. She said that more than half of program funding come from external sources, and the program needs a clear investment plan to address not only resource gaps but also sustainability of existing efforts.

Citing official reports, Bagasao disclosed that in the country's new infection rates were going up, not down. In the 2010 Global AIDS report released by UNAIDS in late November, the Philippines was one of seven nations in the world which reported over 25 percent in new HIV infections between 2001 and 2009, whereas other countries have either stabilized or shown significant declines in the rate of new infections. She noted that among all countries in Asia, only the Philippines and Bangladesh were now reporting increases in HIV cases, with others either stable or decreasing.

The DOH had reported there were 1,305 confirmed new HIV infections during the first 10 months of 2010, compared with 835 for the whole of 2009. Sex between men accounted for nearly 80 percent of all the 2010 cases, and more than half of those infected were aged between 20 and 29.
Silver Jewelry Cleaning Solution BANNED

Threat to Health and Safety

The Department of Health (DOH) and the Department of Environment and Natural Resources (DENR) declared in September 2010 in a joint memorandum that silver jewelry cleaning solutions containing cyanide and other toxic substances as threat to health and safety and are banned in the market.

This is in view of the increasing public health concern on the reported poisoning cases attributed to silver cyanide cleaning solution containing cyanide and other toxic substances as documented by the University of the Philippines-National Poison Management and Control Center (UP-NPMCC).

Cyanide and cyanide compounds are highly toxic substances that can cause lethal harm if swallowed, inhaled or absorbed through skin.

In July and August 2010, the EcoWaste Coalition – a public interest network of community, church, school, environmental and health groups pursuing sustainable solutions to waste, climate change and chemical issues – sounded off loudly the alarm to impose outright ban on cyanide-laced silver jewelry cleaning agents after learning about the two most recent cases of suicidal ingestion of silver jewelry cleaner involving a 20-year old woman and a 25-year old man from Tondo, Manila.

Kalookan Bishop Deogracias Iliguez, Jr., who also heads the Public Affairs Committee of the Catholic Bishops’ Conference of the Philippines, said that the suicidal intake of cyanide-bearing silver jewelry cleaners is an act of violence against oneself. “We are all made in God’s image and likeness, so we must strive to glorify Him in our bodies and protect, not harm, ourselves from health-damaging substances like cyanide,” he said.

There were also many incidents of children and even adults dying from swallowing jewelry cleaners that are mistaken to be water. Some users put the solution in used bottled water containers or in drinking glasses and irresponsibly store them around the house.

Based on information provided by the UP-NPMCC to the EcoWaste Coalition, the Center handled a total of 235 in-patient admissions in PGH and 118 telephone referrals in 2009, involving 241 cases from adult age group and 112 from pediatric age group.

The UP-NPMCC also reported 11 mortalities in 2009 (six from in-patient admissions and five from telephone referrals), involving three adult and eight pediatric cases. From January to June 2010, the Center reported nine mortalities (four from in-patient admissions and five from telephone referrals), comprising four adult and five pediatric cases.
Warnings and Advisories

In 1997, the DENR issued a “Chemical Control Order (CCO) for Cyanide and Cyanide Compounds” to control their use and dispersion into the environment and avoid adverse consequences. The Order said that cyanide and cyanide compounds are highly toxic to humans and aquatic life even at low concentrations.

In July 2010, the DOH issued an advisory that said cyanide found in most of the silver cleaning solutions is classified as a poisonous substance liable to cause death or serious injury to human health. The advisory also said that cyanide is rapidly absorbed in the body and blocks utilization of oxygen in all organs.

A person with cherry red skin is highly suggestive of cyanide poisoning. Early signs and symptoms include giddiness, headache, anxiety, palpitations, deep breathing and mild hypertension. Other manifestations may include abdominal pain, nausea, vomiting and hemorrhagic gastritis. The acid and ammonia content in silver jewelry cleaning agent may act as a corrosive through all routes of entry. The isopropanol content may cause depression in the central nervous system.

The DOH advisory continued that poisoning with silver jewelry cleaner is a life-threatening condition and should be treated in the hospital as a medical emergency.

For first aid measures, if the skin or eye is affected, remove all clothing and shoes and wash the contaminated skin with soap and water. Wash the contaminated eye with copious amounts of water for 15 -
20 minutes. If the patient is conscious, give the patient raw egg whites (4-6 in children and 8-10 in adults). Immediately transport the patient to the nearest hospital for treatment.

Meanwhile, the joint memorandum signed by DOH Secretary Enrique T. Ona and DENR Secretary Ramon J.P. Paje stated that all commercial establishments such as jewelry shops and other retail outlets and ambulant vendors are strongly warned against selling and/or dispensing unregistered and unlabeled silver cleaners solutions/agents. Anyone found selling the banned products shall be penalized in accordance with the provisions of the DOH-Food and Drug Administration (FDA) under Administrative Order (AO) 312 on Household Hazardous Substances. Also, all registered importers, distributors, and manufacturers of cyanide and cyanide compounds are warned of distributing the said toxic substances to unregistered clients/end-users and penalized under DENR AO No. 97-39 of RA 6969 (Toxic Substances and Hazardous and Nuclear Waste Act).

The public is enjoined to report to the DOH-FDA (Tel. No. 8078275) any information that may lead to the apprehension of persons importing, manufacturing, distributing, and selling the subject products without product registration and proper labeling. The DOH-FDA further direct all individuals and entities in possession of unregistered and unlabeled silver cleaning agents to surrender to the nearest DOH-FDA or DENR-Environmental Management Bureau (EMB) or its corresponding regional offices to ensure proper disposal.

**Homemade Silver Jewelry Cleaner**

Silver jewelry can get dirty both from tarnish and also from the oil, dirt and makeup which can accumulate on it while wearing it. There are many ways to clean silver jewelry without using silver jewelry cleaning solutions laced with cyanide and other toxic substances.

Prepare a bowl or container, sheet of aluminum foil enough to line the bowl, boiled water, 1 tablespoon of salt, 1 tablespoon of baking soda. Put the sheet of aluminum foil lining in the bowl. Place the silver jewelry on the aluminum foil. When cleaning several pieces of jewelry, make sure to line them properly and not put one on top of the other. A jewelry piece that is covered by another will not be cleaned.

Fill the bowl with boiling water to completely cover all the silver jewelry. Add 1 tablespoon of salt and 1 tablespoon of baking soda to the boiled water. Allow the silver jewelry to soak until the water cools. The heat from the boiling water will help to loosen and dirt or grime that is on the jewelry, so do not rush the process. Remove the silver items from the bowl when the water is completely cooled. Air dry the pieces and shine them with a soft cloth. If the silver is severely tarnished, repeat the process several times.

Make sure that this method is used only on silver jewelry, and not one that has porous stones such as pearl, coral or opal.

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**Let us feed our mind with good and holy thoughts; and goodness and holiness shall prevail.**

In a highly technological world we live in today, taking control of our thoughts is more essential. Someone said that every sin we commit, we commit twice, once in our thoughts and again when we act upon those thoughts. It is easiest to rid our lives of sin if we attack it at this fundamental thought level rather than waiting for it to become rooted in our lives by our actions and then try to pull it out.

There is also a difference between being tempted (a thought entering into the mind) and sinning (dwelling upon an evil thought and wallowing in it). It is important to understand that when a thought enters our mind, we examine it based upon God’s Word and determine if we should continue down that path or reject the thought and replace it with another thought.

Let us feed our mind with good and holy thoughts; and goodness and holiness shall prevail.
Towards the end of 2010, the US Surgeon General issued its 30th tobacco-related report since 1964. It describes in detail the specific pathways by which tobacco smoke damages the human body. The scientific evidence supports the following conclusions:

There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke—even an occasional cigarette or exposure to secondhand smoke—is harmful.

- You don’t have to be a heavy smoker or a long-time smoker to get a smoking-related disease or have a heart attack or asthma attack that is triggered by tobacco smoke.

- Low levels of smoke exposure, including exposures to secondhand tobacco smoke, lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.

- Cigarette smoke contains more than 7,000 chemicals and compounds. Hundreds are toxic and more than 70 cause cancer. Tobacco smoke itself is a known human carcinogen.

- Chemicals in tobacco smoke interfere with the functioning of fallopian tubes, increasing risk for adverse pregnancy outcomes such as ectopic pregnancy, miscarriage, and low birth weight. They also damage the DNA in sperm which might reduce fertility and harm fetal development.

- Tobacco smoke contains more than 7,000 chemicals and compounds. Hundreds are toxic and more than 70 cause cancer. Tobacco smoke itself is a known human carcinogen.

- The chemicals in tobacco smoke reach your lungs quickly every time you inhale. Your blood then carries the toxicants to every organ in your body.

- The chemicals and toxicants in tobacco smoke damage DNA, which can lead to cancer. Nearly one-third of all cancer deaths every year are directly linked to smoking.

- Exposure to tobacco smoke quickly damages blood vessels throughout the body and makes blood more likely to clot. This damage can cause heart attacks, strokes, and even sudden death.

- The chemicals in tobacco smoke inflame the delicate lining of the lungs and can cause permanent damage that reduces the ability of the lungs to exchange air efficiently and leads to chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Smoking longer means more damage.

- Both the risk and the
severity of many diseases caused by smoking are directly related to how long the smoker has smoked and the number of cigarettes smoked per day.

• Chemicals in tobacco smoke cause inflammation and cell damage, and can weaken the immune system. The body makes white blood cells to respond to injuries, infections, and cancers. White blood cell counts stay high while smoking continues, meaning the body is constantly fighting against the damage caused by smoking which can lead to disease in almost any part of the body.

• Smoking can cause cancer and weaken your body’s ability to fight cancer. With any cancer – even those not related to tobacco use – smoking can decrease the benefits of chemotherapy and other cancer treatments. Exposure to tobacco smoke can help tumors grow.

• The chemicals in tobacco smoke complicate the regulation of blood sugar levels, exacerbating the health issues resulting from diabetes. Smokers with diabetes have a higher risk of heart and kidney disease, amputation, eye disease causing blindness, nerve damage and poor circulation.

Cigarettes are designed for addiction.

• The design and contents of tobacco products make them more attractive and addictive than ever before. Cigarettes today deliver nicotine more quickly from the lungs to the heart and brain.

• While nicotine is the key chemical compound that causes and sustains the powerful addicting effects of cigarettes, other ingredients and design features make them even more attractive and more addictive.

• The powerful addicting elements of tobacco products affect multiple types of nicotine receptors in the brain.

• Evidence suggests that psychosocial, biologic, and genetic factors may also play a role in nicotine addiction.

• Adolescents’ bodies are more sensitive to nicotine, and adolescents are more easily addicted than adults. This helps explain why about 1,000 teenagers become daily smokers every day.

There is no safe cigarette.

• The evidence indicates that changing cigarette designs over the last five decades, including filtered, low-tar, and “light” variations, have NOT reduced overall disease risk among smokers and may have hindered prevention and cessation efforts.

• The overall health of the public could be harmed if the introduction of novel tobacco products encourages tobacco use among people who would otherwise be unlikely to use a tobacco product or delays cessation among persons who would otherwise quit using tobacco altogether.

• The only proven strategy for reducing the risk of tobacco-related disease and death is to never smoke, and if you do smoke to quit.

• Quitting at any age and at any time is beneficial. It’s never too late to quit, but the sooner the better.

• Quitting gives your body a chance to heal the damage caused by smoking.

• When smokers quit, the risk for a heart attack drops sharply after just 1 year; stroke risk can fall to about the same as a nonsmoker’s after 2-5 years; risks for cancer of the mouth, throat, esophagus, and bladder are cut in half after 5 years; and the risk for dying of lung cancer drops by half after 10 years.

• Smokers often make several attempts before they are able to quit, but new strategies for cessation, including nicotine replacement and non-nicotine medications, can make it easier.

• Talk to your doctor and get started on a quit plan today.

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RPG Metanoia

Of Computer Games and Physical Activity

by

ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

Synopsis

“RPG Metanoia” revolves around an avid online gamer named Nico, an 11-year old boy who lives an ordinary child’s life. He is seemingly a frail boy, but when he is playing the MMORPG (Massively Multi-players Online Role Playing Game) called Metanoia, he is an unpredictable vagabond armed with a magic yoyo and with uncanny speed and agility in his programmed set of skills.

Nico has low self-esteem and is only getting his guts from playing Metanoia. That is why when he and his friends are faced with an adversity from local bullies, their world would be shattered. But they found saving grace from a new female friend, May, who inspired them to continue their online endeavor.

However, the Metanoia network was infected with a virus affecting the whole internet, most computers and the minds of gamers all over the world. It is up to Nico, his friends and the other remaining Metanoia players to stop the virus from taking control of the online and offline world. But to do that, Nico must muster his courage, and discover the true hero he really is.

Proudly Made in the Philippines

In the recently concluded Metro Manila Film Festival (December 25, 2010 – January 7, 2011) showcasing eight locally-produced films, “RPG Metanoia” stood out to be the best, although it won the third best picture only.

“RPG Metanoia” is the Philippines’ first 3D animated full-length movie which successfully proved that Filipino animators can be comparable with the best animators in the world. That is not an exaggerated statement since many animators in Walt Disney and Pixar films are Filipinos.

According to published reports, the production of the film took about four years to complete and was rendered by 26 Filipino animators. It is produced by Ambient Media, Thaumatrope Animation and Star Cinema. It featured the voices of local actors, like Aga Muhlach, Vhong Navarro, Eugene Domingo, Mika dela Cruz, and Zaijan Jaranilla.

The animation is superb, but the 3D effects leave much to be desired and can be relegated as a pure gimmick. It seems the film is not intended to be viewed in 3D, not like the effects seen in Avatar or Toy Story 3. Moreover, the sound could still be improved by making it in high definition surround sound formats. Almost always, the film’s music is more clear and audible than the spoken words.

Despite these technical shortcomings, “RPG Metanoia” is still highly recommended for kids of all ages. The visuals are mostly Filipino, the story is coherent, and health is subliminally given importance.

An official movie posters of RPG Metanoia.
Strong Message on Physical Activity

Computer and video games have become a threat to parents of little kids and teens, not only because children are saving their lunch money for them to frequent internet cafes/shops and play their favorite games, but also because of the long periods they spend being sedentary or inactive in front of the computer which may result to obesity and other chronic diseases.

In “RPG Metanoia,” the mother sends a strong message to Nico to go out and play physical games and sports under the sun because she has been noticing that her son is already looking pale and weak. Of course, Nico dreads the idea because he knows that he is not good in playing sports and could not even master riding his bicycle. But when the local bullies forbid Nico and his friends to play in their favorite internet café anymore, they are forced to play physical games. Knowing the Nico is not good at these games, Nico’s crush, May, cooked up a scheme with the rest Nico’s friends to let him win the games they play.

And so a series of traditional Filipino games that children of this generation have forgotten to play are shown and demonstrated in the movie – patintero, taguan (hide and seek), piko (hopscotch), siato, tumbang preso, sipa, agawan-base and habulan. And everytime Nico would come home dirty after the games, his mother would assist him in cleaning and putting band-aids on his scratches. But his mom would always be happy with her son.

It’s amazing how the movie intertwined physical activity messages with the plot on computer games. In the end, Nico and his friends became international heroes when they found and disabled the mysterious computer virus affecting gamers around the world.

As for Nico, he found another world outside cyberspace, and he is now seen using his bicycle and dating May.

Here’s hoping that the kids who have seen the movie would get the right message on the importance of physical activity in their daily lives.

Physical Activity for Filipino Kids

The National Nutrition Survey (2008) of the Food and Nutrition Research Institute of the Department of Science and Technology revealed the following prevalence of overweight and obese Filipinos:

- In every 100 preschool (0-5 years old) children, 2 were overweight for their age and 3 were overweight for their height;
- In every 100 children aged 6-10 years old, 2 were overweight;
- In every 100 adolescents aged 11-19 years old, about 5 were overweight. The prevalence of overweight adolescent males were higher than their female counterparts; and
- In every 100 adults, 27 were affected with overweight and obesity.

Inappropriate eating habits and lack of physical activity and exercise are the biggest factors in the increase of overweight and obesity among Filipinos.

Early last year, the Department of Health released the Philippine National Guidelines on Physical Activity which prescribed for children, adolescents and young adults (5-20 years old) at least 60 minutes of daily physical activities consisting of any or a combination of active daily tasks (like walking, climbing stairs, or doing household or school chores); exercise, dance or sports; and high impact play like traditional Filipino games.

For older children (13-20 years old), muscle strengthening and flexible activities are necessary. This means at least 2-3 times a week of activities that build muscle and bone strength and flexibility such as weight bearing calisthenics and other load bearing exercises involving the major muscle groups.

Sure, kids can play with computers, but they should not forget their daily dose and proper amount of physical activity and socialization for their health and well-being.

Gian, you’re too little to get hooked on computer games. (Photo by Tony Roda)
Physical activity is a broad term that encompasses all forms of muscle movements and should not be mistaken to mean exercise or sports only. Thus, even if you are walking, climbing the stairs, gardening or sweeping the floor, you are doing some form of physical activity that will benefit your health.

Meanwhile, exercise is a physical activity that is planned and the structured movements of the body are designed to enhance physical fitness, while sports is physical activity that is governed by a set or rules or customs and is often engaged in competitively.

The lack of physical activity is a risk factor for noncommunicable diseases (NCDs), such as overweight and obesity, elevated blood cholesterol, raised blood sugar and high blood pressure. Physical inactivity accounts for 6% of deaths globally and it is estimated as the principal cause for approximately 21-25% of breast and colon cancer burden, 27% of diabetes and approximately 30% of ischemic heart disease burden.

The National Demographic and Health Survey (2008) revealed that more than 75% of Filipino adults were inactive at work and non-work-related activities; close to 95% were inactive at travel and leisure-related activities; and only 7.3% of adults engaged in vigorous exercise at least every day or 3-4 times per week.

Everyone needs to be physically active, irrespective of gender, income level, race, or ethnicity, or religion.

The features of physical activity in Islam are numerous. In fact, many Islamic obligations include physical activities in addition to spiritual activities and ways of straightening behavior.

Doing five times compulsory daily prayer as well as optional supererogatory ones is spiritual purification as well as motions for the body during bending, flexing and facing right-to-left. Additionally, it is commendable to perform prayer at the mosques because every step counts. In every right step, it will add good merits while every left step will reduce ones sin. If you are entering certain gate or door, you are advised to look for another one for your exit.

In performance for Hajj in Mecca, it involves physical effort in its various rituals. The throwing of pebbles requires walking for about an hour from Mina to Jamarat and another hour in going back to Mina. During counterclockwise circumambulation (walk) around the Holy Kaaba for seven cycles where the concave stone is located, it takes about an hour to complete the ritual. It is also recommended for men to walk in faster pace during the first three rounds followed by normal pace for the remaining four cycles. In addition, the pilgrim has to walk in between two hills called Safa and Marwah.
seven times with faster pace along half-way where Zamzam Holy Water is found.

In terms of sports, early Muslims played the following:

**Running.** It is a form of training for traveling, seeking provision, etc. It is also implicitly included in the command to hasten to do good which is both a spiritual and physical hastening. It was reported by Ahmad ibn Hanbal that the Prophet (peace and blessings be upon him) raced `Aishah (his wife) and she outran him. Then they had another race where he outran her, whereupon he said, “This time makes up for the other.”

**Horsemanship and Horse Racing.** Arabs are famous for horsemanship. Once children reach eight years old, they learn horseback riding. Allah Almighty referred to horse riding in the Qur’an: [By the (steeds) that run, with panting (breath); striking sparks of fire (by their hooves); and scouring to the raid at dawn; and raise the dust in clouds the while; penetrating forthwith as one into the midst (of the foe)] (Al-`Adiyat 100:1-5). The Prophet was also reported to have held races for horses that had been especially prepared for the purpose, from Al-Hafya’ to Thaniyyat Al-Wada` (about 6 or 7 miles from Madinah), and for those that had not been trained, from Thaniyyat Al-Wada` to the mosque of Banu Zurayq (about 1 mile). In Sahih Muslim it was reported that Allah’s Messenger said, “Ride horses, for they are the legacy of your father Isma`il (Ishmael).” Also, in Sahih Al-Bukhari, the Prophet himself was reported to have participated in a race while riding on his unbeatable she-camel, Al- `Adba. Al-Jahiz reported in his book Al-Bayan wa At-Tabyeen that `Umar ibn Al-Khattab wrote to his governors saying, “Teach your children swimming and horsemanship.”

**Archery.** Salamahibn Al-Akwa` narrated that the Prophet passed by some people of the tribe of Banu Aslam who were practicing archery. The Prophet said, “O children of Ishmael! Practice archery as your father Ishmael was a great archer. Keep on shooting arrows and I am with (the team of) Banu so-and-so.” So one of the parties ceased shooting where the Prophet had said, “Why do you not shoot?” They replied, “How should we shoot while you are with them (i.e., on their side)?” On that the Prophet said, “Shoot and I am with all of you” (Narrrated by Al-Bukhari and Muslim). `Uqbah also said, “I heard Allah’s Messenger (peace and blessings be upon him) saying, ‘Allah will cause three persons to enter Paradise for one arrow: the maker when he has a good intention in making it, the one who shoots it, and the one who hands it. So shoot and ride, but your shooting is dearer to me than riding. If anyone abandons archery after becoming adept because of his distaste for it, it is a blessing he has abandoned; (or he said: for which he has been ungrateful)’” (Narrated by Abu Dawud, An-Nasa’i, and Al-Hakim).

**Fencing.** Arabs knew a sport by the name niqaf, which is in fact the origin of fencing as known today. One of its forms was a special dance that the Prophet (peace and blessings be upon him) witnessed being done by Abyssinians inside a mosque. This niqaf refers to some movements being performed with arrows. In a narration reported by Abu Salamah, those Abyssinians were playing with their spears.

**Wrestling.** The Prophet wrestled with a number of men, one of whom was Rukanah ibn `Abd Yazid ibn Hashim ibn `Abdul-Muttalib, who lived in Makkah and was a skilful wrestler. People used to come to him from distant territories and challenge him in wrestling. He also wrestled with Abu Al-Aswad as once challenged by Al-Jumahi, who was so strong that he would stand on a cow hide, and ten men would pull the hide to take it from under his feet, but in the end, the hide would be torn and he had not moved an inch.

**Weightlifting.** It was known to Arabs as rab`, which men used to practice by lifting a stone with their hands to show how strong they were. It is also reported that the first person to invent this game was Jabir ibn `Abdullah Al-Ansari, who was known for his physical strength. Among those who were famous for being strong was `Ali ibn Abi Talib, who, in the Battle of Khaybar, lost his shield so he used a door of the fort as a shield. Amazingly, that door was too heavy to be carried by seven persons (Ar-Rawd Al-Anif, vol. 2, p. 239).

**High Jumping.** It was known to Arabs as al-qafizi. In this sport, the players used to place a piece of wood to jump on, and the game had special rules (‘Uyun Al-Akhbar, by Ibn Qutaybah, vol. 1, p. 133).

**Stone Tossing.** Al-Harithah ibn Nafi` reported, “I used to play with Al-Hasan and Al-Husayn (the Prophet’s grandsons)
with madahi (round stones). The game used to go as follows: A hole is dug; the competitors throw their stones aiming to drop them in the hole, and the winner is the one whose stone falls in the hole. Sa`id ibn Al-Musayyab was asked about this game, and he deemed it permissible.

Swimming. `Ata’ ibn Abi Rabah narrated that he saw Jābir ibn ´Abdullah and Jabir ibn ´Umayr Al-Ansāri while they were practicing shooting, but one of them felt bored, so the other said to him, “Do you feel bored? I heard Allah’s Messenger saying, “All things in which there is no remembrance of Allah are frivolity and idle play except for four things, and he mentioned teaching another to swim” (Narrated by At-Tabarani). Ibn ´Abbās said, “Once, ´Umar ibn Al-Khattab say to me, ‘Let’s compete in water and see who can hold his breath under water longer than the other.” It is also reported that the Prophet had swum while he was a child when his mother visited his maternal uncles in Madinah. That is why when the Prophet immigrated to Madinah, he looked at the place where his father had been buried and said, “Here is where my mother brought me.” It is also reported that the Prophet could swim well in the well of Banu ´Ady ibn Al-Najjar. Through this incident, As-Suyuti could prove that the Prophet knew how to swim. As-Suyuti also reported that Abu Al-Qasim Al-Baghawi narrated on the authority of Ibn ´Abbās that the Prophet and some of his Companions once swam in a stream. That day, the Prophet said, “Let everyone among us swim towards his friend.” The Prophet himself swam towards Abu Bakr until he embraced him saying, “Here I am and my friend” (Al-Zurqani’s comment on Al-Mawahib Al-Ladunniyyah, vol. 1, p. 194).

So nowadays, what fits your busy schedule better, exercising an hour a day or being dead 24 hours a day?

HEALTH advisory

Misleading Health Claims of Wristbands, Crystals, Magnets & Similar Products

In January 2011, Health Secretary Enrique T. Ona issued a health advisory on the misleading health claims of Power Balance wristbands with hologram stickers on it and similar products including crystals and magnets in the form of wristbands, bracelets, pendants, belts, shoe soles, watches, flasks and anklets. Ona said that these products sold in the Philippine market contain unsubstantiated claims of improving health or preventing illness or disease.

The public is strongly advised to:
• avoid the use of devices/technologies that can allegedly promote better health, diagnose or cure human diseases without credible scientific basis;
• beware of devices and/or technologies offering “free trials” especially if the company requires the person to waive the liability of the company in case anything harmful happens to the person who uses the device; and
• verify if the device/product or new technology has been evaluated and declared safe and effective by the Department of Health’s Bureau of Health Devices and Technology (DOH-BHDT).

For queries regarding this matter, the public can call the DOH-BHDT at 711-6016 and 711-6842.

Late last year, the Australian Competition and Consumer Commission issued a news release on the “misleading advertising claims about the alleged benefits of Power Balance wristbands and pendants. The company, Power Balance, admitted that there is no credible scientific basis for their claims that the wristbands improve strength, balance flexibility and work positively with the body’s natural energy field.
People spend more waking hours at work than anywhere else, on average 50 hours a week, and it is quite common for people to develop diseases and disabilities from exposure to harmful substances and hazardous conditions at work. Thus, it is very important for employers to set up occupational health and safety measures in the workplace.

Then, there are the lifestyle and stress-related diseases like heart disease, stroke, diabetes, cancer and mental disorders that can also be acquired in the workplace. This is where well-constructed and well-run wellness programs can be made to reduce productivity and insurance costs to the employer and improve employee health and morale.

If you do not have, and cannot demand for, any workplace wellness programs at work, you might as well start on your own. Here are 10 ways to make your job healthier.

1. Clean Your Desk.

If you cannot see 80 percent of your workspace you have a cluttered desk. A cluttered desk actually leads to disorganization, a bad impression on coworkers, internal feelings of disarray and a cluttered mind. What’s surprising, though, is that a messy desk can actually make you sick -- and there’s a new syndrome to describe it. Researchers at NEC-Mitsubishi, a maker of computer monitors, surveyed 2,000 office workers and found many to be suffering from “Irritable Desk Syndrome” (IDS).

IDS is caused by working long hours at a cluttered desk, often with poor posture. The combination can lead to both physical and mental symptoms, including chronic pain, and loss of productivity. Moreover, a messy desk can be home to 400 times more bacteria compared to the average toilet seat.

While at it, stop eating at your desk. According to the Royal Society of Chemistry, a professional association in the United Kingdom, workers who sit at dirty

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This article is partly based on “10 Ways to Make Any Job Healthier” by Liz Wolgemuth posted in <www.usnews.com> and on “Workplace Wellness” espoused by the World Heart Federation.
2. Put Plants in Your Work Area

Workplace plants can make a significant difference to human health and happiness in a work environment. Indoor plants not only beautify an office, but they also add oxygen and clean the air. People who work in enclosed environments are exposed to a number of chemicals, leading to health problems.

Sources of chemicals include gases from carpets, cleaning chemicals, printer and copier chemicals, volatile organic compounds from paint, and even simple office dust. While these chemicals rarely present a risk for immediate toxic health effects, they can cause chronic health.

3. Improve Your Posture

Posture can affect everything from eye strain to lower back pain. Good posture involves training your body to stand, walk, sit, and lie in positions where the least strain is placed on supporting muscles and ligaments during movement or weight-bearing activities.

While at work, keep the body in alignment while sitting in an office chair or while standing. Distribute body weight evenly to the front, back, and sides of the feet while standing. While sitting in an office chair, take advantage of the chair's features. Sit up straight and align the ears, shoulders, and hips in one vertical line. Any single position, even a good one, will be tiring. Leaning forward with a straight back can alternate with sitting back or using the back support of the office chair to ease the work of back muscles.

Also be aware of and avoid unbalanced postures such as crossing legs unevenly while sitting, leaning to one side, hunching the shoulders forward or tilting the head.

4. Bring Exercise to the Workplace

Some exercise is always better than none. Include physical activity in your working schedule – park farther away from the office, or get off public transportation at an earlier stop. Take the stairs especially if you have a few flights to climb. Go for a walk during lunch. Walk over to coworkers when you need to chat with them or to deliver messages rather than using e-mail, short messaging text or the phone. Take frequent breaks to get up and walk around. Find a gym near your workplace and exercise for 20 minutes during your lunch break or just before or after work.

6. Know Your Numbers

What does that mean to know your numbers. There are numbers that you should learn about – blood pressure, cholesterol and glucose levels, together with waist-to-hip ratio and body mass index (BMI). A regular visit to a health care professional who can measure these numbers is a must, even if you do not feel sick. Many of the diseases affecting workers are “silent killers” or no noticeable signs that they exist. Once you know your overall risk, you can develop a specific plan of action to improve your health.

7. Choose Healthy Food Options

Ask for healthy food at your work canteen, or find nearby restaurants that serve healthy meals. These are meals that are low-fat, low salt, low sugar and high fiber. Cut out unhealthy snacks and processed food. If you are hungry eat fruits and vegetables and nuts. Little changes can make a difference.
5. Go 100% Smokefree

Smokefree workplace policies protect employees against secondhand smoke which contains over 50 known cancer-causing chemicals. Demand a tobacco ban — ensure your workplace is 100% smokefree and encourage your employer to provide help to those wanting to quit tobacco.

There are many good reasons to go smokefree yourself. Smoking costs loads of money, makes your clothes and breath smell and has huge implications on your health. By going smokefree you will reduce your risk of illness, disability or death caused by cancer, heart disease and lung diseases, and improve your breathing and general fitness. Besides, you’ll no longer have to nip out to smoke outside the building which is far from entrances, exits and where people converge, and under all kinds of weather.

8. Don’t Drink Alcohol During or After Work

After the day’s work, many Filipino workers choose to unwind by drinking alcohol. Many traffic accidents occur due to intoxication. Drinking alcohol also affects your health and well-being, and have far reaching effects on your personal and working lives. Persistent heavy drinking can lead to a range of social, psychological and medical problems including dependence, depression, anxiety, changes in behavior, irritability, cirrhosis of the liver, cancer of the mouth, high blood pressure and heart attacks.

Relationship problems, both personal and work-related, are also at risk, and if not recognized and managed, can lead to more serious consequences. The same goes with the use of illegal drugs. Workplaces should be drug- and alcohol-free.

9. Have Sufficient Time for Rest, Relaxation and Sleep

While providing rest breaks and rest areas (as well as breastfeeding breaks and facilities for working mothers) may not be implementable in most workplaces in the country, you should always find time for rest, relaxation and sleep. If the level of work is sustained for a long time without relief, you increasingly risk ill-health and burnout. Your effectiveness in your job diminishes and therefore stress increases.

Rest is what you do to let stress subside. Rest at the end of a day and at the end of a week will help you to calm down. Vacations are particularly important, and you really do need to take these. Make sure that you take your vacations and that you use them to relax. Also, make sure that you get enough good quality rest during your vacation, so that you can keep on enjoying life to its fullest. And get enough sleep. On average, people need around eight hours sleep a night (although this can vary depending on the person and his or her age).

Don’t forget to balance your work, home and life. Always think that we work to live and not live to work.

10. Work on A Good Relationship with Your Boss

You might not think that nurturing a better relationship with your manager or supervisor would have much impact on your physical health, but it does. For one thing, when advocating for a lighter workload, a more flexible schedule, or less overtime, you will have a better shot getting what you want if your boss is in your corner. Also, there is evidence that workers who feel they have good bosses appear to have a lower risk of heart disease. And do not forget to maintain a good relationship with your co-workers too.
Party, Party!

The Department of Health’s National Center for Health Promotion, the publisher of HEALTHbeat, took time off to relieve some work-related stress and celebrated the Yuletide season with a costume party. Many staff came as celebrities and film/TV characters, three of them got prizes for their costumes. Please allow us to share some photos with you...

GRAND PRIZE: Weng Bunoan as Pokwang in the 3-in-1 Sorbetes TV ad (above).
SECOND PRIZE: R-lyn Arbas as socialite Tessa Prieto Valdez (left). THIRD PRIZE: Brian Areguetero as Morticia Addams, bringing Halloween at Christmas time (right).

Catch Healthbeat Online
http://www.doh.gov.ph/healthbeat.html
Answers to “Health Henyo” on Page 3

1. **b) Irritable Desk Syndrome** (IDS). It is a new health condition to describe a cluttered desk that leads to disorganization, internal feelings of disarray and a cluttered mind that can actually make you sick. Watch out for IDS if you cannot already see 80% of your desk because of the mess you did with it. (See “Make Your Job Healthier” on page 45.)

2. **a) Lack of Physical Activity and Exercise.** Inappropriate eating habits and lack of physical activity and exercise are the biggest factors in the increase of overweight and obesity among Filipinos. The Philippine National Guidelines on Physical Activity prescribed for children, adolescents and young adults (5-20 years old) at least 60 minutes of daily physical activities consisting of any or a combination of active daily tasks; exercise, dance or sports; and high impact play like traditional Filipino games. For older children (13-20 years old), muscle strengthening and flexible activities are necessary. This means at least 2-3 times a week of activities that build muscle and bone strength and flexibility. (See “Of Computer Games and Physical Activity” on page 40.)

3. **b) Salt.** Although drinking water, sugar, bread and tea can be made a vehicle for iodine delivery, salt is still the best and the overwhelming favorite for most countries. Everyone needs salt, everyone eats it, usually in daily amounts, and the technology for iodization is straightforward. The Philippines has regulations calling for 20-40 mcg iodine/g of salt (20-40 ppm); thus if an individual eats 5 g of salt iodized at 30 ppm, he/she gets 150 mcg iodine from this source alone. (See “Iodine Nutrition” on page 18.)

4. **d) Public-Private Partnership.** This is one strategy of the Aquino administration geared towards the enhancement of government facilities, programs and projects. It is a cooperative venture between the public and private sectors, built on the expertise of each partner, that best meet clearly defined public needs through appropriate allocation of resources, risks and rewards. (See “Investors Urgently Needed” on page 8.)

5. **c) Philippine National Police (PNP).** Under Republic Act 7183 known as “An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices,” firecrackers that are over-sized, whose explosive content exceed by 0.2 grams (more than 1 teaspoon) the allowable limit, or whose fuse burning time is less than three seconds, are banned. The determination of what constitutes prohibited firecrackers and fireworks is vested with the PNP. (See “Kampanya Kontra Paputok: Supot!!?” on page 42.)

6. **c) Men having Sex with Men.** Sex between men accounted for nearly 80 percent of all the 2010 cases, and more than half of those infected were aged between 20 and 29. The bad news is that the Philippines is one of seven nations in the world which reported over 25 percent in new HIV infections between 2001 and 2009, whereas other countries have either stabilized or shown significant declines in the rate of new infections. Among all countries in Asia, only the Philippines and Bangladesh are reporting increases in HIV cases, with others either stable or decreasing. (See “Condoms - Easy Come, Easy Go” on page 32.)

7. **c) Thyroid.** It is a butterfly-shaped gland located at the base of the neck just below the Adam’s apple, and produces two main hormones — thyroxine and triiodothyronine (T-3) — that circulate in the bloodstream and help regulate metabolism. They maintain the rate at which the body uses fats and carbohydrates, help control body temperature, influence heart rate, and help regulate the production of proteins. The thyroid gland also produces calcitonin — a hormone that helps regulate the amount of calcium in the blood. (See “Goiter and the Golden Girl” on page 20.)

8. **c) Ostomy Bag.** Ostomy bags are designed for those who have had a stoma (surgically created opening) in their abdomen for excretion of bodily waste. Procedures like colostomy, urostomy and ileostomy require an external bag to collect waste that is passed through the stoma. The Quirino Memorial Medical Center is one of four government hospitals distributing ostomy bags to indigent patients, and will be piloting an Ostomy Clinic soon after it has established its own Ostomy Support Group. (See “Bag of Life” on page 14.)

9. **b) Chronic Obstructive Pulmonary Disease (COPD).** The chemicals in tobacco smoke inflame the delicate lining of the lungs and can cause permanent damage that reduces the ability of the lungs to exchange air efficiently and leads to COPD, which includes emphysema and chronic bronchitis. (See “How Tobacco Smoke Causes Diseases” on page 38.)

10. **a) Exercise.** While “physical activity” is a broad term that encompasses all forms of muscle movements, “exercise” is a planned, structured movement of the body designed to enhance physical fitness, and “sports” is physical activity that is governed by a set or rules or customs and often engaged in competitively. (See “Exercising Physical Activity for Life” on page 42.)

**What Your Scores Mean**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>You don’t need this magazine. Give it to someone and read something else!</td>
</tr>
<tr>
<td>7 - 9</td>
<td>Aha, you’re getting new information. After reading this magazine, pass it to a friend so that our readership may increase too.</td>
</tr>
<tr>
<td>4 - 6</td>
<td>Keep this magazine as a reference. You might need to browse and read it again.</td>
</tr>
<tr>
<td>1 - 3</td>
<td>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?</td>
</tr>
<tr>
<td>0</td>
<td>What have you been doing lately? How about getting some English Reading and Comprehension classes?</td>
</tr>
</tbody>
</table>
First Love Never Dies

KENNETH: Inay, totoo na na “First love never dies”?
MARIVI: Aba, oo. Tingnan mo yung tatay mo, hanggang ngayon, bayaan pa ang animal!

Advantage at Disadvantage

JOSHUA: ‘Tay, ano ba ang advantage at disadvantage ng may-asawa?
JOJO: Ang advantage ay kapag kailangan mo, ‘andyan agad. Ang disadvantage naman ay kapag ayaw mo na, ‘andyan pa rin!

Away Mag-asawa

JOSIE: Ang kapal ng mukha mo!
DWARD: Ang kapal mo din!
JOSIE: Bwisit ka!
DWARD: Bwisit ka rin!
JOSIE: Hayop ka, SUPOT!!!
DWARD: Sorry na, Honey. ‘Wag ka naman masyadong maingay baka marinig ka ng kapitbahay.

Deathbed

Sa ospital, naghihingalong nagtapat si Mister kay Misis...

DONATO: Ayaw kong mamatay nang hindi nagsasabi ng totoo sa iyo. Hindi ako naging tapat sa buong panahon nang ating pagsasama. Sa lahat ng gabling sinabi ko na may overtime ako sa trabaho, ang totoo ay may kasama ako ng ibang babae. At hindi lang isang babae kundi marami sila.

ANGIE: (Mahinahon na tiningnan ang asawa at sinabing...) Ano ba sa palagay mo ang dahilan kung bakit nilason kita?!?

May Bisita

REX: Honey, may inimbita ako ka-opisina ko mamaya at dito maghahapunan.
BETH: Naloloko ka na ba? Ang dumi ng bahay. Hindi pa ako nakapamalongke. Hindi pa nahagusan ang mga plato at kubyertos. At tinatamad ako magluto!
REX: Alam ko naman, eh!
BETH: Eh bakit mo pa siyang inimbitang maghahapunan dito?
REX: Kasi nga, yung mokong na iyon, pinag-isipan nang magpakasal!

Sinong Mas Guilty?

Sa himbing ng pagtulog, nananaginip si Misis at biglang napapasigaw:
ELLEN: Gumising ka, dali! Dumating na ang asawa ko!

Nagulat at bumalik kaang lalaking katabi niya at napatalon sa bintana, nasaktan at bigla niyang napagtanto...
EMAN: Bwiset! Ako ang Mister niya, ah!

(·: Jokes and photo from the Internet ·:)
CLIMATE CHANGE

Ang Climate Change ay maaring maging sanhi ng mga sakuna gaya ng mudflow at landslide, at ng pagtaas ng bilang ng kasong ibat-ibang sakit tulad ng DENGUE, LEPTOSPIROSIS, CHOLERA, MALARIA at TIGDAS.

Sa panahon ng kalamidad, lumikas kung kinakailangan alinsunod sa payo ng lokal na pamahalaan.
A Door-to-Door Measles Supplemental Immunization Campaign

For All Children Ages
9 months to below 8 years old

From April 4 to May 4, 2011