YOUR "BALANG ARAW" IS NOW[1]

Mr. President, Antonio D. Kalaw Jr.; Dr. Gloria Jumamil-Mercado, SVP and dean of DAP-GSPDM; Dr. Kenneth G. Ronquillo, director of DOH-HHRDB; and other academic officers of DAP;

My dear graduates, your parents and partners;

Ladies and gentlemen, good evening.

First, let me congratulate all the doctors receiving their diplomas this evening. Let me also congratulate your parents, partners, professors and mentors, who supported you in this effort.

Second, let me thank DAP and the class for this opportunity to address you on this occasion.

Story of me

I am not a health professional, but I believe I know when someone needs emergency medical care.

Such was the case I witnessed two years ago while I was in Villareal, in Samar. At that time, I was in the Rural Health Unit of the municipality while waiting for a banca to take our party to Talalora, Samar. It was not yet 8 in the morning but a long line of mothers with their babies has already formed. At the end of this line was a teenage mother carrying her infant. Her baby was ashen and gasping for breath, so I instinctively urged the mother to jump the line.

Nurses immediately put the baby on dextrose and sent them to Tacloban for emergency procedures. But the ambulance was not available, so they had to take public transportation. Obviously, the mother had no money so I gave her some. Four hours later, I would receive a text message that the child was dead on arrival at the Tacloban hospital.

I work with the Zuellig Family Foundation and ours is a foundation dedicated to reducing health inequities so that the poor will have better health outcomes.

[1] Speech of Ernesto D. Garilao, president of Zuellig Family Foundation at the Awarding Ceremony for the Graduates of Master in Public Management major in Health Systems and Development of the Development Academy of the Philippines, Tagaytay City, September 19, 2015

This infant death story is classic: the mother was unaccompanied; perhaps she was a single mother. She probably thought it was just colds and so gave her child home remedies. Only when her child's condition got worse, did she seek medical help.

I silently asked myself: Why did this mother take so long to decide to go to the RHU?

Well, I answered my own question. Perhaps she was poor and lived far away, and did not have enough money to pay the *habal-habal* to get to the *poblacion*. Or perhaps, she was in the RHU before but was turned off by the unresponsive behavior of the health personnel.

In my many years with the Zuellig Family Foundation, I encounter many stories like that of the young Samar mother, and yet I cringe at every story. Somehow, I cannot accept that we are not doing enough in giving the poor better healthcare.

On a deeper level, you realize the social injustice of it all.

The story of us

I am pretty sure the case I witnessed in Samar is nothing compared to what you have witnessed in your first year as DTTB (Doctor to the Barrio). You may have witnessed many worse cases even during your residencies.

But, worse or not, the patterns are the same, are they not?

Those who die tend to be poor and have low education. You have probably asked your patients in the RHU countless times, "Why come here only now?"

In many instances, you will have a pregnant mother you know is a high-risk. You know what must be done is to get her to a referral hospital. But you know you will encounter the same problems all over again. She has no money for hospital. She worries about the children she will leave behind if she's in the hospital. She will not want to go to the hospital because she does not know anyone there, and she and/or her companion will not have any place to stay there.

In many instances, you will make the referral. You will get the resources she needs to get her to the hospital. You are blest if you have a supportive local chief executive to help you. But for the unlucky ones, you may find yourself using your own resources to make sure the mother reaches the hospital.

Unfortunately, there are times your best efforts will still fall short. The mother may have arrived in the hospital, but already too late. Or, she arrived on time but the hospital lacked the blood she needed or the specialist that should attend to her.

You get frustrated. And you have the right to be.

You know, according to Dr. Manuel Dayrit, the Philippine MMR (maternal mortality ratio) has been on a plateau for the past 25 years[2]. National Economic Development Authority data showed MMR within a band of 182 to 260[3]. The last official MMR was 221 in 2011. We have been beaten by countries like Sri Lanka whose GDP is $74.9 billion compared to our $294.6 billion, but whose MMR is 31[4].

While I assume our MMR has gone down given the recent health initiatives of the government, maternal deaths remain a serious concern.

In 2013, the World Health Organization put the number of maternal deaths at 3,000[5] while reports from different DOH regions except NCR and Region 2 showed close to 1,200 deaths. Of these, 500 had data on places and causes of death[6]. Obviously, the data is incomplete. But based on what is available:

- 18 percent died at home, mostly attended by *hilots*
- 3% died in-transit
- and 68% died in the hospitals

That last statistic is what's alarming for me, so we tried to get more information about the 68%.

In one public hospital in Bicol, half of the death cases were a result of delayed referrals. And of those who came on time, the lack of blood or manpower led to deaths.

Obviously, the solution is to ensure regular availability of safe blood and to hire a specialist who will be available anytime to attend to patients. To do these, you need the involvement of the governor, his provincial health officer and the chief of hospital.

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[2] Dayrit, Manuel (2015) Philippines struggles to lower maternal mortality *SciDev.Net*

[3] National Economic and Development Authority (2015) Fifth Progress Report - Millennium Development Goals

[4] United Nations (2015) Sri Lanka Millennium Development Goals Report

[5] Word Health Organization (2014) Trends in maternal mortality: 1990 to 2013 - Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division

[6] Department of Health regional offices

Again, the response will be varied. For a few, these matters will be quickly addressed, but most of the times, the provincial response is slow… extremely slow. For so long as the provincial hospitals are not Comprehensive Emergency Obstetrics and Newborn Care (CEMONC) fixed, mothers will remain a high risk in their hospitals.

You get frustrated. And you have the right to be. But what will you do? Do you ask for another assignment because the mayor is too difficult to work with, or because the task is too challenging?

Faced with these maternal deaths that should have been preventable, do we pack up our bags and walk away? Or do we hang tough?

Story of Now

So I ask, "What are we called upon to do?"

What is it to be a Doctor to the Barrio (DTTB)? As a doctor in public health, what values must a DTTB possess and what purpose does a DTTB have?

If we go back to our value and purpose in life, I believe we will come to the conclusion that we are all called upon to stay in public health. Yes, public health issues are complex and very challenging because fixing it requires coordinated and synchronized efforts of many stakeholders.

But we must be in public health because the poor depend on public health. That is why they go the RHU, to the provincial hospitals, to the DOH-retained hospitals, and to tertiary hospitals like the Philippine General Hospital (PGH). They do not go to private doctors, private clinics or hospitals. This is the mission of public health.

Further, our Constitution mandates the right for every citizen to receive quality healthcare. Along this line, there have been recent initiatives supportive of this right. There is the PhilHealth, the *Kalusugang Pangkalahatan* or the Universal Health Care agenda, the RH Law, and the sin taxes. But these are more recent initiatives that will take time before these are fully operationalized.

What are we called upon to do?

First is stay in public health. You have just finished your first year and will be embarking on your second. Staying in public health means presence in public health. Be in your municipalities and give your full commitment and full participation.

Second is "own" the existing health indicators of your community. If we own the indicators, we will do something to improve them. In our foundation's work with mayors, the first transformation happens when mayors own their community health…their health indicators included. If the indicators are bad, they work to improve on them.

Third is to bring different stakeholders to also own the problems and the solutions. Public health is too complex to be solved by one person. Unless different stakeholders co-own the issues and solutions, better health outcomes will not be achieved.

I end with this story of a young intern.

A husband showed up one evening with his pregnant wife bleeding profusely. Seeing the critical case, the intern instinctively asks the husband, *"Bakit ngayon lang kayo?"*

The husband tells the intern that they had to walk several hours to reach the road, where they can finally take a motor transportation to bring them there.

So the young intern delivers the baby, but the mother continued to bleed profusely. Upon checking, he determines the uterus was not contracted, so he immediately calls the specialist, who then tells our intern that he needed to look for blood.

Our young intern reasons that it is late at night, but he gets the same reply, "You have to get blood."

So they look around but still could not find donors. Knowing that time was ticking, he asks the specialist again. The specialist's reply? "You have to look for blood."

There was still no blood, and the young intern sees the mother turning paler and weaker… then she dies.

The intern goes home distraught. He talks to his mother and vents his frustration on his inability to save.

His mother, the wise person that she is tells him, *"Anak, wala kang magawa ngayon, pero balang araw may magagawa ka."*

"Balang araw, may magagawa ka." That resonated in our young intern's mind.

Our young intern has stayed in public health. He is now a bureau director of the DOH and his role in the department has seen him helping create policies to improve services for the poor.

I hope in your hearts today, you still commit to public health, because for you and me, for all of us, our *balang araw* is now.

Thank you for listening and good evening.