



Council for Health
and Development

TAMBALAN

The CBHP newsletter

January-June 2010



**the People's Movement for Health
stand firm in the midst
of state terrorism**

in this issue of Tambalan:

The Philippine health care system situationer

Unfolding the truth on the “Morong 43”

Portrait of a woman as a mother, wife and a nationalist doctor

Health workers in the midst of state terrorism

An open letter from one of the 43 health workers

Poems from the 43 health workers

and more.

Tambalan is the bi-annual publication of the Community Based Health Programs in the Philippines produced by the Council for Health and Development. For your contributions, comments, questions and suggestions please feel free to write or call us.

Original cover design for this issue: Emil Mercado

Photos: CHD Photo Archives, Ruth S. Bautista

TAMBALAN IS PUBLISHED THROUGH THE SUPPORT OF



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The Philippine health care system in collapse and the saga of Filipino health care workers

Nanay Corazon (not her real name) is a sidewalk vendor along Quezon Avenue, Quezon City where she sells cigarettes, canes, bread and drinks. Her noticeably phlegmatic coughing, she said, has been going on for months.

Asked about going to a doctor for a check-up, she said she already did for free, but cannot afford to buy the medicines prescribed by the doctor. She is asthmatic.

Sounds familiar? In many other sidewalks, streets and communities in the country, one may find as many Nanay Corazon as can be, a literal reflection of the kind of health care delivery system that we have in the Philippines, albeit, in different forms- a health care system that does not care about the majority of the population- the poor.

In the midst of the government's claims of an improved health care system, the exact opposite is what the people feels- one need only to take a look at charity wards of government hospitals where patients are always overflowing; or at social worker assistance windows where the queues for people in need of financial assistance (e.g. discounts in total hospital bills, discounts in medicine expenses) are always very long.

Priorities, primarily

Basically, the current state of health care system is a result of the government's prioritization of health, or the lack of it, as can be seen easily with its allocation in the national budget. In the current administration's scheme of things, health is nowhere on top of the list.

Over the last ten years, the national government expenditure in health has been constantly below 5%, a far-cry from that of the other items in the national government's budget such as debt servicing and military.

Last year, in a data gathered from independent think-tank IBON Foundation, the government's expenditure in health was only 2.7%, much lower than its expenditure in debt servicing which was 17.7% of the total government expenditures. Ironically, it was already the highest health spending of the Arroyo administration

for the last nine years.

This year, the government's health expenditure went even lower with only 2.5% with a meager health budget of P33.678 billion (\$754,942,837), which translates to an impossible P362 (\$8.11) per person for the whole year, an amount that cannot even pay for a week's supply of basic medication. This pales in comparison to that of debt servicing which has the highest allocation at P340.8 billion (\$7,639,542,703). In the World Health Organization (WHO) prescription, at least 5% of the Gross National Product of a middle-income country must be spent on health.

The exodus continues

The exodus of health professionals continue to surge in the midst of an ever-growing clamor from the people for them to stay and serve the country.

According to the national health situation presentation of the Health Alliance for Democracy (HEAD), 200 hospitals have closed down in 2007-2009 because of the absence of doctors and nurses. On the other hand, 800 hospitals have partially closed, with one to two wards closed, still, due to lack of health professionals.

Moreover, 70% of all health workers are employed in the private sector serving 30% of the population while only 30% are employed in government services catering to the majority.

Furthermore, 80% of government doctors and 90% of Municipal Health Officers (MHOs) are taking up nursing and/or about to leave for work abroad according to the HEAD's national health situation presentation.

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According to Josel Ebesate, a nurse at the Philippine General Hospital and the Secretary General of the Alliance of Health Workers (AHW), 'starvation' wages and denied benefits constitute the major factors that push health workers to leave the country.

Nurses for instance, receive a measly salary of P6,000 (US\$140) in private hospitals while P12,026 (US\$261) in government hospitals per month in the National Capital Region or NCR. In the provinces, there are cases wherein nurses receive as low as P2,000 a month. Such wages are way below the monthly cost of living which is at P23, 790 (US\$508.22) for a family of six, as per 2009 data of the Council for Health and Development (CHD).

Looking closer, it is more than just a case of health workers seeking greener pastures abroad. In fact, even WHO have long recognized that the continuing exodus of health professionals in the country is part of the government policies which are not concerned about people's health.

According to the WHO 2006 report, "the Philippines, as part of a larger policy to encourage worker migration, has been training health workers, especially nurses, for export for many years—they constitute 76 percent of foreign nurse graduates in the United States, for example."

The pain of staying

While many cannot take the burden of working in the country and leave for better lives and more promising careers abroad, there are still those who stay. Not without pains though, not without suffering.

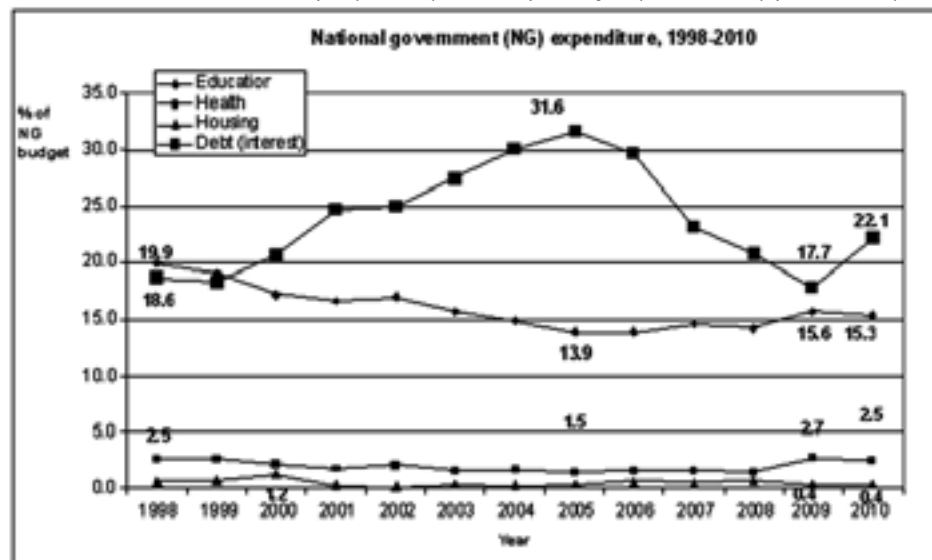
Since 1973, the Community-Based Health Programs or CBHP has been an alternative health program in the country and widely encouraged health professionals to stay. Starting in 3 pilot areas, it has established more than 50 programs all over the country.

At the backbone of the CBHPs are the community health workers (CHWs) who are composed of health workers trained by health professionals such as doctors, nurses, midwives and dentists who have seen a spark of hope for the health care system in the country among these programs and chose to stay and serve the people.

However, since time immemorial, these health professionals who stay and serve in the different communities along with the CHWs have experienced attacks from government troops. Many of them have been threatened, harassed, abducted and even killed like martyred doctor Bobby dela Paz.

Over the years, CHD has been receiving reports of violated rights of CHWs and health professionals. Still, they stay and hold dear to their hearts the Hippocratic Oath they have taken.

This year, the health sector experienced a major attack from the Armed Forces of the Philippines (AFP) in an unprecedented display of state terrorism against the 43 health workers also known as the Morong 43.



Source: IBON Foundation

more than 200 joint forces of the AFP and the Philippine National Police (PNP) of the province of Rizal illegally arrested, blindfolded and handcuffed 43 health workers in the rest house of Dr. Melecia Velmonte in Morong, Rizal.

Dr. Velmonte, a respected pediatrician and infectious disease specialist in Metro Manila is also the chairperson

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of the Board of Trustees of the Community Medicine Development Foundation (COMMED).

The 43 health workers, including Dr. Merry Mia-Clamor, Ma. Teresa Quinawayan and Reynaldo T. Macabenta, Angela Doloricon of CHD and Dr. Alexis Montes of COMMED were in a 7-day first responders' training when the illegal arrest were conducted.

The 43 experienced torture of different forms in the hands of the AFP especially in the first 36 hours of their 3-month detention in Camp Capinpin, a military camp in Tanay, Rizal. In the testimonies, even the two pregnant women were not spared of the military's abject terrorism.

The search warrant used by the AFP has been criticized by known justices and organizations for its defects and unconstitutionality. In fact, even the Honorable Leila de Lima, chairperson of the Commission on Human Rights (CHR) has pointed out in public that, "illegal warrant, ergo, illegal search, ergo, illegal arrests..."

However, in the midst of a world-wide clamor for their release, the country's commander-in-chief, including its responsible agencies, remain mum about it and the 43 health workers remain languishing in jail and justice remains elusive on them.

Aside from the health professionals, among the 43 are community health volunteers who have empowered themselves, amid lack of education, and vowed to serve their communities through being part of the people's movement for health.

The case of the 43 is now forever etched in the government's history of utter disregard of people's



L-R: Dr. Merry Mia-Clamor, Ma. Teresa Quinawayan and Reynaldo T. Macabenta all from the CHD are among the 43 health workers illegally arrested and detained.

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basic right to health, which the 43 were fighting for at the time they were illegally arrested.

The Filipino people is sick and cannot afford medication. The state of people's health is indeed an over-all result of economic and political conditions of the country. This is a fact that can be confirmed quite easily just by looking around.

Health services and prices of medicines are affordable only to the very few members of the Philippine population. There is not enough mechanism created by the government to ease the people from this burden.

Aside from the lack of prioritization of the government in terms of the budget, there is also lack of laws that put forward the people's health. Digging deeper, one may take forever but will definitely find any law on health that directly benefits the majority.

For instance, the much-talked about cheaper medicine law is deemed by many organizations as bogus and a failure. According to a press statement of the Consumer's Action for Empowerment, the law failed to deliver its promises of lowering down the prices of even the most essential drugs in the market.

On the other hand, the statement reiterated that the earlier Generics Law of 1988 which aimed to address the problem of expensive medicines via prioritization of generic drugs also failed to do so.

Furthermore, 8 out of the 10 top diseases in the country are diseases directly linked to poverty. These are respiratory infection and pneumonia, acute watery diarrhea, bronchitis/bronchiolitis, influenza, tuberculosis respiratory, acute febrile illness, malaria and dengue fever. All of these are preventable diseases

but remain to inflict the majority of the people who are basically poor and cannot afford the requisites of diseases prevention. Not to

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had to walk (and run) longer. We used to rise at the crack of dawn just to make it on time for the first bell. But what with the occasional rains, raging rivers, and other obstacles along the road, we sometimes arrived late.

It is not uncommon for us to go to school on empty stomachs. We endured all of the sufferings just so we could study. For us, it was very important to learn how to read and write.

What hurts most is when a fellow Mangyan goes to the flea market to sell their products which will be bought at the cheapest price possible. For example, kaong undergoes a lot of process but is only bought at the market at a very cheap price.

Another example of a product that undergoes a difficult process is the tiger grass broom or *walis tambo*. Tiger grass can only be found in the forest. You have to cut it and dry it under the sun before putting it together to make a broom.

On market day, sellers begin their trek at 1:00 am and reach the flea market at 7:00 am. They're lucky, if they'll be able to sell it at PhP35 (\$.75). Otherwise, middlemen will bargain until the seller gives in to PhP25 (\$.54) or worse, PhP15 (\$.32). Afterwards they purchase rice, coffee, salt, and other household items their meager earnings could buy.

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mention the widely inadequate public health education.

By and large, the health care delivery system in the country is in collapse as it is dysfunctional and obviously fragmented. The government's bondage to privatization and corporatization as prescribed by our submission to globalization remain to be at the heart of the health policy.

The state of health in the Philippines is definitely not isolated. It has direct relations to the economic and political situation of the country. What is happening to the health care system is actually happening on other basic social services- agriculture, education, jobs, etc.

As if this isn't enough, military men guarding the checkpoints going to the villages confiscates the household items claiming those are supplies of the New People's Army (NPA).

The military takes hold of everything a Mangyan seller buys from the market -- especially food. The military takes everything regardless if the purchased items are for the community cooperative store such as soap and shampoo.

There was an instance where a village mate resisted and argued with the army, he ended up beaten but was lucky enough to survive the assault.

We call on all sectors and justice-loving people to support the struggles of the Morong 43.

I appeal to fellow national minorities to help us by being one with us in fighting for freedom and defending our human rights.

"Donga magkadala!" (Do not be afraid!) Let us fight for our rights as a national minority!

Free the Morong 43! Free all political prisoners!

Original text translated and edited.

*** Among is one of the two in the 43 who are Indigenous People. Angela Doloricon is a Kankana-ey native.*

Under the current administration of Gloria Macapagal-Arroyo, the state of the people's health has been in its most alarmingly degraded state.

Unless the incoming administration genuinely look into the real score and take side with the people's genuine interests, liberate the country from the bondages of globalization and other foreign dictates on our health care, there will not be significant change.#

"We are just ordinary citizens trying to learn and make our contributions to our communities. We are not playing heroes who try to save the world and be recognized by doing so. It is enough for us to help alleviate pain, care for the sick and at times save lives..."

Dr. Merry Mia-Clamor

"MERRY" portrait of a woman as a mother, wife and a nationalist doctor



L-R: Merry with patients, Merry with kids of participants in in a health training, Diego, her 5 yr-old son.

Dr. Merry Mia-Clamor, an alumnus of the Pamantasan ng Lungsod ng Maynila (PLM) is one of the 43 health workers who for eight months now is still illegally detained at Camp Bagong Diwa, Taguig for trumped up charges of illegal possession of explosives.

She and 42 other health workers including another doctor, a nurse and 2 midwives were illegally arrested while conducting a First Responders' Health Training for Community Health Workers (CHWs) in Morong, Rizal on February 6, 2010.

Education

Raised humbly by hardworking parents, Merry graduated from PLM's College of Medicine in 2001. She was a consistent honor student in elementary and graduated class salutatorian in high-school at the Laguna State Polytechnic College (LSPC). She hails from the province of Laguna and is the fourth of 5 siblings.

Merry was a diligent student. Despite her hectic academic schedule, Merry still found time to volunteer her services to different communities through her sorority PhiloMedicaScientia (PMS) and non-government

organizations such as the Council for Health and Development (CHD) and Community Medicine Development Foundation, Inc. (COMMED).

She was an effective student leader, encouraging fellow students to serve the poor. She was part of the organizing committee which formed the Health Students' Forum (now Health Students' Action). Her desire to serve the poor led her to join other organizations that fueled her advocacies which centered on ensuring the people's right to health.

Community servant

After passing the board examinations in 2002, she applied as Field Staff of COMMED, assisting in the promotion of community health work and training health workers in different community-based health programs all over the country. In 2004, she rotated as a resident on duty in different private hospitals. But feeling that hospital work was not her true calling, she followed her heart and eventually pursued work with community-based health programs. That same year, she started to work with CHD as the Director of Health Education, Training and Services Department (HETS) – a position she held prior to her illegal arrest.

Dedicated staff, loving mother

As a co-worker, and community doctor, she is serious and unwavering in her commitment -- never compromising despite opportunities for personal enrichment. Fellow staffs describe her as "mabiro", "maloka", and "madaling kausap". As a doctor and friend, Merry readily goes out of her way to help.

With two lovable kids, ages 6 and 1, Merry values hard work, honesty and simplicity in raising her own family. Traits she learned from her parents and which she wishes her kids to imbibe.

As a mother, she balances time with her children inculcating in them the values of her work among the people. Her husband Jigs, is a human rights worker. Indeed, theirs was a union of two people one in their resolve to serve the people.#
Julie P. Caguiat, M.D.

STATUS: PERSECUTED

health workers as victims of state terrorism

In the last decades, we have witnessed the efforts of health care professionals and community health workers in preserving the health of the common people whilst bringing services to the secluded areas in our country.

For the past years, we have seen lives changed and improved by the intervention of health practitioners that chose to serve in the Philippines.

For the past years, we heard how these people, who served the masses, were abused, tortured, and stripped of their human rights.

A long list of human rights violations

The Morong 43 health workers are a living testament to such atrocities. Early morning on February 6, 2010, they were illegally arrested by three hundred heavily armed, military personnel along with police officers in a farmhouse located in Barrio Maybangcal, Morong Rizal. Dr. Melecia Velmonte, a prominent infectious disease specialist, owns the farmhouse.

The health workers were staying there while undergoing a community health training hosted by the Community Medicine Development Foundation (COMMED) and the Council for Health and Development (CHD). After the arrest, the health workers were blind-folded and had their arms bound behind their backs as they were detained in Camp Capinpin, Tanay Rizal. In a span of three days, they were subjected to physical as well as mental torture. Sexual harassment was also reported. Whenever they needed to urinate, a guard had to pull their shorts and underpants down and females had their genitals washed by their guards as they were blindfolded. Electrocution and other forms of torture were also reported.

Moreover, they were forced to admit being members of the New People's Army (NPA) and were not allowed proper counseling. The Armed Forces of the Philippines (AFP) claimed that they were making bombs and charged them with illegal possession of firearms and explosives.

One of the Morong 43, Dr. Alexis Montes who was one of the trainers, was accused of being the mastermind on the failed attempt to assassinate retired Gen. Jovito Palparan Jr.

– tagged as “the butcher” and said to be directly involved in extrajudicial killings and enforced disappearances in the country. Despite all the accusations, the military was not able to show solid evidence against Dr. Montes. The Morong 43 are not the only health workers who experienced such atrocious predicaments.

On February 8, a counter-affidavit was requested from 7 lumad farmers accused of being NPA members allegedly responsible for the ambush of Cpl. Bert L. Ulaog of the 39th Infantry Battalion Philippine Army (IBPA) in Sitio Talaw, Brgy. Coronon, Sta. Cruz, Davao del Sur on January 21. Two of the accused, Benjie Paldas and Gina Bernardo, are Community Health Workers (CHWs) under the Urban Integrated Health Services Foundation (UIHSF). In their counter-affidavits, they presented that the accusations are a form of harassment. The farmers were active in community organization and empowerment. They are involved in campaigns to protect the rights and welfare of the lumads in Davao Del Sur. Barug Katungod Mindanao, a human rights alliance of three organizations were agitated by the preposterous accusations.

On February 23, CHW Ronald Capitanea was shot from behind while riding his motorcycle on a road along Hacienda Mabuhay, Brgy. Gil Montilla, Sipalay City, Negros Occidental. The perpetrators, believed to be military personnel, were two men riding separate DT motorcycles. Capitanea is also the Public Information Officer of the

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For 36 hours, the 43 health workers known as “Morong 43” were tortured while blindfolded, among them, two pregnant women.

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Camindangan Small Farmers Association – Kilusang Magbubukid ng Pilipinas (CASFA-KMP). However, three other members of the organization were not so lucky. Levy Remonsada, James Cubre and Benjie Bayles were killed on November 2009, April 9, and June 14, 2010 respectively. The assassination of the members of CAFSA was part of Oplan Bantay Laya II by Task Group Southwest Negros of the 3rd Infantry Division under the command of Col Rod Sosmeña.

The mysterious death of Gregan Cardeño, a Filipino interpreter, in an American military camp under the Visiting Forces Agreement (VFA) located in Marawi City is another case of executions under military rule. The family was informed of his death and the initial statement of the military said that he committed suicide by hanging himself inside his room in the military camp. Cardeño was hired as an interpreter but records show that he was hired as a Security Guard. Instead of Camp Siongco in Awang, Datu Odin Sinsuat, Maguindanao, he was taken in the Joint Special Operation Task Force (JSOTFP) military headquarters in Marawi City, Lanao Del Sur.

During the first three days, Cardeño called his wife and sister informing them with a trembling voice that his actual job inside the military barracks was not what he applied for. His wife, Myrna, said in a press conference that in their last conversation over the cellphone, Cardeño was crying and said that “he could not take it any longer” and repeatedly said that “it was not the job he applied for.” Having doubts about the cause of death, the Cardeño family sought the help of human rights organizations.

On March 2 to 4 this year, a fact finding mission was held. The fact-finding team was composed of Kawagib Alliance for the Advancement of Moro Human Rights, Karapatan, the family and relatives, together with the Commission on Human Rights among other organizations. Data gathered by the fact-finding mission suggested that Cardeño did not commit suicide.

The photos that should have been taken when Cardeño hanged himself were not presented to them. They were not even allowed to enter the room where Cardeño allegedly committed suicide. The results of the autopsy were more indispensable. Aside from marks on his neck, puncture wounds on the upper right foot, the inner leg, and the upper right arm were also discovered. When they saw his body after his death, the family also noted an enlarged scrotum, enlarged anal opening, a deep puncture wound on his right neck and three other injuries on Cardeño's head. No death certificate was issued when the body was transported to



Through the years, health workers have been victims of state terrorism.

Zamboanga. Karapatan also reported inconsistencies with the findings of the autopsy and statements of the military personnel. Petition for writs of amparo and habeas data was filed by Cardeño's family to the Supreme Court and was granted.

In a span of almost five decades, the numbers increased. During the Arroyo administration alone, there were 1,205 victims of extra judiciary killings, 206 victims of enforced disappearance, 1,208 victims of torture, and about a hundred thousand citizens displaced in rural areas due to military operations (KARAPATAN). Most of the victims were activists and leaders of people's organizations and community health workers that contribute to society.

Oplan Bantay Laya's hand

The violation on human rights does not stop with persecutions only. The Arroyo government under its Inter-Agency Legal Affairs Group (IALAG) committed enforced disappearances and extra-judicial killings. IALAG is a government institution, which files fake charges and accusations to activists and to anyone perceived to be critical of the government.

The United Nation's (UN) involvement in the abolition of IALAG on May last year is indicative that the Gloria

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Macapagal-Arroyo is responsible for the arbitrary executions that took place during her term. UN's Special Rapporteur on extrajudicial, summary, or arbitrary executions Philip Alston also said that IALAG's sole purpose is to "prosecute and punish members of the Communist Party of the Philippines and its purported front groups as enemies of the state, many of whom will not be reachable by legal processes."

Even after the IALAG's abolition, human rights violations, torture, prosecutions, extra-judicial killings, and enforced disappearances still occur under the government's Oplan Bantay Laya. Oplan Bantay Laya I and II are counter-insurgency and anti-communist campaigns of the government which targets innocent civilians and anyone who expose the government's heinous activities, violating human rights and laws.

Bemedalled violators

Law does not punish those who are in charge of arbitrary or summary executions, as well as tortures. They are rather promoted, given medals or recognition and awards as in the case of former Gen. Jovito Palparan. It's the same with Col. Aurelio Baladad and Lt. Col. Jaime Abawag who were responsible for the capture of Morong 43.

The Government seems to reward those who violate human rights, even if the constitution mandates to punish them. This is a clear insult on the victims' graves as well as to their family and kin. Even the relatives who seek retribution and justice, exposing the military's dirty tactics and underground activities are the ones being persecuted and liquidated by the same culprits. The National Security Policy cannot even distinguish between legal and illegal, armed and unarmed.

Unfolding from page 17

The illegal arrest and detention of the 43 health workers is directly linked to OBL. Under the OBL, the military has been given a carte blanche by the Arroyo regime to disregard the most basic tenets of due process and human rights. For the AFP, once a person is suspected of being an "insurgent" or "terrorist", he or she is guilty until proven innocent. Under this mindset, community health workers, doctors, and health personnel who are committed to providing health services to rural communities, especially in areas where the military suspect NPA presence, are being targeted for harassment, illegal arrests, illegal searches and seizures, and even liquidation.

On the other hand, harassments and threats to life pose a serious danger among the lawyers, relatives and colleagues of the 43. Incidences of covert surveillance and monitoring as well as threats and intimidation on relatives and lawyers have been reported.

The government does little regarding health issues and allots minimal budget for health services. Moreover, they persecute community health workers who sacrifice and risk their lives to improve the quality of people's health. The military will even go as far as making false accusations and sow terror and fear among the people to cover up their own inadequacies.

As long as the government does not reverse its policy on counter-insurgency and continue to hunt down innocent civilians, the culture of impunity will continue to trample on basic human rights and lambast democracy.

The oppressed will still be oppressed and those who are in power will continue to abuse the people without remorse and second thought. They feed on greed while the rest of the country dies of hunger and highly preventable and curable diseases. ## *Alren Aure*

References:

- Olea, Ronalyn.** "Morong 43' Cry Torture: Satur Denounces 'Grand Slam Day for Impunity'." BULATLAT.com.9 Feb. 2010. 22 June 2010 <<http://www.bulatlat.com/main/2010/02/09/morong-43-cry-torture-satur-denounces-grandslam-day-for-impunity/>>
- Olea, Ronalyn.** "Dismantling of IALAG, Arroyo's Shadow Agency; 'Just for Show'." BULATLAT.com.13 June 2010. 22 June 2010 <<http://www.bulatlat.com/main/2009/06/13/dismantling-of-arroyos-shadowy-agency-just-for-show/2/>>
- Oliveros, Benjie.** "The Case of Morong 43, A Fight Against Impunity." BULATLAT.com.13 Feb. 2010. 22 June 2010 <<http://www.bulatlat.com/main/2010/02/15/the-case-of-the-morong-43-a-fight-against-impunity/>>
- Dalagin-Fernandez, Lira.** "Tortured doc to speak for all 'Morong 43'." INQUIRER.net.13 Feb. 2010. 22 June 2010 <<http://newsinfo.inquirer.net/breakingnews/nation/view/20100215-253336/Tortured-doc-to-speak-for-all-Morong-43>>
- "Alston report: AFP behind the killings."** INQUIRER.net.28 Nov. 2007. 22 June 2010. <http://newsinfo.inquirer.net/inquirerheadlines/nation/view/20071128-103513/Alston_report_AFP_behind_killings>
- Oliveros, Benjie.** "Oplan Bantay Laya as Arroyo's Inhumane War." BULATLAT.com Analysis. Vol. VI, No. 20. June 25 - July 1, 2006. 22 June 2010 <<http://bulatlat.com/news/6-20/6-20-obl.htm>>
- Prof. Jose Maria Sison.** "Oplan Bantay Laya is Already a Proven Failure Arroyo Regime is Bluffing About its Capabilities." Press Statement, Defend Sison Campaign.20 June 2006. 22 June 2010 <http://www.defendsison.be/pages_php/0606200.php>
- Karapatan Monitor.** January - March 2010, April - June 2010. "Kalusugan at Karapatang Pantao." Council For Health and Development (CHD). June 2008.

Despite these challenges and risks, the people in the campaign to free the 43 and all political prisoners remain steadfast.

They demand for the immediate release of the Morong 43, dismissal of all charges against them, an end to the systematic violation of human rights and suppression of all civil liberties, the utter disregard for due process, and the extrajudicial killings, and that all perpetrators to be brought to justice

Lastly, they call on all freedom-loving people to make a stand for human rights and condemn in the strongest possible terms the human rights violations perpetrated with impunity by the Macapagal-Arroyo government.# *Katharina Anne D. Berza*

Sources:

- A primer on the illegal arrest, detention and torture of 43 health workers, 2010.*
- Justice for the 43 Health Workers! Justice for all political prisoners!* Brochure, 2010. Olalia, Atty. Edre

"Tere" mother, artist, people's health worker

A graduate of Fabella School of Midwifery in 2002, Ma. Teresa Quinawayan, "Tere" to her friends, colleagues and family is a registered midwife by profession.

However, her title ends there. Not because she does not practice her profession. In fact, one of her dreams is to put-up a community-managed lying-in clinic in her neighborhood. Her title ends there because as a health worker for the Council for Health and Development, she is more than a midwife.

A single mother to a beautiful and smart little girl, she did not let poverty get in the way of her passion and dedication to serve the people through community health and help in empowering her fellow Filipinos.

communities in Pasig and Quezon City where CHD has trained community health workers in the health committees of the local organizations.

As a health worker, she does not mind being sent to far-

flung areas, anytime she is needed to give trainings or help in medical missions-even if it means being away from her daughter and family for several months.

She knows that her family is part of the greater society she serves and is part of her motivations for continuing with community health work .

As a daughter, her mother said she is the best daughter any parent could ever ask for. Kind, sweet, hard-working and diligent are only few of the words her mother uses to describe her.

Teresa is loved by her colleagues because she is very hard-working yet very humble to the point of being shy at times. Her shyness fades away easily though, when she is living among the people from the rural and urban communities and shows her strength as an organizer and health educator.

She is an organizer in the



Tere with daughter.



Tere in one of the medical missions she has worked with during the aftermath of typhoon Ondoy in 2009.

She has also served different communities in Zamboanga del Sur in Mindanao, being a training coordinator in one of CHD's community-based health programs.

Gifted with a beautiful singing voice and a hand for sketching, Teresa is also a cultural worker in the health sector and a member of the Sining Medikal, the health sector's cultural group.# *Terence Krishna Lopez*

"Free the Morong 43! Free All Political Prisoners!"

CBHP Corner

Recognizing the role of Community Health Workers in Philippine health care

On May 5, 2010, Community Health Workers (CHWs) representing health programs from Metro Manila and Luzon came together in an assembly to assess their role in the health care system and to affirm their commitment towards serving their communities.

Themed “Community Health Workers: Pagtibayin ang Pagkakaisa Tungo sa Ibayong Paglilingkod sa Sambayanan” (Community Health Workers: Affirm Unity Towards Service to the People.)

The assembly as held at the Philippine Nurses’ Association, Inc. in Malate, Manila.

Attended by more than a hundred CHWs from Metro Manila and Central Luzon, the program sought to attain the following objectives: (1) strengthen the unity of CHWs for continuing service to the Filipino people; (2) recognize the relevance of the CHWs’ role in society and health care system; (3) unite as a people and as health care workers to strengthen people’s right to health as well as civil, political, and economic rights.

In the assembly, community health professionals and advocates presented a symbolic award to the CHWs’ health committees in recognition of their noble and invaluable role in their communities’ struggle for their right to health. Challenges and how problems were faced was discussed and further enriched the CHWs and health professionals’ knowledge on their situation. The assembly was broken down into small groups where the participants freely discussed their valuable experiences. To the delight of everybody, each group shared their workshop results to the body by means of cultural presentation in different forms. A resolution was drafted thereafter.

Who are the CHWs?

Community health workers (CHWs) are members of the community who have been selected in trust by the community to assist them in their health needs.

They have been internationally recognized at the 1978 Alma-Ata Conference in Russia as a key in promoting primary



CHWs clench fists as they vow to continue serving the Filipino people despite of the risks that face them.

health care.

In this conference, 150- member states of the World Health Organization declared that the main social target of the government and WHO is the attainment of people’s health that is conducive to leading a socially and economically productive life by the year 2000.

CHWs in the Philippines

The Philippines has been promoting the adoption of community-based health care as a focal point in its health programs. (Tambalan, 2008) In 1972, dismal health care caused by widespread poverty and government neglect

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inspired Catholic nuns from the Rural Missionaries of the Philippines to initiate mission work or community outreach that led to the formation of community-based health programs (CBHPs).

Using different models, including China’s barefoot doctors, Sister Mary Grenough, MM; Sister Xavier Marie Bual, SPC and the late Sister Eva Varon, MMS piloted community-based health programs in Ilagan, Isabela in Luzon, Leyte in the Visayas and Lanao del Sur in Mindanao in 1973.

CBHP is an approach to health care where people in the community themselves are involved in the entire development of the community. One of the most important tasks of CBHPs is to train community health workers and community leaders who can attend to the basic health needs of the people.

Today, with more than 50 programs all over the country, CBHPs have trained more than 15,000 volunteer CHWs. Their training consists of a three level Basic Health Skills Training to them to be health care providers in their communities. (Tambalan, 2008 special issue)

CHWs are trained to give health education and conduct physical examination of patients and to manage common diseases through the combination of traditional healing methods and western medicine. Examples of these are acupressure, acupuncture, herbal medicine, and rational drug use.

The more advanced CHWs who actively function as health care providers go into an advanced skills training that include minor surgery, blood typing and basic dentistry.

CHWs also process referrals of patients requiring more intensive treatment to medical specialists, health centers and hospitals.

Function of CHWs

Their most important function is the prevention of diseases through health, sanitation, and nutrition campaigns. These health campaigns help address the problem of malnutrition, tuberculosis, hypertension, acute respiratory diseases, diarrheal diseases in children and other health issues such as environment and reproductive health, including family planning.

Problems of CHWs and their continuing struggle: fighting disease and poverty

CHWs have to confront dangers, even arrests, in the delivery of health care services. More recent events include the following: illegal arrest, continued detention and torture of the “Morong 43” health workers on Feb.6, 2010 in Rizal, trumped up charges of frustrated murder to community health worker Benjie Faldas from Davao del Sur on Feb.11, 2010, and attempted murder of CHW Ronald Capitanea of Sinalayan City, Negros Occidental Faldas has been linked to the wounding of a CAFGU member in an encounter with members of the New People’s Army.

Meanwhile, community health workers Maricis and Emilia Quirante from Guihulngan Mountain Clinic in Negros Oriental have been languishing in jail for alleged cases of child abuse and rebellion since 2007.

Even as far back as October 1, 2005, community health workers from Negros Oriental reported military harassments and grave threats. The house of a CHW from Guihulngan, Negros Oriental was strafed by soldiers on Oct. 1, 2005. Nineteen bullets were recovered after the strafing.

The perpetrators were men in uniform with no nameplates. On Oct. 4, 2005, about 40 soldiers from the 11th Infantry Battalion of the Philippine Army went to the Kalabaklabakan Mountain Clinic in Brgy Trinidad. They occupied the multipurpose hall, kitchen, cottages and the clinic area.

Founded in the 1970s by the Order of Franciscan Missionaries, the Mountain Clinic which is 120 kilometers from Dumaguete City has been providing alternative health care to the rural folks. (Tambalan, 2008 special issue)

Attacks against health workers and health programs delay the delivery of health service to the people. CHWs are cautious of going to the communities. Even the people are afraid to come for health consultations.

Future perspective

Fuelled by their commitment and aspiration for a just and humane society where health care is not a privilege of a few but a right enjoyed by many, CHWs and CBHPs will continue to struggle against disease and poverty amid dangers they face.

CHWs will continue the fight against common diseases because they understand that poverty aggravates the causes of such diseases. They are in communities where it is difficult to travel. Their commitment to serve persists amid red-baiting and danger to their lives. # Marie Torres and Katharina Anne D. Berza

Timeline of the illegal arrest and detention of the ‘Morong 43’

- February 6 Illegal arrest; detained at Camp Capinpin; torture and sexual harassment begin; Quick Reaction Team (QRT) to Camp Capinpin; colleagues and relatives were denied entry
- February 7 Press conference of CHD and COMMED on the illegal arrest and detention
- February 8 Commission on Human Rights (CHR) and colleagues were denied entry to camp premises; CHR mentioned that there were reports of torture
- February 9 CHD, COMMED, and relatives file petition for Writ of Habeas Corpus (WHC) to the Supreme Court
- February 11 Lawyers, medical team, and CHR representatives visit the detainees for the first time
- February 12 1st hearing at the Court of Appeals (CA) for the WHC, RTC commitment order
- February 13 Multi-sectoral trooping to Camp Capinpin
- February 15 2nd CA hearing with the 43 health workers; Free the 43 Health Workers Alliance was formed
- February 17 Alliance of Health Workers press conference on the illegal arrest and detention
- February 25 Complaint was filed at the CHR
- March 6 1st month of detention; more than 500 people marched to Mendiola, Manila for the “March for Justice!”
- March 9 Petition for the WHC was denied by the CA
- March 11 Appeal was filed at the Supreme Court (SC) for reconsideration of the petition for WHC
- March 17 Full page ad on the Morong 43 appeared on the Philippine Daily Inquirer with more than 500 signatories of different personalities from different countries
- March 18 1st CHR hearing; more than 800 people trooped outside the CHR
- April 6 2nd month of detention; “human letters” formed the call “Free the 43” at UP Diliman Sunken Garden
- April 7 1st order from the Morong RTC to transfer 38 health workers to Camp Crame, Quezon City
- April 9 Failed transfer to Camp Crame; protest mobilization
- April 12 2nd CHR hearing; Dr. Melecia Velmonte and son Bob Velmonte testified for the first time; Supt. Nubleza of the PNP also testified; almost 300 people from the health sector gathered outside
- April 16 RTC hearing on transfer to Camp Crame



Timeline of the illegal arrest and detention of the ‘Morong 43’

- April 17 Start of fasting to demand for the transfer of the health workers to Camp Crame
- April 22 3rd CHR hearing; PNP spokesperson Espina, Supt. Miano of the Rizal PNP were questioned; Carandang, Barrientos, Pizarro, and Paulino relatives of the 5 also testified; more than 200 people gathered outside CHR
- April 29 RTC reiteration of Order of Transfer
- April 31 End of fasting
- May 1 Transfer of 38 to Camp Bagong Diwa (CBD), Bicutan, Taguig City; hundreds mobilized to witness the transfer; 5 health workers were ordered by the RTC to remain in Camp Capinpin
- May 9 Relatives visit the detainees for the first time after the transfer
- May 2 Lawyers visit the detainees at CBD
- May 3 Press conference announcement of the end of fasting
- May 5 Luzon-wide Community Health Workers’ Conference
- May 6 Health Workers’ Day and 3rd month of illegal detention; detainees held a simple program inside jail to commemorate the significant day
- May 16 Delegates from the People’s International Observers Mission visit health worker inside CBD
- May 28 Lawyers visit the health workers
- May – June Preparation and continuation of the struggle for freedom and justice of the 43 health workers and all political prisoners; detainees study the rights and welfare issues inside jail; broadening the call to release all political prisoners in the country; information materials were updated for wide circulation
- Campaign to improve the welfare of other inmates was launched by the detained health workers: ventilation, food, water, and sanitation
- Colleagues, supporters, and relatives continued to seek dialogue with the new administration to free the 43
- Petition signing continued in schools, hospitals, streets, and internet for the campaign; local and international visitors continued to visit the health workers at CBD.
- June 16 Colleagues and relatives hold a dialogue with Manila Mayor Alfredo Lim about the 43
- June 18 Relatives and colleagues accompany Christian Alexis Montes at Times Street to personally deliver his letter of appeal to P-Noy
- June 25 People’s Health Agenda state “Free the 43 health workers” as its number 1 agenda



Unfolding the truth on the “Morong 43”

February 6, 2010 marked a very significant yet very dark day in the history of the Filipino people. What started as a noble health skills training ended up as one of history’s gravest human rights violation against health workers.

Violation of human rights

On February 6, 2010, forty three (43) health workers from different parts of Luzon were taking part in a week-long First Responders Health Skills Training.

The training was a response to the request of communities and their organizations to equip Community Health Workers (CHWs) with knowledge and skills on different medical interventions in far flung areas during times of disasters following the heavy toll that Typhoon Ondoy left on their lives and properties.

These areas, where CHWs serve, are communities where basic public health services lack or are simply absent. The activity was sponsored by the Council for Health and Development (CHD) and Community Medicine Foundation (COMMED) -- two non-government health organizations involved in community-based health programs since the early 70s and 80s respectively.

Brandishing a defective search warrant, the illegal raid was conducted in gross violations of standard procedures and basic human rights.

The arresting troops, composed of joint elements of the 202nd Infantry Brigade of the Philippine Army (202nd IBPA) headed by its commander Colonel Aurelio Baladad and the Rizal Provincial Philippine National Police (PNP) headed by Police Superintendent Marion Balonglong, raided the compound of Dr. Melecia Velmonte at around 6:15 am.

Dr. Velmonte is a renowned infectious disease specialist and professor emeritus of the University of the Philippines College of Medicine.



In giving services to the people, the 43 health workers faced fascism of great degrees from the state.

During their detention in Camp Capinpin in Tanay, Rizal, the military committed various atrocities including:

- Psychological and physical torture
- Sexual harassment
- Coercion of five health workers to turn “state witnesses” and testify against their colleagues
- Harassment of relatives to “cooperate” with the military

Trumped-up charges, fabricated lies

The military and police falsely accused the health workers of being members of the New People’s Army of the Communist Party of the Philippines allegedly conducting a

bomb-making training.

They were not informed of the reasons of their arrest and for five days, were denied of their right to counsel even during the inquest proceedings. After a few days, they were maliciously charged with illegal possession of firearms and illegal possession of explosives. Evidences were planted in different parts of the training center.

Mere membership in the NPA cannot be used as a basis for a warrantless arrest. Jurisprudence argues that an overt act or an actual crime (in this case, taking up arms against the government) must first be committed to justify an arrest.

There was no shoot-out at the time of the arrest, the 43 and Dr. Velmonte’s household were either doing their morning routines or getting ready for breakfast. It is a stretch of the imagination to claim that the 43 health workers were

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caught in the act of making bombs at 6: am when they were arrested. The military even went as far as to claim that Dr. Alexis Montes, a 62-year old surgeon, is a member of the NPA Special Operations Group out to assassinate General Jovito Palparan.

According to former Commission on Human Rights Chair Leila de Lima, even assuming for the sake of argument that the 43 health workers are NPA members, they still have the right to due process, including the presumption of innocence and the right to be free from torture and other degrading treatment.

Legal remedies

Colleagues, friends, supporters, relatives, and the legal counsels of the 43 health workers have tirelessly explored every legal remedy available to release the 43 and bring the perpetrators to the folds of the law.

Some of the legal actions included the following:

- Formation of a Quick Reaction Team (QRT)
- Various motions filed before the Municipal and Regional Trial Court
- Filing of a writ of habeas corpus before the Supreme Court
- Filing of opposition on the Judicial and Bar Council against the 2 lawyers representing themselves as the “preferred” counsels of the 5 health workers who are still in military custody.

People’s support

Although legal remedies are at the forefront of the efforts, other arenas are likewise explored to popularize the case of the Morong 43 and gather as much support as possible.

To date, the campaign “Free the 43 Health Workers” has become a relevant national and international issue.

It is supported by a broad range of sectors of society from colleagues in the health profession, lawyers, lawmakers, political leaders, religious formations, human rights advocates, artists, and beneficiaries of community based health programs.

The issue has also been brought to the United Nations (UN) Human Rights Council and a complaint has been filed before the UN Special Rapporteur on Torture and Arbitrary Detention in Geneva, Switzerland. Representatives of the European Union Human Rights Committee have also been informed of the grave human rights abuses that the

Macapagal-Arroyo committed despite hefty grants given to the Philippine government to protect human rights.

Aside from these, mass actions are very active in the local and international scene. Mobilizations have been staged in US, Belgium, Canada, and Hongkong to show support in the plight of the Morong 43 and political prisoners in the Philippines.

Challenges ahead

One of the greatest challenges known in the struggle to free the 43 health workers is the existing judicial system. It is very unfortunate that the justice system today is a mere reflection of the interests of the dominant sectors in the Philippine society.

Who are the dominant sectors? Landlords and big business groups are the dominant sectors. They have control or strong influence in the executive, judicial, and legislative branches



From the first day of their illegal arrest, the 43 health workers have been supported by the people from the country and the world over.

of government. Whatever it takes, these sectors use all their influences to protect their interests – even at the expense of human rights.

In the same manner, there are actually state policies that allow the culture of impunity to thrive and proliferate. Oplan Bantay Laya (OBL) I and II is the operations plan for counter-insurgency of the Arroyo regime that aims to eliminate the armed revolutionary movement in the Philippines, or at least render it insignificant by the year 2010. It is no different from the other counter-insurgency programs of the previous regimes, but is in fact a continuation.

Aside from heightened repression of the legal democratic movement, it has set up death squads to liquidate progressive activists, lawyers, church people, media men, community health workers, and ordinary people, as attested by UN Special Report by Alston.

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From discrimination to determination

an open letter from *Ray-om Among*
one of the 43 health workers

father argued that we cannot go home just yet because his sons are still very sick. The staff consented.

After a week in confinement and without any improvement on their condition, my parents noticed that the hospital staff were not anymore attending to my brothers. Out of desperation, my father removed the IV cannula on my brother's hand. As a consequence, the vein where the needle was stuck continued to bleed. Upon seeing this, the nurse on duty became very mad and literally drove our family out of the hospital telling us never to come back. We had no choice but to leave even though my brothers were still very sick.

Conditions in other places are no different such as in the case of the Buhid Mangyan. They live so far away from the centers that it would take weeks on foot before they can reach the "nearest" hospital. There, before everything else, money is asked first and foremost. If you don't have cash, they'll tell you to go home. In some cases due to the distance of the hospital from the villages, patients die in transit. However, money is not always a guarantee for access to health services. National minorities like me are discriminated against and commonly perceived as ignorant.

Aside from lack of access to health care, our villages also have no access to potable water. We have to walk for hours to reach the spring. Personal hygiene and sanitation is very poor rendering many children in our tribe to become very susceptible to diseases.

In terms of education, only a very few are able to attend school. Many of my people have not even experienced holding a pencil between their fingers because they were not able to attend school. Just being able send their children to day-

care is enough to make parents happy.

I was among the few who were able to reach secondary level. I persevered enough to bear the 4-hour walk to school. Sometimes, it took us 5 hours. Getting there is a combination of walking and running. But we were more fortunate than the other kids who lived farther in the mountains because they

From discrimination/page 6

I am Ray-om Among from Mindoro, a native of the Hanunuo Mangyan. I am a volunteer Community Health Worker (CHW) and among the 'Morong 43'. In my six months behind bars, I thought of sharing my experiences as a Mangyan health worker.

Long before I volunteered as a CHW, I witnessed how poor my people's knowledge was especially on health. They often say, "Barangay health workers can hardly provide us with health services. Many of the villages are not reached by government services. Most of us have not even seen a doctor!" Hence, I volunteered because I felt it was the right thing to do.

Even though I am in prison, I know that volunteers like me continue to increase in numbers. Our very oppression ignites our desire to become catalysts of change and defenders of our rights.

"Our very oppression ignites our desire to become catalysts of change and defenders of our rights."

I remember an ordeal my family went through when three of my brothers got ill. We brought them to a hospital but we were made to wait for hours before a staff attended to the patients. Instead of inquiring about the patients' conditions, the nurses and doctors asked if my parents had money to pay the hospital. Two days and two nights passed and my siblings were still very ill. A staff approached and told us in Mangyan, "pag-ulyi kamo sa kanyo balay," (go home). My

Poems from the 43 health workers

Kalabog at ingit Reynaldo T. Macabenta

Sa rehas na bakal
Ng Camp Capinpin
Kalabog at ingit
Ay pawang maririnig

Sa araw at gabi
Na puno ng pagmamalupit
Na ang gabi
Ay araw
Sa berdugong imbestigador
At ang araw naman ay gabi
Sa aming mga nakapiit
Sa isipan at pakiramdam
Dito sa seldang kay lupit

Ang buong umaga
Ay para sa matang namumungay
Sa katawang masakit
Pagsapit ng dilim
Kalabog at ingit

Tila lagim
Sa bawat isa sa amin

Kalabog ng dibdib
Ay sadyang napakabilis
Na parang daig pa ang kabayo
Sa pagtakbo
Ng sampung kilometro

Kasunod ay
Kalabog, iyak, hiyaw, sigaw
Ang syang maririnig
Sa tuwi-tuwina

Sa bawat selda
Na sadyang pinadilim
Sa kapisirang tela
Na pilit itinakip
Sa lumuluhang mata na sadyang kayhigpit
Bakit?!

Paano?!
Saan?!
At ano ang nagawa
Para ikulong
Sa rehas na bakal
Na ang hawak
Ay gasa
Bulak
At stethoscope lamang
Na ang tanging layunin
Makapaglingkod sa bayan

Kalabog at ingit
Sa rehas ng camp capinpin
Ay sobrang napakalupit
Bigyang pansin at aksyon
Ng mga mamamayang
Nagmamasid

Nais kong maging makata Ma. Elena Serato

Nais kong maging makata
Subalit totoo ang lamig ng rehas sa aking piitan
Nais kong magpugay sa karikitan ng paligid
Subalit saklot ng gimbal ang mata kong
Nakapiring/ipiniid
Nais kong yakapin ang kalayaan
Subalit nakagapos ang aking mga kamay

Wala na ang mga rosas at talinhaga
Sapagkat lumalatay ang kirot at sugat ng digma
Nagsipagkubli ang mga matulaing pananalita
Pagkat tunggalian ng uri'y di dapat iromantisa

Tumigas na ang mge berso
Dahil sa mga palalo
Panulat ko'y dumulot ng dugo
Dahil sa dahas ng estado
Tinupok na ang apoy sa dibdib
Ang mga pahina ng kwaderno
Kumawala na ang pluma
Sa nakakuyom kong kamao

Wala na ang nagtutugmang prosa
(hindi ko na pipiliting maging makata)
Wala na rin sa sukat

Ang kailanma'y di nasikil na alpas ng mga salita

Naiwan nalang ang sugat sa diwa at isip
Pinalitan ang gimbal ng apoy na nangangalit
Sumasabay ang pagla-
kas ng tambol ng dibdib
Sa dagundong ng
paglaban ng bayang
ginigipit

Panulat koy naging
armas na gugupo sa
kaaway

At hahawan ng lan-
das tungo sa ganap na
kalayaan

Malamig pa rin ang
rehas sa aking piitan
Walang talinhaga ang
makapagkukubli
Ni makapagpapaganda
sa ganitong kalagayan



