

Generations will condemn us for inaction.

(AFFECR news) Oct 9,2013 - With Pinoy leadership such as Senator Miriam Defensor Santiago furnishing SBN **2279 aka SBN 1728** clinging to its strategy of demanding changes to the delivery on ER Medical Services & Trauma Care in the Philippines, some rank-and-file Philippine **Senators and Representatives** acknowledged that ending the Philippine government shutdown on the lack of ER Medical Services & Trauma Care capability is the right thing to do.

It requires a new game plan to pass **SB-1728 (formerly SB 2279)** in the Philippine senate and by all means all other bills in the lower house pertaining to improving ER Medical Services & Trauma Care in the Philippines.

Without question, An Act to improve Emergency Medical Services and Trauma Care in the Philippines lead by no other than "SB 2279" aka 1728 remains a top priority for the Philippine citizenry to push Filipino lawmakers to act on it despite months and years of inaction “held hostage” so to speak in the midst of a standing senate committee on Health and Demography of the 15th Congress.

A steadfast, unwavering loyalty to inactive stance by a committee on Health is morally puzzling, morally disreputable, incomprehensible, enigmatical, indecipherable, unintelligible, and inappropriate voiced by many supporters who questioned what kept non-passage into law Senate Bill 2279 in the last 15th Congress. Pray it would not happen with SBN 1728 of the 16th Congress.

Lack of action where some is expected to or appropriate by Generations will condemn us for inaction.

The Health & Demography Committee of the 15th Congress persisted on

making SB229 or any bill that will save lives and create jobs for the future a non-priority item.

In the contrary we are persisting with a right of passage of **SBN-1728** that will save lives and create jobs.

If the signs and symptoms of inactivity persists in the Senate for more than a few days, months or years contingent on rolling back SBN-1728 domestic achievement in saving lives and creating jobs will be nothing short of devastating -- not just for government employees but also for businesses, tourists, the whole healthcare industry and the larger economic environment.

Refusing to hold a vote on SB 2279 was not making an ideological point about health care. Passing it was doing what was in the best interest of the country.

Is there no way to act? The Filipino people deserve better Emergency Medical Services (EMS) and Trauma care.

Senators we urge you to add your voice today and join our call for ending this irresponsible government inaction immediately. It's time to reopen our government to action and restart saving lives and creating jobs with the passage of SBN-1728. It is an excellent trigger point to the Philippine economy.

The inaction to pass SB 2279 is nothing short of devastating – again not just for government employees

but also for businesses, tourists, the whole healthcare industry, and the larger economic environment.

No senators, no congressman should publicly back off on this matter of great import, There should be no deep rifts within the Halls of congress when it comes to improving ER Medical Services and Trauma care capability in the Senate floor. Most of these phenomena can be subsumed by debate over the need to improve ER Medical Services and Trauma Care in the next two weeks if not so When?

The focus needs to shift strictly to passage of **SBN-1728** and it has no fiscal impact whatsoever to get it passed.

SBN 2279 is now policy compendium of SBN-1728

* **SBN-1728 is** a historic step toward ending the abhorrent and unacceptable medical practice of systematic, state-sanctioned lack of state-of-the-art trauma care capability for the Filipino people with its limited portrayal in every surgical service.

* **SBN-1728 will** establish a roadmap to the application of Advance Trauma Life Support (**ATLS**) and derivation of Levels of Trauma Care ranking from Level 1, L2, L3, L4 known to improve Emergency Medical Services and Trauma Care Management.

* **SBN-1728 is** crucial to the country's tourism, retirement and business industries.

* **SBN-1728 will** empower authorities to finally eliminate what amounts to modern day "bahala na slavery" by lack of government oversight.

* **SBN-1728 will** set derivation of Levels of trauma care ranking from L 1, 2, 3, and 4 to trickle down to the institutional level, in terms of trauma center accreditation, research or training. * SBN1728 will prioritize a long overdue violence prevention, set the benchmark for the quality assessment of trauma

care and identify areas for the tertiary prevention of trauma deaths and disability. **SBN-1728** will set the stage of curing the inadequacy of organized pre-hospital services for trauma.

Fiscal Impact to pass SBN-1728

Fiscal Impact to pass SB 2279: Expressing concern on this persistent and credible reports of systematic, state-sanctioned lack of effective and reliable Trauma care capability in the Philippines, including from large numbers of privately owned & religiously owned Hospitals **has minimal Fiscal Impact to pass SBN-1728.**

"The Filipino people will be happy to recognize the writing on the wall," Dr. Manuel Belandres told reporters during a rare weekend session with supporters.

"We've tried a lot of things, and maybe used every arrow in our quiver to pass SB 2279 during the 15th congress. It has not been successful as it continued to be held hostage at the senate Committee on Health & Demography. The 16th Congress Transformation gives SBN-1728 a better hope with a feeling of expectation and desire to move on to resolve the larger issues of death and dying consistent with the limited portrayal of Emergency Medical Services and Trauma care capability in every surgical service in the country be it metro, urban and rural."

That is no small admission from Dr. Rafael Consunji, the **PGH** Division of Trauma, Department of Surgery stated, "**None of these objectives have 'trickled' down to the institutional level, in terms of trauma center accreditation, research or training.**

The Division of Trauma, Department of Surgery, **Philippine General Hospital** is the pioneer in trauma care in the country, being the first dedicated Trauma Service tending specifically to those

with severe and multiple injuries. The **PGH** trauma unit is located within the City of Manila (the most urban and dense city within the National Capital Region also known as Metropolitan Manila with a population of 11-12 million people and a density of 19,000 persons/km²).³ It admits about 1600 patients every year, and has no assigned trauma catchment area, geographic jurisdiction or triage area. Known as the National University Hospital, PGH receives most of its patients from the lower socio-economic population who take advantage of the minimal fees it charges for services rendered. Organized pre-hospital emergency medical service (EMS) systems are almost non-existent in the Philippines, with most trauma cases being ‘self-conducted’ to the nearest trauma center. At the time of this study, there was no ‘trauma leveling’ or classification system for the level of care that hospitals in the Philippines can provide.

This findings highlight the need to prioritize violence prevention, set the benchmark for the quality assessment of trauma care and identify areas for the tertiary prevention of trauma deaths and disability.

2. The inadequacy of organized pre-hospital services for trauma.

Pre-hospital care in the Philippines is largely non-existent for trauma patients

In the Philippines, it is not uncommon for a trauma victim to be diverted through¹⁻² different hospitals before locating a medical center willing to accept him, often incurring more blood loss and decrements in his GCS. This loss of the proverbial ‘golden hour’ of trauma care in the Philippines has not yet been adequately studied and this should be the focus of further research. These places the onus of quality assurance for trauma care squarely on the shoulders of trauma care providers in trauma centers because only those with highly ‘survivable’ injuries will arrive to seek care.

A favorite conscientious objector U.S. Congressman close friend of mine against inaction joined me in stating last year...

"Pride and prejudice , I think, has got to be swallowed here, probably on all fronts," I said.

He added "Senate is so close to passing SB2279 once the assigned committee on health push the issue off their hook that I think SB 2279 will continue to be

adopted as they go forward." I said "Congressman that never happened. To date SB 2279 got held hostage in the committee".

It was a potentially calamitous default unless Congress votes not to kill the bill. "Would the committee on Health position continue to be, no special treatment under the law, no special treatment of SB 2279?

" I countered to ask in frustration for failure to adapt to the political reality linking SB 2279 passage with a funding mechanism of government would be a non-starter.

"I think expectations were built up to a level that could not be delivered without a funding mechanism," he said.

"The Filipino people have to get something on SB 2279," I said

"If you want to get SB 2279 on a fiscal path to balance, you can let an entitlement of this size to pass that will truly create the country's EMS system and, more importantly, one that is going to help Filipino people with their trauma health care. You can't let this happen?" Why not?

The 16th Congress Transformation of SB 2279 to SB-1728 just took place.

It is Now SB 1728's turn, one that is going to help Filipino people with their trauma health care. Would SB 1728 suffer the same calamity hostage?

Despite the crisis of inaction, SB 2279 to SB 1728 remains the lynchpin vital to saving lives and job creation.

"If Congress & the Healthcare industry can come up with ways to fix a lamenting Trauma Care system and get the same bang for the buck they would

get with its corresponding EMS, then do it," he added, saying "**setting the stage of curing inadequacy and scantiness of organized pre-hospital services for trauma for saving lives also sets a stage for job creation.**" Do Philippine congress think that is a double whammy? An unpleasant effect? A twofold blowback? Don't you think? "With all due respect the Filipino people would accept this double whammy as the simultaneous occurrence of 2 good events that is job creation and saving lives". I countered.

As the hands of time mark progress, our hands mark it, as well. With caring enough to support SB 2279 whose steps are not strong. Gentleness enough to soften daily disappointments.

Kindness, to ease a restless mind to sleep. These are hands of strength and skill. They guide. Teach. Comfort and provide. And when they are clasped, warmly, around younger hands, they do the best work of all. Because it is in the exchange of energy that we see results. In the sharing, between parent and child and staff.

The power of touch. The power to hold. These are our tools. And with them, we make a connection that's stronger and more enduring than time itself.

Behold! Power to hold!

These are our tools. And with them, we make a connection that's stronger and more enduring than time itself.

"Till then the battle I think will live to be fought another day."

All The Best,
Manuel Moldero Belandres,MD
The American Foundation For Emergency Community Relief
PCCP