



Registered association for the promotion
of medical care and social support in
Northern Samar, Philippines

Bugko, April 2007

Dear members, dear friends, and supporters of Mabuhay!

Christmas was barely behind us when the first terrible news came from Bugko. From December 26th until the end of the year, there were such heavy rains that Bugko was flooded. The Banika River, which borders Bugko to the north, overflowed its banks. Many people lost their homes and everything they owned. Many cows and water buffalo also drowned. People didn't die because the disaster happened during the day and not at night. There was no electricity again for many days. Our ambulance was used as an evacuation center. We were happy to be able to offer shelter to at least 30 people. Here, they were safely housed, as the ambulance is located at a slightly higher elevation.



Evacuation



School after the flood

While these announcements were being made, I was still preparing for my deployment in Bugko in Bonn.

On January 7th, the time had come, and my parents and my friend Tina, some of you already familiar with them from our association meetings, drove me to the airport. Saying goodbye wasn't easy for anyone, but now the focus was on supporting the project on site.

On January 8th, I landed promptly in Manila at 4:15 p.m. local time with Kuwait Airways and was met there by Sr. Veronica SFO, who will be working as a translator in our outpatient clinic, among other things.

We stayed in Manila for a few days because we still had some official business to complete and a few other errands to run.

On January 13th, the next bad news from Bugko arrived via text message. Triggered by an 8.4 magnitude earthquake in the Pacific, the sea level rose so sharply that a tsunami warning was issued. Once again, our ambulance became an evacuation center, and we accommodated several families.

Fortunately, the warning was lifted the next day. Since we were still in Manila, Orlet, our caretaker, had to take care of the refugees this time. He kept us constantly updated via text message.

On January 15, I signed a contract with Father Luke for Lunas Panlahat, which translates as "Health for All." It's a medication program run by the Philippine Bishops' Conference that allows us to purchase our medications at a lower price and distribute them accordingly. This benefits the poor population in Bugko, as medications from the pharmacy are unaffordable for them. Lunas Panlahat sends the medications to us postage-free and also provides a pharmacist who checks for correct storage and expiration dates. This program represents another major step forward for our project.



On January 25, we loaded our jeepney and drove to Bugko. The journey took 24 hours, and since the road is almost nonstop, we arrived in Bugko very exhausted but without any problems. The road conditions are catastrophic. One pothole follows the next, and unfortunately, you often notice them too late. The vehicle is subjected to considerable stress.



Road under repair:



Terrible Roadconditions

The very next day, we began cleaning and tidying up our previously provisional outpatient clinic. It's good that I'm now on-site, making it easier to get everything done and organized. Previously, many things were only done by phone or during my short visits. Orlet, our caretaker, built a few more cabinets so we can store our medicines and bandages properly.



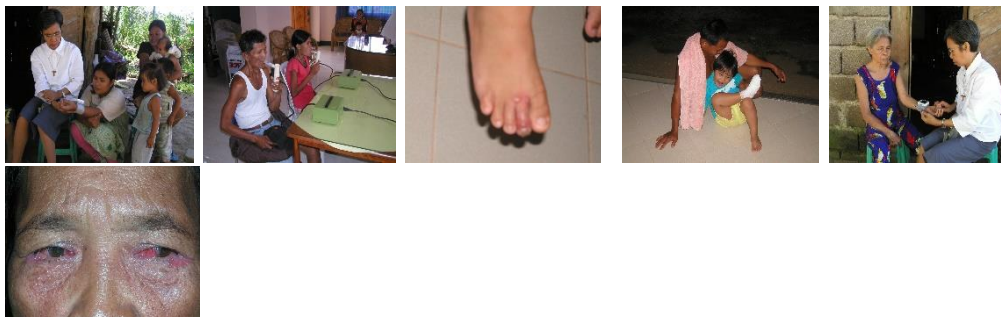
Abe and Beth have been working with us since February. Abe is our receptionist, and Beth cooks and washes for us and keeps the outpatient clinic clean. We're now a team of five. Until we officially open, Abe is helping with other construction projects, such as adding a patient restroom and painting.



On February 12th, I was officially introduced to St. Anthony's Academy (High School). I work there once a week as the school nurse. The school has 350 students. There hasn't been a school nurse until now because the school can't afford it. Many of the students can't even pay the tuition fees of 100 PP a month, which is about €1.50. Some of them try to earn the school fees by working after school. Completing school is their only chance of finding work later on and then supporting their families financially. The school is very interested in the good health of its students. The first thing I did was create a student file for all classes so that each student has a kind of "medical record." I ask them about current complaints, their parents' jobs, chronic illnesses in the family, allergies, where they get their water from, whether they eat regularly, and determine their height, weight, and blood pressure, among other things.



Time and again, patients come to our clinic even before it's officially opened. Word of mouth is very good. We have patients of all ages with a wide variety of conditions, such as high blood pressure, fungal infections, gastrointestinal infections, asthma, etc. Some of the listed illnesses can be life-threatening, especially for young children. We help wherever we can.



We visit some patients at home to see what their living conditions are like, whether they are taking their medication, and whether other family members are ill.



One of our patients, for example, is blind and suffers from high blood pressure. We visit her regularly to check her blood pressure and see if she needs anything, as she is often alone all day. Another young woman (23 years old) weighs only 34 kg, is still breastfeeding her child, and doesn't even have rice to eat every day. Her husband is unemployed. They beg for their rice by walking from hut to hut, showing people an old prescription for medicine. They use the money to buy rice instead of medicine. She came to us with severe breathing difficulties. She probably has tuberculosis. She lives in a small bamboo hut. Everything is very poor, and the kitchen is even poorer. So we not only bring her medicine, but also give her rice to eat. Unfortunately, our only means of visiting patients at the moment is by tricycle. A type of motorcycle with a sidecar. These vehicles are simply not designed for my height. I am always more or less collapsed in them. Therefore, I try to walk as much as possible. However, with average temperatures of 28°C and humidity of 70%, this is also very difficult, so I make "house calls" early in the morning or late in the afternoon.



I would like to present some recent reports to underscore the situation here and demonstrate how important our help is. First, a report from Vatican Radio from March 2006: Due to the ever-increasing shortage of nurses, medical care is threatening to collapse. In the country with the highest Catholic population density in Asia, some hospitals have to manage with one nurse for 55 patients, complained a spokesperson for the national nurses' union. Due to poor pay and the uncertain domestic political situation, more and more nurses have been emigrating abroad in recent years, plunging the healthcare system in the Philippines into a serious crisis. (misna)

In a newspaper report from March 5, 2007, I found an article stating that in our region, 36 out of 1,000 children die during childbirth, another 57 out of 1,000 children under the age of 5 die, and 231 out of 100,000 mothers die during childbirth due to poor care and support before, during, and after birth. The numbers have actually been rising since 2001. On March 12, a television report revealed that 27% of children under the age of 5 are malnourished.

On March 21, our outpatient clinic was inaugurated by Bishop Emmanuel C. Trance, DD. We named the clinic Mabuhay - St. Francis of Assisi Primary Care Health Center. Mabuhay, as the initial for our organization and a greeting for our patients, is St. Francis of Assisi, in reference to the parish patron of Bugko, and Primary Health Care is basic healthcare, the service we provide here.

Many representatives from the church and politics, patients, and many visitors from near and far were present at the inauguration. The outpatient clinic is now officially open. There is no facility like this anywhere, and its opening was eagerly awaited.



Finally, I would like to show you some pictures of our station so that you can get an impression of what it looks like here now.



Yours,

Sabine Korth



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