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Incisions, the PCS newsletter, is a triannual publication of the Philippine College of Surgeons, 992 EDSA, Quezon City 1005, Tel. No. 928-1083. Comments and feedback indicating the writer's full name, address, contact numbers and e-address are welcome. Letters to the editor may be edited for reasons of clarity and space. E-mail to pcs_1936@yahoo.com.ph

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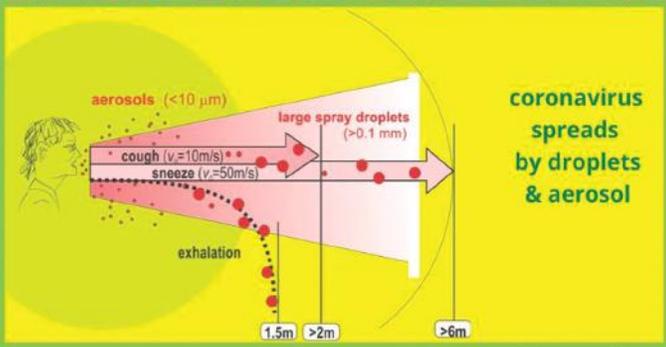
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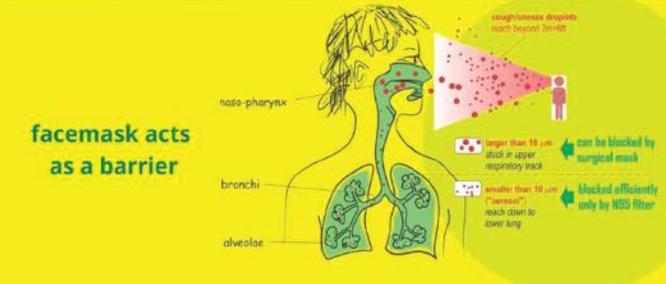


Philippine College of Surgeons advocates
#MASKS4ALL





coronavirus spreads by droplets & aerosol

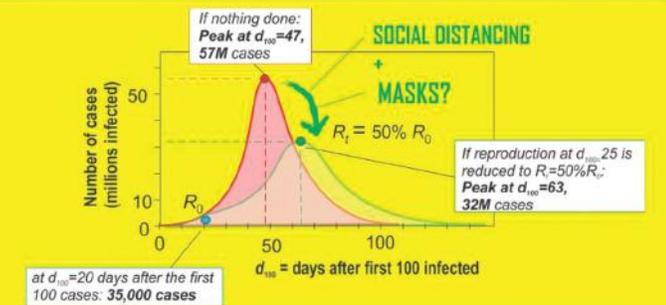


facemask acts as a barrier



	protecting yourself (inward protection)		protecting others (outward protection)	
TEA CLOTH (home made)	33	100 (reference value)	100 (reference value)	90
SURGICAL MASK	25	100 (reference value)	100 (reference value)	50
FFP2 (=N95 equivalent)	1			30

face masks protect you and others



with social distancing & hand washing, wearing of face mask can help fight COVID-19

SOURCES: HUANG S, MEDIUM AND PCS COVID BULLETIN #8

FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



FIRST QUARTER STORM Year 2020

Exactly 50 years ago, our nation witnessed a segment in Philippine history of The First Quarter Storm - a period of civil unrest in the country which took place during the first quarter of the year 1970. It included a series of demonstrations, protest rallies and marches against the Marcos Administration mostly organized by students from January 26 to March 17, 1970.

When the year 2020 began, nobody was able to forecast a far different storm looming over the horizon that was going to rain down hard and wash away the often-taken-for-granted ordinary everyday living as we knew it. Life was about to change on a global scale.

According to Chinese astrology, 2020 is the Year of the Metal Rat and that the Rat, being the first sign from the 12 animal cycle of the Chinese Astrology, 2020 was considered a year of new beginnings and renewals. Quite prophetic though of the global viral pandemic, one site in foreboding did intone:

The year 2020 is quite challenging, especially health-wise, but also financially, with obstacles, impediments, and unpredictable situations, which will mainly occur during the first half of the year. This situation is caused by the negative energy of the annual Flying Star 5, the star of destruction and disasters, which will have a strong influence during the Metal Rat year. During the first half of the year, you will have more free time, and you will be able to rest and make plans for the future. You will consolidate the relationship with your life partner, and you will spend more time with your kids.

Thirteen days before the Chinese Lunar New Year, on a picturesque sunshiny Sunday afternoon, from scenic beauty and quiet serenity, Taal Volcano suddenly erupts on January 12, 2020. It was considered by experts to be a phreatic eruption from the main crater that spewed darkish ash across the Southern Tagalog area, Metro Manila, Central Luzon and even as far north to the Ilocos region, resulting to the suspension of classes, work schedules and flights in the area. The Philippine Institute of Volcanology and Seismology (PHILVOCS) subsequently issued an Alert Level 4, indicating “that a hazardous explosive eruption is possible within hours to days.”

The PCS-Southern Tagalog Chapter started to send several humanitarian missions to the ash-covered disaster areas. PCS National, the PSGS National, the PCS-MMC, pharmaceutical companies, various organizations abroad and numerous individuals contributed to this herculean effort. Throughout the period, many were hoping for the best but were preparing for the worst case scenario of a far deadlier follow-up eruption. Further dampening the mood: Kobe Bryant dies in a bizarre helicopter crash in Calabasas, California on January 26, 2020, sending a vast number of diehard NBA fans into some melancholic funk. Yet, unsuspectingly, spiralling events abroad will soon affect our country, our way of life, the practice of medicine and our College at a blistering pace.

On January 30, 2020, the first case of Corona Virus Disease 2019 (COVID-19) was documented in a 38-year old woman in Metro Manila who had a travel

> 4

history from Wuhan. Two days later, the Philippines recorded the first death outside China on February 1st, that of a 44-year old Chinese national who was confirmed to be COVID positive the day after he expired.

The first case of a patient with no travel history abroad was confirmed on March 5 in a 62-year old man who frequented a prayer hall at a San Juan Mall. This development raised alarms that a COVID-19 community transmission had already set foot in the country. Two days later, the man's wife was documented to have contracted the virus, the first local transmission of COVID-19 in the country. The Philippine Government declared a health emergency on March 9th following a spike in new confirmed cases and the recorded local transmission, placing the nation on high alert.

The Philippine Government announced that the country will be placed under a State of Calamity for

a period of six months thereby enabling national and local government immediate access to relief funds to curb the spread of the disease.

The COVID-19 Code Alert system was revised upward to Red Sublevel 2 on March 12th and on the very same day, President Rodrigo Roa Duterte announced the Metro Manila Lockdown. Four days later, the Philippine President extended the Enhanced Community Quarantine (ECQ) to the whole island of Luzon.

Since March 16, upon the recommendation of the PCS, all elective surgeries have been put on hold primarily to stem the spread of the novel coronavirus and to conserve hospital resources and manpower.

The first quarter of the year 2020 has ended. But the maelstrom is still upon us.



FROM THE PRESIDENT

Jose Antonio M. Salud, MD, FPCS



The first quarter of 2020 will be remembered for 2 events that changed the lives of millions of Filipinos, starkly different in the way they manifested – the eruption of the Taal Volcano on the 12th of January and the pandemic created by an invisible enemy, a virus which we now know as COVID-19. The Taal eruption was clearly visible and tangible especially to those living in the southern portion of Metro Manila and most notably in the provinces of Batangas, Cavite and Laguna. As the ashfall came raining down on us making us reminisce Pinatubo in 1991, the full impact of this unusual volcanic activity slowly manifested itself – in the physical havoc that resulted to the towns around the lake and the volcano and eventually the economic toll on the citizens of the Southern Tagalog chapter. Like in past disasters, the Bayanihan spirit of the citizens of the country showed up with donations from all over in cash and in kind. The chapter fellows contributed by helping in the clinics set up in the different towns where refugees gravitated to but more assistance was required and so the BOR decided to provide the chapter with P50,000 to boost the chapter’s activities in support of the needs of the people affected.

As the people of Batangas started to return to their hometowns and try to reorganize their lives, news of a public health problem in China began to surface. Initially ignored by the majority of the Filipinos, the virus entered the country inside a Chinese national travelling from Wuhan to our country via Hong Kong and manifesting the symptoms and confirmed to be infected by the virus, then called n-COV, on January 30 of this year. This was slowly followed by a few more Chinese nationals in the country manifesting and eventually confirmed to have the virus in the next few days. There were no concerns of new cases until the 2nd week of March when a number of patients started getting ill with the

virus. Thereafter, conferences and meetings of local and national organizations were being cancelled and postponed to prevent the spread of the virus. At around this time, the national government decided to announce a widespread community quarantine, limiting travel to only the most essential work – for healthcare workers, groceries, businesses offering basic services, government officials, among others – and advocating social and physical distancing. Everything came to a standstill as we entered a historic chapter that was unknown to all – forced quarantine and the war against an invisible enemy.

For the majority of the public, the Board of Regents and surgeons in general, staying put in one’s own home is absolutely out of the question but we had to follow the law. As a result, the BoR started meeting on-line via the Zoom application, the first time on March 13 and thereafter almost every 2-3 days churning out guidelines and advisories for fellows, all surgeons, and surgical residents with the help of Cathy Teh, the chairman of our Subcommittee on Website & Medical Informatics and the Committee on Research. We produced during the period of community quarantine from March 15 to the present time, a number of guidelines, advisories and infographics, shared on our website, FB, Viber and other social media platforms. Even the American College of Surgeons took notice and requested copies of our guidelines which they wanted to use for their website among others. These were the guidelines we produced, the full text of each is available in our website:

- Recommendation for the Management of Elective Surgeries (3/14)
- PCS Cancer Commission Recommendation on Cancer Surgeries (3/15)
- Surgeries in COVID-19 Free Hospitals (3/20)

- PCS Recommendations for Health Care System Planning for COVID-19 (3/21)
- Precautionary Measures for Emergency Surgery during the COVID Pandemic (3/22)
- PCS Guidelines on Personal Protective Equipment (PPE) for Surgery during the COVID-19 Pandemic (3/26)
- PCS Advocates Wearing Facemask for All (4/2)
- PCS Guidelines on Post-ECQ Resumption of Elective Surgeries and Outpatient Clinics (4/20)
- Recommendations for the Rational and Effective Use and of PPE; Guidelines for Extended Use, Re-use and Acceptable Processing Methods (4/28)

Likewise, the other surgical subspecialties under the aegis of the PCS also contributed their share of guidelines, recommendations and infographics for surgeons under their subspecialties of Surgery. All of these have been compiled in our website and FB page. Individual copies of these can be provided per request from our secretarial staff although these have already been e-mailed to all the fellows and resident members.

As the whole world waited for the lockdown to be lifted in their own little worlds, a new normal took effect as two months of practically working from home became, essentially, the “new normal.” Policy-making, conferences, webinars all were being conducted in the comfort of one’s own home. As an essential worker but not necessarily a frontliner, I had to be at our hospital 2-3x a week breezing through checkpoints to do an occasional emergency surgery (with full PPE), make rounds, and look after the status of our residents as well as meet with hospital administrators.

The first quarter of the year is usually spent visiting the 12 chapters of the College around the country for inductions and to meet and dialogue with the fellows. We had visited 8 chapters already before the quarantine was announced. As a result, the 4 remaining chapters had their inductions and dialogue via the Zoom platform. Of course this had to be cleared with our legal counsel who gave a legal imprimatur on the whole process with some basic requirements that had to be met. Also, we had on-line meetings with the chapter presidents, the Board of Governors and even the presidents of the surgical subspecialty societies under the College. We became so used to meeting this way, that we mandated the different committees to start meeting regularly through

this platform and deemed that the “new normal” in committee meetings will be like this for the foreseeable future.

At the onset of the quarantine, we had to lockdown even our PCS Building and no activity was allowed for our secretaries and tenants. Like any other business, the forced lockdown has affected our bottom line and our finances and investments took a hit and continue to do so. Despite that, we have told the Chapter Presidents to go and look after the concerns of the fellows in their chapter and do what is needed to provide for their needs with the national organization funding part of their expenses.

As of this writing, the schedule of the lifting of the enhanced community quarantine here in the NCR is a week away. We are all preparing for a somewhat normal return to the usual activities but know that we can never return to what we have been used to all these years. A new era will set in – the post-COVID one – where old habits will have to be changed, a more paranoid behavior is the norm and physical distancing and avoidance of others will be common features. Let us learn from this crisis and work to make our community a much better place than before. Don’t let us look back to the past and how it once was but look towards a simpler but better future, a better lifestyle, a better environment for one and all and a better community of surgeons.

I grieve along with all other HCWs for all our colleagues in the industry who have gone too soon because of the virus, some of whom were my friends and consultants. The same goes for all who have passed as a result of the effects of the virus – may they all rest in eternal peace and we offer our sympathies to their families and friends. And for those still ill from the virus, may you all recover well and get rid of the virus from your systems.

We are not even halfway done with the year and there is so much still to be done. The Board of Regents of the College will continue to do what is best for all the surgeons in the country, from creating more guidelines, to organizing educational activities via the most appropriate platforms, to fighting for what is due us by the government and other agencies and simply to make the life of a surgeon as productive and valuable as possible and to ensure that being a fellow of the PCS is all worth it.

The format for this year's "Across the Board" has to be changed to adapt to the new normal of the Covid-19 Pandemic. Aside from the monthly Board Meeting, the Board of Regents made several meetings online as well as discussions using the Viber. Induction of the 4 Chapters were made online as well. More meetings were held including meeting Chapter and Subspecialty Presidents

across the board



Esperanza R. Lahoz, MD, FPCS

1st Board of Regents' Meeting January 11, 2020 (Saturday) GT Singian Board Room

Matters Arising from the Minutes of December 2020

- Code of Ethics (2019) was presented during the Annual Business Meeting last December 2019
- PCS Commissions were launched during the Annual Clinical Congress in December 2019
- 2019 Physicians Act finalized by the eight (8) PMA Specialty Divisions for presentation to Senator Bong Go; a copy was already sent to Cong. Angelina Tan
- New Administrative Manual approved by BOR of 2019

Updates from the President

- Task shifting (concept paper by Past President George Lim) discussed with representatives from PSA, PSGS, PUA, POA, PATACSI; Pangasinan was identified as the pilot area
- PHIC Quality Assurance Commission – the HMO Committee was tasked to finalize the list of RUV which might be used in the formulation of the UHC Global Budget.
- Meeting with PHIC President Gen. Morales and VP Shirley Domingo discussing the premium contributions of physicians; government physicians' professional fees not being paid
- PMA Commission on Professional Specialization: PHIC was asked to recognize the PCS RUV for HMO to adopt the rates.

Treasurer's Report

- Financial asset, short term investments decreased by 2%
- Cash investment increased by 3%
- Hiring of an internal auditor was being considered
- Finance Committee – re-strategize investments of the College

Committee Reports

- Trauma
 - o Inclusion of Burn in the Commission: PCS Trauma, Injury and Burn Care Commission
 - o Updates from the meeting on January 8, 2020 by the Commission.

- Injury Prevention – Home Safety
- Priority Project – Stopthebleed
- National Trauma Registry
- Disaster Risk Reduction: Metroyakal Plus Project
 - o Involvement of Fellows in the TESDA and EMS lectures; participation in the EMS Bill hearings
- Cancer
 - o PCS Alliance Summit on February 4, 2020 at 7AM-12 noon at the PMA Auditorium
 - o Cancer Commission – 3 priority projects
 - Mobilizing the Tumor Boards
 - Data system in coordination with CARE Philippines and Philam Foundation
 - Training the trainors in coordination with ICanServe initially for breast cancer
- HMO and RVS
 - o RUV list to be submitted to PHIC
 - o Certificate of Accreditation will be given to surgeons for presentation to hospitals
 - o Fellows can file a complaint with the Committee regarding HMOs – form available at the website
- Committee on Membership approved with their task for 2020

2nd Board of Regents' Meeting February 8, 2020 (Friday) GT Singian Board Room

PCSF Meeting Highlights: (Board of Trustees Meeting)

- PCSF Board Resolution No. 2020-002: extending the deadline for submission of project proposals for the use of the 2018 Chapter shares and Sub-specialty Societies to December 31, 2020.

Updates from the President

- Meeting with the Specialty Divisions and Surgical Specialties (February 5, 2020)
 - o Concept Note of the DOH Re: QAF for Medical Residency Programs. The position is that the PRC has the mandate to oversee training programs and not the DOH.

- o DOH Circular 20198-0558 on posting of professional fees: health providers must make prices accessible to the public. Intervention of the PCS is publish the PCS RUV manual
- o Health Manpower Capabilty 2020-2024 – the PCS will provide the data to the DOH

New Matters:

- Guidelines on Social Media (Viber) Decisions was approved upon consultation with the legal counsel
- PRC on Foreign Medical Professional (FMP) undergoing Residency Training: institution must conduct exit examination

Treasurer’s Report

- Expenses of the various Committees were presented and 10% of their budget have been spent

Board of Governors’ Report

- Officers and representatives
- PCS Good standing certificate request should include clearance from the Subspecialty and the Chapter
- Assistance from the BOG on the different projects of the College – Community-Based Cancer Programs (Chapters) and Data Field for Surgical Outcome in Cancer Management (Subspecialty)

Committee Reports

- Finance
 - o Termination of some instruments
 - o Internal Auditor is recommended
 - o Delinquent Fellows – maximize communication through Subspecialty Conventions and Chapters; 126 Fellows with arrears
 - o Payment Options
- PCS Building
 - o Escalation rates
 - o Electronic biometrics installation
 - o Increase internet band width
- Internal Audit
 - o Recommendation of a Finance Staff/Cashier
 - o Need for Internal Auditor
- Trauma
 - o ATLS Updates
 - o Schedules for BEST, BETTER, Critical Care Workshop, ATLS
 - o Trauma Commission Calendar of Activities
- Cancer
 - o The Committee’s PCS Alliance for Life: A Cancer Summit held on February 4, 2020 at the PMA was attended by 131 from the different stakeholders
 - o Registration of the Commission with SEC as a Non-stock Non-profit Foundation
 - o Schedule of Activities of the Commission was presented

- SURE
 - o Tasked as implementor of the Task Shifting Program with Sorsogon as the pilot area being ready with the UHC to cover General Surgery initially
- Surgical Infections
 - o Sessions for Midyear and Annual Conventions discussed
 - o PSIS, CSI and ORNAL Seminar
 - o ORNAP Manual 3rd edition
 - o Declaration o Surgical Infection Prevention Awareness (SIPA) Day from Malacañan awaiting approval
 - o Implementation of Antimicrobial Stewardship Program
- Conventions
 - o 46th Midyear Convention in Naga City
 - o 76th Clinical Congress
 - o 47th Midyear Convention – Negros Island withdrew bid to give way to Cebu
 - o 77th Clinical Congress
- Surgical Education
 - o Chairman for 2022 Midyear – Dr. Joy Grace G. Jerusalem
 - o Chairman for 2022 Annual Clinical Congress – Dr. Amornetta J. Casupang
 - o 46th Midyear Convention program
 - o 76th Annual Clinical Congress presented including list of foreign speakers
- Surgical Research
 - o Focused task: Surgical Manpower and Task Shifting
 - o Inclusion of Chapter representatives to the Committee
 - o Encourage Fellows to come up with Research Proposals
 - o Inclusion of research as criteria for awards
- Administrative Concern
 - o Performance bonus approved for release
- External Affairs
 - o Media Liaison
 - o nCOV prevention and preparedness campaign for surgeons
- PJSS
 - o 2nd PAMJE Annual Convention participation
 - o 75th Annual Clinical Congress topic: preparing your manuscript for publication
 - o Reviewer’s Workshop on June 6, 2020
- PCS Website and Informatics
 - o Journal of Medical Insight (JOMI) – for a free one-month trial by the BORS
- Patient Safety and Quality Assurance
 - o Partner with PHIC to use its claims data as corpus for analyzing surgical quality

Other Matters

- Approved Php50,000 for the PCS-ST Relief Operation on Taal Volcano Eruption

3rd Board of Regents' Meeting March 13 and 14, 2020 (via Zoom Telecon)

Matters Arising from the Minutes

- 46th Midyear Convention – postpone indefinitely
- 47th Midyear Convention – PCS CEVC approved to host at Radisson Blue Hotel in Cebu City

President's Updates

- Chapter Dialogue
 - Real estate investment as proposed by Finance Committee
 - RUV not followed by HMOs
 - USA – list of accredited Fellows can be found in the website

Treasurer's Report

- 2.3M paper loss

Committee Reports

- PCS Building
 - Upgrade internet subscription from 10MBPS to 20 MBPS
 - COVID Measures to be implemented
- Administrative Concerns
 - Staggered schedule of office staff
- Hospital Standardization
 - To meet with the DOH Health Facilities and Services Regulatory Bureau to discuss and present the development of a classification system in terms of structure and processes of surgical services
 - PSGS headed by Dr. Orlando Ocampo conducted a 10-year study of the top 10 GS procedures
- HMO & RUV
 - 574 Fellows have submitted their Unified Service Agreement
 - PAPRAS and POA requested one week review by the societies
 - RVUs will be negotiated with PAHMOC, AHMOPI and PHIC
- Trauma
 - All 3 Commissions to start registering with the SEC
 - Hold in abeyance all activities
- Cancer
 - Philam Foundation pledged 500K as initial fund for the PCS CanCom Foundation, Inc. as a distinct foundation

- In collaboration with the ICanServe Foundation, statements will be issued to address concern of cancer patients
- SURE
 - Renewal of the MOA with the League of Municipalities
- Surgical Infections
 - Strengthen implementation of the SSI surveillance in every institution
 - ORNAP manual projected to be finished by October 2020
- Convention
 - 46th Midyear Convention - postponed indefinitely
- Continuing Surgical Education
 - Letters of invitation sent to invited faculty
- Surgical Research
 - Additional budget for Fellows' Research Proposal Presentation during the ACC
 - Research Assistant hired for the Manpower Study
- Awards
 - Revised Criteria:
 - PCS Lifetime Achievement Award
 - Professionalism 40% (before 50%)
 - Achievement – new category – 30%
 - Community Service – 20% (before 30%)
 - Service to PCS – 10% (before 20%)
 - PCS Fellow Award for Community Service – same
 - PCS Legend of the Knife – same
 - PCS Outstanding Resident (for further review of the Committee)
 - Academic excellence – 40%
 - Research as principal author – 35%
 - Rendered/participated in community service – 10%
 - Essay writing – 5% (before 10%)
 - Awards & Recognition – 10% (before 5%)
 - PCS Outstanding Chapter (for further review of the Committee)
 - CPD Activities – 40%
 - Socio-civic activities/Local/Govt Programs, Public Health Awareness – 30%
 - Innovative programs – 20%
 - Surgical Research Activities (chapter initiated) – 10% (new)
 - Outstanding Specialty Society (for further review of the Committee)
 - CPD Activities – 40%
 - Socio-civic activities/local/govt programs, public health awareness – 30%
 - Innovative programs – 20%
- Publications
 - Poster for 76th Annual Clinical Congress

- o Postponed activities
 - Writers' workshop
 - Anthology book
- o Contents of incisions approved
- Patient Safety and Quality Assurance
 - o Training workshop: "How to start a quality surgical improvement program"
 - o Surgical Safety Checklist Application pilot tested

Other matters

- PCS Fellow Application extended until May 15, 2020
- COVID-19 Guidelines approved – some were formulated by the BOR and all were reviewed by the BOR.
 - o Recommendation for the management of elective surgeries (March 14, 2020)
 - o PCS Cancer Commission Recommendation on Cancer Surgeries (March 15, 2020)

**Special Meetings
(via Zoom Telecon)**

March 19, 2020

- Letter to IATF, DILG, LGUs and Chapters – focusing on the management of operations, guidance on COVID-free hospitals, how to avoid

March 20, 2020

- Discussion and formulation and approval: Surgeries in COVID-19-Free Hospitals
- Letter of Aventus – refer to legal counsel

March 21, 2020

- Discussion, formulation and approval: PCS Recommendations for Healthcare System Planning for COVID-19
- Check into the status of Fellows affected by COVID-19

March 22, 2020

- Discussion, formulation and approval: Precautionary Measures for Emergency Surgery During COVID-19 Pandemic
- Status in Biñan, PGH, Medical City and other areas
- Subspecialty Societies are encouraged to come up with their specific guidelines

March 25, 2020

- Discussion, formulation and approval: Guidelines on Personal Protective Equipment (PPE) for Surgeons During COVID-19 Pandemic
- Financial support to Chapters c/o President's Fund
- To set up zoom dialogue with Cong. Herrera and Mayor Joy Belmonte

March 30, 2020

- Updates on COVID-19
 - o Biñan situation –
 - o Ayala group
 - o Philippine Red Cross
 - o Donations for COVID – tax exemption – draft letter to DoF Sec. Dominguez
 - o Production of a video with the theme: We heal as One.

April 1, 2020

- PCS advocates Facemask for All

April 8, 2020

- Position paper with IBP and PMA on Data Privacy of COVID patients to be submitted to the IATF
- Appeal to PHIC – regarding Circular 2020-0006 which took effect on April 5, 2020 regarding premium contributions payment with penalties
- PCS CanCom – PCS as signatory: Appeal to protect, safeguard and sustain treatment of cancer patients and cancer survivors amidst COVID-19 Pandemic
- Adoption of PGH Donning and Doffing video
- Come up with Transition Guidelines once ECQ is lifted c/o Regents Mendoza and Inso
- Plight of residents

**Social Media
(Viber) Decisions**

- PCS Total Lockdown effective immediately (March 17; 11/11 votes)
- Work from home of our staff (March 19; 12/12 votes)
- Approval of the Final Draft: Surgery on COVID Patient (March 23; 10/10 votes)
- Support IBP Position Statement on voluntary waiving confidentiality right (April 1; 12/12 votes)
- Hashtag Mask4All (April 2; 9/9 votes)
- Congratulatory message to Annette for 40 years in service (April 8)
- Position statement on Centralized Command for Hospitals (April 21; 13/14 votes)
- Post-ECQ guidelines to include disclaimer (April 22; 11/11 votes)
- Committee on Publications proposal to issue a supplement of the Incisions to focus on COVID-related events (April 24; 9/9)
- Extension for PCS Fellows Application to June 15, 2020 (April 28; 11/11 votes)

Meeting with Chapter Presidents via zoom

March 31, 2020

- Informed the Chapters about the guidelines posted in the website and the PCS FB page
- Contact details of Bureau of Customs for the donations
- Chapter will buy the materials and the College will reimburse upon presentation of receipts
- Report on Fellows afflicted or succumbed to COVID-19
- Shortage of PPE
- Designation of COVID Hospitals and Quarantine Facilities

April 15, 2020

- Updates on the status of COVID in their areas
- Concerns of the Chapters
- PCS granted the use of the President's Fund to support the needs of the Chapters

Meeting with Sub-Specialty Presidents April 14, 2020

- Updates
- Society Concerns
- Encourage formulate guidelines in relation to COVID-19

Induction of Officers and Directors and Dialogue with Chapters

- Bicol Chapter (January 18, 2020)

- Metro Manila Chapter (January 23, 2020)
- Cebu Eastern Visayas Chapter (February 15, 2020)
- Panay Chapter (February 22, 2020)
- Negros (February 23, 2020)
- Northeastern Luzon Chapter (February 29, 2020)
- Cordillera Chapter (March 7, 2020)
- Northern Luzon Chapter (March 8, 2020)
- Davao Southern Mindanao Chapter (March 25, 2020) via zoom
- Southern Tagalog Chapter (April 13, 2020) via zoom
- Central Luzon Chapter (April 21, 2020) via zoom
- Northern Mindanao Chapter (May 8, 2020) via zoom

Bulletins During the COVID-19 Pandemic

- Recommendations for the Management of Elective Surgeries (March 14, 2020)
- PCS Cancer Commission Recommendation on Cancer Surgeries (March 15, 2020)
- Surgeries in "COVID-19-Free" Hospitals (March 20, 2020)
- PCS Recommendations for Healthcare System Planning for COVID-19 (March 21, 2020)
- Precautionary Measures for Emergency Surgery During COVID-19 Pandemic (March 22, 2020)
- PCS Guideline on Personal Protective Equipment (PPE) During COVID-19 Pandemic (March 26, 2020)
- PCS Advocates Wearing Facemask for All (April 2, 2020)
- PCS Guidelines on Post-ECQ Resumption of Elective Surgeries and Outpatient Clinics (April 20, 2020)
- Recommendations for the Rational and Effective Use of Personal Protective Equipment (PPE): Guidelines for Extended Use, Re-Use and Acceptable Reprocessing Methods (April 28, 2020)

Committee Appointments... from page 34

Committee on Fellows Assistance Plan

Chair: Ervin H. Nucum, MD
 Members: Roberto M. De Leon, MD
 Josefino C. Qua, MD
 Emmanuel F. Montaña, Jr., MD
 Erwin Emeterio L. Isla, MD
 Regent-in-Charge: Renato R. Montenegro, MD

Jose Ravelo T. Bartolome, MD
 Vivencio Jose P. Villaflor III, MD
 Alvin B. Marcelo, MD
 Regent In-Charge: Rex A. Madrigal

Committee on Hospital Standardization and Accreditation

Chairman: Alejandro C. Dizon, MD
 Members: Rey Melchor F. Santos, MD
 Antonio S. Say, MD
 Gavino N. Mercado Jr., MD
 Orlando O. Ocampo, MD

Council of Surgical Subspecialty Boards of the Philippines

Council Head: Armando C. Crisostomo, MD (PBCRS)
 Assistant Council Head: Orlando O. Ocampo, MD (PBS)
 Council Secretary: Adrian E. Manapat, MD (PBTCVS)
 Member: William Lavadia, MD (PBO)
 Raul Winston P. Andutan, MD (PBU)
 Jose Modesto B. Abellera, III, MD (PBPS)
 George G. Sy, MD (PBNS)
 Bernard U. Tansipek, MD (PBPRAS)
 Jose Benito A. Abraham, MD (PBTS)

PHOTO Gallery

Annual Clinical Congress 2019



75th Annual Clinical Congress

“Game Changers in Surgery”

• Marcus Jose B. Brillantes, MD, FPCS •

The Philippine College of Surgeons 75th Annual Clinical Congress was held last December 1–4, 2019 at the EDSA Shangri-La Hotel bearing the theme “Game Changers in Surgery”.

The Opening Ceremonies were held at the EDSA Shangri-La Ballroom which kicked off with the Processional which included the Chair of the Committee on Membership, the 2019 Inductees, Past PCS Presidents, Presidents of the various Medical Organizations, Foreign Surgical Colleges, Surgical Specialty Societies, Chair of the PCS Board of Governors, Board of Regents, PCS Treasurer and PMA President, PCS Vice-President and PRC Board of Medicine Chair, PCS Secretary and PCS President. The Welcome Remarks were given by PCS President 2019 Dr. George G. Lim and this was followed by the Presentation of Delegates and Guests by PCS Vice-President 2019 Dr. Jose Antonio M. Salud. The Conferment of Fellowship done by Dr. George Lim while the Fellowship Pledge was led by Dr. Gabriel L. Martinez.

The GTS Memorial Lecture program started off with the Recognition of the G.T. Singian Honor Society members. Foreign Affairs Secretary Teodoro L. Locsin, Jr. delivered the 50th G. T. Singian Memorial Lecture (*see complete text on page 31*) also during the Opening Ceremonies.



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The Opening of exhibits and the Business Meeting followed shortly after.

Highlight of the 4-day congress was the formal launch of the Commissions on Cancer, Trauma and SURE.

During the Congress, the PCS Committee on Research held the 11th PCS Surgical Research Contest

and Poster Presentation. An International Academic Symposium was done by Dr. Alex A. Erasmo and other simultaneous workshops were scheduled. Several ‘Game Changing’ surgery lecture series were held in succession. The Liver Surgery session was chaired by Dr. Catherine SC Teh with lectures done by Dr. Henri Bismuth; two Pediatric Surgery sessions were likewise scheduled. The first was chaired by Dr. Dures Fe E. Tagayuna which included several lectures by Drs. Saguil, Inciong, Regal and Marcelo while the second session had Dr. Jose Modesto B. Abellera as chair with Dr. Labilles as speaker and Drs. Saguil, Caballes and Velcek as panelists; and Surgical Training with Dr. Cenon R. Alfonso with Drs. Roxas and Concepcion serving as panelists. The Game Changers session in Head and Neck Surgery had Dr. Jose Ravelo T. Bartolome as chair with Drs. Fernando, B. Ang, I.T. Lim, and Lutanco as speakers while the session for General Surgery session had Dr. Alfred Q. Lasala as chair with Drs. Bueno, Azores, David and de Asis as speakers. The Trauma Care Game Changers lecture series had Dr. Andrew Jay G. Pusung as chair and Dr. Aireen Patricia M. David as speaker while the session on Patient Safety was chaired by Dr. Marie Dine P. Sacdalan with speakers consisting of Drs. Concepcion, Capistrano, Ancheta, Henson, Saguil and Marcelo.

A huge portion of the Clinical Congress was also devoted to the 13th Asia Telemedicine Symposium with Practical Applications of Telehealth in Surgery serving as its theme on the third and fourth day of the Clinical Congress with Dr. George G. Lim as Chairman.

Other series of sessions, lectures, workshops, cine-clinics were held in the four-day Clinical Congress. The Congress also serves as a venue to hold several reunions organized by the different training institutions, medical centers and other specialty surgical societies. A Fellowship Night was also held.

Congratulations to the organizers and Fellows who made the PCS 75th Annual Clinical Congress an unqualified success!

The PCS-CST COVID-19 Response Training Certifying Course

• J. Sanchez, C. Teh, R. Madrigal, J. Villaflor, K. Jimenez, B. Alcantara •

“When disaster strikes, the time to prepare has passed”

- Steven Cyros.

COVID-19 took the world by surprise, and WHO declared this a pandemic by the end of January 2020. President Duterte declared a state of public health emergency throughout the country on March 8 as the number of COVID-19 patients continued to escalate after community transmission became evident. Surgical services came to a halt once the enhanced community quarantine was implemented in the NCR. The number of doctors and other healthcare workers infected increased in number; at least 16 doctors died by early April, and there are now 35 deaths as of this writing. We were all caught unprepared.

On April 11, 2020, several members of the PCS Board of Regents, namely Drs Ramy Roxas, Rex Madrigal and Josefino Sanchez were invited to join the “PROJECT PAGASA COVID -19 Response Training of Trainers”, conducted by the Philippine Disaster Resilience Foundation (PDRF). This timely certifying course was a collaboration between PDRF and Brown University’s Watson Institute of International and Public Affairs, Center for Human Rights & Humanitarian Studies(CHR&HS). This course was delivered last April 13 to 16 by the Medical faculty of Brown University Emergency and Acute and Critical Care physicians, headed by Dr. Adam Levine, the director of CHR&HS. It was an intense 4 hours of daily training via an online platform over four evenings. It was intended for healthcare workers to learn and scale up the response to COVID-19 in their respective areas during this global pandemic. It was a gratifying course, well attended by representatives from the Military, Government, public and private health care sector who were seriously interested in learning and willing to dedicate their time in cascading the knowledge earned during this crash course from the basic understanding of SARS-CoV-2 to its clinical impact and management, infection prevention control and public health aspects such as surveillance, triage, medical surge, surge capacity to risk communications.

This course enlightened our mindset about COVID-19 and drove our fears away in facing the enemy as we become more empowered with the knowledge transferred to us by the faculty. As the regent-in-charge of the committee on surgical training (CST) Dr. Josefino Sanchez, together with Dr. BG Alcantara, the chairman of the CST, highly recommended this to our PCS President, Dr. Chito Salud. Thus, the PCS CST COVID-19 Response Training was born.

In order to cascade this course to a bigger number of participants, the other certified trainers - Drs Catherine Teh, Juvie Villaflor & Kay Jimenez, from Project Pag-asa Training the trainers COVID-19 course were enjoined to serve as faculty

for this PCS-PDRF certifying course. Together with Regents, Josefino Sanchez and Rex Madrigal, Dr. BG Alcantara, this team dedicated their time and effort in bringing this endeavor to fruition, with Dr. Cathy Teh as the course director.

The original course modules from Brown University were supplemented with our local and current data, daily and weekly updated, interactive sessions, and tabletop exercises to reinforce learning. Additional modules were added to complete a package that will enhance the safety of both patients and healthcare workers. This included Innovative Surgical Workflows and Safety in the operating room, which was discussed by Dr. Cathy Teh and The New Normal by Dr Juvie Villaflor, has reinforced the training course to be more aligned with the interest and focus of the surgical profession. With the newfound enthusiasm of the group and the able leadership of Dr BG Alcantara, the first PCSCST COVID-19 Response Training was launched on April 28 -May 1, 2020, attended by 83 participants. The overwhelming response from our fellows and trainees prompted the group to conduct a second webinar on May 4-7, 2020, this time with 91 attendees and finally, the third webinar on May 11-14, 2020, with 445 participants. Some highlights of the webinar included sharing of personal experiences by Dr. Cathy Teh as a SARS patient herself in 2003 when she was in training in Singapore and by Dr. Vic Gozali as a COVID-19 patient at Makati Med. Impact on the disruption of surgical training was also discussed in an open forum by Dr. Ogie Solomon, the chairman of the PSGS Accreditation Committee. During the second batch, it was an honor to have an expert pediatrician, infectious disease specialist, and epidemiologist rolled into one, Dr. Benjamin Co as a guest speaker who talked about COVID-19 from Disease to Data. These three batches of certifying courses were made possible by the Telemedicine Network of the Philippines (TNP) headed by Dr. Jeffrey Domino.

After a grueling 3 weeks of COVID-19 response training course, the original 5 certified trainers increased exponentially to 619 successful trained healthcare workers who are now ready to share their newfound knowledge with many more health care workers and together, we will face this crisis better equipped, enhanced, and fearless.

Congratulations to the more than 600 newly certified graduates of the PCSCST COVID-19 Response Training course! Perhaps, it is better late than never be prepared, for who knows, we may encounter another pandemic in our lifetime! May your enlightened knowledge of COVID-19 encourage you to share this program with your fellow healthcare members so we can move to the “new normal” without any of us falling victim to this dreaded disease.

The Rise of the Commissions: PCS Takes A Bold Step Towards National Surgical Programs

• Joy Grace G. Jerusalem, MD, FPCS •

The PHILIPPINE COLLEGE OF SURGEONS, as the premier organization of surgical specialists in the country, embarked on the establishment of commissions to ensure the College's foothold on surgical issues of national significance. Through these commissions, the College aims to collaborate and take a more proactive role in national government programs on Trauma, Cancer, and Surgical Outreach.

Commission on Cancer

The PCS CanCom is a quasi-independent body within PCS, governed by a separate Board of Directors appointed by PCS BOR. It is composed of the Director and 8 Co-Directors with the following composition: 4 PCS Fellows: Director and 3 Co-Directors, and 5 Non-PCS Co-Directors from the Philippine Society of Medical Oncology, Philippine Radiation Oncology Society, Patient Support Group / IcanServe, and 2 representatives of main donors.

Its vision is to ensure availability and accessibility of quality cancer care, specifically cancer surgery, across all regions and sectors of Philippine society by taking the lead in promoting value-based, high quality cancer surgery services and research. The commission envisions three main programs, namely, the Surgical Oncology Quality Improvement, Cancer Quality Outcomes Review and Cancer Community Outreach and Support.

Among its other functions, the CanCom will oversee Hospital Tumor Boards, ensuring a multidisciplinary team approach in the management of cases; conduct a 30-day cancer surgery outcomes review; conduct training and education programs for surgeons, oncology nurses, and other paramedical personnel; develop Clinical Practice Guidelines for various cancers; produce and promote cancer surgery research relevant to the Philippine and Global context; work closely with the DOH and Congress in developing national strategies for the development of general and specialized cancer surgery services; work with Philhealth and other third party payors in

developing value-based cancer surgery packages and programs that will benefit Filipino patients from all economic classes (e.g. Z benefit); and carry out a wide range of cancer quality-of-care campaigns such as community-based cancer programs.

Commission on Trauma

The PCS Trauma, Injury and Burn Care Commission (PCS TIBCC) is envisioned to be a trans-disciplinary collaboration of stakeholders that lead in all aspects of care for the injured.

The PCS TIBCC shall be established as a quasi-independent body within the PCS to propose policies, guidelines and standards on trauma prevention, trauma system, hospital care, rehabilitation and mass casualty incidents, engaging all stakeholders in all efforts that will help save the lives and benefit the Filipino people.

In its efforts to help save the lives and benefit the Filipino people, the PCS TIBCC shall have five main Clusters: Injury Prevention Cluster (IPC), Trauma System Cluster (TSC), Hospital Care Cluster (HCC), Rehabilitation Cluster (RC), and Disaster Risk Reduction Cluster (DRRC).

The PCS TIBCC will have the following important functions: assist the government in the identification of gaps and the formulation of policies related to trauma system, trauma education, trauma care and injury prevention; provide expert opinion on legislation, orders, policies, guidelines, and standards related to trauma care and injury prevention; assist the Department of Health and other government agencies in the implementation of trauma programs related to the Universal Health Care Law or Republic Act 11223; assist in research and training in the field of trauma health systems, injury prevention and control programs; and collaborate with different stakeholders in the aspects of:

- Government
- Legislation
- Law Enforcement

- Quasi-government
- Non-Government
- Public Health
- Prehospital Care
- Emergency / Acute Care
- Surgery
- Critical Care
- Rehabilitation / Physical and Occupational Therapy
- Trauma Psychology / Psychiatry

The PCS TIBCC Board of Directors shall be the policy-making body of the PCS CanCom, and shall: approve the implementation of the PCS TIBCC's work plan and budget; give inputs on the directional planning of the PCS TIBCC as submitted by the implementing team; and have regular monthly Board meetings. All nine (9) members shall have voting rights. The Non-voting Members of the PCS TIBCC Board of Directors are the Ex-Officio Representative from the PCS Board of Regents (PCS BOR), either the President or his/her representative, who will sit in the Board as a Non-voting Member and the PCS TIBCC Chief Executive Secretary will likewise be a Non-voting Member of the PCS TIBCC Board. The Four PCS Representatives (1 Director and 3 Co-Directors) shall be elected every three (3) years; while the (5) Co-Directors from the Trauma Cluster Sectors shall be elected for a term of 2 years. The Chairman of the Board and Board Members shall hold office from January to December of that calendar year, and until his/her qualified successor takes over; until his/her death; or until s/he resigns; or until s/he is replaced. The term of Director/Co-Director from the PCS shall be deemed terminated if they cannot fulfill their duties for a cumulative period of 6 months. Similarly, the term of Co-Directors from the Trauma Cluster Sectors shall be deemed terminated if they cannot fulfill their duties. In the case of early termination or vacancy of a board seat, the PCS TIBCC Board will nominate a substitute for approval by the PCS BOR. The PCS BOR appoints the Board of Directors.

The PCS TIBCC Board shall have an Executive Committee consisting of five members, as follows: Chairman, five Directors of the Main Trauma Cluster programs, the Ex-Officio Representative from the PCS BOR and the PCS TIBCC Chief Executive Secretary, who must attend all the Execom meetings.

The Co-Chairman of the Board of Directors shall come from the three (3) PCS Co-Directors representing Resource Generation, Communication and Legislation Clusters. He or she is designated by the Chairman to act in his behalf in a temporary capacity and such designation shall not be longer than 6 months cumulative, and should perform all duties incidental to

the office of the Chairman and such other duties assigned to him/her by the PCS TIBCC Board of Directors. The Co-Director for Resource Generation will oversee fund raising activities in order to sustain funds for the PCS TIBCC. The Chairman of the Board of Directors and the Chief Executive Secretary will take the lead in regularly writing proposal to potential funders. Funders may be international funding agencies, local corporations or local philanthropists, as well as grants for research. The Co-Director for Communication is in charge of social media communication to "advertise" the existence and activities of the PCS TIBCC. The Co-Director for Legislation is primarily in charge to sustain and perpetuate the existence of the PCS TIBCC via legislation as an act of Congress. He is expected to lobby for the sponsorship and eventual approval of a TIBCC Bill.

Commission on Surgery for Underserved Regions and for Education

The premier organization created by the Philippine College of Surgeons that will promote, conduct and coordinate high quality surgical care, education, training and research in the underserved areas of the country. Its main objective is to uphold "Quality Surgery for All", by providing a coordinating platform for the conduct of surgical outreach activities, that enables education, training, research and collaboration.

The SURE Commission's function is to plan and coordinate the conduct of quality surgical outreach activities in the various underserved areas in the country by providing manpower and logistics support for the surgical outreach activities, as well as assistance in the upgrading of identified centers that will sustain the delivery of surgical care. It will collaborate, engage with stakeholders and conduct educational, training and research activities on matters related to surgical outreach activities and advocacies. The SURE Commission has 4 Program Pillars: Education and Training, Outreach Services & Adopt a Hospital, Research and Ways & Means / Logistics.

The creation of the new Commissions was approved last May during the Midyear convention. Amended bylaws are currently being filed with the Securities and Exchange Commission. Once established, the PCS, through its Fellows will have a strong foothold in the creation of relevant, current and effective programs to ensure that every Filipino, wherever they are in the country, can avail of the highest quality standards for surgical care.

PCS Launches Three Commissions

• Vietriz PD. Abella, MD, FPCS •

The Philippine College of Surgeons (PCS), the Professional Regulations Commission-recognized umbrella organization of all surgical specialty societies in the country, launched in its 75th Annual Clinical Congress three commissions as part of its commitment to the progressive realization of the Universal Health Care Act.

The Commissions on Cancer, Trauma, and SURE (Surgery to Unserved Regions for Education) were launched during the four-day convention held in Mandaluyong City from December 1 to 4, 2019. This was attended by over a thousand surgeons of different surgical specialty from all over the Philippines, as well as international speakers and guests.

As succinctly explained during the launch by PCS President Dr. George L. Lim, the Commissions are different from the existing Committees in the organization, in that their membership consists not only of Fellows of the College, but also other medical specialists, and even lay-persons.

In the packed main ballroom of EDSA Shangri-La Hotel, the convention venue, the Commission Executive Directors then took turns introducing their respective commissions and presenting their co-directors.

The PCS Cancer Commission

Also known as PCS CanCom, this quasi-independent body shall be governed by a separate nine- person Board of Directors, consisting of four PCS Fellows and five non-PCS members. The four PCS Fellows are Dr. Manuel Francisco Roxas, Executive Director; Dr. Jose Rhoel de Leon, Director for the Cancer Community Outreach and Support Program (CCOSP); Dr. Catherine Teh,

Director for the Cancer Surgery Quality Improvement Program (CSQIP); and Dr. Ida Lim, Director for Cancer Surgery Quality Outcomes Review (CSQOR).

The other five non-PCS Directors are Dr. Maria Lilibeth Sia Su from the Philippine Society of Gynecologic Oncology, Dr. Johanna Patricia Canal from the Philippine Radiation Oncology Society, Ms. Kara Magsanoc-Alikpala from ICanServe (a patient support group), and representatives from main donors, Dr. Beatrice Tiangco from CARE Phil., Inc., and Mr. Max Ventura from Philam Foundation, Inc.

In consonance with the provisions of the Universal Health Care Law and the National Integrated Cancer Control Act, the PCS CanCom aims to “be the national leader in promoting value-based, high-quality cancer surgery services and resources,” to ensure the “availability and accessibility of quality cancer care, specifically cancer surgery, across all regions and sectors of Philippine society.”

The PCS Trauma, Injury and Burn Care Commission

The PCS Trauma, Injury and Burn Care Commission is also a quasi-independent body within the PCS, whose mission is “to propose policies, guidelines and standards on prevention, trauma system, hospital, rehabilitation care and MCIs, engaging all stakeholders in all efforts that will help save the lives and benefit the Filipino people.” Further, Commission Director, PCS Fellow and former DOH Undersecretary Dr. Teodoro Herbosa shared its vision, to be a “Transdisciplinary collaboration of stakeholders that leads in all aspects of care for the injured.”

The Trauma, Injury and Burn Care Commission is composed of eight directors, three of whom are PCS Fellows: Dr. Jose Antonio Salud is the Director for Resource Generation; Dr. Dures Fe Tagayuna is the Director of the Communications Cluster; and Drs. Joel Macalino and Herbosa are co-Directors of the Legislative Cluster.



PCS President Dr. George L. Lim, as he delivered his speech for the Commissions are different from the existing Committees in the organization.

The other five directors and their respective clusters are as follows:

1. Dr. Arthur Catli from the Philippine Red Cross: Injury-Prevention Cluster
2. Dr. Rolando Gerardo F. De la Cruz of the Philippine Society for the Surgery of Trauma: Trauma System Cluster
3. Dr. Alejandro Tan of the Philippine Medical Association (PMA) and Dr. Pauline Concovar of the Philippine College of Emergency Medicine (PCEM): Hospital Care Cluster
4. Dr. Alfredo Mahar Francisco Lagmay of the UP-Nationwide Operational Assessment of Hazards: Disaster Risk Reduction Cluster
5. Col. (Dr.) Felix Terencio from the AFP: Rehabilitation Cluster

The PCS SURE Commission

The PCS SURE Commission is a humanitarian arm created by PCS that will promote and coordinate surgical care, education, training, and research. This will make surgery equitable, available and accessible to the marginalized to address unmet surgeries and give quality surgery for all.

The SURE Commission is composed of nine directors, four of whom are PCS Fellows: Dr. Vicencio Jose Vilaflor III as Commission Director; Dr. Marcus Lester Suntay as Assistant Director; and Drs. Beda

Espineda and Ramon Inso as part of the Board of Directors. The Finance Officer is Mr. Eliseo Jojo Prisno. The four other non-PCS fellows in the Board of Directors are Ms. Arlene Keh, Mayor Trina Alejandra Firmalo-Fabic and a representative from the Philippine Society of Anesthesiologists, Inc. (PSA) and Operating Room Nurses Association of the Philippines, Inc. (ORNAP).

The Commission has the following program pillars and is headed by the following:

1. Education and Training (Committee Chair: Dr. Miguel Mendoza) - to develop basic surgical care programs for healthcare workers in primary care units and hospitals.
2. Engagement and Outreach Services (Committee Chair: Dr. Rhoderick de Leon) - to collaborate with organizations and government units in order to facilitate and sustain quality and safe focused surgical outreach programs.
3. Research / Quality Assurance (Committee Chair: Dr. Don Eliseo Lucero-Prisno III) - to establish a database and registry to map out neglected surgical cases, manpower and facilities in the country and promote safe surgery.
4. Ways and means (Committee Chair: Dr. Rouel Mateo Azores) - to sustain service care delivery through partnerships with local and international organizations and through government legislation.



Board of Directors, consisting of four PCS Fellows and five non-PCS members. The four PCS Fellows are Dr. Manuel Francisco Roxas, Executive Director; Dr. Jose Rhoel de Leon, Director for the Cancer Community Outreach and Support Program (CCOSP); Dr. Catherine Teh, Director for the Cancer Surgery Quality Improvement Program (CSQIP); and Dr. Ida Lim, Director for Cancer Surgery Quality Outcomes Review (CSQOR).

The other five non-PCS Directors are Dr. Maria Lilibeth Sia Su from the Philippine Society of Gynecologic Oncology, Dr. Johanna Patricia Canal from the Philippine Radiation Oncology Society, Ms. Kara Magsanoc-Alikpala from ICanServe (a patient support group), and representatives from main donors, Dr. Beatrice Tiangco from CARE Phil., Inc., and Mr. Max Ventura from Philam Foundation, Inc.



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The other five directors and their respective clusters are as follows:

6. Dr. Arthur Catli from the Philippine Red Cross: Injury-Prevention Cluster
7. Dr. Rolando Gerardo F. De la Cruz of the Philippine Society for the Surgery of Trauma: Trauma System Cluster
8. Dr. Alejandro Tan of the Philippine Medical Association (PMA) and Dr. Pauline Concovar of the Philippine College of Emergency Medicine (PCEM): Hospital Care Cluster
9. Dr. Alfredo Mahar Francisco Lagmay of the UP- Nationwide Operational Assessment of Hazards: Disaster Risk Reduction Cluster
10. Col. (Dr.) Felix Terencio from the AFP: Rehabilitation Cluster



The SURE Commission is composed of nine directors, four of whom are PCS Fellows: Dr. Vicencio Jose Vilaflor III as Commission Director; Dr. Marcus Lester Suntay as Assistant Director; and Drs. Beda Espineda and Ramon Inso as part of the Board of Directors. The Finance Officer is Mr. Eliseo Jojo Prisno and the four other non-PCS fellows Board of Directors are Ms. Arlene Keh, Mayor Trina Alejandra Firmalo-Fabic and a representative from the Philippine Society of Anesthesiologists, Inc. (PSA) and Operating Room Nurses Association of the Philippines, Inc. (ORNAP).

The PCS Adapts: Full Speed into the Digital Highway in the Time of COVID 19

• Jose Rhoel C. De Leon, MD, FPCS •



The COVID pandemic surprised everyone. Although we've been seeing and hearing about it in the news months ahead specially in Wuhan, we never actually thought it will come to our shores and affect us in every aspect of our life – the way it did. The College is no exception. We've had two (2) board meetings for the year so far, every committee is picking up steam, the newly created commissions are starting to roll, and we're at the peak of the preparations for the midyear convention in Naga. The president with some officers are all over the country inducting every chapter officers and consulting/rallying every fellows on the programs, the College will be doing for the year.

While we were up in the North – specifically Vigan, Ilocos Sur to induct the Northern Luzon Chapter officers, our president received a call about a member of his surgical staff found to be infected with the virus. But that was just it – news of somebody we all know that got it. There was no panic, we just went ahead with the induction and the consultation with the fellows and we all flew back to Manila with the conversation focused on the next few more chapters to be inducted and what needs to be tackled in the next BOR meeting. We never thought that Cordillera and Northern Luzon Chapter would be the last face-to-face induction and consultative meeting we will have. A few more days later, because of the rising cases and the rapid transmission of the virus – a Luzon wide quarantine was declared and everything suddenly changed. Flights were put to a halt, schools and offices were closed, stores were limited to the essentials, public transportation were suspended, gatherings and meetings were disallowed. On the other hand, the virus is taking its toll – infecting many of our colleagues. Each day, the number of cases increases together with the public's fear and apprehension.

As everyone starts to grapple adapting to the situation, the Board of Regents wasted no time in

finding ways to help its fellows, the health workers and the public in general. Initially, in the first few days, it was miles of threads in the viber chat platform. The PCS social media account also came to life as it issued bulletins after bulletins and share relevant publications mainly related to the virus. Then, we discovered the zoom meeting platform. We initially tried it for free, the Board informally met just to check on each other. Out of those discussions, and the non-stop viber exchanges – the idea of coming up with guidelines came about. We decided to upgrade our zoom account to accommodate the numerous meetings we have to do. History was created when on March 13 and 14, the very first Board of Regents regular monthly meeting was held – online. It was almost a daily meeting from then on for the BOR, formulating and deliberating on the many guidelines the College issued. It was literally a word for word review, sometimes taking several meetings for one single guideline. The different committees were also involved in the research and formulation of the guidelines.

Another historic event happened on March 25, 2020 when the officers and new fellows of the Davao-Southern Mindanao Chapter were inducted – online. The remaining chapters yet to be inducted followed suit, with the Southern Tagalog, Central Luzon and lastly on May 8, 2020 – the Northern Mindanao Chapter were all inducted online. Amazingly, attendance in the many inductions and chapter consultations were remarkable. Some joining even on transit or while driving home. I joined one induction while I was in the operating room!

Other significant online meetings were done with the chapter presidents, the specialty societies, committees and the different commissions, and with the Board of Governors. On April 17, 2020, history was made once more when the Philippine College of Surgeons conducted its first webinar entitled

– “Surgery in COVID 19: What has Changed?” It was a big success with attendance overflowing the Zoom Platform and many just watched on the youtube streaming. Many webinars soon followed conducted both by the College as well as its different subspecialties.

But the College is just starting. The COVID 19 pandemic cannot stop the 2020 Midyear Convention. Initially scheduled to happen in Naga City but was cancelled by the government guidelines, the 46th Annual Midyear Convention will be on May 28-29, 2020 – ONLINE and you can join for free at the comfort of your home, clinic, office or wherever you

may be. COVID 19 changed many of our activities but it never changed our commitment to continue serving our fellows, delivering topnotch continuing surgical education, and setting the direction of Philippine surgery. The pandemic cannot stop us. We are full speed ahead into the digital highway and we will use it to the max. Although we all look forward to shaking each other hands once more, sharing jokes and ideas face to face, we have to do it with a virtual clap or thumbs up for now. But whether virtual or otherwise – the fellowship remains. The resolve to learn more for our patients remain, and the hope that this all will come to pass soon is real in all of us.



Historic first PCS Board of Regents Zoom Meeting

NEW

• Vietrez PD. Abella, MD, FPCS •



It's a new dawn
It's a new day
It's a new life
And I'm feeling good

(Newley/Bricusse)

The pandemic had already started, even though it had not been named so. The medical community was alarmed – or not. After all, it was just second-page news, of a place remote from the rat-race that is the norm of our generation.

And then, BOOM! Right smack in our festivities and merry-making, the agony. We cannot have remained untouched and unaffected when many of our colleagues, people we actually knew, came down with the disease. That which we tentatively labeled “Novel” became “Severe Acute Respiratory Syndrome Corona Virus 2.” It had been raging on for several weeks by then, affecting thousands and killing almost tenth of that. This new scourge, baptized “Covid,” short for “Corona Virus Disease,” jumped from country to country, racking up mileage points like the frenzied traveler of today.

As the Lenten season commenced, Covid became the new cross to bear, and fellow white-coat frontliners were among the first to be sacrificed.

When we tooted our horns to welcome 2020, the whole year had been planned out in detail. It was to be the banner year of a new decade, where the many unfulfilled resolutions of years passed were to be finally acted on. After having seen one's life played out in slow motion, the expensive vintage wine was about to be uncorked.

As Holy Week drew nearer, it became apparent that the best-laid plans could not be. Trips were canceled, including the much-planned reunion. The comforting annual rites of the Easter Triduum, including the Visita Iglesia, the Good Friday Santo Entierro procession, and Easter vigil were canceled. Instead, we commemorated Palm Sunday waving our fronds in front of our television monitor, as the priest in the live-streamed mass virtually blessed them.

Easter arrived with the buzz about the “new normal” post-lockdown. In a matter of weeks, the medical community appropriated what had previously been a business term rising from the ashes of the 2007-2008 financial crisis that led into the global recession lasting until 2012. Mohamed A. El-Erian, head of PIMCO, lectured on “Navigating the New Normal in Industrial Countries,” stating “Our use of the term was an attempt to move the discussion beyond the notion that the crisis was a mere flesh wound...instead the crisis cut to the bone. It was the inevitable result of an extraordinary, multiyear period which was anything but normal” (Wikipedia, May 12, 2020).

Yes, this Covid is not an ordinary flu, ravaging cities that never slept, bringing the war zone into peacetime hospital emergency rooms, with matching body count. The virus dug deep into lung tissue, flooding it with inflammatory cells and clogging up blood vessels, and intensive care workers exhausted treatment options, from anti-protozoals, to anti-virals, to anti-inflammatories; yet death claimed half of their patients as victims. There were also disturbing realizations of the asymptomatic Covid positives, of the 80% who had mild symptoms but were nevertheless shedding the virus into the communities. And despite the race of biotechnological companies to find a cure and develop a vaccine, most realistic estimates project the timeline to over a year.

And thus we talk of the new normal. In the wake of trip cancellations, we have re-viewed our virtual galleries and reminisce of our frenzied journeys past when budget air travel allowed us to wing from airport to airport, past post 9-11 security checks. In lieu of the many calendared reunions, we have learned to Zoom, which started to make sense as the perfect come-as-you-are outfit is that ratty old t-shirt that one had slept in for days. Conferences became Webinars, and concerts, plays and musicals became available on YouTube, all for free and with premiere seating from the comfort of our homes and our beds.

Surgery at a Recurring Time of an Epi/Pandemic

• Benjamin Herbosa, MD, FPCS, FPAPRAS •



By the time, this article is published the pandemonium caused by the pandemic must have either quieted down or escalated. For all of us, I sincerely wish it would be the former. Also at this time, everyone had been seasoned by personal experiences and have become experts and knowledgeable on the dos and don'ts of this disease.

As the lockdown of the nation's cities arise, Metro Manila itself directed in short notice, and the other world's major hubs start to quarantine, I find myself seated in my clinic and pondering that history truly repeats itself. The stillness of my day seems appalling as the deafening silence of the clinic and the hallways, a far cry from the usual hustle and bustle of everyday life. As for the perimeter of Makati Medical Center, the streets are deserted - no soul is noticed to be making its way to work, nor a vendor standing with his wares; not a single vehicle parked by the curbside, not even one restaurant nor a business establishment showing tangible evidence of life and motion. Life has been extinguished completely and has been put to a grinding halt by again, a single culprit called a virus.

It is a reminder of past occurrences: the bubonic plague caused by *Yersenia pestis* through the ordinary flea in the 13th century. This pestilence had a resurgence during the Byzantine empire (called the Justinian Plague). The Spanish Flu in the early 20th century was due to H1N1 influenza and that reappeared once again causing the 2009 outbreak. There are many recorded epidemics due to sordid situations, man made as they are, that have engendered the ebola, the avian called H7N9 etc. they recur again and again unfortunately.

But as doctors-on-call existing in a time of an emergent health crisis that is still evolving, the surgeon must revert back to basics. I certainly believe that as a responsible medical practitioner, the trained surgeon brushes aside temporarily his specialty and fulfills the role of a practitioner in General Medicine. His astuteness makes him ready to set aside his surgical blade and clamps to fulfill a higher purpose to serve. May it even be as menial as to know the protocol for donning PPEs and hazmats for orderlies, dietary deliverers and security guards so as to count as one of the millions of Health Care Workers and Frontliners being asked to help combat the dreaded disease. It is an important moment of treatment as well as containment.

Yes, we have much to learn and understand as MDs more than ever especially during these epidemics of diseases and pandemics of fear, that doctors will have to follow the calls of the nurses and orderlies too for coordination, as it happens the other way during normal circumstances. No one becomes a boss if the boss will not know and follow the protocol and guidelines. At this time, not all doctors should be around and may serve only in "tier formation" as the need arises (when exhaustion of a skeleton force of mds ensues). But the concept of all Medical Staff members, reserving only the more senior members (age > 70 years), as the last tier or layer, means all hands on deck, as the navy calls. This might be the time when people would say, every person for himself. This does not apply to our Profession. This is when we are needed most. This is the time when we "step to the plate" (as in baseball lingo) and be counted and live with Hippocrates' oath.

All elective surgical procedures are to be postponed indefinitely to reserve all possible rooms for (+)COVID patients having critical care issues with exceptions. And yes, funny as it may appear, we will be in hazmats for biologic or protective gear warfare designed even for astronauts in our operating theaters.

The only time the surgeon is called to act his role is when an urgent to emergent medical need, that warrants a surgical intervention, happens to a person under investigation or to a (+) COVID patient or on a patient who is neither.

As addressed and noted by the Philippine Association of Plastic Reconstructive and Aesthetic Surgeons from the American College of Surgeons, American Society of Plastic Surgeons and International Society of aesthetic plastic surgeons.

While I use the expression back to basics, mother nature has a way of cleaning. As she gives a tale of what matters through her tireless efforts to green and sanitize her backyard, Mother Earth responds with her cleansing efforts. I believe that this process is not just physical, but also mental, emotional and even spiritual for all citizens of the planet. Teaching us of what manners, mores and values we need to possess merely as a reminder, time and again, that cleanliness inside-out, inclusive of our very souls, is of the Essence. Sadly, it will be at the ultimate sacrifice of some, if not a great number of us.

What does the future hold for surgeons? No one knows exactly but we all hope that the situation returns to normal. Life, Mother Earth and Nature have always done so in the past. We will by then, be experts on online platforms, teleconferencing and webinars. You name it in any form of medium in a social distanced fashion. But it is not possible to social distance for all surgeries not unless robotics is implemented. And yet not all procedures can be done at a distance.

As I struggle with the use of PPEs (let alone due to the heat and thick perspirations and misted or fogged goggles), this may be one of the new normals for surgeons like us. I miss my daily

routine of a bunch of Cosmetic and Elective Procedures due to the danger of exposure. "If it is unnecessary to do, do not even attempt" so does the Surgery Covid Guidelines say. But to my mind, this will depend on many factors as local numbers, the plateauing of the curve where there are less exposures, no more deaths and lots of recoveries are seen, armed with careful screening and testing.

Hopefully, as time and successful efforts to control the virus occur, there will come a time. A time of some semblance of our past lives. I have started to do telemedicine to screen and then Test. Background and strict check on the patients localities and how they have quarantined and locked down with their household. Moving forwards in life and "throwing some caution to the wind", I attempt to task myself to reopen a COVID-less facility where short cases (less than an hour or two), under local anesthesia, categorized Asa I and II preoperatively can be done. But the hazards of surgery still hover even without the threat of the RNA virus there. I will certainly try to reopen my business carefully. It will be double edged hazard meaning:

- 1) surgeon should not have the patient exposed to the virus because of the surgery (morbidity and mortality rise) and a more disastrous event
- 2) the surgeon gets the virus from the patient and everything you worked for in your lifetime is in jeopardy and your family exposed as well. Will it be worth it? Let us see in the months to come.

Economically, this will truly affect our lives, our neighbours, the nation and the world. We will struggle with budgets and may even be devastating for the many who will become unemployed and penniless with their businesses closed. The runaround of money from one person to another that sustains our underground economy, set aside from the real economy, has been disrupted and we all pray that sooner than later, this nightmare ends and we all return to what we had before; to that life and usual routine we all took for granted.

Taal Volcano Eruption

....opportunities and unity in the name of service amidst the chaos!

• Emmanuel Loyola, MD, FPCS •

The traditional joy of welcoming the New Year 2020 was not much different from the usual customs observed for eons in our country, and probably from other parts of the globe. With the year's figure akin to a perfect vision of 2020, everybody exudes high hopes for this year, that the future will be as bright and clear as a perfect vision is.

Nature has a peculiar way of altering, or even totally derailing well established plans. Only a few days of the year has passed when the wrath of nature was felt in the provinces of Batangas, Cavite, Laguna and the nearby environs of Metro Manila and those falling within a certain radius from Taal Volcano. The picturesque Taal Volcano nestled in the idyllic Taal Lake in Batangas, seemingly very pristine and silent in the early morning of the 12th of January 2020, erupted at around 2'oclock in the afternoon of even date. The progression of the eruption was very rapid that alert levels were announced by the PHIVOLCs from Level 1 to Level 4 in just a short period of time. Level 4 was considered to be not a full-blown eruption but a phreatic one, but nevertheless caused massive destruction of properties and vegetation and posed threat to the lives and limbs of animals and humans alike. It was consoling though that there was no mass casualty in the aftermath, but the sight of the resulting damages to properties, whether residential or business establishments, was heart-wrenching and too painful to behold. It has become too evident in the faces of the victims that despite their surviving the eruption with its pyroclastic materials pouring and pounding on their rooftops and heads, they are fully aware, and they are worrying that more problems are in the offing and they will be faced with difficulties in coping up with the dire situation they are quagmired in. It cannot be gainsaid that this is due to the loss of decent housing quarters either through destruction or by the mandatory evacuation for those within the 18-kilometer radius, to the loss of gainful employment and opportunity to generate income and fend for themselves.

On that fateful day of January 12, 2020, some members and officers of the Philippine College of

Surgeons – Southern Tagalog Chapter (PCS-STC), headed by its president Dr. Emmanuel Loyola, attended the Regional Assembly of the Philippine Medical Association – Southern Tagalog Region, thereby representing the PCS-STC, at the Taal Vista Hotel in Tagaytay City. The venue was at a vantage point where there is a good view of the Taal Lake and Taal Volcano. Several doctors personally witnessed the initial and succeeding eruptive activities of the volcano, which many claim to be spectacular, breath-taking and awesome with the initial volley of tall columns of thick smoke bellowing from the volcano's main crater, and later on frightening when ferocious volcanic lightnings occurred persistently, the skies and the horizon turned gloomy dark and sulfuric smelling black sandy ash admixed with volcanic-lightning-induced spherules started to fall. Many experienced the succeeding sandy ash-fall and the horrendous traffic jam it created.

The dusts of this cataclysmic event have not fully settled yet in the succeeding days immediately following the eruption and the volcano was still persistently showing signs of activity by spewing now and then ashes into the atmosphere and frequent volcanic tremors ranging from 3 to 5 at the Richter scale, the Philippine College of Surgeons – Southern Tagalog Chapter immediately sprang into action to somehow aide and alleviate the sufferings of our countrymen who have fallen victims to this natural calamity who were thus forced to remain in makeshift evacuation centers. Every step along the way, the officers and members of the Philippine Society of General Surgeons – Southern Tagalog Chapter, headed by its president Dr. Arvin Briones, were working hand-in-hand with the PCS-STC. Through social media and various communication lines in the cyberspace, the officers and members embarked on an activity to gather items of basic necessities and food items. On their own volition, surgeons of adjoining localities in the provinces of Batangas, Cavite and Laguna, grouped themselves and made the initial tranches of relief aids to the victims. Since no funds of the chapter were earmarked for this unforeseen event, Fellows of the PCS-STC pooled resources from their own pockets to be able to come

up with some relief items. Consultants and residents of the Batangas Medical Center in Batangas City, of the University of Perpetual Help Medical Center in Biñan City, of the General Emilio Aguinaldo Medical Center in Cavite and of the De La Salle University Medical Center in Dasmariñas City, each had their own initial relief operations in various affected parts, done also in the name and in coordination with the PCS-STC.

These humanitarian activities of the PCS-STC did not go unnoticed by benevolent sectors. Voluntary donations in kind and in cash started to flow in. Most of the donors shun publicity and wanted to remain anonymous in the eyes of the public. The chapter likewise solicited funds from personally known individuals and/or corporations. The Philippine College of Surgeons national office was one of the early benefactors which released funds for these activities. Donations in kind vary from canned goods to bottled water and personal necessities and many more different items ideal for day-to-day decent and dignified survival. Once pooled, these donations were at once delivered to areas in the municipalities of San Jose, Bauan, Cuenca, Sto. Tomas, Balete, and Ibaan to name a few by available surgeons in the locality.

Taking cognizance of the sudden influx of massive donations from different sectors, either private corporations, individuals, non-government organizations or civic organizations, that flood the evacuation centers and of an imminent donor fatigue, the chapter decided to consolidate its collected goods to be distributed at later dates. Dr. Ramon Inso, made representations with the officials of the University of Perpetual Help Medical Center in Biñan, Laguna making the said hospital/school as the drop off and collecting point.

The chapter likewise participated in various multi-sectoral relief operations coordinated by different private and non-governmental organizations. It made coordination with the local Social Welfare Development Office, the local Disaster Risk Reduction Management Council and the local Medical Societies which are component of the Philippine Medical Association through the Southern Tagalog Association of Medical Practitioners (STAMP).

San Pablo City Relief Operations

When the number of evacuees far exceeded the capacity of the evacuation centers in Batangas and Cavite, the local government unit of San Pablo City (SPC) accommodated approximately 500 families in an evacuation center set-up in the SPC Central School

Gymnasium. Individual evacuation tents were installed providing comfort and privacy to the evacuees. In order not to donate items which are already available and already stock-piled, fellows of the PCS – STC and PSGS –STC in San Pablo City met and coordinated with the City Health Office, the local Social Welfare Office and the local Disaster Risk Reduction Management Council to assess on which area the chapter may be of help. On January 21, 2020, the chapter inked an agreement with the local government unit to provide free surgical services when surgical cases are identified, to be performed at the San Pablo City District Hospital, whose Chief of Hospital is the chapter's Past President Dr. Edgar Palacol. It likewise donated ten sets of plastic cooler jugs to be used for the preparation of drinking milks for evacuees who need nutritional support and one hundred (100) cloth hangers, as requested.



Dr. Edgar Palacol smiles as his blood is being let, while Drs. Arvin Briones and Manuel Ng, Jr. look on.

Cognizance of the fact that the possibility of the source of blood and blood components will become scarce in the affected communities and hospitals because of the chaos and immobility caused by the natural disaster, the PCS – STC and PSGS – STC, together with the Philippine Red Cross – San Pablo City Chapter (PRC-SPCC) embarked on a Voluntary Blood Letting campaign. This was held on February 5, 2020 at the San Pablo City District Hospital, attended to by Fellows from around the region. Incidentally, the Chairman of the Board of the PRC – SPCC is the incumbent president of the PCS – STC, Dr. Emmanuel D. Loyola, who is a San Pableño.

H.E.L.P. Taal

The Philippine College of Surgeons – Southern Tagalog Chapter played a major role in the multi-sectoral collaborative project dubbed as “H.E.L.P TAAL, which is an apt moniker for Humanitarian Efforts Lifting up the People of Taal. This project was conceptualized by the University of Perpetual Help System, spearheaded by Dr. Salazar, Medical Director of the UPHMCL in Biñan City, Laguna and carried through with the cooperation of the Laguna Medical Society and the 103rd Battalion of the Army Reserve Command of the Armed Forces of the Philippines (ARESCOM). Upon its conceptualization, Dr. Ramon Inso, Chairman of the Department of Surgery of the said hospital (a Past President of the Chapter, and currently a member of the Board of Regents of the Philippine College of Surgeons), immediately coordinated with the chapter officers and advised the latter to coordinate on various details of the project. Dr. Ronan Chris Inso, the chapter’s director for Laguna was requested to be the chair of this project. A series of consultative meetings with the participants’ representatives held at the UPHMCL were for brainstorming, updates and action plan. They were attended by some of the chapter’s officers led by its President Dr. Emmanuel Loyola.

On January 23, 2020, before the break of dawn, participants gathered at the UPHMCL campus and later on trooped towards Batangas City on a multi-vehicle convoy, carrying relief goods, medicines, medical supplies and people of various interests, including surgeons, for the needed humanitarian services. The entourage was met by the Officer of the Day at the Taal Volcano Response Command Post at the Provincial Sports Complex in Batangas City. At the same site, participating members of the PCS-STC and of the PSGS – STC assembled and joined the team. The participants were given a situationer and were briefed on the planned activities. After the documentation, signing of manifestos and the final briefing, the H.E.L.P. Taal team was accompanied by assigned security officers to the San Pascual Rural Health Unit in San Pascual, Batangas. It was converted into a temporary relocation site for the Taal Volcano eruption victims numbering to approximately one thousand (1,000) evacuees. The team was assisted by the school and barangay officials in the orderly distribution of the relief goods. The medical team consisting of physicians of various specialties, set up a medical mission clinic where some available medicines were handed to patients as prescribed.

M & M

This is a project aimed at providing not only medicines and medical services but also materials

which can help the victims go back to normal lives. The chapter was also tapped as a major partner in this multi-sectoral relief operation. This was spearheaded by the Taal Polymedic Hospital and carried out through the collaborative efforts of Tradewings Travel & Tours, UERM Institute for Diabetes Foundation, BAREK-Bats West Medical Representatives, Institute of Studies for Diabetes Foundation Alumni Association, the Alpha Phi Omega International Sorority and supported by the Filipino-American Freemasons of Illinois. It underscores the fact that despite the temporary cessation of the Taal Polymedic Hospital, the management and hospital staff, both medical and para-medical, embarked on this noteworthy project.



The PCS-STC and PSGS - STC Fellows, headed by Drs. Emmanuel Loyola and Arvin Briones, respectively, in front of the ruins of a house in Brgy. Pamiga, Agoncillo, Batangas. The owner of this house became a recipient of the Project M & M grant.



The participating team for the H.E.L.P. Taal in San Pascual, Batangas with the relief goods on the foreground.

On February 16, 2020, when the alert level was already downgraded to Level 2 making it safer to visit the site, as early as 5:00 o’clock in the morning, members of the PCS – STC and the PSGS – STC, joined the participants assembling at the hospital, where a short briefing was held. Breakfast was served there, too, but the PCS-STC fellows were treated to a hearty breakfast at the newly-built residence of Dr. Mandy Caraos, just a

few blocks away from the said hospital. Thereafter, the team proceeded to the target site which is Brgy. Pamiga in the municipality of Agoncillo, Batangas. This barangay was heavily hit where numerous houses were ruined by the accumulation of ash fall and some bigger solid lava rocks, made worse by the repeated tremors of volcanic-origin earthquakes. Prior to this visit by the team, recipients of the donations have been identified, their houses duly marked and the names entered into the registry of the donors. The contingent, including the fellows of the PCS – STC and PSGS – STC, was divided into teams who will visit the identified families assigned to them. History-taking, assessment of the damages and provision of psycho-social support were done. Even the pets which were left forsaken (dogs, cats, chickens) encountered en-route to the target areas were fed along the way by the team. Twenty five (25) families with severely collapsed dwellings were identified to receive construction materials, supervision, and assistance until their houses are built again within a timeline of 1 year.

At the command post set-up strategically in the area, relief goods were distributed and multi-specialty medical services provided. Distributed other than food items were educational materials on ash fall and prevention of related diseases, working gloves, eye goggles, slippers, long poled cleaning brushes, pails, brooms of different kinds, shovels, hammers, and other construction tools.

Dr. Aldrin Cuasay and Dr. Arvin Briones performed suturing of laceration of the left forearm under local

anesthesia to an adult male who suffered a linear cut on the volar surface of the left forearm from a hanging galvanized iron roofing.

Members as Victims

As the adage “Charity begins at home” goes, the chapter recognized and felt the needs of its members for some needed support. Three members, whose names are hereby withheld to maintain their privacy, also fell victim to this calamity. The chapter provided them with a little amount in cash for support, and with their consent, requested the national officers to also help them financially. The request was immediately heeded.

Looking Forward

With the amount of monetary donations received by the chapter, together with the PSGS –STC, a long-lasting tangible project is on the trestle board. Coordination is underway with the Provincial Social Welfare Office of Batangas and the local government unit of the site ideal for setting up such a project.

Truly and once again, the Southern Tagalog Chapter has again proven that in unity there is strength. This wrath of nature proved to be an opportune time for the members to unite and together show the world that we are one in the name of service to mankind, especially to those who suffered a fate different from ours.

New... from page 22

We found new iterations of prayer, almsgiving, and fasting of pre-Covid days. The highest form of prayer, the Holy Mass, is on demand, from Vatican with the Pope Francis, to the Diocese of Kalocan with Bishop Ambo David, or in our local parishes. At any time, there is an on-going Rosary, at the Shrine of Our Lady of Lourdes in France, or in Manaoag, Pangasinan. Almsgiving is now crowdfunding as singers and artists, locked down in their homes, have staged free concerts for the benefit of daily wage earners who are the first to suffer with enhanced community quarantine. And as we have been fasted of restaurant dining, we have discovered on-line recipes and the joys (and cut fingers) of cooking in our kitchens. Wifi connection is now the new currency.

Yet, after each day closes with the updated numbers of Covid infected and deaths, we are resurrected the next day, surprised that the past 60 days or so of this pandemic is a reality, not some realistically-crafted post-apocalyptic movie that has skimmed our minds through Netflix movie-bingeing. Each day, through our plans carried out into actions, we can choose to ascend to the Father in all His righteousness, or descend to

the depths of depravity that most of humanity has inexplicably chosen in these past few years, with an all-time high in crimes against it: unjust wars, extra-judicial killings, abortions in the wake of contraception, child abuse despite family planning.

Each day, through our thoughts expressed in words, we can choose to let the Holy Spirit take over with words of love and affirmation, or we can continue hardening our hearts with scourging expletives to which our ears have been deadened to.

Each day we can build on our portfolio that on final reckoning could be our passport for being assumed into the loving arms of God, or to gold-paving the way to the Highway to Hell.

I pray that this Corona Virus may be the way to our crown of glory.

Dragonfly out in the sun, you know what I mean, don't you know

Butterflies all havin' fun, you know what I mean
Sleep in peace when day is done, that's what I mean

And this old world is a new world
And a bold world
For me.

Cordillera Chapter Welcomes 2020 at Dawn of COVID19 Pandemic



The Cordillera Chapter of the Philippine College of Surgeons (PCS) kickstarted their year-long activities with a General Assembly on March 7, 2020 at the Paragon Hotel and Fortune Hongkong Seafood Restaurant here, graced by PCS National President Dr. Jose Antonio M. Salud and Board of Regents Dr. Jose Rhoel de Leon, Dr. Esperanza Lahoz and Dr Juvy Villaflor. Dr. Salud stressed the role of the organization in the country's health care system policy-making and challenged the attendees to take an active part in its implementation.

In context, outgoing Chapter President Dr. Annie Claire B. Pekas highlighted the cluster's accomplishment for 2019, including various professional training seminars conducted for both fellows and residents, medical missions, blood donation drives and social outreach programs within the region, among others.

As part of the said event, Dr. Salud himself also inducted the succeeding chapter officers for 2020. Incoming Chapter President Dr. Lydana C. Casuga, a colorectal surgeon, in her inaugural speech, accepted the former's challenge and bode the members to seize the opportunity to tread forward towards achieving the organization's mission.

PCS- Cordillera Chapter 2020

Annie Claire B. Pekas, MD, FPCS	Governor
Lydana C. Casuga, MD, FPCS	President
Gerarld P. Libatique, MD, FPCS	Vice President
Joey S. Lucas, MD, FPCS	Treasurer
Maximo L. Succdad, Jr., MD, FPCS	Secretary
Michelle C. Payagen, MD, FPCS	Auditor
Jason G. Ngalob, MD, FPCS	Press Relations Officer
Ludylene Besarino, MD, FPCS	Director, Benguet
Joselito B. Bringas, MD, FPCS	Director, Abra
Noli Velasquez, MD, FPCS	Director, Baguio City
Frances Aspili, MD, FPCS	Director, Mt. Province
Elizabeth Solang, MD, FPCS	Representative, Obstetrics-Gynecology
Antonio Tactay, MD, FPCS	Representative, Orthopedics
Roel Domingo, MD, FPCS	Representative, Neurosurgery
Ener Baysa-Pee, MD, FPCS	Representative, Urology
Alfred Igama, MD, FPCS	Senior Fellow

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PCS Cordillera Chapter Roster of Officers, 2020

Dr. Ma. Zsarin D. Tuason, a pediatric surgeon, was likewise welcomed as a new fellow of the organization. “[It is an] honor to be a fellow of the PCS-Cordillera [Chapter] family,” she said.

The event’s organizers boasted an attendance of 33 fellows and 34 residents, comprising around 60% and 80% of the entire region’s roster, respectively. They also gained PCS President Salud’s nod on the presence of 12 past presidents during the event.

The Cordilleran Surgeons During a Pandemic

Against the surgent wave of the SARS-CoV2 cases in the Philippines, the Cordillera Chapter of the Philippine College of Surgeons (PCS- CAR) remained true to its mission in being a reliable partner of the community in providing reliable health care to the people of this mountain region, despite being on an Extended Community Quarantine (ECQ).

As of writing, the Department of Health Center for Health Development Regional Office reported 46 COVID19 PCR confirmed cases (2.2% Case Fatality Ratio) in this region, afflicting mostly females 40-49 years old. Among those affected, 16 were healthcare providers; four of which were physicians, including two obstetrician-gynecologists.

PCS-CAR, in its commitment to the welfare of its members, was able to provide personal protective equipment, such as coverall suits, KN95 and surgical masks to fellows and residents on active hospital duties within the region. The chapter was also able to receive and distribute various donations from the Lao Foundation, San Miguel Corporation, Skin and Cancer Foundation, Inc., Baguio Bravehearts, Mr. Richard Chan and Fortune Hongkong Seafood Restaurant.

In response to the new normal set about by this pandemic, the chapter has adapted strategies to continue the professional development of its members. Mainly, lectures and discussions, journal clubs and webinars via various online platforms were scheduled on a regular basis. Fellows and residents were likewise encouraged to attend various teleconferences hosted by national and international bodies on relevant and timely topics.

Presently, the chapter has halted all elective surgeries but still caters to cases requiring emergent surgical care and cancer patients who would benefit from early interventions. Necessary theatre and workspace modifications are still ongoing; and interhospital referrals and grassroot consultation are continually strengthened.



Dr. Gregorio T. Singian Memorial Lecture

Philippine Foreign Policy under the Duterte Administration*

I thank you for the privilege of delivering this year's Memorial Lecture in honor of Dr. Gregorio Torres Singian.

Dr. Singian, founder and first President of the Philippine College of Surgeons, was above all a Filipino patriot, having served heroically during the Filipino-American War. He excelled in his craft as a doctor because he saw it his mission to help his country and fellowmen.

He is legendary as “El Mago del Bisturi” or the “Wizard of the Scalpel” for his exceptional surgical feats, performing pioneering surgeries at a time when anesthesia was very new and modern antiseptic techniques were still being developed.

He was also an educator – a dedicated and unselfish teacher and mentor to future generations of Filipino doctors. He generously shared his knowledge to lay a solid foundation for the practice of surgery anchored on discipline, professionalism, integrity, and devotion. I do not know if it was named in his honor; but I am told I was born in Singian Clinic.

If there is one “Game Changer in Surgery”, as your theme for this year suggests, it is Dr. Singian and his lasting contributions to your profession. I know that all of you are aspiring to follow his path and I am sure you have what it takes to create your own legacies. I do not doubt that I am in the company of excellent surgeons and some of the best in the world. But it isn't just the exceptional dedication and skills but their humanity as well. Filipinos are special residents in Islamic Iran because Filipino medical practitioners, doctors and nurses, stayed on when Iran's medical elite fled their country with the thieving Shah at the outbreak of the Iranian Revolution that finally established democracy in that great country. The Iranian people have never forgotten that kindness and treat Filipinos with special privileges denied other nationalities. That acknowledgment is already one aspect of our independent foreign policy under Duterte. I always vote for Iran and against its enemies in the United Nations.

We at the Department of Foreign Affairs are proud of the exceptional reputation of Filipino medical practitioners here and abroad. We do our share in promoting outstanding Filipino talents all over the world.

Let me begin this keynote on Philippine foreign policy under President Duterte by examining our pursuit of an independent foreign policy.

Independent Foreign Policy

When I took office a year ago, the foreign policy was, “Friend to all, enemy to none.” In the face of changing realities increasingly like the interwar years, I sharpened it to “Friend to friends, enemy to enemies, and a worse enemy to false friends.” The key is telling the difference and that is still a work in progress.

I explained how a truly independent foreign policy should be pursued. “It is not independent foreign policy if you simply switch the master before whom you have been kneeling. You are still on your knees before another pair of trousers. An independent foreign policy means getting off your knees and on your feet — and standing up for your country.” And never be used by others to fight their quarrels. The end of that is always you eventually as everyone's enemy, including the one whose quarrel you embraced; and you hanging from a limb with one hand while holding an empty bag with the other.

We pursue an independent foreign policy by reaching out to as many countries as we can. At the East Asian Summit President Duterte said, “At one point in our history, we chose a camp and stayed firmly inside even when we no longer had to. By doing this we became prisoners of our own device. By not venturing outside, we missed out on many new opportunities for cooperation. This is a strategic mistake that my country has committed and that my administration is committed to rectify. I cannot and will not allow my country to be used by any power for its own ends ever again.”

When President Duterte was in Russia in October, he underscored the need for Philippine diplomacy to grasp the changes happening in the world and to seize new opportunities for mutually beneficial cooperation. Hence, even as we deepen our relationship with our historical ally, the United States, we hope to expand the horizon of our diplomacy to include engagements with our so-called “non-traditional” partners – including those in Latin America, Africa, Central Asia. We will explore other areas of cooperation in the Middle East beyond the oil trade and OFW concerns; although that remains the most important pillar of our diplomacy. We will open new markets for our products and facilitate free exchange of ideas, technology, and innovation in these regions. We envision these to create opportunities for our professional services to thrive in more countries. This is a way by which we can fulfill our responsibility of helping other countries, particularly developing ones, in their own quest for progress. The age of standing higher by stepping on and

* Delivered by Foreign Affairs Secretary Teodoro L. Locsin, Jr. during the 75th PCS Annual Clinical Congress, 1 December 2019, Isla Ballroom, EDSA Shangri-la Hotel.

standing on the backs of others is over. We are well into the age of cooperation. But we keep an eye out for betrayal. In the words of Oliver Cromwell, “Put your trust in God but keep your gunpowder dry.”

Aside from pursuing economic development, our independent foreign policy is anchored on the President’s mission to curb criminality in our country; curtail the menace of illicit drugs; protect our law-abiding citizens; end the cycle of internal conflict that undermines our development; and usher meaningful change in the lives of our people.

There are countries, and I dare say the majority of them, which understand and support what we are trying to do. There are, however, a few which, in the words of the President — because of their “misguided and self-serving crusades” and their “exceptionalism and double standards” — criticize us at every turn. But they do not weaken our resolve. For the sake of our peoples’ security and well-being, we will not be deterred nor discouraged. We will persevere and we will prevail. The first and preeminent human right is the protection of the law-abiding from the lawless by any means efficient to ensure the public safety. Other human and civil rights follow from this preeminent moral imperative which is the defining reason for the creation and expense of maintaining a state. That doesn’t mean we return insult for insult; sometimes we return insult with intelligence.

When I got the Philippines reelected into the Human Rights Council in Geneva in the midst of a firestorm of outrage at undoubted abuses in the war on drugs, I approached our worst critic: France. The French UN ambassador was surprised, “You’re coming to us for a vote?” I said, “Let me ask you: what would the French police do to a dark-skinned man with a five o’clock in the afternoon shadow on his jaw at eight in the morning?” In short, an Arab. He laughed and France gave its vote. The French police would shoot him on sight. I said that we work with the dirty broom we have until we can get a clean one; we’ve almost got one after firing police right and left and convicting cops for extrajudicial killings. But we do not let the drug trade thrive while in the process of cleaning our act. No one owes drug dealers a chance.

In the UN, I debunked the notion that crime should be addressed by social reform; and that crimes, like drug dealing and terrorism, arise from poverty. The poor are not criminals, I said; they are just poor and helpless and the victims of more crimes. Crime is a people problem, not a social problem; specifically, a bad people problem. And that is best addressed by subtraction. No one in the UN could answer me. I am backed up by the best scientific research. In the Munich Security Council, I said the same thing about human trafficking. The Europeans were appalled that subtraction was the only solution I offered. But a German expert spoke up and said he had carefully monitored human, drug, and arms traffickers; and concluded that nothing motivated them — not even malice — but professionalism: they were good at what they did:

traffic people for labor and sex, and drugs and arms for money. They cannot be rehabilitated because it is not a flaw or misunderstanding on their part but an occupation — a profitable one.

Our diplomatic efforts are also focused on maintaining the long years of peace that our country has enjoyed. We continue to work with our neighboring countries and the rest of the world to achieve a stable global order. We advocate fairness, equality, and interdependence with mutual respect. Sometimes I cast a vote for states in the wrong when they are condemned by other states with a longer and worse record of abuses. We cannot abide hypocrisy nor allow it to thrive without challenge.

We urge respect for the principles of sovereignty, non-interference, the peaceful resolution of disputes, and a rules-based order where countries, big and small, are treated equally. These are the principles that underlie our policy on the West Philippine Sea. Even as we affirm that is a regional and global issue, we recognize that managing it at the bilateral level is imperative.

The West Philippine Sea

Guided by the tenet that the West Philippine Sea does not encompass the entirety of our relations with China, and wisely recognizing that we cannot be left out of China’s prospects of limitless progress — what with China being the No. 1 trading partner of 163 countries — President Duterte has deftly steered Philippine-China relations with high-level engagements and cooperative mechanisms. He has met with Chinese President Xi Jinping eight times and visited China five times. In doing so he has gained China support for our economic programs, particularly the centerpiece “Build, build, build” infrastructure program. Which, in Art Tugade’s watch, is progressing, even as I speak, more rapidly and better than any such program in the past. And it will be completed in time for the President’s departure. He has no ambition to stay on in a thankless job — thankless, that is, if we refer only to the 3% of the population who hate him; 97% support him and his centerpiece war on drugs.

Because it is a war like the war on terror; in fact, an extension of it. The Islamic jihad takeover of Marawi was financed by the drug trade; hostilities were triggered by a warrant of arrest on a Muslim drug lord. And it was retaken by our soldiers in what was hailed in the UN Security Council as “a textbook perfect military victory with an exceptional kill ratio of 165 military casualties to well over a thousand jihadi dead. Last week, President Trump declared that drug trafficking is now categorized as an act of terrorism; that drugs are weapons; that they detonate in the brains and bodies of their targets; and like bullets they are shot up the arms of hapless addicts. That too is part of our foreign policy and I have defended it without challenge in the UN and other international forums.

Under Presidents Duterte and Xi Jinping, Philippines-China relations are vibrant, elevated to that

of “Comprehensive Strategic Cooperation,” economic and trade cooperation are its cornerstone. China has become our top trading partner since 2016. Our exports to China grew by 8.5 percent in just a year; our imports by 22 percent: a total trade of over US\$44 billion. Last year Chinese investments in the Philippines multiplied over 20 times and generated an additional billion dollars over the previous year. Although Japan still beats China in the size and generosity of its grants, loans and other assistance especially modern weaponry. We will soon be receiving a dozen brand new Japanese fighting ships. We are getting corvettes and frigates and jet fighters from the Republic of Korea which is ever grateful for help in the Korean War. The US is selling us 16 Blackhawks for the price of 3. If I tell you anything more about our military modernization I will have to kill you after this speech. Suffice it to say that we are building up a credible military deterrence. Not enough for a sure-fire victory but soon sufficient to give a bloody nose to any aggressor. And certainly enough to trigger the Philippine-US Mutual Defense Treaty and bring on World War III. So, yes, while previous administrations whined and wailed about being pushed around by other powers especially China; President Duterte and General Lorenzana are making sure that the next time they try will be the last time they dare.

The close personal relations between Presidents Duterte and Xi is key to understanding our reinvigorated bilateral relations. It's personal; like his friendship with Putin. There's occasional testiness on the part of one or the other; I've seen it. But both end up affirming a willingness to move on, putting aside intractable issues for now. They are statesmen without illusions about each other.

Both leaders recognize that friendly relations between the Philippines and China can only proceed without one provoking or shaming the other. In the case of conflicting South China Sea claims the official line is they agree to disagree indefinitely — although Presidents Duterte and Xi keep bringing it up, each for their respective public's consumption back home. This too is mutually understood. President Duterte just raised the issue again in Bangkok; getting an appreciative nod from Vietnam across the table and a thumb's up every time we met.

And both agree that continuing dialogue is crucial. We are still talking; knowing that talk — so long as we give up nothing vital in the process — doesn't hurt and might be revealing of opportunities for mutual benefit. We have established the Bilateral Consultation Mechanism on the South China Sea, the main forum for candid dialogue and discussions on our respective concerns over actions, incidents and developments in the West Philippine Sea.

At the Bilateral Consultation Mechanism in Beijing in October, we repeated our objections to China's violations of our sovereignty; its threatening actions against our authorities within our legitimate maritime zones; and its reclamation activities and destruction of our marine resources — the heritage of mankind. This includes the Recto Bank incident in June when a Chinese boat rammed

the stern of a Philippine fishing boat and abandoned its 22-man crew to the elements. I took China to task at the United Nations for its wanton disregard of international humanitarian law. China recognized and confirmed the responsibility of the Chinese fishing crew; it expressed readiness to provide the necessary compensation and a resolve to prevent a repeat of such incidents. We've heard nothing more from them since.

I continue to fire diplomatic protests over China's infringements of our maritime zones in the South China Sea under UNCLOS. I never miss a chance. This includes the presence of Chinese vessels near Pag-asa (Thitu) Island; China's establishment of military outposts in our claimed features, including Mischief Reef which the tribunal recognized is a low-tide elevation within the Philippines EEZ and therefore within our sovereign rights and control; along with incursions in Bajo de Masinloc (Scarborough Shoal). Not a single incident but is not met with a protest. China unfailingly and testily responds to each. And so it goes, both sides keeping alive their claims thereby.

The BCM meeting in Beijing coincided with the first meeting of the Steering Committee created by the Memorandum of Understanding on Cooperation on Oil and Gas Development I drafted and got China to sign last year. Any joint undertaking will be without prejudice to our respective positions on sovereignty and jurisdiction in the South China Sea. But, leaving no stone unturned or never missing a chance, the Chinese side proposed using my MOU in undisputed Philippine territorial waters deep within universally-recognized Philippine boundaries. My MOU in those waters would impliedly make them disputed. The Chinese just never give up and we just can't fail to hit the ball back whenever it's tossed at us — Ping Pong diplomacy like Kissinger never experienced.

We continue to uphold and invoke the Arbitral Award won at the Hague. The President himself has raised the Arbitral Award with Xi Jinping and emphasized its binding force on the Philippines and China. We have international law on our side, and we will not let this go to waste.

There is no question but the rights these reefs generate under the arbitral award are absolute, final and beyond compromise let alone give-away. There are traitors in the Philippines who argue that, since the arbitral award is unenforceable, why not just trade it in, or give it up as something we shouldn't have litigated for and worse yet won.

That's treason by specious reason. The value of the arbitral award is that it puts the issue beyond any government's power to abandon the Philippine claims the award vindicated. In Bangkok I said that no government can withstand the outrage of its citizenry if it gives away so much as an inch of their claims. Be it the arbitral award won at the Hague (no thanks to anybody out there, we paid for it in cold cash out of our pockets) or historical pretensions of ancient title to “islands” dredged up and reclaimed just yesterday.

The government will fall in a firestorm of public outrage. Territory is an emotional thing; there is no reasoning or bargaining with it. Not even time tempers territorial emotions: knives come out at the mere mention of Sabah.

In ASEAN, the Philippines is coordinator for relations with China until 2021. We have successfully negotiated the first draft of the Code of Conduct with China in the South China Sea. It is a code of reality: the reality of the proximity of the soon-to-be biggest economy in the world in one place. It is a code of live and let live with China — until it is not. And then it is something else. We'll cross that bridge when we get there. It won't be anything like the Alkaff Bridge of Philippine-Singapore friendship created by Filipino artist the late Pacita Abad; it will be more like the Bridge over the River Kwai.

We hope to complete our work before end 2021. But whether it will be an ambitious text is something else. The Code will not resolve territorial or maritime disputes; it may only lessen tensions by managing potential crisis incidents and providing face-saving ways out of them. It might be taken for an implicit recognition of China's regional hegemony.

Militarizing disputed areas forecloses what we all claim to believe in: negotiating out of tense and tight situations. Militarization hopes to create a *fait accompli*; a difficult to alter fact or practice in the hope that time will ripen its purpose into right. That will never happen. We all have our claims; none of our governments will survive the blowback from our publics. So best keep things fluid; and with that the belief that the only enduring resolution is found in the rule of law and international law. China is matched by the ten different voices of ASEAN, some of which are claimants like the Philippines; while others are constructive fence-sitters.

Maritime frictions with China may not represent the sum total of our bilateral relations, but it is a factor of such magnitude that it can easily turn into a zero-sum game, if not a lose-lose proposition. The Philippines will continue to enhance relations with China, guided by the principle that our singular aim is to uphold and protect Philippine sovereignty and the interests of the Filipino people.

Protecting Filipinos Abroad

This brings me to the three pillars of Philippine foreign policy: preservation and enhancement of national security, promotion and attainment of economic security, and protection of the rights and promotion of the welfare of overseas Filipinos whose work has in great part contributed to their home country's economic development. We never forget that their remittances have time and again saved the country they had to leave to earn a decent living abroad.

In Dubai where I Inaugurated the first Passport Renewal Center outside of our embassy or consulate, I said: every effort, every step we make towards national

and economic security must always be guided by the beacon that is the protection and promotion of the rights and welfare of all overseas Filipinos. We get lost otherwise; as has been shown time and again.

A key aspect of sovereignty is the care states must take of people under them even if they are on the move — from countries of origin, through countries in transit, to where finally they end up. With one in every ten Filipinos a migrant, and ten percent of our population working or living abroad, I have made the continuous expansion and enhancement of our consular services for Filipinos, particularly Filipino migrant workers, the core of the Philippines' sovereign duty of care.

In 2018, we provided assistance to 101,918 overseas Filipinos in distress. This year, we have already assisted 100,522 overseas Filipinos. This includes nearly 6,000 trafficking victims exploited through illegal recruitment into forced labor, sexual exploitation, and other oppressive and abusive arrangements—mostly, and unfortunately, with the connivance of fellow Filipinos. Who else?

The DFA monitors flashpoints in the Middle East to ensure that the Philippine government adequately responds to changing political and security situations to ensure the safety and well-being of OFWs. Libya, for example, is one of our foremost concerns. I have instructed our people in Tripoli not to leave their post until the last Filipino is safely out of there. Meanwhile the US, Kuwaiti and Russian backed General Haftar, an ex-Khadafi general and a US citizen, who is closing in on the center of Tripoli with his Wagner mercenary army. The final battle will be crucial. We are preparing for the worst to avoid the worst.

We have also concluded bilateral, regional and multilateral agreements on labor, migration governance and frameworks for the promotion of Filipino nationals' interests abroad. Among these is the Global Compact on Safe, Orderly and Regular Migration (GCM), the first comprehensive United Nations framework that provides actionable state commitments on the protection of migrants. The Philippines fought hard for the Compact over two years of difficult negotiations.

There was a compelling argument that unless it had sanctions it was useless. I said it is not a law; and a treaty cannot have sanctions. You just go into and out of it. There are no penalties in treaties let alone compacts except for the same implicit one: that those who break it condemn themselves to be thenceforth regarded as unreliable because their word is not their bond but as worthless as themselves.

And in the case of the Compact on Migration that those who do not adhere voluntarily to its standards for the decent treatment the stranger in their midst are scarcely human; and their societies and states do not belong to civilized mankind. That is the sanction: self-condemnation as a lesser state of being — as nationals and as states. Thank you for your attention.

COMMITTEE APPOINTMENTS, 2020

COMMISSION ON ELECTIONS

Chair: Ponciano M. Bernardo Jr. MD
Commissioners: Vicente Q. Arguelles, MD
Leonardo A. Ona Jr., MD
Adriano V. Laudico, MD
Roman L. Belmonte Jr., MD

CLUSTER A: NATIONAL PROGRAMS

(Trauma, Cancer, Outreach Services, Infection Control)

Head: Jose Antono M. Salud, MD

Committee on Health Maintenance Organization (HMO)

(including PHIC)

Chair: Fernando L. Lopez, MD
Co - Chair: Edmundo R. Mercado, MD
Members: Manollete R. Roque, MD
Abdel Jeffri A. Abdulla, MD
Domingo A. Sampang, MD
Mary Geraldine B. Remucal, MD
Jose Christopher Sanchez, MD
Jose Y. Chua Jr., MD
Regent-in-Charge: Joselito M. Mendoza, MD

Committee on Trauma (National Trauma Program)

Commission Director: Teodoro J. Herbosa, MD
Chair: Jorge M. Concepcion, MD
Co-Chair: Rolando De La Cruz, MD
Regent-in-Charge: Glenn Angelo S. Genuino, MD

Subcommittee on ATLS

Chair: Enrico P. Ragaza, MD
National Director: Raymund F. Resurreccion, MD
Members: Warren M. Roraldo, MD
Jorge M. Concepcion, MD
Jennifer Tan, MD (By Invitation)

Subcommittee on BEST

Chair: Halima R. Romancap, MD

Subcommittee on BETTER

Chair: Ma. Benita Gatmaitan, MD
Member: Aileen Patricia M. Madrid, MD
(By invitation)

Subcommittee on Trauma Education

Chair: Halima M. Romancap, MD
Members: Dominador V. Acoba Jr., MD
Maria Cheryl L. Cucueco, MD
Warren M. Roraldo, MD
Ma. Benita Gatmaitan, MD

Subcommittee on Volunteerism

Chair: Jorge Concepcion, MD

Subcommittee on Burns

Chair: Glenn Angelo S. Genuino, MD
Members: Edmundo R. Mercado, MD
Reden Abella, MD

Ma. Adela Nable-Aguilera, MD
Gerald Abesamis, MD
Gene Gerald Tiongco, MD
Nikki Eileen Valencia, MD
Trisha Correa, MD (By Invitaiton)

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Eduardo C. Ayuste, MD
Joseph T. Juico, MD
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Aireen Patricia M. Madrid, MD
(by invitation)

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Gerald T. Alcid, MD
Marc Denver S. Yray, MD
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Catherine SC. Teh, MD
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Aldine Astrid Basa-Ocampo, MD
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Marc Paul J. Lopez, MD
Robert B. Bandolon, MD
Anthony Q. Yap, MD
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(National Program on Outreach Services)
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Co-Chair: Marcus Lester R. Suntay, MD
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Enrique Hilario O. Esguerra, MD
Miguel C. Mendoza, MD
Vincent Paul C. Olalia, MD
Raymund Andrew Ong, MD
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Benedict Edward P. Valdez, MD
Regent-in-Charge: Ramon S. Inso, MD

Committee on Surgical Infections

(National Infection Control Program)
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Co-Chair: Miguel Gary D. Galvez, MD
Members: Maria Cielo G. Ampuan, MD (PSCRS)

COMMITTEE APPOINTMENTS, 2020

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Saturnino Luna, Jr. MD
Andrew Jay G. Pusung, MD (PSGS)
George Robert L. Uyquiengco, MD
Mary Joy Bernardo, MD (By Invitation)
Nilo Paner, MD (By Invitation)

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CLUSTER B: SURGICAL EDUCATION

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Committee on Conventions

Chair: Antonio S. Say, MD
Members: Esperanza R. Lahoz, MD
Jose Rhoel C. De Leon, MD
Ma. Amornetta J. Casupang, MD
(MYC 2020 & ACC 2022)
Leonardo O. Ona III, MD (ACC 2020)
Alfred Phillip O. De Dios, MD
(CSE & Physical Arrangements)
Marcus Jose B. Brillantes, MD
(Publications: Documentations)
Ferdinand Y. Syfu, MD
(Socials & Sports, MYC 2021)
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Joy Grace G. Jerusalem MD (MYC 2022)

Committee on Continuing Surgical Education

Chair: Alfred Phillip O. de Dios, MD
Members: Ma. Amornetta J. Casupang, MD
(MYC 2020 & ACC 2022)
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Ferdinand Y Syfu, MD (MYC 2021)
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Ma. Rica M. Lumague, MD
(Postgrad Course)
Jeffrey Geronimo P. Domino, MD
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Subcommittee on Annual Convention 2020

Chair: Leonardo O. Ona III, MD
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Andrei Cesar S. Abella, MD
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Ron R. del Mar, MD (CEVC representative)

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Subcommittee on Annual Convention 2022

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 Apple Valparaiso, MD
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 Miles Francis T. Dela Rosa, MD
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CLUSTER C: MEMBERSHIP DEVELOPMENT

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Committee on Ethics & Judicial Matters

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 Gabriel L. Martinez, MD
 Atty. Jesus M. Disini, Jr. (by invitation)
 Regent-in-Charge: Jose Antonio M. Salud, MD

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 Members: Jose Antonio M. Salud, MD
 Jose Rhoel C. De Leon, MD
 Esperanza R. Lahoz, MD
 Jose A. Solomon, MD (PCS Building)
 Atty. Jesus M. Disini, Jr. (By invitation)

CLUSTER D: EXTERNAL AFFAIRS

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 Members: Teresita R. Sanchez, MD, LIB
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 Servando Sergio DC Simangan Jr., MD
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 (Legislative Liaison)
 Rhoderick M. Casis, MD (Media Liaison)
 Dennis H. Littaua, MD (Foundation Day)
 Marcus Jose B. Brillantes, MD
 Edgar A. Palacol, MD (Rep from STC)
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COMMITTEE APPOINTMENTS, 2020

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Ernesto C. Tan, MD
Dale C. Avellanosa, MD

Subcommittee on Media Liaison

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Christopher C. Cheng, MD
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George Ferrer, MD
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Marwin Emerson V. Matic, MD
Peter Raymond M. Quilendrin, MD
Jose Benito A. Abraham, MD
Tamarah P. Cristobal, MD
Regent-in-Charge: Esperanza R. Lahoz, MD

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Gemma B. Uy, MD
Catherine SC. Teh, MD

Ricardo Jose D. Quintos II, MD
Jose Paolo C. Porciuncula, MD

Subcommittee on PCS Website and Medical Informatics

Chair: Catherine SC. Teh, MD
Members: Narciso F. Atienza, Jr, MD
Marwin Emerson V. Matic, MD
Michael Mapalad, MD
Jeffrey Jeronimo P. Domino, MD
Katherine M. Panganiban, MD
Ivan Flores, MD (by invitation)
Ernest Estanilao, MD (by invitation)

Committee on Patient Safety and Quality Assurance

Chair: Jorge M. Concepcion, MD
Co-Chair: Alvin B. Marcelo, MD
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Deogracias Alberto G. Reyes, MD
Albertson R. Gumarao, MD
Jose Ravel T. Bartolome, MD
Regent-in-Charge: Alberto P. Paulino Jr., MD

CLUSTER E: SOCIO-ECONOMIC MATTERS

Head: Jose Rhoel C. De Leon, MD

Committee on Finance

Chair: Sherry O. Cunanan, MD
Members: Ervin H. Nucum, MD (Chair, Comm. on FAP)
Jose A. Solomon, MD
(Chair, PCS Building Comm.)
Josefino I. Sanchez, MD
Roberto M. de Leon, MD
Narciso F. Atienza Jr., MD
Rouel Mateo M. Azores, MD
Vivencio Jose P. Villaflor, III, MD
Napoleon B. Alcedo, Jr., MD
Regent-in-Charge: Jose Rhoel C. De Leon, MD

Subcommittee on PCS Building

Chair: Jose A. Solomon, MD
Co-Chair: Jose Ravelo T. Bartolome, MD
Members: Ricardo D. Riego De Dios, MD
Vermie L. Garcia, MD
Regent-in-Charge: Dexter S. Aison, MD

Committee on Internal Audit

Chair: Maria Cheryl L. Cucueco, MD
Members: Alfred Q. Lasala II, MD
Alfred Phillip O. De Dios, MD
Leonardo O. Ona III, MD
Ida Marie T. Lim, MD
Regent-in-Charge: Dexter S. Aison, MD

Committee on Socials & Sports

Chair: Ferdinand Y. Syfu, MD
Co-Chair: Noel C. Evangelista, MD
Members: Vincent Paul C. Olalia, MD
Ronald M. Yutangco, MD
Raquel Caroline D. Malimas, MD
Regent-in-Charge: Rex A. Madrigal, MD

Philippine College of Surgeons - Committee on Surgical Training and Philippine Disaster Resilience Foundation

FIRST WEBINAR (April 28 - May 1, 2020) "COVID-19 Response Training" 6:00 – 9:30pm

MODULE 1: BACKGROUND
MODULE 2: INFECTION PREVENTION & CONTROL
Josefino Sanchez, MD

MODULE 3: SURVEILLANCE AND ACTIVE TRACING
MODULE 4: SCREENING & TRIAGE
Rex Madrigal, MD

MODULE 5: DIAGNOSIS AND MANAGEMENT
MODULE 6: STABILIZATION & RESUSCITATION
MODULE 7: SURGICAL WORKFLOW & ACHIEVING SAFETY IN THE OR
Catherine Teh, MD

MODULE 8: HEALTH FACILITY OPERATIONS AND SURGE CAPACITY

MODULE 9: RISK COMMUNICATION AND PUBLIC HEALTH MESSAGING
Kay Jimenez, MD
Vivencio Jose Villaflo III, MD

April 28, 2020
<https://www.youtube.com/watch?v=5SDuzndsICU&feature=youtu.be>

April 29, 2020
<https://www.youtube.com/watch?v=DsIOg8EI-cE&feature=youtu.be>

April 30, 2020
<https://www.youtube.com/watch?v=fCsIK30sfjg&feature=youtu.be>

May 1, 2020
<https://www.youtube.com/watch?v=eO4o3mziO2k&feature=youtu.be>

SECOND WEBINAR (May 4 - 7, 2020) "COVID-19 Response Training" 6:00 – 9:30pm

MODULE 1: BACKGROUND
MODULE 2: INFECTION PREVENTION & CONTROL
Josefino Sanchez, MD

MODULE 3: SURVEILLANCE AND ACTIVE TRACING
MODULE 4: SCREENING & TRIAGE
Rex Madrigal, MD

MODULE 5: DIAGNOSIS AND MANAGEMENT
MODULE 6: STABILIZATION & RESUSCITATION
MODULE 7: SURGICAL WORKFLOW & ACHIEVING SAFETY IN THE OR
Catherine Teh, MD

SPECIAL SESSION: COVID-19: DISEASE TO DATA
Benjamin Co, MD

MODULE 8: HEALTH FACILITY OPERATIONS AND SURGE CAPACITY
MODULE 9: RISK COMMUNICATION AND PUBLIC HEALTH MESSAGING
Kay Jimenez, MD

MODULE 10: EXIT STRATEGIES, NEW NORMAL AND IMPACT ON TRAINING
Vivencio Jose Villaflo III, MD

May 4, 2020
<https://www.youtube.com/watch?v=h2FnLFeqD4Y&feature=youtu.be&fbclid=IwAR2mj5jppm-wD7-Cy8t4RVHcK5O3QnLZsZlGHKjX8qVSXt7ZidJqr08RWKE>

May 5, 2020
<https://www.youtube.com/watch?v=FPyzCkxOprw&feature=youtu.be>

May 6, 2020
<https://www.youtube.com/watch?v=R0N87uB-9VY&feature=youtu.be&fbclid=IwAR1ctvyJ2O7w2o4LCf416PGuzy1zuwPHj835d-DYkEDZ1Y5TPtTaM48sRrds>

May 7, 2020
<https://www.youtube.com/watch?v=u47OK2clWmI&feature=youtu.be>

THIRD WEBINAR (May 11 - 14, 2020) "COVID-19 Response Training" 6:00 – 9:30pm

MODULE 1: BACKGROUND
MODULE 2: INFECTION PREVENTION & CONTROL
Josefino Sanchez, MD

MODULE 3: SURVEILLANCE AND ACTIVE TRACING
MODULE 4: SCREENING & TRIAGE
Rex Madrigal, MD

MODULE 5: DIAGNOSIS AND MANAGEMENT
MODULE 6: STABILIZATION & RESUSCITATION
MODULE 7: SURGICAL WORKFLOW & ACHIEVING SAFETY IN THE OR
Catherine Teh, MD

MODULE 8: HEALTH FACILITY OPERATIONS AND SURGE CAPACITY
MODULE 9: RISK COMMUNICATION AND PUBLIC HEALTH MESSAGING
Kay Jimenez, MD

MODULE 10: EXIT STRATEGIES, NEW NORMAL AND IMPACT ON TRAINING
Vivencio Jose Villaflo III, MD

May 11, 2020
<https://www.youtube.com/watch?v=RwuVT-NY1Do&feature=youtu.be>

May 12, 2020
<https://www.youtube.com/watch?v=pmXcQyOUytA&feature=youtu.be>

May 13, 2020
<https://www.youtube.com/watch?v=8WbcyZSde7k&feature=youtu.be>

May 14, 2020
https://www.youtube.com/watch?v=_ZmmlFAxb2o&feature=youtu.be



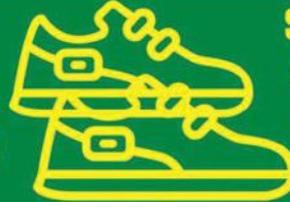
STOP COVID-19 AT HOME

1



Hand Sanitation

2



**remove shoes and
leave it outside**

**Step on mats
soaked with
1:99 diluted
bleach to
sanitize
shoes**

3



**Leave bag,
purse,
keys, etc. in
a box at the
entrance**

4



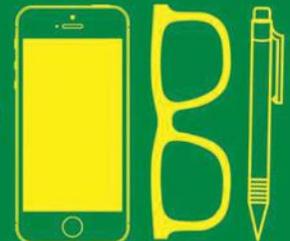
**Take off
your outer
clothing and
put it in
a laundry bag**

5



**Shower
immediately**

6



**Clean your
phone,
glasses, and
pens with
soap and
water, or
alcohol**



**Remember
that it is not possible
to do a total
disinfection,
the objective is to
REDUCE THE RISKS**