

## Medical Missioners Reconsider to Return to PH - MabuhayRadio

Written by

Thursday, 06 September 2012 15:37 - Last Updated Thursday, 06 September 2012 19:40

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By JOSEPH G. LARIOS

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C HICAGO (*jGLi*) – They are just paying their dues back to society – the health-challenged poor Filipinos, who cannot afford to see a doctor.

But these Balikbayan (homecoming) Filipino doctors are getting an undeserved welcome from Filipino government officials.

The members of the rag-tag Medical Missionaries to the Philippines must be doing so well but some bright boys in the government are testing their philanthropic patience.

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On June 21, 2012, chairperson Teresita R. Manzala of the Philippine Professional Regulation issued guidelines implementing Sec. 7 of Republic Act No. 8981 called "PRC Modernization Act of 2000," allowing foreign professionals (including *Balikbayan* Filipinos) to practice in the Philippines after securing "Special Temporary Permit" (valid for one year), who are engaged in "humanitarian mission for a limited period of time" under a "reciprocity agreement and other international agreements," according to documents provided this reporter by Evelyn C. Duriman, in-charge of Medical Mission Coordination with the Commission on Filipinos Overseas (CFO).

Section 5 of these guidelines required the applicant payment of a "non-refundable processing fee" of P3,000 (US\$71) for each Special Temporary Permit and an additional P8,000 (US\$190) upon approval.

The guidelines added STP may be cancelled if there is misrepresentation of facts in the application; submission of falsified or tampered documents; violations of conditions of the permit; injury/death, or damage to property in the performance of the duty; foreign national, who has been declared as an undesirable alien by competent authorities; and any violation under the Professional Regulatory Laws and rules.

Fortunately, the National Federation of Filipino American Associations (NaFFAA) headed by national chair Ed Navarra held its 10th NaFFAA National Empowerment Conference at the Renaissance Center in Detroit, Michigan last month (Aug. 2-5), which was attended by CFO Secretary Imelda M. Nicolas.

## **DOCTORS POUR THEIR COMPLAINTS**

At the NaFFAA conference, Mr. Navarra's wife, Dr. Vickie G. Navarra, poured her and others' complaints against Manzala's guidelines that put Secretary Nicolas on the defensive.

The avalanche of complaints nearly tossed into the garbage the 22-year goodwill and 611.5-Million pesos (US\$15-Million) assistance by the 321-mission that benefited 734,120 poor Filipinos that started in 1990.

Instead of pitching support for the new \$261 mark-up, Secretary Nicolas left the convention pledging to suspend the effectivity of the guidelines after discussing with other Philippine government agencies, including the Department of Health, which is the lead agency, the PRC and the Department of Interior and Local Government.

Dr. Navarra, a Filipino American medical surgeon residing at Detroit's suburban Bloomfield Hills in Michigan, who was a guest singer at the annual 18th *Gintong Pamana* awards night gala hosted by Chicago area fortnightly, *Fil Am Megascene*

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, told this reporter that the P11,000 (US\$261) has been waived last Aug. 17 thanks to the lobbying of Secretary Nicolas.

Among the awardees at Pamana was Attorney Rodel E. Rodis, one of the founders of National Federation of Filipino American Associations (NaFFAA) and president of U.S. Pinoys for Good Governance, for Apolinario Award in Leadership.

“We are now back to the pre-2009 1,200 peso (US\$28) regulatory fee,” said the beaming Dr. Navarra. “And so we are now reconsidering our plan to scrap our mission from Jan. 26 to Feb. 2, 2013 in Allen, Samar.”

It is also very likely that planned medical mission that is in pipeline in San Jose, Antique in January 2013 by Dr. Leonida Andres, Medical Surgical Mission of Texas, and Dr. Menchie Damain, Association of Philippine Physicians in Ohio may still push thru. Other medical missions from Los Angeles, California, New York, Florida and South Carolina

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are likely to follow the lead of Dr. Navarra.

### AMONG THE REPONSES AND COMPLAINTS

A mong the responses to complaints against the missioners are as follows:

1. The Medical team does not go to tourist spots to enjoy. But they go to central locations where there is at least a hospital for surgery and bring supplies and equipment including anesthesia machines;
2. The team does not operate and run. Arrangement with local organizers for patients screening medically (by the local doctors with the cooperation of the chief of hospital and financially by their social services.) If there are affluent or undeserving people who sneak in, the PRC cannot blame the team. If the patients lie in their medical histories and the medical

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screeners did not find out, it is not their fault if untoward complications occur;”

3. The team does not “train” on the “poor” or “rich” Filipinos” who are well connected. The team is composed of surgeons, who have their own practices in the U.S.;

4. If there are studies and statistics on the number of complications among local surgeons (especially in the provinces) on the same cases that the missioners operate on, then, compare the numbers. The group has done 70 to 150 major cases in one week of a mission since 1990. That sums up conservatively to about 2,200. In all, there were about five complications that they know of;

5. The medical missioners do not want to abandon the poor people in the Philippines but if PRC ruling does not change, then, they will be forced to bring their missions to other countries that have been very eager to have their services. They do not want to compete with the local doctors since they (local doctors) do not hear indigent patients – if screened financially without undue influence;

6. Malpractice insurance is the red meat for tort lawyers, according to Dr. Juan M. Montero;

7. They feel this is R.I.P. to an enviable, proud tradition of giving back to the less fortunate fellow countrymen. Goodbye medical missions and hopefully the country healthcare will survive. Goodbye volunteerism.

### SOME GRIPES BY THE MISSIONERS

The gripes of the missioners:

1. Volunteers pay cost of their services, fare, hotel, food, medicines, shipping cost, participation, and processing fees, according to Philippine Nurses Association of America, Inc. (PNAA)

2. Lack of appreciation of the value of each mission, providing free health services to at least 600 individuals from 7 a.m. to 10 p.m., 3-5 days and the economic return to the country – PNAA

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3. They spend their own money, forego their vacation, lose money for not working, according to Dr. Domingo Alvear, of World Surgical Foundation (WSF); and
4. Future retirees will be discouraged to help Philippines – Dr. Alvear.

The Sec. 17 of the new guidelines on Liability/Malpractice Insurance also drew questions:

1. What kind of local insurance for volunteers providing humanitarian missions and how selected, asked the PNAA;
2. What is process of securing local liability or malpractice insurance – PNAA;
3. Are there procedures in place for PRC to monitor and follow-up collaborating Filipinos registered and licensed professional individual or groups to ensure continuity of patients case? – PNAA; and
4. Can the PRC provide sovereign immunity to those volunteers cleared and applied for renewal for subsequent mission? – PNAA.## #

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