Letter from the Philippines

Appeal

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As elsewhere, the Delta variant has become dominant in the Philippines, causing a new wave of infections, more serious than the previous one. Despite this, the Duterte presidency is acting as if the epidemic is already behind us.

The proposed budget, currently under legislative discussion, does not include any financial measures for health workers, who have paid a heavy price in their frontline fight against Covid-19. Many have died, fallen ill and, exhausted, resigned or emigrated. In many provinces, caregivers have taken to the streets to demand, among other things, hazard pay and allowances to cover their travel, housing and transportation costs.

I would like to testify to what this means where I live, the Central Mindanao Region, in the south of the Philippine archipelago. The administration is impotent, the army harasses the associations rather than helping the population, no coherent health policy is implemented. While some hospitals operate efficiently, the cost of private hospitals is prohibitive. The public health system is in crisis, often in a crumbling state. To the extent that networks and grassroots communities are too often forced to take the place of the supposedly competent authorities.

We live in a territory where humanitarian crises are frequent: earthquakes, devastating hurricanes and floods, multiple armed conflicts causing endless population displacements... Our associations are therefore used to intervening in crisis situations and they have real know-how in this field.

Since the beginning of the Covid-19 pandemic, we have been informing ourselves and informing others about the protective measures to be taken; and yet, we have been overwhelmed by the Delta variant because of its high contagiousness. The vaccination rate here is very low. A number of us have been infected and, despite the emergency measures we have taken, one of our co-workers has just died. This is a huge blow for all of us.

What measures have we taken, in conjunction with our grassroots communities? We are asking everyone to test themselves. We are reinforcing protective measures. We are creating isolation centers for people who test positive by rt-pcr (these tests are paid for). Those who test negative are tasked with providing them with food and medication, and helping them stay connected.

We buy oxygen supplies and station them wherever we can. To monitor their health, we also need oximeters, blood pressure monitors, blood sugar tests. We teach previously learned breathing methods to cope with high stress situations, such as humanitarian crises. We track down contacts that infected people may have had, asking them to test themselves and isolate themselves. We continue to monitor those who are hospitalized.

We want to continue to carry out our usual associative activities, but we need to protect ourselves and our communities from the epidemic. This has become a prerequisite.

We have set up a regional Covid emergency fund, but the costs are very high. To cope, we need international financial support.

Of course, we know that we are not the only ones in a critical situation, that in South-East Asia in particular the new wave of epidemics is wreaking havoc and we want to share international solidarity with our neighbors. This is not an empty word, but an active commitment.
In solidarity,

Delia Matos

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We keep you regularly informed of the situation and use of the solidarity fund.

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