



*Advancing the Frontiers of the Pulmonary  
Medicine in the Philippines.*

# Philippine College of Chest Physicians

*A specialty society of the Philippine Medical Association (PMA)  
A component society of the Philippine College of Physicians (PCP)  
A member society of the Asian Pacific Society of Respiriology (APSR)  
and the European Respiratory Society (ERS)*

## **BOARD OF DIRECTORS 2017-2018**

**CHARLES Y. YU, MD, FPCCP**  
*President*

**LENORA C. FERNANDEZ, MD, FPCCP**  
*Vice President*

**MALBARG. FERRER, MD, FPCCP**  
*Secretary*

**IVAN N. VILLESPIN, MD, FPCCP**  
*Treasurer*

**GREGORIO P. OCAMPO, MD, FPCCP**  
**IMELDA M. MATEO, MD, FPCCP**  
**EILEEN G. ANICETO, MD, FPCCP**  
**MA. JANETH T. SAMSON, MD, FPCCP**  
**JUBERT P. BENEDICTO, MD, FPCCP**  
*Board Members*

**VINCENT M. BALANAG JR., MD, FPCCP**  
*Immediate Past President*

## **Standing and Ad Hoc Committee Chairs**

VINCENT M. BALANAG JR., MD, FPCCP  
*Membership, Nominations, Ethics &  
International Alliance*

LENORA C. FERNANDEZ, MD, FPCCP  
*Councils, Finance & Long Range Planning*  
MALBARG. FERRER, MD, FPCCP  
*Chapters & Protocol*

IVAN N. VILLESPIN, MD, FPCCP  
*Budget & HMO*

GREGORIO P. OCAMPO, MD, FPCCP  
*Training*

IMELDA M. MATEO, MD, FPCCP  
*Constitution and By-Laws, CME & External Affairs*  
*Publications & Awards*

MA. JANETH T. SAMSON, MD, FPCCP  
*Scientific & Research, Registry*

EILEEN G. ANICETO, MD, FPCCP  
*Corporate Social Responsibility, Advocacy*

JUBERT P. BENEDICTO, MD, FPCCP  
*Public Relation, Lay Fora, Medical Informatics*

## **ADVISORY BOARD**

TERESITA S. DE GUIA, MD, FPCCP

CAMILO C. ROA, JR., MD, FPCCP

DINA V. DIAZ, MD, FPCCP

JENNIFER ANN R. MENDOZA-WI, MD, FPCCP

GRACITA RIGONAN-RAMOS, MD, FPCCP

The **Philippine College of Chest Physicians** adopts the following position with regard to the imposition of excise tax for motor vehicle fuels.

Combustion of gasoline and diesel fuel produces emissions that adversely affect human beings in two major ways:

- 1) **DIRECTLY:** by inhalation of noxious gases, dusts, and particles that are by-products of fuel combustion. These can cause or aggravate several lung diseases such as bronchial asthma, respiratory tract infections, pulmonary tuberculosis and chronic obstructive pulmonary disease (COPD). Other diseases can likewise be associated with inhalation of vehicular emissions, such as lung cancer and other malignancies, heart disease, diabetes, and even premature death. Pregnant women and children are also more susceptible to these diseases.
- 2) **INDIRECTLY:** By contributing to global warming and climate change. This can change the distribution of certain vector borne diseases which can increase and which can result to greater dissemination of diseases such as dengue and malaria. Climate change can also lead to unpredictable water supply. Inadequate water supply can lead to increased incidence of infections brought about by poor sanitation. Too much water supply can lead to floods that cause loss of lives and destruction of property, as well as increase in water-borne diseases such as leptospirosis.

Although not related to the combustion of these fuels, the manner by which they are obtained and their subsequent refinement can also result in pollution of the environment as well as ill health of individuals who are engaged in and exposed to these activities.

Therefore, it is our view that the imposition of excise tax on gasoline and diesel fuel can help promote the health of the people provided that the following conditions are met:

- 1) The money collected can be used to fund projects or advocacies geared towards the improvement of the health of the Filipino people. This includes not only treatment of diseases which can arise from exposure to production and combustion of these fuels but educational campaigns as well with regard to avoidance of these exposures and prevention of diseases arising from these exposures.
- 2) Funds must also be allocated to support research in the Philippines to better define the disease burden resulting from combustion of these fuels. Foreign data is often inadequate because there are many vehicles peculiar in the Philippines that are less efficient in burning fossil fuels and their true impact remains unknown. Estimating the damage to health and its economic costs, including lost productivity of those affected, can help decide the balance which needs to drive policy on use of gasoline and diesel.
- 3) Funds must also be utilized to conduct research on alternative fuels applicable in the Philippine setting which can help further decrease the use of gasoline and diesel.

Given the widespread use of gasoline and especially diesel in economic activities which sustain many vulnerable populations, safety nets and measures need to be provided to ensure that those affected will be protected from such health hazards and harm. These can include training for new jobs, subsidies, fare discounts, and similar measures.

Subida, R.D. and E.B. Torres. 1994. Impact of vehicular emissions on vulnerable populations in Metro Manila. University of the Philippines/World Health Organization, Manila

Urban Air Quality Management Strategy in Asia. Metro Manila Report. October 1996. Metropolitan Environmental Improvement Program. World Bank