



Official Publication of the **FAR EASTERN UNIVERSITY**
Dr Nicanor Reyes Jr School of Medicine Alumni Foundation

ECTOPIC MURMURS

Volume 29

Number 7

January 2017

Opinions and articles published herein are those of the authors and do not necessarily reflect that of the FEUDNSM Alumni Foundation

FEUDNRSMAF represented in San Lazaro

FEUDNRSMAF Alumni Foundation president Licerio Castro Jr MD, board chairman Noli Guinigundo MD, past president/ board chairman Ed Relucio MD, and member Daisy Castro MD, graced the historical confab of Pilipino American physicians with Department of Health (DOH) Secretary Pauline Jean B Rosell-Ubial MD, held recently at the DOH Compound in Rizal Avenue, San Lazaro, Manila.

The focus of the meeting was all about foreign medical surgical missions in the Philippines; and it was ambitious and successful. A coalition of humanitarian was led by the Filipino American Initiative to Transform our Homeland (FAITH), and participated by Filipinos United Network, Society of Philippine Surgeon of America (SPSA), Philippine College of Surgeons (PCS), FEU, MCU, UE, UP, UST, Philippine Medical Association of Southern California, Medical and Surgical Missions of Texas, World Surgical Federation (WSF), Philippine Nurses Association of America, and

continue to page 18

ALUMNI YOU SHOULD KNOW

Two recent alumni donors you should know. First is **Roy Cabrera MD⁶⁵** is generously and voluntarily supporting a



ROY CABRERA MD **LINDA PANTANGCO MD**

medical student at the FEU-NRMF Institute of Medicine for two years now through the FEU Medical Alumni Association in Northern Illinois.

Second is **Linda Pantangco MD⁶⁷**, a golden jubilarian and Columbus OH anesthesiologist, who just participated/ enjoyed her Class reunion at West Fairview, Quezon City, has been donating substantial sum to Class'67 fund and supported a needy FEU-NRMF medical student last year.

We salute you...

PRESIDENT'S Message

Medical/surgical missions, Class reunions and other humanitarian endeavors are the mainstream projects for most volunteer groups that have travelled from afar to share their expertise and express their love for our homeland.



LICERIO V CASTRO JR MD

One of the most important event was the anticipated meeting with the Philippine Secretary of Health to thresh our concerns

and important topics with regards to the needs and relationship between the various group of foreign medical volunteers and the Department of Health (DOH) which was made possible by the efforts of Drs Eustaquio Abay II and Hernan Reyes..

The proposed discussion was outlined below.

DOH Secretary Dr Pauly Ubial meets with the Society of Philippine Surgeons of America (SPSA), Filipino American Initiative to Transform our Homeland (FAITH), and various Foreign Surgical Medical Mission (FSMM), on Wednesday, January 18, 2017, at the DOH San Lazaro Compound in Manila.

Proposed agenda was as follows:

Status of Pilipino- American physician-led medical/ surgical/ dental mission in the Philippines;

Department of Health pre-approval,

continue to page 16

FAITH CORNER

REVEREND MELVIN ANTONIO MD⁶⁵

On a global scale, the past year has truly been a roller coaster politically, economically, emotionally and even spiritually. Humanitarian disasters seemed to be the rule rather than the exception. Wars in the Middle East don't seem to end. Aleppo, Syria utterly destroyed by government forces with the help of Russia, over 100,000 dead and hundreds of thousands of non-combatants displaced. France, Germany and Turkey suffered terrorism in its most violent form, targeting innocent civilians. Christians are being systematically persecuted and marginalized. China is slowly but surely encroaching on South China Sea territories giving rise to fears of armed confrontation. The Philippines once again inundated by typhoons with Nina hitting the islands just before the Christmas holidays.

On a local level, there was the shock over the results of the contentious national elections in November. Supporters of losing candidates were at first surprised, then shocked, then angry, blaming everybody but themselves for their loss. What bothers me the most are the things being said and done, how the election results affected the losing side emotionally, especially the so-called Hollywood elite and the privileged youth

continue to page 16



REV MELVIN ANTONIO MD

REPEAL AND REPLACE (OR AMEND?) OBAMACARE

CESAR D CANDARI MD⁶¹

FCAP Emeritus, Henderson NV

The Affordable Care Act (ObamaCare) was signed into law by President Barack Obama on March 23, 2010, to reform the health care industry. It was upheld by the Supreme Court on June 28, 2012.

What the ObamaCare did not do was to lower the cost of healthcare and health insurance. The \$3 trillion-a-year ObamaCare plan supposed to be in favor of controlling the soaring health

care costs in our country did not work. It's becoming prohibitively expensive.

We all know now there will be an increase in ObamaCare premiums as announced by Department of Health and Human Services last October 2016... The Affordable Health Care Act's insurance marketplaces are set to raise premiums by double digits in 2017.

Partial list of States to experience percentages of increase of premiums.

Arizona - 116%,
Oklahoma - 76%,
Alabama - 36%,
Georgia - 32%
Illinois - 44%,
Minnesota - 50% to 67%,
Nebraska - 35%,

continue to page 14



**ROLANDO
M SOLIS MD**

JANUARY IMAGE by ROLANDO M SOLIS MD



Brooklyn Bridge

FIRST KAPANGAN MEDICAL MISSION, 1962

LETTER TO THE EDITOR

Please find below three pictures related to the very first organized medical mission to Kapangan, Mt Province in 1962. Because January and February are the busy months of doing medical missions I thought that it may be worthwhile and nostalgic to print these images.

As I glanced over the prints, I was overcome with an acute case of nostalgia, looking at these young handsome and ambitious members of FEU-NRMF Institute of Medicine Class⁶² and Class⁶³

We were quite lucky enough to be a part of this group headed by the late Dr Felino Barnes and the late Dr Chit Villafria.

Among us, enjoying the blessing of Thy Almighty, we have that sentimental longing and wistful affection for that place, Kapangan.

It was a wonderful start of the ever-growing medical missions rendered by almost all of the medical and paramedical Pilipinos here in the United States and the Philippines.

Yes that was a start of our spirit of volunteerism, sharing our time, talents and treasures.

I hope this is okay to submit for the **ECTOPIC MURMURS**.

GENE SIRUNO MD⁶³

PS. There will be some who might feel left behind as per their recollection, however, those others were members of the second Kapangan when we went back.



Picture shows in the front row, from left, Drs Fred Villao, Ted de la Cruz, Roger Baldoza, Felino Barnes, Chit Villafria; Roger Casama, and Renato Ramos. At the back row are, same order, Father Fleming (a Belgian Missionary in Kapangan), Drs Rey Vista, Rey Sarmiento, Art Basa, Gene Siruno, and Ben Pecache.



Drs Arturo Basa and Ted dela Cruz in a makeshift clinic.



Drs A Basa and Roger Casama are doing the Caniao dance.

GOLDEN JUBILARIANS CLASS⁶⁷ *Group Pictures during Balik-FEU in Manila*



First day of the Golden anniversary of Class⁶⁷, attendees were treated to a very sumptuous meals from breakfast to dinner at night by a fellow classmate and 1988-1992 Rizal governor Reynaldo R San Juan MD



Another group picture in a Filipiniana motif during *Fiesta Piyo* and continuing medical education seminar break

SILVER JUBILARIANS CLASS⁹¹ *Group Pictures during Balik-FEM in Manila*



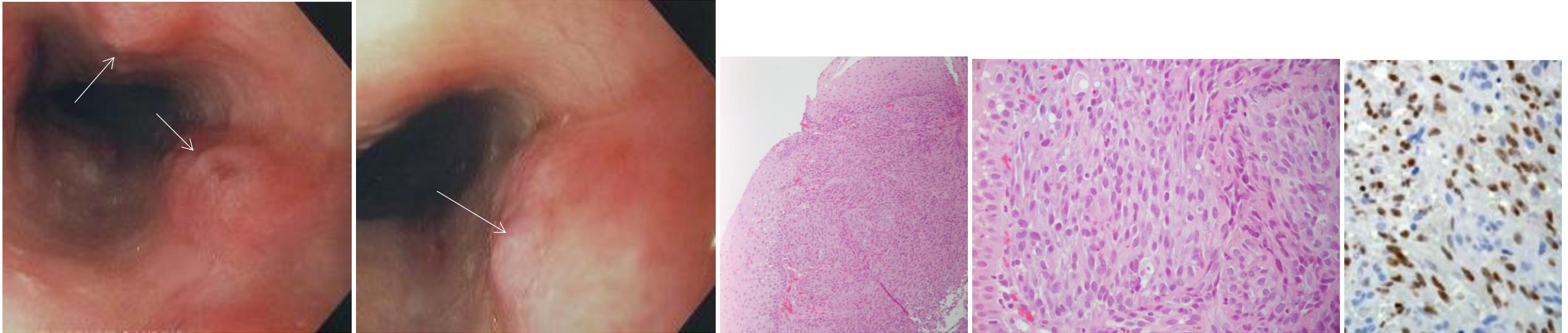
During the CME seminar at the Ricardo Alfonso MD Conference Hall



A formal Class⁹¹ group picture during the grand reunion, held at the Novotel Araneta.

CLINICAL IMAGES

KAPOSI'S SARCOMA OF THE ESOPHAGUS



Figures 1 and 2 – Endoscopy shows three submucosal nodules (arrows) with intact but slightly erythematous overlying mucosal membrane. **Figure 3** – displays intact unremarkable covering squamous mucosa and a poorly demarcated, poorly circumscribed and non-encapsulated spindle cell tumor (x100). **Figure 4** - It is not vascular; and the red blood cells extravasated between neoplastic cells are generally absent. There is streaming, fascicles and banal cytology of the tumor cells (x400), consistent with Kaposi's sarcoma. **Figure 5** - Positive immunostaining with HHV8 and LNA-1 confirms the diagnosis of Kaposi's sarcoma.

These **IMAGES** are from a 45-year-old male with a history of HIV for 15 years, who presented with increasing intermittent, deep and localized abdominal right upper quadrant pain, for a few months. It was relieved with Norco and got worse without the medication, lasting 24 hours and rated 10/10.

The patient also reported dark melanotic stools for several weeks prior to the last admission.

White blood cell count was 2,400 with 61% neutrophils, 22% lymphocytes, 3% eosinophils, 2% basophils, CD4 count 24, bilirubin 119.6, ALT 145, AST 38

and alkaline phosphatase 859.

He was followed by an infectious disease specialist at a local open clinic; but he had not taken his HIV medications (Norvir, Truvada, and Sustiva) for six months, along with dapsone for opportunistic infections.

A computer tomographic scan demonstrated small ascites with generalized lymphadenopathy and splenomegaly, and multiple small ill-defined lower lobe lung nodules. Esogastroduodenoscopy and colonoscopy three esophageal nodules with intact but erythematous surface. The stomach, small intestine and colon were unremarkable.

The endoscopic esophageal biopsy revealed a submucosal cellular proliferation of bland spindled cells with minimal pleomorphism and absent mitosis, and arranged in whorls or short intersecting fascicles and focally storiform, nuclear palisading and cigar-shaped nuclei. The underlying stroma is effaced by the spindle cell tumor and fairly vascularized.

Acid fast stain fails to reveal *Mycobacterium*; but immunostaining with HHV8 and LANA affirmed the diagnosis of esophageal Kaposi's sarcoma.

The clinical course was marked with a progressive acute liver failure for 10 days.

The many clinical diagnoses included acute hepatic failure, probably combination of infection, AIDS-HIV, active hepatitis B active, and Candida pneumonia, among others.

COMMENTS and LITERATURE REVIEW. Kaposi's sarcoma (KS) first described in 1872 is a rare, low grade, vascular malignancy caused by Kaposi sarcoma herpesvirus/ human herpesvirus 8 (KSHV/HHV-8) infection

There are four distinct clinical settings:

1 – The classic (Mediterranean) KS, male > female, 40-70 years, Mediterranean or Ashkenazi origin,

usually lower extremities but GI involvement may be common.

2 – Indolent endemic (African) KS
Adults and children in equatorial Africa
Skin lesions usually involve lower extremities or lymph nodes. The lymphadenopathic form is aggressive
AIDS-associated (epidemic) KS
AIDS, defining illness in HIV+ adults/children

3 - Disseminated mucocutaneous/visceral lesions is also aggressive, and may regress or flare up in certain circumstances.

4 - Iatrogenic KS in Immunosuppressed patients (autoimmune disease, drugs, post-transplant) is usually localized or disseminated disease

Disease outcome is variable.

In 60% of KS patients, lesions were confined to the skin while 40% involved visceral organs and/or lymph nodes. The most common location for KS visceral involvement is the gastrointestinal tract. The small intestine is most frequently affected, followed by the stomach, colon, and rarely esophagus. However, this involvement generally produces no symptoms, and gross bleeding is rare.

Endoscopically, gastrointestinal KS can vary from erythematous lesions to maculopapular or polypoid lesions

A diagnosis of gastrointestinal KS is not always possible from an endoscopic biopsy. This low yield is attributed primarily to the submucosal location of the

tumor, which renders such biopsy specimens too superficial for diagnosis.

The histological feature of KS elegantly illustrated in the index case is submucosal proliferation of spindle cells that form slits in which there are extravasated erythrocytes.

Immunohistochemistry techniques, including the use of latency-associated nuclear antigen 1 (LNA-1) anti-HHV8 antibody to detect HHV8 in tissues, have been considered useful tools for the diagnosis of KS.

The therapeutic approach to KS gastrointestinal bleeding includes injection therapy, heat coagulation, sclerotherapy, H2 blocker, sucralfate, and general supportive care.

Radiotherapy has been described as a potential treatment for hemorrhage which is caused by a vascular tumor. Moreover, surgical excision, angiographic embolization, and systemic chemotherapy are also considered choices of treatments for KS gastrointestinal bleeding.

In most patients, KS regresses with the cessation, reduction, or modification of immunosuppressive therapy. Similarly, a withdrawal or reduction of such therapy in renal transplant recipients results in graft loss in approximately 1/2 of patients.

In **CONCLUSION**, an interesting example of rare esophageal Kaposi's sarcoma in a young HIV/ AIDS patient is described. Endoscopically, the diagnosis is difficult because there is intact mucosal cover to the lesion. The diagnosis is

affirmed with the use of immunostaining with HHV8 and LNA-1.

A list of **REFERENCES** is available upon request,

CESAR V REYES MD⁶⁸

REPEAL AND REPLACE (OR AMEND?) OBAMACARE

continued from page 2

Pennsylvania -: 33%,

Tennessee - 44% to 62%... etc.

Mitt Romney former Republican candidate for president in 2012 stated: *ObamaCare resulted to raise taxes on the American people by approximately \$500 billion. ObamaCare cuts Medicare, by approximately \$500 billion. ObamaCare adds trillions to our deficits and to our national debt and pushes those obligations on to coming generations.*

Low levels of doctor participation: In an article in CNN Money, published in New York stated: *Doctors in America are harboring an embarrassing secret: Many of them are going broke. With the recent steep 35% to 40% cuts in Medicare reimbursements for key cardiovascular services, such as stress tests and echocardiograms, have taken a substantial toll on revenue.*

This quiet reality, which is spreading



CESAR D CANDARI MD

nationwide, is claiming a wide range of casualties, including family physicians, cardiologists and oncologists.

Currently, a 27.4% Medicare pay cut for doctors started on March 1, 2012. This means primary care doctors particularly the Family practice and Internist is predestined. It is hopeless. Physicians will plummet to the bottom of doom.

President Donald Trump's Health Care Reform:

Having waited years for the chance to repeal Obamacare, Republicans will finally have the opportunity this year. With the GOP controlling the White House, the Senate and the House of Representatives, the party can drive a stake through the Patient Protection and Affordable Care Act.

In media coverage, it is stated the American people have had to suffer under the incredible economic burden of the ObamaCare. This legislation has tragically but predictably resulted in runaway costs, websites that don't work, greater rationing of care, higher premiums, less competition and fewer choices. ObamaCare has raised the economic uncertainty of every single person residing in this country. It is a disaster. As it appears ObamaCare is certain to collapse of its own weight, the damage done by the Democrats and President Obama, and abetted by the Supreme Court, will be difficult to repair unless the next President and a Republican congress lead the effort to bring much-needed free market reforms to the healthcare industry.

According to pundits after inauguration day, Republicans will hold the levers of power. For those who have long sought to repeal Obamacare, if President Trump and Republicans in Congress carry out their pledge to repeal the Affordable Care Act, the 2010 health reform law by most estimates, up to 22 million people, many of them poor or older Americans, will have a negative impact and could turn ugly very fast. Despite six years of condemning the Affordable Care Act, Republicans have not formally articulated a plan to replace it.

Trump's nominee for secretary of health and human services, Rep Dr. Tom Price (R-Ga.) has helped craft a number of ObamaCare replacements and alternatives.

Trump declares: *It is not enough to simply repeal this terrible legislation. He will work with Congress to make sure a series of reforms ready for implementation that follow free market principles and that will restore economic freedom and certainty to everyone in this country. By following free market principles and working together to create sound public policy that will broaden healthcare access, make healthcare more affordable and improve the quality of the care available to all Americans.*

If President Trump and Republicans in Congress carry out their pledge to repeal the Affordable Care Act, by most estimates, up to 22 million people, many of them poor or older Americans, will lose their health insurance. Experts have said that the Trump administration will need to

carefully craft their replacement ready.

Millions of Americans won't mourn the passing of the expensive, complex and ultimately unworkable ObamaCare law. But just as the demolition of a large building must be carefully planned and executed, so too must the dismantling of ObamaCare. Millions of Americans rely on it for coverage. Tossing them off the rolls without offering them something better is cruel and invites a political backlash. Trump seems to recognize this would be disastrous. Since the election, he has said that he wants to keep the part of the law that prohibits insurance companies from discriminating against people with pre-existing conditions. Without this provision, insurers can deny those customers coverage, charge them exorbitant rates or refuse to cover treatment for those conditions.

GOP passed no fewer than 60 measures to repeal all or part of it, none of which has become law. Now, with a Republican about to move into the White House, they are in a position to get their way.

With 20+ million Americans expected to be affected by any repeal or replacement of ObamaCare, experts have said that the Trump administration will need to carefully craft their replacement / amendments and not to make millions of Americans worse off than they are today, and even worse off than they were before the ACA was passed.

FAITH CORNER

continued from page 2

in liberal college campuses. Ironically, many of them did not even bother to vote yet have the loudest voices of condemnation.

That was 2016 in a nutshell.

Even the most devout Christian may have expressed fears that the

world must come to an end soon. God must be so unhappy at the evil being perpetrated in the world that divine intervention is the only way out of chaos. Not so fast. I offer you the following verses from **Psalm 146** as a source of hope that God has not abandoned us and that things may yet improve in the New Year:

Happy are those who have the God of Jacob for their help, whose hope is in the Lord their God, who made heaven and earth, the seas and all that is in them, who keeps promises forever; who gives justice to those who are oppressed, and food to those who are hungry;

The Lord sets the captives free; The Lord opens the eyes of the blind; the Lord lifts up those whose heads are bowed down; The Lord loves the righteous.

The Lord cares for the stranger; the Lord sustains the orphan and widow but frustrates the wicked.

These verses are assurances for those who think that God has abandoned us with



REV MELVIN ANTONIO MD

all the evil in the world today. It is my wish that we look upon the New Year as the dawn of a new era in world history, that we will recover from the chaos of the past year. We must look at 2017 as a time to renew our faith and make it even stronger than ever. Let us pray for those who lead this country that they may be given the wisdom and desire to rule God's people righteously and treat the poor with justice, to protect our liberties and to use their authority to serve faithfully in the spirit of love, charity, justice and peace. This prayer goes for our leaders both secular and spiritual and applies to world leaders as well. We need to keep the faith now more than ever.

Happy New Year; *Manigong bagong taon.*

PRESIDENT'S Message

continued from page 2

guidelines, and contact staff;

A Health attaché at the Philippine Embassy in Washington DC to assume the responsibility coordinating all humanitarian activities to the Philippines by Pilipino-American physicians from the United States and Canada, including assessment and approval of all required documents; to serve as a liaison between Pilipino-American humanitarian groups



LICERIO V CASTRO JR MD

with various government agencies, including the Bureau of Customs, Professional Regulation Commission, and Recipient Institutions of Partnership Programs including their administrative and clinical staff; and to establish a Pilipino-American Physician Group representation (advisory committee to the Health Attaché).

Adopt a hospital program: mission, goal, policies and guidelines; and identification and designation of preferred public hospital partner.

The pre-registered volunteers included: to attend the meeting with DOH Secretary:

- 1 - Dr Resty Baluyot, chair of medical and surgical missions of Southeast Texas;
- 2 - Dr Vicente Camua, liaison officer of cataract mission to the Philippines and past Lions district governor of Arizona;
- 3 - Dr Licerio Castro, president of the FEUDNRSM Alumni Foundation;
- 4 - Dr Philip Chua, president and chairman of the board of Filipinos United Network, and board trustee of the Filipino American Initiative to Transform our Homeland (FAITH);
- 5 - Dr Valentin Dolorico, chairman of UPMASA medical missions and FAITH member;
- 6 - Dr Noli Guinigundo, board chairman of the FEUDNRSM Alumni Foundation;
- 7 - Dr Rosario Laserna, SPSA past president, and FAITH trustee;
- 8 - Dr Oscar Laserna, SPSA past president;
- 9 - Dr Jose Raffinan, past president of the Bisaya Medical Association and FAITH

trustee;

- 10 - Dr Maria Raffinan, past president of the Bisaya Medical Association;
- 11 - Dr Ed Relucio, past chairman and president of the FEUDNRMS Alumni Foundation;
- 12 - Elizabeth Rosas, community outreach of the Philippine Nurses Association of America;
- 13 - Dr Emma Salazar, past president of the Philippine Medical Association in Chicago;
- 14 - Dr Juan Sanchez Jr, founder and chairman of the Hospital on Wheels Philippines;
- 15 - Dr Mel Simon, SPSA past president;
- 16 - Dr Lydia Simon, TriState (OH-KY-WV) medical surgical mission;
- 17 - Lito Tetangco, program coordinator of the global coalition for humanitarian efforts Philippines;
- 18 - Dr Dionisio Yorro, current president of the Philippine Medical Association in Chicago;
- 19 - Dr Zita Yorro, past president of the Philippine Medical Association in Chicago Auxiliary;
- 20 - Dr Hernan Reyes, SPSA past president and 2016 Pamana ng President Duterte Awardee;
- 21 - Dr Eustaquio Abay II, FAITH president;
- 22 - Dr Bayani Ignacio of Canadian Medical Mission
- 23 - Dr Norberto Restituto of Medical Surgical Mission Greater Kansas City
- 24 - Dr Lester Suntay of World Surgical Federation (WSF) Philippines

25 - Dr Beda Espineda of WSF Philippines; and

26 - Dr Eric de Leon of WSF Philippines.

Whereas, all concerted efforts to benefit the Filipino people dominated the said meeting.

Our hopeful aspirations and continued service to our people were some of the positive outcome of that meeting.

On another topic, the Balik-FEU was also successful. A great number of alumni visited the Philippines and attended proceedings/ continuing medical education seminar, in support for our colleagues and our alma mater. It again fostered stronger relationship between the FEU-NRMF Medical Alumni Society and the FEUDNRSM Alumni Foundation, which is crucial for our organizations.

Dr Noli Guinigundo and I graced the FEU-NRMF festivities, the grand reunion night and we loved to seeing everyone and all.

The winter meeting is fast approaching and I urge all officers and the board trustees to kindly attend the event on Saturday, March 25, 2017, at the Monte Carlo Las Vegas.

New developments and recent updates will be discussed and disseminated to all.

The next annual summer reunion will be held on July 19-22, 2017, at the Hyatt Regency Hotel in Long Beach CA, and hopefully everyone will be there too.

With all the events that are forthcoming in the Philippines this month, I am inclined to update everyone on the next issue of the **ECTOPIC MURMURS**.

I wish everybody a safe trip and success to all the medical missions and other projects on hand and may Our Dear Lord guide and bless us all.

LICERIO V CASTRO JR MD⁷³

FEUDNRSMF *represented*

in San Lazaro

continued from page 1

Philippine Hospital on Wheels.

According to Eustaquio Abay II MD, a Wichita KS neurosurgeon, FAITH president and meeting organizer, *it was very productive, cordial and positive*. A pre-confab assembly was also held a day earlier to consolidate talking points, details, time and venue,

The other attendees included:

- 1 - Marie Benjielynne Belarmino MD of Medical and Surgical Missions of Texas,
- 2 - Vicente Camua MD as a liaison officer of cataract mission to the Philippines and past Lions District Governor of Arizona;
- 3 - Valentin Dolorico MD, chairman of the UPMASA Medical Missions;
- 4 - Rosario Laserna MD, past SPSA president;
- 5 - Oscar Laserna MD, past SPSA president;
- 6 - Jose Raffinan MD, past president of the Bisaya Medical Association;
- 7 - Maria Raffinan MD, past president, Bisaya Medical Association;
- 8 - Manuel Dee MD of UPMASA Medical Missions;
- 9 - Juan Sanchez Jr MD, founder and

chairman of the Hospital on Wheels Philippines;

10 - Lito Tetangco, program coordinator of, Golbal Coalition for Humanitarian Efforts Philippines;

11 - Hernan Reyes, past SPSA president;

12 - E Abay II MD, FAITH president;

13 - Bayani Ignacio MD of the Canadian Medical Mission;

14 - Norberto Restituto MD of the Medical Surgical Mission Greater Kansas City;

15 - Lester Suntay MD of the WSF Philippines;

16 - Renato Tanchoco MD of the MCU Alumni Relations;

17 - Eric de Leon MD of the WSF;

18 - Ramon S Inso MD, a PCS regent;

19 - Enrico Ragaza MD, PCS president;

20 - Hector Santos MD of the Philippine Medical Association (PMA);

21 - Ireneo C Bernardo MD, PMA president;

22 - Vicente C Camua Jr of the Lions Club, Arizona;

23 - Esther Saguil MD, chairperson of the Philippine general Hospital orthopedic department;

24 - Bernardo G Lacorte of Lions Club Tagaytay;

25 - Miguel Noche MD, chairman of the Professional Regulatory Commission;

26 - Bayani San Juan, FDA CDRR;

27 - Regina S Obligacion, FDA CDRR;

28 - Edgardo Ragaza MD of FUN/ FAITH; and

29 - Aleflor Ragaza MD of FUN/ FAITH.

The meeting was attended by the DOH, Secretary Ubial, Undersecretary of Health Roger Tong-an MD, and Director Marlene Beltran of the Bureau of International

Health Cooperation; chairman Miguel Noche MD of the Board of Medicine-Professional Regulatory Commission (PRC), and actively participated by our delegation of Dr Enrico Ragaza, PCS regent president PCS; Dr Ramon S Inso-PCS, regent and chairman of the mission committee, Dr Ireneo S Bernardo III, PMA president; and Dr Hector Santos, also of the PMA .

DOH Undersecretary Tong-an presided

APPA and PMAC *missing at the FSMM confab*

The Philippine Medical Association in Chicago representatives (Emma Salazar MD, president Dionisio Yorro MD, Zita Yorro MD) who initially registered to attend, and the Association of Philippine Physicians in America (president Hedy Windsor MD, Mrs Remy Lo, and Auxiliary president Elsie Conner) were not present at the Foreign Surgical Medical Mission conference, held at the Department of Health San Lazaro Compound in Manila.

over the meeting.

Dr H Reyes gave brief opening remarks and discussed the goals and proper conduct of medical/ surgical missions in the Philippines.

Then Dr Abay took over and provided a brief history of previous meetings with DOH, PRC, PMA and PCS since 1996. Rather than go into the numerous details

of issues affecting FSMMs, difficulties and problems were aired by Pilipino Americans and DOH side.

It was strongly proposed that this meeting be concentrated on creating effective channels of communication that would lead to proper resolution of issues on either side.

The FSMM groups understand and respect the fact that DOH has the mandate to address and implement healthcare in the country. The Pilipino Americans simply attended to help and augment their function, particularly as they relate to healthcare for the poor.

It was likewise clarified that it is not the intention of FSMM groups to dictate upon DOH and other health bureaucracies in the Philippines, nor to compete with or compromise local medical professionals, or cause them problems. It is simply to ask the DOH groups to make use of FSMM and resources in implementing healthcare programs in the country.

Mutual respect and cooperation is emphasized and necessary so that all may be able to work together towards achieving common goals. It is this togetherness, and not against each other is everybody objective.

Dr Tong-an later presented the DOH goals, its current status and delivery of healthcare in the country. Thereafter, he opened the discussion focusing on the three issues enumerated in the FSMM proposed agenda:

- 1) Status and plan for FSMM,
- 2) Health Attaché and

3) Private/ public partnership program between provincial hospitals and rural health units. An open discussion then ensued. The matter of STP application was also included in the discussion and the matter of Customs was discussed.

From the DOH perspective, the following active plans were presented:

The implementation and expansion of PhilHealth covering 92% of Pilipinos has significantly changed the landscape. Much work is still required but it has improved significantly.

1 - New Revised Guidelines for FSMM have been put together, copies of which were distributed. We shall scan and send this to all via email when we return to the United States. This may also be available at the DOH website (www.DOH.gov.ph)

There was no talk of restricting or eliminating FSMM in the Philippines, much less those conducted by Pilipino American physicians. They welcome FSMM participation in their goal to achieve their vision of healthcare delivery. Restrictions and difficulties may be observed and experienced in the application and requirements imposed by DOH, PRC and Bureau of Customs to conduct foreign surgical/ medical and dental missions to the Philippines.

There is a strong sense of the need for local Physician participation and active involvement of the local medical society chapter (by the PMA president). There is also a lingering impression among local practitioners that Pilipino American

physician missionaries *look down* upon locals as inferior.

Dr H Reyes strongly responded to this misimpression and that the United States Pilipino American physicians have the highest regard for their training and at par with those in the United States and elsewhere.

2 - A draft covering the structure, rules, regulations and function of a Health Attaché to be established and based at a Philippine Embassy in the United States, Saudi Arabia and another country is in its final stages and we were assured by Dr Tong-an and Ms Beltran that a copy will be forwarded for our review.

3 - The FSMMs are strongly admonish to seriously consider and engage in private/ public partnership program: *Adopt a Hospital/ RHU*, Community and FSMM incorporation as part of a partnership program might be a more ideal way of conducting a medical/ surgical and dental mission. A list of underserved communities is being compiled and this will be communicated to us.

4 - Direct lines of communication between DOH (Undersecretary Tong-An and Ms Beltran) was highlighted. This was re-emphasized as well in a private conversation during lunch. They prefer to communicate directly to a representative of our group for major issues concerning any of the items above.

5. Medical supplies and instruments shipped through the Bureau of Customs, must follow prescribed procedures. DOH Ms Beltran should be notified early in

order for them to be more effective in intervening in our behalf.

At the end of the confab, Dr Ubial joined us and made the following goals and statement regarding major programs they are currently undertaking or will undertake:

1 - The goal of President Rodrigo Duterte will focus on the following major issues:

- (a) Drug problem,
- (b) Corruption, and
- (c) Plight of the poor.

2. On FSMM:

(a) Dr Ubial welcomes FSMM conducted by Pilipino American physicians to the country. She would prefer that this be in a truly underserved community, either in a Provincial Hospital or Rural Health Community, especially in the South.

(b) A Health Attache will be established in Saudi Arabia, United States and one other country. Dr Ubial gave a six-month timeline.

(c) She strongly recommends development of privat public partnership programs which incorporates a medical/ surgical and dental component.

(d) She encourages a regular meeting with our group in the future.

3 - Her goals are well thought of structured and ambitious. The main goal is Universal Health Insurance with drug coverage for all Pilipinos. The PhilHealth premiums of the poor who cannot afford to pay, estimated to be 10%, will subsidized by the national government.

An open discussion also followed addressing various concerns.

Her candor and, her factual knowledge of the Health problems in the country are impressive; and she has thought out very well her planned solutions.

(Dr H Reyes' addendum: During a private conversation with Dr Noche (he recalls that he was my student when I was at UST during my two years stay in Philippine post trainings). I informed him that the Secretary of State in any of the 50 states has nothing to do with medical licensure and the requirement for STP by a physician without a Philippine medical license from the Secretary of State's office was not pertinent. I did emphasize that the various State Professional Medical Boards were responsible and that authentication of an individual's State License should be sufficient. He promised to look into the matter of STP. I requested his permission to follow-up on this matter and he welcomed the request.)

The warm reception from all, the Honorable Secretary, Undersecretary, Director of International Health Cooperation and from all DOH staff was noteworthy. Lunch was also served with the Secretary while conducting the discussions.

As we parted from the meeting Dr H Reyes proposed a Philippine American FSMM liaison officer and an advisory

committee or commission be formed with a membership of 20 - 25 members, The matter of Customs should be handled directly by each group with BIHC (Ms Marlene Beltran) in a proactive manner as stated above.

Dr J Sanchez volunteered to provide a *runner* to help us accomplish requirements for FSMM at DOH, PRC and BOC.

Dr H Reyes volunteered to be our liaison officer with DOH until such time as the Health Attache and major FSMM issues are carefully defined, addressed and resolved.

Dr E Abay will chair the commission on FSMM to be composed of representatives or delegates from the various Philippine medical school alumni associations in the United States, FSMM groups by region until it is solidly organized and functioning or a willing and able replacement chairperson is found.

Overall a promising beginning for the coming years. Dr E Abay says *We should diligently do our part.*

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited.

Email submission, including figures or pictures, is preferred.

ECTOPIC MURMURS

Deadline for February 2017 issue

February 22, 2017

Please address submission to

acvrear@gmail.com

FEUDNRSM Alumni Foundation

MEMBERSHIP REGISTRATION

Yes, I would like to invest in the future of the **FEUDNRSM Alumni Foundation**.

Herewith below is my membership registration/ renewal for 2016-2017

Name _____

Address _____

Email _____ Telephone _____

Membership dues is \$65 (physician in training, \$25). Please make you check payable to “**FEUDNRSMF**”
and mail the same with this registration to:

FEUDNRSM Alumni Foundation, 6530 Dunham Road, Downers Grove, IL 60516

Telephone (630) 971-1356

Email acvrear@gmail.com

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

PMAC News

Deadline for February 2017 issue

February 8, 2017

Please address submission to

acvrear@gmail.com