



# ECTOPIC MURMURS

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

## 38<sup>th</sup> Balik-FEU star-studded

CESAR V REYES MD<sup>68</sup>

Dr Delfin Tan, the Class<sup>63</sup> and Golden Jubilarian, is coming home to speak at the FEU-NRMF campus. He is not the keynoter, but his name attracts one's eyes most. Dr Tan will provide colors on the subject of *menopause*.

Dr Philip Chua<sup>61</sup>, cardiac surgeon *emeritus* from Northern Indiana, will serve as the 1st Dr Josephine Cojuangco Reyes memorial lecturer on *failed health strategy*.

Dr Manuel Malicay<sup>72</sup>, assistant professor of medicine at Rush University of Medicine of Chicago, as the 35<sup>th</sup> Dr Lauro Panganiban memorial lecturer, will speak on *hypertension*.

Dr Vicente Porciuncula<sup>77</sup>, professor and president of the Philippine Association of Laparoscopic and Endoscopic Surgeons will paint *laparoscopic surgery* in 2013.

Dr Fernando Ayuyao Jr<sup>77</sup>, a pulmonologist and FEU-NRMF professor of medicine, will share his thoughts on *drowned lung*. *continue to page 17*

### President's TENDERLY YOURS

These past 2 weeks brought us to Rome. We were not prepared since our thoughts went to another five years earlier. Ding's



NOLI C  
GUINIGUNDO MD

extended relative, Archbishop Luis Antonio Tagle got elevated to the College of Cardinals.

Her aunt from North Dakota has been calling us for several days just to tell us of his elevation to Cardinalship on the last week of November, the 24<sup>th</sup>, 25<sup>th</sup>, and 26<sup>th</sup> to be exact.

We hurriedly got a reservation. This time is also noted for rain and cold weather. Not knowing where to go is an unusually mind-puzzling situation. Luckily, those who went to Rome for AB Tagle's *continue to page 16*

## CHRISTMAS

### Message

To all our brothers, sisters and loved ones. We are united as one to show solidarity as children of God. In this world of uncertainty, we all come to *continue to page 15*



JUN CASTRO MD

## On OBAMACARE

After \$6B spent on federal campaigns, the country has chosen it's leaders. But, problems with our health system linger and fester. As the last bulwark of patient *continue to page 12*



ALADIN M  
MARIANO MD

## FAITH CORNER

REV MELVIN ANTONIO MD<sup>65</sup>  
*Greetings, favored one. The*



REV MELVIN  
ANTONIO MD

*Lord is with you. Those were the words of the angel Gabriel to a young maiden named Mary some 2000 years ago. continue to page 14*



DELFIN TAN MD



PHILIP CHUA MD



MANUEL  
MALICAY MD



VICENTE  
PORCIUNCULA MD



FERNANDO  
AYUYAO JR MD

# CHRISTMAS

## NEWSLETTER

This Christmas may your



P OBREGON MD J OBREGON RN

home be blessed with His love, touched by His peace and may your heart be filled with hope.

Judy and I are celebrating 25 years of mission work. We have worked in 40 countries with 135 teams. The Lord has blessed our work and we thank so many people for their love, prayers and financial support. Most of our trips were under the umbrella of Medical Ministry International (MMI). Last year MMI honored Judy and I with their *Faithful Servants Award* for our many years of service. It was presented to us at our annual MMI conference. Judy was not able to attend the conference so I accepted it humbly for both of us.

We participated in four MMI projects this year. Pete joined the project to T'boli, South Cotabato and Taytay, Palawan in the Philippines in January. Judy and I participated two teams to Kibogora, Rwanda in September and October; and Pete joined a team to Dessalines, Haiti, in November. They were all busy projects and many people were helped. We also presented to our local pastors and hospital chaplains several felt boards which were used in witnessing to people waiting for surgery

*continue to page 11*

# OVERVIEW

## PILIPINO MIGRATION The Earlier Struggles and Now The Awakening

### CESAR D CANDARI MD

FCAP Emeritus, Henderson NV

A century and a decade ago

was the start of the second wave of Filipino migration to America.

This happened in 1903 after the American



CESAR CANDARI MD

colonization of the Philippines in 1898. To reflect on what was the condition of the earlier waves of Filipinos, albeit depressing, it is an unforgettable historical event.

It was only in the last 30 years that the Pil-Am community expanded and their numbers rose to 3 million marks by year 2000. They live in several cities of America. Now, significant and fast-growing Fil-Am communities are in California, New York, Las Vegas, and other cities in the U.S.

Pilipino Americans have all the reasons to be proud at this very moment as they possess the sophisticated education and cultural awareness with determination to be in the middle-of-the-road of American society. Slowly, they invested their ethnic strength with vigorous desire in shaping the Pilipino cultural identity. The advents of Information-Age have helped Fil-Am being recognized in the mainstream.

As Pil-Am community grows in number, they also become

*continue to page 9*

# IMAGES

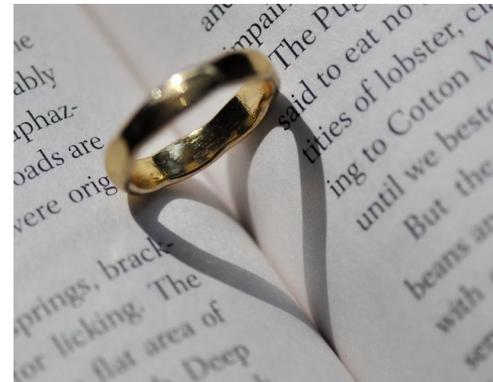
ROLANDO M SOLIS MD<sup>63</sup>



ROLANDO M SOLIS MD



Chambered nautilus



Heart-shaped ring shadow



The humming bird: the fastest wing-beats

## SEASON's GREETINGS

**CELSO DEL MUNDO MD<sup>62</sup>**

The twinkling lights of

Christmas snowflakes,  
the drifting snow,

The happy tunes and rhythm,  
and sweet melodies of Christmas



CELSO DEL MUNDO MD

songs,

All these are reminders that  
Christmas season is on the air,

It's the season to celebrate the  
birth of Jesus, our Redeemer,

Our heart should always be  
warm in spite of the bone  
chilling weather,

The drifting snow and gusty  
winds should not hamper our  
rejoicing,

We keep our mind and body  
ready to welcome this joyful  
scene,

The birth of the Messiah who  
gave His life for all our sins.

Christmas is a season of giving,  
Self-reflection and forgiving,  
A time to rekindle our bonds  
and love to all our  
fellow men

A time to share our blessings  
and all the graces Lord has  
given

And thank Him for all His  
guidance all throughout the  
year.

**HAPPY HOLIDAYS!**

## CHRISTMAS QUOTE

*Behold, the virgin shall conceive  
and bear a son, and they shall call  
his name Immanuel (which means,  
God with us).* **Matthew 1:23**

## DECEMBER IMAGES



**DRS NOLI GUINIGUNDO  
and DING GUINIGUNDO,**  
at the Vatican, are shown with  
the newest Cardinal Luis Tagle,  
former Archbishop of Manila.



**NICANOR JOAQUIN MD<sup>69</sup>**  
is **Hawaii's Mr Lapulapu  
2012** in body building, shown  
with his many other trophies.

## NUEVA VIZCAYA DOCTORS HOSPITAL

**ULYSSES M CARBAJAL MD**



ULYSSES M  
CARBAJAL MD

**In the  
Beginning.**

On June 8,  
1971, the  
author, who  
was then  
immediate  
past  
president of

the Philippine Medical Association, met with 11 colleagues at Jim's Garden in Bayombong to present the plan of establishing a 100-bed hospital in Nueva Vizcaya. The group unanimously approved the new venture. A few days later, representatives of the E S Baltao & Co, located at Mapa Street in Santa Mesa, in the persons of Atty Eugeno T Estabillo and Mr Ben Valera. attended the meeting of the Nueva Vizcaya Medical Society. At that historic meeting, pledges were enthusiastically made by a dozen physicians to the amount of over two hundred thousand pesos. Not long after, the incorporation papers were prepared, signed, and filed at the Securities and Exchange Commission Office. The original incorporators were: Drs Alfred L Aliasas, Gregorio Alias, Orlino S Berlarde, Bienvenido P Cabotaje, Ulysses M Carbajal, Alexander M Guzman, Juliet Labitoria, Fortunato T Leon, Vicente T Lumicao, Antonio S Macaraeg, Percival Tiongson, Jesse J Umali; Atty Eugenio T Estabillo, Mrs Flora Dacayo and Mrs Eugenia Oliveros.

*continue to page 5*

## LETTERS TO THE EDITOR

Just want to thank you for your kindness in sending the **ECTOPIC MURMURS**.

Philip and I enjoy reading it very much. FEU is so blessed to have someone so gifted in putting this together.

Thank you and God bless,  
**PHILIP PUNSALAN**  
**ERLINDA PUNSALAN MD**  
Texas

I am an alumna of FEU 1980 medicine and is presently residing in Hawaii. We have a very active Philippine Medical Association of Hawaii which was established probably in the 1960s.

Presently my daughter is going to school in FEU. Being a parent I was able to see some problems the students and the school have.

One big problem is that the students have no internet in the school. I am not sure what the reasons for not having it when most of the students that I have spoken to have that wish. Is it because of the school?

My husband being an alumnus wants the support from the Alumni Association to help with the internet instituted, either in monetary or otherwise.

Books are also a problem in the school. I heard the library has old books.

Can the alumni help?

Maybe this is what we say giving back and giving to the medical school for the future physicians.

Thank you I hope I will hear a feedback from you,

**R KELLY MD<sup>80</sup>**  
Honolulu HI

In all these years that I have been receiving and reading **ECTOPIC MURMURS**, I cannot recall any single article leaning one way or the other towards any political issue here in US. And, yet here we are after a historic election, resulting in an unprecedented outcome where the loser won in only one demographic area (only those 65 years old and older white men versus other demographic areas such as women, college educated, Roman Catholic, etc, not to mention racial) and only in only one of the nine swing states (ie North Carolina) with a narrow margin at that, an article criticizing the Obamacare from the losing candidate was published, in spite of the act being upheld by the Supreme Court, and in spite of the fact, whether he admitted it or not, the law as patterned after the one that was enacted when he was governor of Massachusetts (and by the way, he lost in that state, too). Is the pro-repeal of the Obamacare the opinion of a single person, or the official opinion of the **ECTOPIC MURMURS**? Is it trying to convince the readers that we should all be for the repeal? Are we trying to delve into the politics of this country and arguing the merits of the right-wing GOP? If we are to remain neutral politically particularly in this country and want to disseminate worthy news and discussions, it behooves the **ECTOPIC MURMURS** to publish argument or article arguing the merits of the law as after all, as not all those mentioned on the criticism are true and the fact that many recognized organized medical entities such as AMA, American College of Pediatricians, American Pharmaceutical Association, etc, were on-board when the Act was being debated and were on-board when enacted.

**RAY MALLARI MD<sup>69</sup>**  
Jacksonville FL

It is unfortunate that the partisanship has to spill over into our alumni newsletter. Writing an editorial, the majority of which was Governor Romney's stump speech for the election does not help in our focus to provide the best care to our patients. Access of care is a promise in the affordable health care act that has benefited a majority of patients we see in Sacramento.

I am apolitical, independent and bipartisan. I try to see the good and make the best of what we have in our community. I am true to this conviction and have continued to impart this belief to my residents and fellows as well as my referring colleagues.

It would have been informative to read the Editor's opinion rather than a comment on a previously published Op Ed which have been proven incorrect by a number of fact checkers. As the records and transcripts have shown, the affordable healthcare act was inspired by Mr Romney's own universal healthcare act when he was governor of MA.

As much as I love my alma mater, the newsletter needs more involvement of the turn of the century classes. Like our adopted country, our alumni demographic is changing. In as much as we have a difference of opinion, we can agree that we disagree in terms of conviction.

I am appreciative of the monthly newsletter and I do take the time to read through it as I know a lot of work goes into each issue. My opinion is of my own and does not reflect the Class<sup>83</sup>.

**HERMAN L HEDRIANA MD<sup>83</sup>**  
Sacramento CA

## NUEVA VIZCAYA

*continued from page 3*

### Laboratory and X-Ray Clinic.



ULYSSES M  
CARBAJAL MD

Meanwhile, to prove its sincerity in serving the needs of our people, the NVDH Board approved

the plan of building a Laboratory and X-Ray Clinic in downtown, Solano, prior to the construction of the hospital. The said Clinic was officially opened on December 21, 1971, with Governor Patricio Dumlao as guest speaker. A proud and happy attendee and witness at the clinic's opening ceremony was Mrs Candida M Carbajal, the author's mother, whose daughter Magdalena was a victim of needless and preventable death at the Bambang Emergency Hospital in 1968.\*

**Laying of Cornerstone and Tree-Planting.** Then came the big day: January 23, 1972—the day when the laying of the hospital cornerstone and tree-planting ceremonies were held. Speeches were delivered by Dr U Carbajal, Senior Board Member Jimmy Ligot, and Vice-Governor Luis Bernabe. Soprano Jovita C Carbajal, whose birthdate happened to fall on the same day, sang feelingly *Nasaan Ka, Irog*. With Dr Fred Aliasas as master of ceremonies, the program was enlivened by the raffling of seven substantial prizes and climaxed by the hearty participation and response of the audience when the appeal was made for the public to buy

NVDH shares. Some twenty-five thousand pesos was pledged before sunset. During the following weeks, more and more distinguished citizens of Nueva Vizcaya rallied to support this worthy cause, including Mr. Adorable Gonzalvo of Aritao, and Mayor Oseas Cadiente of Solano

**Difficulties Pop Up.** The early days of this project were not without difficulties. To mention a few, there were the problem of collecting the pledges, the loss of some construction materials, the retraction of a few of those who had promised to help, the diminishing income of physicians due to the inclement weather resulting in the destruction of crops, the indifference of the public as a whole, fearing that the dream might never be realized. At one point, the main financier of the project was so discouraged that he was the verge of giving up. Dr Carbajal had to spend a day with him at his resort in Subic to persuade him to proceed with the construction of the hospital.

**Inauguration and Blessing.** Sunday, July 23, 1973, 3 p.m. The inauguration of and blessing ceremonies for the 50-bed Nueva Vizcaya Doctors Hospital (NVDH) were held with Dr Carbajal, medical director, introducing the guests. Mr Eugene Baltao, the financier and chairman of the board of directors, and Oseas Cadiente, Mayor of Solano, delivered the welcome remarks. The main speakers were Dr Renato Espinosa, president of the Philippine Medical Association (PMA), and Dr Pedro Mayuga, director, Bureau of Medical

Services, Department of Health. The other participants were Provincial Governor Patricio Dumlao and Senator Leonardo Perez, rendering inspirational messages. The master of ceremonies was Dr A Macaraeg, Jr, president of Nueva Vizcaya Medical Society. Mrs Patricio Dumlao and Mrs J Carbajal led out in the ribbon-cutting ceremony.

**Hospital Assistant Course.** On December 4, 1973, the first batch of trainees in the Hospital Assistant Training Program\*\* held its graduation exercises, with Dr Eliodoro Congco, Philippine Hospital Association (PHA) president, as guest speaker.

**March 10, 1974.** The First Scientific Seminar was jointly sponsored by the Abbott Laboratories and the Cagayan Valley Hospital Association. The second batch of trainees graduated, with PHA President Jose P Caedo as guest speaker. The guest speakers for the third and fourth graduation exercises were Atty Johnson Ballutay of the Nueva Vizcaya Integrated Bar Association and Dr Loreto Garcia, president of the Isabela Medical Society. Many of the first graduates in this course were now helping in clinics and hospitals in Cagayan Valley and in Pangasinan and even in Malacanang..

**Hospital Day Celebration. May 12, 1974.** NVDH became the hub for Hospital-Day celebration sponsored by the Cagayan Valley Hospital Association. Comelec Chairman Leonardo Perez, was guest speaker, after an hour-long motorcade. A baby contest was featured under the

leadership of Mrs. Jovita Carbajal.

**Three Significant Events. July 22, 1974.** The First Anniversary Celebration and Blessing of the First Annexed Building took place, while that of the entire 100-bed hospital took place on January 12, 1975. The 5<sup>th</sup> and final graduation exercises for the Hospital Assistant Training Program was also held. The forthcoming opening of the NVDH School of Nursing was announced.

**School of Nursing.** May, 1975. The Philippine Nursing Board inspected the Hospital and School of Nursing and gave its stamp of approval. The first capping ceremonies was held a year-and-a-half later while Miss Esther Roquiz was principal of the School of Nursing. Dr Carbajal, NVDH medical director, was honored and chosen to be the speaker for this memorable event. (Even when he moved to US in October 1977 to pursue a new dream in the field of theology, he continued to assist NVDH).

**March 18, 1978** The first commencement exercises was held for the School of Nursing, now headed by Dr Elpidio Sanchez, with Dr Willie Damasco as medical director, and Amado Cuyo, as administrator. Dr Carbajal was asked to compose a song for the nursing graduates. Over a hundred received their nursing diplomas.

**Sad Note.** Because of the diminished demand for nurses from abroad, the nursing school enrollment dropped precipitously after four years of existence. It had to close finally because of economic instability. This happened in 1982

after NVDH School of Nursing had graduated over 600 nursing students. Consequently, the hospital daily census dropped. Meanwhile, Dr Carbajal, took time to perform EENT surgeries in NVDH twice a year and donated all surgical fees to the hospital to keep it afloat.

**Tourist Resort, Restaurant, and a Bowling Center.** The hospital bed occupancy diminished from 100 to 50. The following year it further decreased to 25. In an all-out effort to maintain the hospital, the third annexed building was set aside for accommodating Japanese tourists bound for the world-famous Banaue Rice Terraces, only two hours north of the hospital. To further augment the hospital's coffers, a restaurant and a bowling center were put up in the hospital compound close to the provincial road, in 1983. These thrived fairly well for some time until the time when several tourists were shot by NPAs between Bagabag and Banaue.

**Desperate Moves to Save Hospital.** Towards the end of 1983. the Medical Director gave up and resigned. CPR efforts at reviving the Hospital were subsequently initiated. First, the local physicians tried to reorganize the hospital staff, but failed. Then Dr Loreto Garcia, the director of the Cagayan Valley Sanitarium and Hospital, an Adventist institution, was invited to take over the management. Accordingly, a meeting was soon arranged with the Adventist leaders at the Baltao Office in Santa Mesa; but because the Cagayan Valley Hospital was also

financially unstable, the offer was declined.

The hospital management was taken over by different doctors, both private and government. This did not succeed, either. The workers were at the verge of suing the hospital, claiming for unpaid salaries. They relented when Dr Carbajal assured them, that their salaries would be paid from the surgery fees collected for services in the operating room and clinics. He continued doing surgeries to raise money for workers' salaries.

In 1985, the hospital stopped admitting patients; but it continued as an outpatient facility, maintaining lab, x-ray, and pharmacy services for a few months.

**New Surgeon and Pediatrician. December, 1985.** Dr Simeon Romua, who had just completed his five years of surgery residency at the Manila Sanitarium and Hospital, and his wife Anne, a pediatrician, made a trip to see the NVDH, accompanied by Dr Carbajal. They slept at the residence of Governor Dumlao, who was pleased to learn that the hospital would soon be re-opened with the Romua couple leading out.

**February 7, 1986.** A formal letter of acceptance was received from Dr Romua and his wife. The couple presented specific plans regarding the management, including a proposed budget and the number of employees to start with. The couple were very optimistic, and even expressed hope for opening in the near future a medical school for Cagayan Valley. They were given token salaries as they

worked towards the re-opening of the hospital.

**PAMANA & JRDMMF Support Project. February 9, 1986.** A special meeting was arranged with the Philippine Adventist Medical Association in North America (PAMANA) officers, headed by Dr Romulo Valdez, in Glendora CA regarding their helping re-open the hospital. This organization unanimously voted approval. February 19, 1986. An SOS appeal was sent to Dr Alejandro Vinluan, president of the Dr. Jose P. Rizal-General Douglas MacArthur Memorial Foundation (JRDMMF). This humanitarian organization voted to take care of the shipment of hospital diagnostic and surgical equipment, 40 mechanized beds from the Covina Valley Community Hospital in Southern CA, 3 anesthesia machines, a portable x-ray unit, and hospital supplies, donated by several hospitals and firms in California.

**March 23, 1986.** Mr. Eugene Baltao was pleased to hear about the PAMANA support and much more over the willingness of JRDMMD to help re-open the hospital by June 19, 1986, commemorating Dr Jose Rizal's birthday.

**Governor, Mayors, JRDMMF, Doctors Pledge Full Support. April 7, 1986.** Governor Dumlao and the mayors of Nueva Vizcaya, in an official meeting at the provincial Capitol, pledged their whole-hearted support for the re-opening of NVDH.

**April 11, 1986.** A special letter was sent to Dr. Joseph Teresi, Chairman of Dr Jose P Rizal-General Douglas MacArthur Memorial

Foundation (JRDMMF) requesting the organization to support the re-opening of NVDH. Dr Teresa Sison director of the Carbajal Clinic in Manila, and another surgeon, Rolando Arafiles, accepted the challenge of reviving the hospital. These two also were given compensation for their total efforts to re-organize the hospital.

**Re-opening Date Is Put Off.** Lamentably, because of unforeseen problems, the re-opening of the Hospital had to be put off indefinitely.

**September 1, 1986.** Dr Rolando Arafiles would team up with Dr S Romua, as Dr A Romua suddenly went her own way. However, an experienced surgical nurse, Rose Ado, was available to head the Nursing Department.

**September 19, 1986.** The first shipment from JRDMMF, worth \$19,985, arrived in Manila. A letter of appeal had to be presented to the Customs Office for the release of the donated items and equipment.

On the 30<sup>th</sup>, Dr Romua was advised to get in touch with the Minister of Health about the re-opening of the facility.

Guidelines were issued by DOH and the Philippine Hospital Association.

**Campaigning for Funds and Equipment. November 8, 1986.** The Campaign for funds was intensified to cover the salaries of the two surgeons and the acting medical director, Dr T Sison as they worked for the ultimate re-opening of the Hospital.

**January 6, 1987.** A detailed list of donated equipment was submitted to Mr Baltao. Rose Ado and Dr T Sison double-

checked the list, making sure there was nothing missing. All donated equipment and supplies were kept in Mr. Baltao's headquarters in Santa Mesa, in preparation for the re-opening of the Hospital.

April 1987. Sad situation! Hospital still unopened! Legal problem. Caution was expressed that this would discourage donors in USA. Nonetheless, the fund-raising plans and the campaign for hospital equipment continued.

**May 20, 1987.** Violinist Redentor Romero and Ritchie Carbajal were presented in concert at the Patriotic Hall in Los Angeles for NVDH funding. Over \$5,000 was raised and was promptly forwarded to JRDMMF.

**January 1, 1988.** Dr T Sison was furnished an inventory of the hospital equipment, laboratory supplies, and instruments salvaged from the now-closed hospital, as well as of incoming donated equipment and supplies coming in from abroad.

During the following weeks, Drs Romua and Arafiles were working actively with Dr T Sison in planning for the future reopening of the NVDH project. Future workers (especially from the previous employees) were being interviewed, and the local doctors were also being consulted. There was also the need to comply with the guidelines from the Hospital Association and the Department of Health (regional office).

**NPA Threats. April 7, 1988.** Unexpectedly, word was relayed to the Baltao office about NPAs' lurking in the mountains overlooking the

hospital compound and even using the hospital buildings for their shelter off and on. This news stalled the preparation for the hospital re-opening. A letter from Dr T Sison, July 18, 1988, about NPA's threats to Governor Dumlao and the burning of the house of Congressman Padilla in Dupax was received.

Mr Baltao suggested as an option his hospital in Subic Bay area. All equipment that would be coming in will be coursed to this hospital. And when peace and order is restored in NV, the NVDH will be re-opened and all of the aforementioned equipment will be returned to NVDH.

**Donations Are Stored and Protected.** The previously shipped supplies and equipment were kept in the Baltao headquarters at Mapua Street in Santa Mesa, Greater Manila. Mr Eugene Baltao also thought of renovating Santa Eugenia Hospital in Marikina, Rizal. Dr Carbajal went to appraise the facility in Marikina and found it poorly situated and constructed, requiring expensive renovation. His oldest son Dwight accompanied him to Subic on January 15, 1989 to inspect the hospital there. It was a two-story building with many rooms, but a few of them were in great need of repair. There was also the problem of security. Consequently, the donated hospital beds, equipment, and supplies were instead destined for Baguio City and Cabanatuan in Nueva Ecija—to the two active hospitals established earlier by Mr Baltao. The two surgeons ultimately pulled out of the project; and Rose Ado applied

for a job in US. Dr Sison concentrated on her work in managing our Clinic, now relocated in Makati.

**October 29, 1989.** Dr Carbajal conveyed his thanks to Mr Baltao for sending pictures of Baguio Hospital and of Subic Hospital. Funds in the amount of over \$2000 flowed in for the Hospital project despite the hard times.

**Changing Gears. February 14, 1990.** A letter was written to JRDMMF about the need of shifting equipment to Baltao's other hospitals because of peace and order breakdown in Nueva Vizcaya. Also help was solicited to transport the heavy equipment (eye refraction units, slit lamps, etc.) donated by Lions International Inc. These were later shipped to the Philippines on April 14. Some were channeled to MCU; others to Ago Hospital in Legaspi City; and the rest were reserved for the future NVDH's re-opening. Even the Adventist Hospital in Calbayog, Samar received a few.

**Squatters Occupy NVDH.** During a medical mission stint at the provincial hospital, in Bayombong NV in 1990, Dr Carbajal was informed that the NVDH was now occupied by homeless squatters. By this time, Mr E Baltao had already passed away and his son was now in charge of the E S Baltao business. Unfortunately, the two-story Hospital in Subic collapsed from the great load of ash on its roof as a result of the sudden Pinatubo Volcano eruption, April 2, 1991.

**Good News.** No further word on the NVDH area was received until Dr Carbajal

joined a medical mission in Central Luzon March 2010. He was then casually informed that the NVDH had reopened and was doing well. Overwhelmed with joy and gratitude to the good Lord, he wanted to visit the rejuvenated hospital facility, But a severe bout of flu prevented him. A report on this facility will be given in the near future.

**Concluding Thoughts.** This story of the ups and downs of the Nueva Vizcaya Doctors Hospital makes one realize that God knew what was best for the Hospital and the people of Nueva Vizcaya. Perhaps, a greater catastrophe was prevented. The NPAs could have harmed the Hospital and its workers, if it had not been closed. Moreover, the experience of reviving the hospital had given the author the opportunity of meeting colleagues and organizations, appealing to them to help in this project. The donated things were used for the good of other institutions and even by MCU, Bicol Hospital, Calbayog Hospital and others. The revival of the hospital after so many years of failed attempts is a delayed answer to the medical director's prayers and those of the hospital's faithful supporters.

**\* Editorial Note:** The strong determination to build a well-equipped hospital in N. Vizcaya emerged when the author's sister, Magdalena, succumbed from lack of proper instruments in Bambang Emergency Hospital in 1968. All that was needed to save his sister, then continuously losing blood from a stab wound injuring a renal vein, was to do

a cut-down and transfuse blood as she would be transported to Manila in an ambulance for vascular surgery. The proper size of tubing was not available both in Bambang and in Bayombong provincial hospital. As a result, Magdalena died after expressing her utmost thanks for her brother's heroic efforts. Moreover, while Dr Carbajal campaigned in 1971 for delegate to the Constitutional Convention, representing N. Vizcaya and Quirino, he observed first hand the dire need for a well-equipped tertiary hospital as he extended free EENT consultations in every barrio of the two provinces.

Providentially, a glaucoma patient, Mr B Valera, subsequently underwent surgery successfully under the hands of Dr Carbajal at the Manila Sanitarium and Hospital (now known as Manila Adventist Medical Center) in Pasay City. Learning about Dr Carbajal's great resolve to build a hospital in N. Vizcaya, he invited him to meet the multi-millionaire, Mr E Baltao, who was his boss. To cut the story short, Mr Baltao was convinced to sponsor the project of building a tertiary hospital in N Vizcaya.

**\*\* The Hospital Assistant course**, authored and introduced by Dr Carbajal, consists of three months of intensive training through lectures and demonstrations. The qualified registrants (high school graduate, at least, and in good health) are shown and briefed on the art of basic nursing care: taking blood pressure,

temperature, pulse, and respiration rates (TPR), including the giving of enemas, bathing, and feeding helpless patients, changing linens, preparing beds, assistance in the X-ray, laboratory, and pharmacy, as well as in the delivery and operating rooms, underscoring the proper care of instruments. Basic knowledge in anatomy and physiology is enhanced with the use of picture charts, manikins, and other aids. A manual for nursing care and lecture notes on anatomy and physiology are provided. A certificate of training is issued during graduation time. This course is described and outlined in an official book published for patient care after a government-sponsored meeting on patient care was held in Caliraya, Laguna in the 1970s. The author was one of 10 presenters/lecturers. This course was clearly presented, 1973, at a business meeting of the PMA House of Delegates, which not only gave its stamp of approval but also congratulated the author. It had been offered five times in Legaspi City at the Ago Hospital, before the School of Nursing was opened. This course was also offered in government and private hospitals in Laguna, Zamboanga, and a few others.

## OVERVIEW

*continued from page 2*

active in matters that impact the lives of the people. What a great CHANGE and improvement in our quest to be recognized by state, county and city government. The awakening has

finally arrived. Life is about forward movement and growth. Change is what life is all about. Filipino empowerment s are in our dreams, goals and aspira-tions in this beloved country we have adopted with an awakening, albeit sluggish, finally reached the pedestal from ethnic to mainstream- the levels where we can actually take pride of our multi-cultural diversity.



CESAR  
CANDARI MD

It is a fact that Pilipinos have been in America for quite some time. Yet one might persistently ask, who are the Pilipino Americans? What makes them appear different, yet one and the same?

To trace the migration of Pilipinos to America will show that they came in four waves. The first waves were the *accident immigrants*. This will be explained later. The second major flow was the *true* immigrants that started in the 1903 and lasted until 1940. The third in pouring were the Navy men after the Second World War.

The Fourth Wave of Pilipino Immigration began during the late 1950s and early 1960s when the US was in critical need of technical people, especially in the medical services. As in the earlier times, Filipinos were actively recruited from the Philippines in order to fill the labor demands of the US after the passing of the Immigration Act of 1965. This allowed the entry of as

many as 20,000 immigrants annually.

One of the most identifiable groups in this wave of immigrants represented the medical profession, doctors, nurses, dentists and non-physicians in para-medical fields. Other groups of Filipino immigrants during these years were from the professional class...engineers, lawyers, and others. The United States opened its doors to professionals under the *third preference* status.

The influx of foreign physicians into America house staff positions began in 1950s, and has continued unabated through the 1970s. This influx started when the postwar prosperity boom spawned many new hospitals and created a huge demand for physician as well as non-physician medical personnel that could not be adequately met by American medical schools. An amendment to the Smith-Mundt Act in 1965 required all persons to have come to the United States on an exchange visitor visa to leave the country for two years before receiving an adjustment to permanent residency status.

The doctors were limited to not more than five years in internship and residency training and thereafter must go back to the Philippines. Neither of these rulings had affected most of Foreign Medical Graduates (FMGs).

The history of how Pilipinos came to the U.S. was never kept alive among the Pilipinos, in particular to our American-born children, the younger generations of Filipino descent.

It is unfortunate that many American-born children of Filipinos do not see themselves in the American mainstream or in the Filipino community because of this *invisibility*. They lack a certain voice reminding them that they, too, are Pilipino. This may be one of the reasons they act more American than Pilipino.

In the early years, Pilipinos were called the *forgotten Asian Americans*. In the 1950s and 60s, Pilipinos were invisible to mainstream society. How often in those days did you find Filipinos in books magazines, television, or radio?

The *invisibility* is now history for it is a definition that does not define at all what the Pilipino are now in America.

Jose Ma Montelibano, a Philippine columnist has this to say: *There were times in the growing up of their children that many tried to hide their being Filipino, preferring to call themselves Asian or even Hawaiian. The private feeling of inferiority manifested itself in coping mechanisms that sacrificed what, after all, cannot just be discarded in one or two generations – like the color of one's skin. Worse, many Filipinos made fun of themselves and succumbed to the temptation of bashing themselves, highlighting the very habits that did not represent what was good and beautiful about Filipino culture.*

The United States is a country where all men are created equal and where there exists the fundamental inalienable rights for freedom and justice. Pilipino immigrants indeed reach the coveted American dream.

Today, Pilipinos in America are now visible in the American mainstream especially the younger generation. Their families have raised them to levels where they can actually take pride. They are awakening, and this young generation will be taking their rightful place in this country. It is a journey that we all feel proud, awesome to witness.

But as an ethnic group, the Pilipino Americans have not yet reached that Pilipino political power. Empowerment in socio-political landscape is what we must need. There is still that torpor of change. Somehow, the in-fighting among the very small percentage that were involved in community affairs neutralized their strengths, which too often were used against, rather than for, each other or their collective interests. Yes divisiveness- that virus so deeply ingrained in Pil-Am psyche so that it became the joke of the town that Pilipino organizations in America never grew big, they just increased their number by splitting themselves.

Nevertheless, there has been a significant change in the lives of the Pil-Am after the 4<sup>th</sup> wave of Pilipino immigrants landed in this country. The new immigrant generations are more comfortable in America. We must be proud of our Pilipino-American doctors and Nurses, who have eked out a collective appreciation from the American public they have been serving.

The Pil-American family is now a top family earner in America, outpacing the average mainstream indeed, Pilipino-Americans have arrived.

The Pilipino American community is the second largest Asian American group in the United States. The American Dream is very much alive. They are Pilipinos and an American citizen. Their heart isn't divided; it has grown larger. Unlike Carlos Bulosan, a labor immigrant of the 1930's *represents the heroic struggles and sacrifices of the Filipino community as a colonized and an emergent national agency in world history.*

He endured horrendous conditions and racial discrimination. America then was not a land of opportunity. He became active in labor movement, a prolific writer and later wrote: *I know deep down in my heart that I am an exile in America. I feel like a criminal running away from a crime I didn't commit. And this crime is that I am a Pilipino in America.*

Yes indeed, now the 4<sup>th</sup> waves knew their capability to survive and thrive. Pilipino newspapers are everywhere, Pilipino writers are in abundance, and thousands of articles about Philippines and Pilipinos are written in Philippine media in America.

The creation of activities in

the Pil-Am communities indeed enhanced the Pilipino American unity, and harmony, stature, pride, recognition, and visiblensess, *vis-à-vis* its culture and tradition, improving its image, visibility and leadership. Our socio-economic-cultural demonstrations created impact in the eyes of politicians formally recognizing the difference Pilipino Americans make in their community and nationally. All these expressions of who we are, our talents, values, our pride and our culture are fundamentally significant in that it will be a revelation to the American born Pilipinos.

As Pilipino Americans, we need to tell our story and be recognized and respected in mainstream society. In one of my postings, I stated: Pilipino immigrants who reach their destination in America will find out first hand about realities of Life in America. Pilipino Americans are now learning to adapt to life in the United States and find an identity that enables them to fit in to society, while staying true to their cultural roots.

I do believe our people reside in our pride, love, passion and compassion for one another. These are the bonds that hold us together, our

strength of purpose and love of family. The sophisticated education and cultural awareness of a significant number of Pilipino Americans of today undoubtedly wage an ongoing battle to end against the impediment of iscrimination subtle as they might be, have raised their voice loud and clear and rearticulates the true Pilipino identity.

**Part - 2** of this brief historical narrative will portray the earlier waves of Filipino migrants.

To be continued.

## OBREGON

*continued from page 2*



P OBREGON MD J OBREGON RN

and their families. We left the felt boards with them and they will be used in their outreach and Sunday School programs. These were donated to us by the Discipleship IV Class of Christ United Methodist Church in Venice, Florida. Judy was



Surgical team in Kibogora, Rwanda



Dr Melicor and Pete with a large Goiter pateint in South Cotabato

commissioned to the Stephen Ministry (One-on-One Caring and Loving Ministry) at Christ United Methodist Church in Venice Florida last November.

We are proud that our son, Bill, graduated *cum laude* from Northern Kentucky University in education last May. He served 22 years in the US Army. The rest of our children and grandchildren are doing fine. They all live in the Central Ohio area, except for Bill and Pam who live in Cincinnati. We had a wonderful Thanksgiving get-together with our children and grandchildren in Ohio. We have a lot to be thankful for. God is good all the time.

We plan to return to the Philippines with two teams in January and February, and also return to Kibogora, Rwanda, with two teams in October and November. We plan to join a northern California on our way home from the Philippines, Mesa Verde in Colorado in May, North Myrtle Beach with our family in July, Edisto Beach in August, and Rome and northern Italy in late October after our work in Rwanda. team to Bolivia in June or July.

Judy and I took some time off this year to visit Napa Valley. We continue to be grateful and humbled by the love, prayers and support by our many friends and churches and the support of our children and grandchildren. We pray for continued physical and financial health to continue with our mission work. God willing, we will continue to serve Him in surgical missions.

Thank you so much for partnering with us in the cause that

counts. May God's richest blessing be with you this Advent season and the New Year.

Love and prayers,

**PETE OBREGON MD**  
**JUDY OBREGON RN**

## On **OBAMACARE**

*continued from page 1*



**ALADIN M  
MARIANO MD**

advocacy, physicians have a ubiquitous role in reforming the system and must take up the cudgels.

Issues like access to care, quality of service, insurance coverage, malpractice, over-utilization of resources, etc. continue to be in the forefront of the debate even after passage of PPACA otherwise known as Obamacare. But, since the undercurrent is financial, all of these segmentation issues boil down to three general categories, viz., waste, fraud and abuse in the system, mired by *moral hazard* of having health insurance. Hopefully, all the preceding contending interests will be addressed with civility. Notwithstanding the foregoing, in my humble opinion shaped by years of experience in the system, they do not constitute the root or core problem facing the whole healthcare industry. Worse, the proposed measures for reform will arbitrarily limit provision of services cloaked behind *evidence-based medicine* and will further crimp payment as this is based on outcome which

is uncertain or performance which is unpredictable. Even for the sake of argument that all these issues come close to an ideal solution, still these will default to where they started due to the structural nature of the problems that rest on human nature. That said, everyone takes action based on rational choice and personal interest unique to each person. The strategy, therefore, for health system reform is to accept this reality of human nature and align it to an understanding about a key flaw in the financial underpinning related to payment methodology of our current health system. Since human nature is a given, the only recourse left to us and within our reach is changing the structure of trading dynamics that initiates payment.

To start with, our current payment system, whether public or private, healthcare or otherwise, is oblivious to the opaque pricing mechanics and corresponding arbitrary payment. The global markets thrive in this scenario. *Buyers* have needs, wants and expectations of quality and service that have to be filled by *sellers*. Only the *sellers* determine and set the price. The buyer either pays that price, wait for discount or not buy altogether. When both seller and buyer agree with the price, trade is completed and payment is made. Unfortunately, the nature of this trading system favors more the seller than the buyer because of asymmetric costing information. To illustrate, a seller may price a product or service for \$100 and

may discount it down by 50%. As price went down to \$50, the buyer sees a 50% discount as a good deal, and pays up. If the production cost of the product/service amounts to \$10, but hidden from the buyer, then he just paid the seller a 5x profit mark up. This fog in *costing* and lack of transparency in *pricing determinant* favor the seller as he is the only one who knows the production cost and the spread/ profit. Extrapolating this to healthcare product/service, exorbitant medical inflation occurs as *suppliers* mark-up the price way above their costs. Profit is crucial to the viability of any business. But, is there overpricing, overcharging, some call *gouging*? If so, then this affects the entire spectrum of the healthcare system. Supplier-to-end-user, each along the way, marks up the price to profit from the trade. No wonder, healthcare expenditures turned exponential since 1965 when a federal insurance, ie, Medicare became an entitlement program.

With payment assured by public or private insurance, the unintended consequence was for suppliers/ providers of services to increase not only the price but also the volume of services provided to maximize profit. Historically, payment is made, by and large, from decision of bureaucrats in the federal or private insurance based on the price charged by the provider of the product or service. They get that money from federal income taxes or private insurance premiums. As money paid is not their own money but others', public and private insurance just *opened there wallet*. Those who

actually pay do not have *their skin in the game*, so to speak, unlike when it comes directly from their own pocket. Little effort is expended to negotiate down the price and even when done through contracting, the *spread* may still be too high.

When it became apparent that the upward trajectory of spending is unsustainable, cost control measures were instituted. Federal responses like RBRVS and SGR for physicians and DRG for hospitals came into being. Private insurance increased premiums, tweaked qualifying requirements through adverse *selection bias* and/ or exclude pre-existing conditions. Other providers like pharmaceuticals, device companies and different suppliers responded in a similar fashion to maintain profitability. What is apparent in these arbitrary responses is a pervasive theme of a pricing structure sans openness as to manufacturing cost. Only when there is transparency in production cost in relation to price charged, can a more rational payment system develop through a change in trading dynamics. When the buyer knows the *spread* between actual cost and selling price, he is in a level-playing field with the seller and can better bargain down the price. This is the essence of a competitive market-based economy. Medical inflation will be replaced throughout the whole gamut of trading by deflation in prices. Profit will still be made, although lesser than before. The eventual agreed price will then be more affordable and the health system sustainable and durable. With

disclosure, trading dynamics will change because of the resulting *information symmetry* between buyer and seller. As in the preceding illustration when the seller priced a product or service at \$100, but discounted it down to \$50, now that the production cost is known and is actually \$10, instead of the buyer happily paying \$50 as before, he can now negotiate the price even lower, and much closer to \$10. Market power and economies of scale will prevail. The ability of the buyer to participate in the decision as to how much actual profit to allow the seller, brings parity to the parties involved in the trade.

In summary, reform of the healthcare system is complex when all the *moving parts*, as important as they are, detract us from the core problem, which is a payment system that marginalized and ignored trading dynamics. The payers, public or private, must fulfill their fiduciary responsibility and obligation to taxpayers and premium payers by demanding information about production cost from sellers/providers before paying the sale price. Each product for sale has a *unit cost*, from which break-even point and selling price are calculated. This is akin to Price/Earning ratio in the stock market in valuation of a company in relation to stock price. Knowledge of %Profit (spread) should be part of *buying drivers* for consumers to be in equal footing with the seller. One should not limit *price determinants* to supply/demand, needs, wants, expectations and ability to pay. They should include price

differential with production cost. Physicians are the only ones that have costing-transparency with RBRVS which slowed down the rate of physician contribution to medical inflation. Instead of following this model, other larger components of healthcare expenditures, ie, hospitals, allied personnel, pharmaceuticals and device companies continue to wrap themselves in mystery. The moral imperative is to bridge this chiasm. Only by looking at the foundation of *buying-and-selling* through the prism of impartiality and evenhandedness, will the payment methodology in healthcare system be equitable and reformed. With more healthcare dollars saved, a new dawn is in the horizon when services will not be curtailed and access will be available to all, whether the economy is yawning or booming.

ALADIN M MARIANO MD<sup>72</sup>

## FAITH CORNER

*continued from page 1*

Have any of you ever thought that you could be a favored one of God? Of the nine billion people in the world, do you think that God even



REV MELVIN  
ANTONIO MD

knows you by name?

A pastor visited one of his parishioners at Christmas time. This parishioner had been blind due to an industrial accident many years ago. In the course

of their conversation, the pastor offered to read from the bible for the blind man. The man asked the pastor to read the Christmas story from the Gospel of Matthew.

Anticipating that the man wanted to hear the story about the birth of Jesus, the pastor thought he would skip over the genealogy of Jesus at the beginning of Chapter 1. The man, however, insisted that what he wanted to hear was all those names in the genealogy, who begat whom, and so on. The Pastor asked why. The man said, *Hearing all those names assures me that God also knows me by name, and if he knows me by name, I might be called upon to do something for him.*

The Lord knew a young maiden named Mary and sent an angel to tell her that she was favored among all other women of that day to do God's will. Mary, a common, ordinary girl, of no account in her world, known to God, favored over all other women. What would it feel like to experience, to know, that God favors you, today, this Christmas season? Do you even think that God is still active in the world today, seeking someone special to do his will? I have no doubt that we all believe in God, and yet many of us cannot imagine God to be an active participant in the story of our lives on a daily basis. Many of us think of God as fairly passive and that if he is doing anything at all, it's pretty much hanging out in the background, watching, waiting, being supportive and encouraging – from a distance.

Of course, that is not the biblical picture of God. God watches. But God also gets involved. God does things, all kinds of things, great and small, mighty, mundane or miraculous. God is constantly at work and he regularly uses other people to point out and tell others about what God is doing. In our Gospel text for today, an angel of God suddenly bursts into the life of an unsuspecting teenage girl named Mary to tell her that she has found favor in God's eyes and that she will conceive, carry and bear the Son of God. If we skim over from the angel's message to Mary and her final response, we are left with an image of a submissive, faithful servant. But if we read carefully, her reactions show her to be otherwise. There is a lot of substance between the angel Gabriel's *Greetings, favored one*, and Mary's *Let it be according to your word*. The angel has barely started to say anything and Mary's initial thoughts should be obvious. We imagine Mary thinking, *Me? Who am I? Why am I favored?* She debates the motives behind the angel's greeting. On hearing what the Gabriel had to say, Mary is perplexed, confused and maybe even troubled by the angel's words. How can this be? She is, as she protests, a virgin, of common birth, low in the social ladder. Only after hearing Gabriel's affirmation and promise, does she manage to summon the courage to believe that God has indeed favored her by working in her and through her for the sake of the world. In

three short verses, a radical transformation occurs in Mary – from a peasant girl to prophet, from a maiden to mother of God, from denial to discipleship.

Back to my original question: Have you ever thought of being favored by God? Do we even think that God is all done interrupting our lives to use them for the sake of someone else, even for the sake of the world? There are so many wonderful things that the Lord wants to accomplish through us. Each of us is placed in all kinds of circumstances, and in all kinds of places to do wonderful things – as parents, as children, friends, teachers, healers, neighbors. If we take stock of our lives this very day, we will find out that God has indeed looked with favor on all of us. So much of the Advent season is focused outside of ourselves – the shopping, the parties, the preparations for company, the gift giving. To hear the story of an ordinary peasant girl looked upon with favor by the Lord once again brings hope to those who need to hear the same words of greeting from God's messengers: *Greetings, favored one. Peace be with you.*

I invite you all to take a moment to contemplate that God is at work in you and through you. I am sure that you will come up with at least one time or one place where you made a difference in someone else's life, a time when God might have been at work in you.

Mary's story moves us all from who we think we are to what God calls us to be which is

from faithful believer to witnessing apostle. Mary's story moves us from what we perceive as the absence of God to his presence in our lives. The birth of Jesus is only the beginning of the fulfillment of God's promises to his people. This is the promise of Christmas. Therefore, though we do not always understand how and why God is at work in us and through us, we will have the courage, the conviction, to say, *Here am I, a servant of the Lord. Let it be with me according to your word.*

## A CHRISTMAS

*continued from page 1*

know the existence of love, compassion and the willingness to share with others the meager things we possess.

At a time of world changes, of financial turmoil, disturbing climate change, violence and deprivation which force many to abandon their beloved homeland in search of a less vulnerable form of existence, of growing fears of the unknown over the future, it is imperative to search the ground for hope.

As we enter the New Year, a new dimension, a new life, allow ourselves not to dwell on the past but perhaps be subservient and embrace the new normal.

We have to adhere to our moral values, persevere with kindness and be courageous to portray with greatness the essence of honesty, integrity and humility.

Communal shared meaning and intersubjective values maintain our social cohesion.

As we explore the horizon, we must not limit our talents with domestic functions rather we must venture on new and worthy ideas, prolific and reachable goals. It is crucial for our organization to define what is beneficial for the few and many as well, reaching out in acts of kindness and compassion not only to be involved but to assume responsibility for the common good.

Faith is a commitment to care as embodied in our ideals. Personal holiness goes hand in hand with social transformation more so when one is confronted with the idea on how to effect a difference.

Being true to oneself is a virtue and brings to mind the famous phrase

*Ask not what the ORGANIZATION can do for you but rather ask yourself what you could do for the ORGANIZATION.*

In our society in which individuals shape their own meaning and goals, totally unconcerned with the good of the community, we as a valiant organization is here to embark on another chapter not only as a healer but also to establish and exemplify the ground for moral obligations and ethical norms which is an essential part of being human.



JUN CASTRO MD

My dear friends, it is Christmas, we are all rich and to define the true meaning is to express what we possess; rich in kindness; rich in compassion; rich in heart.

Let us surround everyone with love, harmony, forgiveness and assert human dignity.

And to all officers and members, this organization will catapult itself into prominence so gear up and be ready to be engulfed in the abyss of excellence. Gone are the days where we were only known to a few. Gone are the days when only a few strategically displayed the labor of the mindful.

Now everyone will be challenged to jumpstart on a new and aggressive role where no one ever ventured before. Such is life, more exciting, more challenging, more intriguing with more satisfying goals. Seemingly we will be on a fast mode. Set your eyes on a global scale.

Our goal is set, our minds are focused and our hearts are second to none. And yes, our response to every challenge is **YES, WE CAN.**

Being assertive and resilient is reminiscent of our very existence.

With optimism beyond reproach our organization will soar like an eagle beaming with pride, overshadowing those who have ceased to be class of the chosen.

My dear brothers and sisters may this yuletide season bring forth life eternal, harmony and peace with fullness of gratitude and love emanating from our fiery hearts.

Remember, in times of challenging moments, **YOU ARE NOT ALONE.**

Wishing you all a very Merry Christmas and a Happy New Year.

Do not forget to hug your family every morning. You'll be glad you did. Be well and enjoy.

**JUN LICERIO CASTRO MD**  
President, FEUMASSC Chapter  
**DAISY CASTRO MD**  
Southern California

## Tenderly Yours

*continued from page 1*



**NOLI C  
GUINIGUNDO MD**

imposition (hoping that was the right term) of Pallium back in June suggested a very nice tour manager, and he was the one who arranged for our go around trip.

So when we got to Rome's Fiumicino Airport; and everything was almost quite easy, followed some patterns of travel. We had two days prior to the Consistory on Saturday, November 24. We decided to go to Venice, the magic town whose streets are flowing water. To save time, we took the TrenItalia a fast moving train that cut down the travel time from five to three hours.

We passed Florence (Firensi) along the way, but slightly off road to Assissi. It was dinner time when we got to Venice. Our guide took us from the train station via a motorized water taxi, to a nice hotel in the heart of Venice. Another guide would take us around early the next morning around the city,

including the famous St. Mark's Square. We just missed the flood of the week before, but we were told this was part of the general picture in Venice. The Basilica is so big and tall, with several chapels where different masses are said. The place needs to be seen rather than described. We finished sightseeing the city after 2 -3 hours, so we took a bigger boat to go to Murano, famous for blown glasses, jewelries, etc. Another WOW can be said.

Next was travel time to Rome. Our hotel is a walking distance from St Peter's Basilica. We went to fetch our relatives in another hotel, prior to going inside St Peter's Basilica where TICKETS are required; otherwise you would not be allowed inside.

Five other Cardinals were confirmed. There is so much people from different countries.

This batch is smaller than some previous consistories.

A thanksgiving lunch was held at the Pontificio Collegio Filipino (watch how they spell Filipino at Via Aurelia 490, Rome). It was a sumptuous lunch and, of course, most people are priests and nuns. The collegio is the Filipino priests home away from home that also necessitates repair. Guests were requested to help to donate in the rehabilitation of the building.

We omitted the courtesy visit to the new Cardinals sometime in the afternoon

The next day, Sunday, was a eucharistic celebration with Pope Benedict XVI. Tickets were required again to get into the St. Peter's Basilica. The

afternoon is the thanksgiving mass of Cardinal Tagle held at St Paul Church outside the Walls. It was also a magnificent church. Relatives were seated close to the front. Vice President Binay attended the mass with his entourage, as well as several female ambassadors from the Philippines. This time, no tickets are required.

Monday, November 26, was general audience with Pope Benedict XVI at the Paul VI Audience Hall, Vatican City. Again, no tickets required.

Do not get tired reading these accounts of the Roman trip. The following Tuesday we decided on a day trip to Assisi, home of St Francis and St Clare (Chiara to the locals). From Rome it took us about an hour and a half by tour bus. It was an excellent three-hour guided tour which included some unknown histories of the place and the saints. We started with the Basilica of St Mary of the Angels. Rose Garden doves of St Francis, Porciuncula (our teacher in physiology?).

Porciuncula is a small chapel that was built inside the Basilica or the Basilica built around it. It was close to the altar right at the middle. A great big church! Next item is the Church of St Clare (remember the poor clare in the Philippines?). St Clare body is in one wing of the church inside a casket with glass all round it. Her body has been preserved, mummified!

The third church is the Basilica of St Francis (upper and lower churches). The tunic/chausable that St Francis was wearing is about 8-feet tall. St Francis is only 4-feet-and-5-inches tall but he wore the same thing. Early afternoon was fun part of the trip. There were about 28 people in our tour and we were all taken to a wine tasting trip along the way.

We tasted SAIO's wine cellar wine, merlot and chardonnay. Both were excellent including the bread and cheese that came with it. That evening was quite enjoyable and most in our group went to sleep on the way home.

The last day took us to the Vatican Museum. Line was short because we have tickets and a tour guide. On my own calculation, the Vatican Museum is much bigger than the British Museum (connoisseur, I stand corrected). We enjoyed looking at the frescoes, paintings, sculptures, etc.

Now for the final show near the museum is the great Sistine Chapel, of course, painted by Michelangelo. You had seen movies depicting the process involved in painting the ceiling of the Sistine Chapel. No photographs were allowed. If you are caught taking pictures, you are readily kicked out of the place, but some managed to take pictures quietly.

The rest of the day, in spite of the off-and-on drizzle, took us to several points depicted in some movies. Remember Roman Holiday with Gregory Peck and Audrey Hepburn, *Mouth of Truth*, Spanish Steps (138 all in all) *Three coins in the Fountain* (Trevi), the Coliseum in the rain, several embassies shown to us including the US Embassy which to me is not too presentable.

Rome in my humble opinion is a busy city (I remember my father's short story *Nagmamadaling Maynila*). The real narrow streets, the real narrow parking spaces and the answer to this: real tiny cars that are easy to park and drive. My final say: Nobody likes to speak English. TV stations are mostly in Italian. But all in all, it's an exciting city. Do I want to go back? Yes, I would love to.

*Arrivederci Roma.*

**NOLI GUINIGUNDO MD<sup>62</sup>**  
FEUDNRSMAF President

## 38<sup>th</sup> BALIK-FEU

*continued from page 1*

The supporting casts include Dr Ma Eufemia Yap<sup>87</sup> on *charting the next 25 years as physicians in a globalized world*,

Dr Patria Cecilia Martinez<sup>87</sup> on surveillance and delivery of growth restricted fetuses,

Dr George Saavedra<sup>87</sup> on *management of osteoarthritis*,

Dr Thomas Parente<sup>87</sup> on recent advances in acute coronary syndrome,

Dr Vincent Tatco<sup>02</sup> on angiography of peripheral occlusive arterial disease,

Dr Ma Cecilia Asi-Bautista<sup>87</sup> on pediatric palliative care, and

Dr Elmer David<sup>82</sup> on neonatal/pediatric GERD.

The homecoming commences on Wednesday, January 23, 2013, with the Swing For Life gold tournament at the Forest Hill Golf and Country Club in Antipolo Club.

The second day, Thursday, January 24th, will be highlighted by the traditional Catholic mass at the Class '68 FEU-NRMF Chapel, commercial exhibits, breakfast at the Alfonso Hall 5th floor and the Dean Panganiban memorial lecture. Some of the in-betweens during the continuing medical education activities are the FEU-NRMF Medical Alumni Society president Dr Rene PSA Mondoza's report, a combined business meeting of the FEU-NRMF MAS and FEUDNRSMAF Alumni Foundation, and the Student Achievement Award presentation to medical scholars on Friday afternoon instead of the usual Thursday morning ceremonies.

The grand alumni/jubilant celebration night at the Crowne Plaza Galleria Manila will anchor the 38<sup>th</sup> Balik-FEU homecoming.

## 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 the January 2013 issue  
January 15, 2013

Please address submissions to [acvrear@aol.com](mailto:acvrear@aol.com)

## MEDICAL SURGICAL MISSION

San Jose City, Nueva Ecija  
January 20-25, 2013.

We will be returning to Manila on Thursday afternoon, January 24, 2013.  
Transportation and hotel accommodations by city and district government officials  
Simply bring your expertise and compassion for the poor and the needy.

DANNY C FABITO MD<sup>64</sup>  
[danielfab@cox.net](mailto:danielfab@cox.net)

**FAR EASTERN UNIVERSITY  
DR NICANOR REYES MEDICAL FOUNDATION  
MEDICAL ALUMNI SOCIETY INC**

&

**FAR EASTERN UNIVERSITY  
DR NICANOR REYES SCHOOL OF MEDICINE  
ALUMNI FOUNDATION**

**38<sup>th</sup> Annual Alumni Balik-FEU Homecoming  
Scientific Convention &  
Golden & Silver Jubilee Celebration**

**January 24-26, 2013**

Dr Ricardo L. Alfonso Hall, 5<sup>th</sup> floor, FEU-NRMF Medical Center  
Regalado Avenue, West Fairview, Quezon City

**Grand Alumni: Golden & Silver Jubilarians Night**

**Saturday, January 26, 2013**

Crowne Plaza Galleria Manila Ortigas Avenue Quezon City

Honorees

Class <sup>63</sup> (Golden Jubilee)	Class <sup>87</sup> (Silver Jubilee)
Class <sup>67</sup> (Sapphire Jubilee)	Class <sup>92</sup> (20 <sup>th</sup> Anniversary)
Class <sup>72</sup> (Coral Jubilee)	Class <sup>97</sup> (15 <sup>th</sup> Anniversary)
Class <sup>77</sup> (35 <sup>th</sup> Anniversary)	Class <sup>02</sup> (15 <sup>th</sup> Anniversary)
Class <sup>82</sup> (30 <sup>th</sup> Anniversary)	Class <sup>07</sup> (5 <sup>th</sup> Anniversary)

**35<sup>th</sup> annual Dean Lauro H Panganiban MD Memorial Lecture  
1<sup>st</sup> annual Dr Josephine Cojuangco Reyes Memorial Lecture  
Faculty & Student Recognition Day  
State of the Art Lectures**

**Why you should attend? To hear the latest from experts, renew friendship and fellowship**

# BALIK-FEU Continuing Medical Education Program

JANUARY 23, 2013 (WEDNESDAY)

AM

7:00 Golf Tournament  
Forest Hills Golf & Country Club  
Antipolo City

JANUARY 24, 2013 (THURSDAY)

AM

8:00 onwards Registration

8:30 – 9:30 Holy Mass, FEUNRMF Medical Center Chapel

9:30 – 9:45 Opening of Commercial Exhibits

9:45 – 10:45 Breakfast, 5th flr. Dr. Ricardo L. Alfonso Hall

10:45 – 12:00 35<sup>th</sup> Dr. Lauro H. Panganiban Memorial Lecture  
5<sup>th</sup> floor Dr. Ricardo L. Alfonso Hall

*"Current Diagnosis & Treatment of Hypertension"*

Speaker: MANUEL A. MALICAY, MD ('72)

PM Scientific Convention

Theme: SHOUT TO THE TOP: "NEW TRENDS IN  
CLINICAL PRACTICE"

12:00 – 1:00 LUNCHEON SYMPOSIUM (Westmont)

1:00 – 1:30 President's Report

RENE PSA. MENDOZA, MD '87  
FEUNRMF MAS

Ramon O. Ribu, MD '82 (Moderator)

1:30 – 2:00 I'm your Boogie Man: "Laparoscopic Surgery  
in the 21<sup>st</sup> Century"

Vicente R. Porciuncula, MD ('77)

2:00 – 2:30 Nothing's Gonna Stop us Now: "Charting the Next 25  
Years as Physicians in a Globalized World "

Ma. Eufemia C. Yap, MD ('87)

2:30 – 3:00 BREAK

Carmen B. Ang, MD '87 (Moderator)

3:00 - 3:30 Shake Down: "Surveillance and Delivery of  
Growth Restricted Fetuses"

Patria Cecilia C. Martinez, MD, FPOGS ('87)

3:30 – 4:00 Menopause revisited: "Who's afraid of the WHI?"

Delfin A. Tan, MD ('63)

4:00 - 4:30 Walk Like an Egyptian: "Evidence – Based  
Management of Osteoarthritis"

George G. Saavedra, MD ('87)

4:30-5:30 Business meeting - FEUNRMF MAS ( Philippines)  
& FEUDNRSMAF (USA)

6:00 onwards

Welcome dinner for FEUDRNSMAF Board of  
Trustees (USA)

JANUARY 25, 2013 (FRIDAY)

AM

Randy P. Panganiban, MD '97 (Moderator)

9:00 – 9:30 Open Your Heart: "Recent Therapeutic Advances  
in Acute Coronary Syndrome"

Thomas F. Parente, MD ('87)

9:30 – 10:00 Da Doo Run Run: "What is New in the Drowned  
Lung"

Fernando G. Ayuyao Jr., MD ('77)

10:00 – 10:30 BREAK

Amelia G. Cunanan, MD '87 (Moderator)

10:30 - 11:00 How You Remind Me: "The Role of CT and MR  
Angiography in Peripheral Arterial Occlusive  
Disease"

Vincent R. Tatco, MD ('02)

11:00 - 11:30 You Keep Me Hanging On: "Palliative Care in  
Pediatrics"

Maria Cecilia A. Asi-Bautista, MD ('87)

11:30 -12:00 I Can't Go For That: "Neonatal/Pediatric GERD"

Elmer S. David, MD ('82)

PM

12:00 – 1:30 LUNCHEON SYMPOSIUM (SANOFI)

1:00 – 4:00 Josephine C. Reyes Memorial Lecture  
5<sup>th</sup> flr. Dr. Ricardo L. Alfonso Hall

"Our Failed Health Strategy of the Past Six Decades:  
A Universal Challenge"

Speaker: PHILIP S. CHUA, MD, FACS, FPCS ('61)

Followed by the Student's Achievement Award  
Presentation of FEU-DNR SMAF Scholars

JANUARY 26, 2013 (SATURDAY)

PM 6:00 GRAND ALUMNI and JUBILARIAN NIGHT  
CROWNE PLAZA GALLERIA MANILA

## Class<sup>87</sup> with FEU-NRMF Medical Alumni Society

presents *SWING FOR LIFE*

on Wednesday, January 23, 2013, at 7:00 am Shotgun at the Arnold Palmer Course  
Forest Hills Golf & Country Club Antipolo City

to benefit the FEU-NRMFMAS indigency program.

Registration fee Php 2, 500 includes green fee, lunch and snack.

**Golf sponsor** Php 20,000 for golf holes 1-9-10-18, posting of sponsor's logo, name at designated hole, posting of your tarpaulin at the awarding area, and two golf tickets.

**Silver sponsor** Php 10,000 form posting of sponsor's logo, name at designated hole, posting of the tarpaulin at the awarding area, and one golf ticket.

**Bronze sponsor** Php 5,000 for posting of sponsor's logo, name at designated hole.

**Donors** Php2, 500 for posting of donor's logo at the awarding ceremony

Please send jpeg file of your logo to [quidemd87@gmail.com](mailto:quidemd87@gmail.com) or [feumd87@gmail.com](mailto:feumd87@gmail.com).

For details and inquiries (02) 935-0025 Ms Cely Ocampo

Please make checks to **FEU-NRMF MAS**. *Maraming salamat po!*

**COL EDWIN B BAUTISTA MD<sup>87</sup>** (MNSA), Chairman, Golf Committee



# FAR EASTERN UNIVERSITY DR NICANOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

## 34<sup>th</sup> ANNUAL REUNION & SCIENTIFIC CONVENTION

### HONOREES

- Class<sup>58</sup> (Emerald Jubilee)
- Class<sup>63</sup> (Golden Jubilee)
- Class<sup>88</sup> (Silver Jubilee)
- Class<sup>68</sup> (Sapphire Jubilee)
- Class<sup>73</sup> (Ruby Jubilee)
- Class<sup>78</sup> (Coral Jubilee)
- Class<sup>83</sup> (Pearl Jubilee)
- Class<sup>93</sup> (20th Anniversary)
- Class<sup>98</sup> (15th Anniversary)
- Class<sup>03</sup> (10th Anniversary)



### CLINICAL PRACTICE ADVANCES 2013

ACCME accreditation provided by  
the **PHILIPPINE MEDICAL ASSOCIATION in CHICAGO**

**July 17 - 21, 2013**

*Intercontinental Hotel Magnificent Mile Downtown Chicago*

505 N Michigan Avenue, Chicago, IL  
(800) 948-0424 (312) 944-4100

The link below will allow guest to book, modify and cancel their reservations online. Additionally, guest can book their reservation by calling our Hotel directly at 1-800-628-2112 (312-944-4100 for international callers) and identify themselves as participants of the Far Eastern University room block (or group code CHE).

<http://goo.gl/QgCHi>

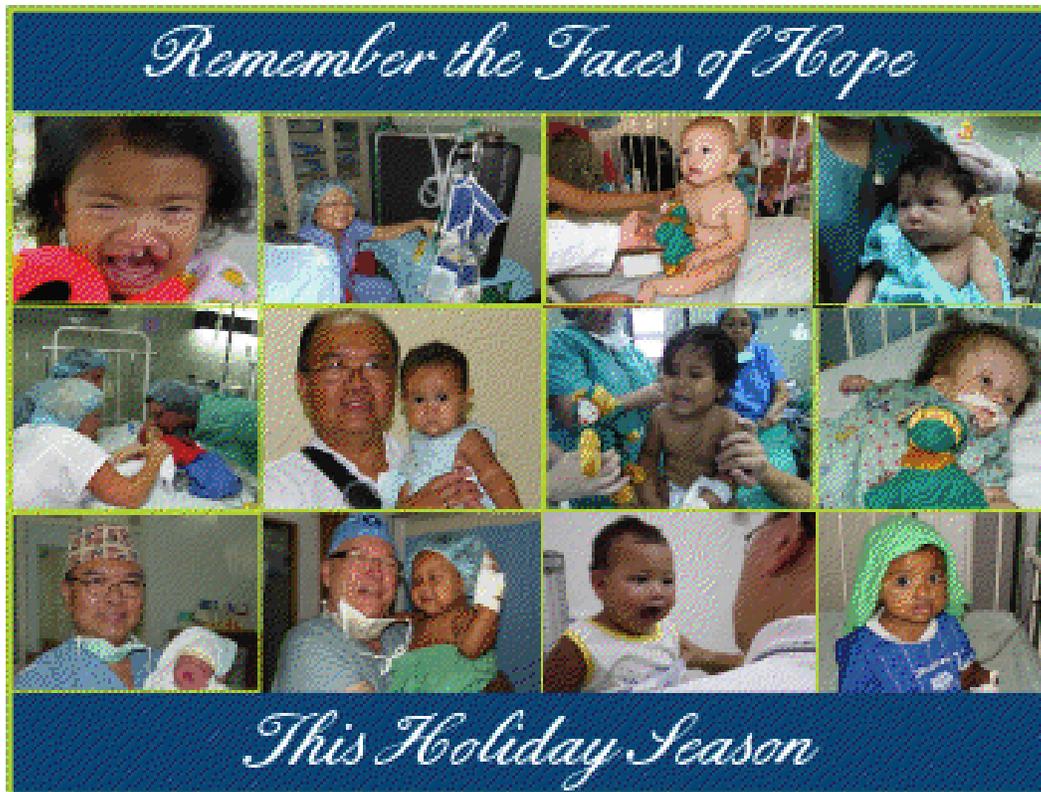
Please note that your group rate is available until **June 26, 2013**. Any reservations requested after this date will be based on availability and at the Hotel's prevailing rate. Please let me know if you wish to receive weekly reports reflecting your current pick up once the registration opens.

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mail@worldsurgicalfoundation.org



## **Professorial Chair Fund**

Interested to establish a  
in your name or of someone you wish to honor?

Please inquire with  
CESAR V REYES MD<sup>68</sup>  
6530 Dunham Road  
Downers Grove, IL 60516  
Phone 815-942-2932 x7565  
or [acvrear@aol.com](mailto:acvrear@aol.com)



## **MACCHU PICCHU** Tour/ CME

**October 4 - 11, 2013**

**Itinerary: Lima,  
Cusco,  
Sacred Valley,  
Machu Picchu and  
Lake Titicaca**

**Total trip cost per person, including international flights \$2194**

Not included in the price are Cusco city tour \$75 per person  
Meals not specified in the itinerary (additional 3 lunches and 3 dinners \$125  
Tips Survival Travel Kit for guidance)

**For further information, please call**

**NIDA BLANKAS HERNAEZ MD**

at **847-668-7385**

or email [ednida888@gmail.com](mailto:ednida888@gmail.com)



**Caraga Regional Training Hospital**



**Miranda Family Clinic**

**PMAC medical surgical mission, January 21 - 25, 2013**  
**Venues: Caraga Regional Training Hospital, Miranda Family Clinic,**  
and the *barangays* of **Sabang, Sucailing, Gigaquit** and **San Francisco,**  
**Surigao City**

For further information please contact **Simeon Sevandal MD** [773] 471-3600  
[sevandalsimeon@ymail.com](mailto:sevandalsimeon@ymail.com)



**Tavern Hotel Surigao**



**Philippine Gateway Hotel**