



ECTOPIC MURMURS

Volume 22

Number 6

June 2011

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Reunion... the Las Vegas Way

DIVINA GRACIA AVERILLA OBENA MD⁸⁵

Everybody here in Las Vegas is excited and busy preparing for the upcoming 32nd annual reunion and scientific convention.



DIVINA G AVERILLA
OBENA MD

It is my first year to join the FEUDNRSM Alumni Foundation and the Las Vegas Chapter and I have had so much
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Message from the PRESIDENT

On June 15-18, 2011, we will convene and meet for our 32nd grand reunion and scientific convention at Monte Carlo



OSCAR C
TUAZON MD

Resort and Casino in Las Vegas NV.

Through the years, we have refined our association into a well-tuned machine that
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Message from the BOARD CHAIRMAN

Sometimes, we become so embroiled in our day to day lives that we fail to participate in events that would expand our minds, rest our souls, and



PEPITO C
RIVERA MD

imprint new memories. The upcoming reunion convention in Las Vegas is just such an event. Each

year, we have the opportunity to participate in the annual reunion and scientific convention, and each year I hear two comments.
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SPECIAL MESSAGE OF RECOGNITION

We would like to extend our gratitude to all the officers, members, friends and sponsors for their generosity and support in producing this excellent convention. It takes a committed, focused group to complete such an undertaking and there is no way to list each individual and group who contributed to the success of this venture. Be assured that each of you have been recognized and that our thanks go out to you.

We especially thank LINDA A FABITO MD, Overall Nevada Chairman 2011, and Co-Chairman, DANNY FABITO MD, for their tireless efforts and attention to detail. We will all enjoy the fruits of their labors during this weekend.

Also, we send a special mention and warm greetings to CESAR V REYES MD, editor-in-chief of ECTOPIC MURMURS, FEUMAANI News editor and national scientific convention chairman. Dr Reyes and his co-chairman CELSO DEL MUNDO MD are the core of our communication, keeping us updated, connected, and informed. Without them, I think we would be swimming in a sea of confusion.

Congratulations to all for a job well done. Thanks do not seem sufficient for all that has been accomplished, but thank you is all we have.

P C RIVERA MD⁶⁷, Chairman, Board of Trustees, FEUDNRSM Alumni Foundation

FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

I bet you're glad Easter is over. This is something I never



REV MELVIN ANTONIO MD

heard when I was a physician, but now I hear it as a Pastor. The whole season of Lent which

begins on Ash Wednesday transitions into Passion Week, then evolves into the season of Easter until we celebrate the Ascension of the Risen Lord on June 2. The schedule of pastoral activities can indeed be taxing but at the same time, it is rewarding in the sense that the whole season gives all of us, Pastors included, pause to meditate, to contemplate and to reflect on the meaning of our Christian existence. Right after engorging ourselves on Fat Tuesday (*Mardi Gras*), ashes are imposed on our foreheads to remind us of our mortality. We gather together for mid-week devotions, hear the message of Lent in selected weekly sermons, then go through the traditional Passion readings during Holy Week. Easter Sunday finally connects the dots as we declare with all the saints that Jesus lives!

So it is time to breathe a sigh of relief. Then, I look at the calendar of events for the following months of May and June. Big mistake if one is thinking of skating through the summer. There are so many secular activities to keep the body and mind busy and

distracted. There is *Cinco de Mayo* (5th of May) which is celebrated by Mexicans, especially in the US. It commemorates the victory of the Mexican Army over the French in the Battle of Puebla on May 5, 1862.

San Antonio TX celebrates this date with *gusto* – food, parades, food, music, and more food.

In Sarrat, Ilocos Norte, my home town, it would be fiesta time.

Then comes the Kentucky Derby on May 7. Which horse will you bet on to win, place or show?

The National Day of Prayer comes on the first Thursday of May. It was enacted into law by President Harry Truman on April 17, 1952, meant to be a day when Americans are encouraged to *turn to God in prayer and meditation*. This has since been declared unconstitutional for reasons beyond my understanding, so its observance depends on who sits at the White House.

Graduations, Proms, fiestas, picnics, trips (limited by the escalating price of gas), all leading to Memorial Day on May 30th, which started as a time to pay our respects to those who died fighting to keep this nation free, but now extended to all our loved ones who passed into eternity, much like All Saints Day in the Philippines. On this same day, there is the Indianapolis 500 for race car enthusiasts.

June is for weddings, more vacations, and conferences.

So much to do, so little time.

Still remember Easter and what it means to faithful believers? It seems so long ago.

But wait! I have said all along that the resurrection is not a one-day event. It is an experience that we share with the Risen Lord – beginning at the waters of our baptism when we are joined together in Jesus' death and resurrection. In other words, we are a resurrection people, re-born, living in a new age of hope, even in the midst of suffering, even in the midst of the worst fires in West Texas history, the worst storms in the southeastern US, floods in the along the southern Mississippi tier, earthquakes and tsunamis in Asia, \$5 a gallon for gas and climbing, endless wars, etc., etc. Like the two disciples on the road to Emmaus, (Luke 24:13-35) we are in need of an encounter with the risen Lord in times when our faith falters or is challenged.

Still remember Easter?
I hope you do.

Editorials

commentary,
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
JULY 2011 issue:
Friday, June 23, 2011

Email to acvrear@aol.com

JUNE IMAGES

Reverend. Melvin Antonio MD⁶⁵, recently officiated the wedding of his youngest son, Major David S Antonio USAF, to Jennifer Graham, in Lexington SC.

In attendance were the Antonio's older sons, Edward and Troy.

David is a fighter pilot in the United States Air Force and flies F-16's.

Jennifer is a registered nurse working with a rheumatology group in Columbia SC. Jennifer has a son, 6-year-old Collin. The couple will reside in Lexington while David is assigned to Shaw Air Force Base in South Carolina.

From left are Reverend Mel Antonio, Jennifer, Collin, Maj David Antonio, and Carla Antonio.



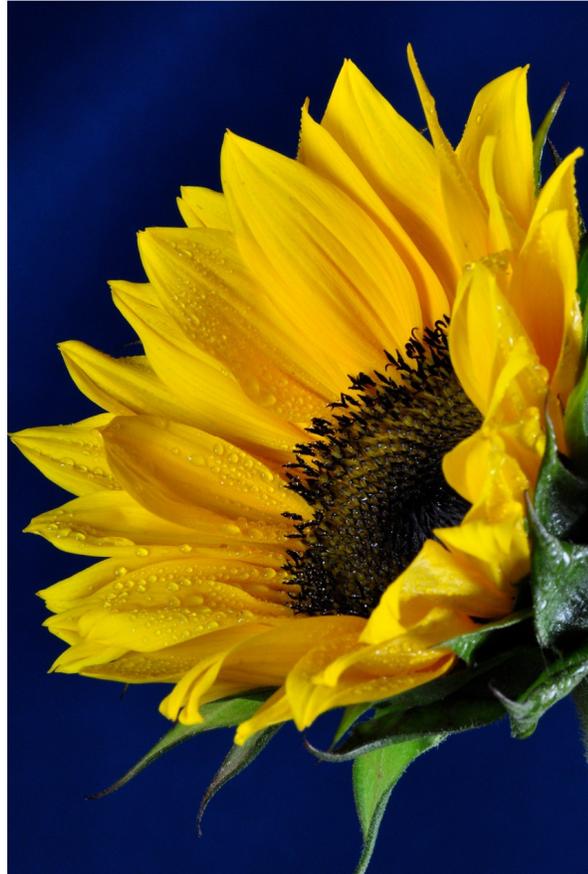
The Melvin Antonio Family of son Troy Antonio, grandson Tyler Antonio, daughter-in-law Cherie Antonio, Rev Mel Antonio, daughter-in-law Jennifer Antonio, grandson Collin, son David Antonio, wife Carla Antonio, and son Ed Antonio.

SPRING FLOWER IMAGES

ROLANDO SOLIS MD⁶³



ROLANDO
SOLIS MD



Sunflower



White Phalaenopsis orchid



Inside a white magnolia

THE HEIGHT AND DEPTH OF MY MOM'S LOVE

ULYSSES M CARBAJAL MD



ULYSSES M
CARBAJAL MD

When I was doomed to die in a
darkened jail,
Mom bravely begged to die in
my place;
When sick and medicines were
of no avail,
I was cheered by the music
from her face.

When in the election* we faced
sure defeat,
*God knows what's best for you,
my son,* she said;
All of a sudden bitterness
turned sweet;
I was inspired to move on far
ahead.

When Dad lost his sight, she
became his eyes;
She would ne'er leave him all
alone at home!
Through rugged roads, beneath
dark, sullen skies
From his attention she would
never roam.

When sister Deling was stabbed
by her friend,
Mom grieved, refused to eat,
earnestly prayed;
But seeing the assailant (in the
end)
Imprisoned, helpless, she came
to her aid.

Thus, Christ's command to
love, my Mom fulfilled;
You sister's gone, she said,
*Jane's still alive***
To retaliate in kind she would
not yield--
Thus, wilted hopes she surely
did revive!

*At the advice of Senator
Leonardo Perez, I ran for the
Con Con Delegate position for
Nueva Vizcaya and Quirino
provinces. in 1971. During the
campaign, I was winning but
finally lost due to election
irregularities (massive vote-
buying).

**Jane was cast into the town
jail, deprived of food and
proper clothing. When Mom
was informed about this, she
immediately provided food and
clothing for her. *I am adopting
her as my daughter,* she
concluded.

STUDENT ACHIEVEMENT AWARD

*Do you want to know a little bit more
about the Student Achievement
Awards? The cost for each Student
Achievement Award is \$50. If you
want your award in perpetuity, it is
\$1050. You can label your award in
your name, or in the name of the
person you wish to honor. So let me
challenge you to channel the extra
dollars of your donation/ charity
budget to recognize an honor-roll
needy student or two at the medical
school. Your donation(s) are tax-
deductible. Please make your check
payable to*

FEUDNRSM Alumni Foundation.

*Your donation this year will be
awarded during the Student
Recognition of the 2012 Balik-FEU
in January 26, 2012, at the
FEU-NRMF Institute of Medicine,
in West Fairview, Quezon City.
If you want you can also distribute
your award(s) in person during the
ceremonies! Let me hear from you
about your award(s).*

CESAR V REYES MD⁶⁸
6530 Dunham Road,
Downers Grove, IL 60516
Phone 815-942-2932 x7565 or
acvrear@sbcglobal.net

SPRING

CELSO DEL MUNDO MD⁶²



CELSO DEL
MUNDO MD

I always look forward to the
coming of spring.
For I know I can be on my private
domain,
The smell of earth and the fragrant
flowers,
Are heavenly scent to ease my
aches and pains.

In my garden, I connect to all the
ones I love,
It's my private sanctuary to play
and to relax ,
The chirping birds with their
musical notes that sound
Creates the peace and calmness to
my own weary mind.

The scent of the blossoms
emanates from clean fresh air,
Where colorful butterflies fly
freely everywhere,
It uplifts my heart when I am blue
and gray,
And sets my mind freely and
trouble goes away.

The beautiful flowers, hydrangeas,
roses and geraniums
Have given me the pleasures with
all their bright colors,
The beauty and the smell of green
leafy vegetables
Enough for me to salivate when
placed on our table.

When autumn and winter come,
my garden looks barren,
The sky is dusky, the arbor looks
dead except the evergreen
Under the frozen earth are the
sleeping bulbs of tulips and
daffodils
Waiting to resurrect at the coming
of spring.

FOREIGN MEDICAL MISSIONS IN THE PHILIPPINES

DANIEL C FABITO MD⁶⁴
FACS FPCS

Volunteerism represents the tangible expression of a



DANIEL C
FABITO MD

philosophy that human intervention can have positive results. They show by example that one needs not be passive

and fatalistically accepts that current conditions are immutable. Thus, volunteers imbue new hope, optimism and future orientation in those whom they interact and which very significantly augment the institutional and development efforts with which volunteers are often associated with. Volunteerism is a typical American trait that is increasing in popularity among diverse sections of our society.

After a hectic and very busy schedule during the most recent medical surgical mission in Laoag City, Paoay, Bangui and Pagudpud in Ilocos Norte, that was spearheaded by the FEUMAANI and participated by the FEUDNRSM Alumni Foundation Nevada Chapter, with other physicians and paramedical professionals from across the United States, we have the distinct pleasure and privilege of having an audience with President Benigno Aquino III last January. He welcomed us at Malacanang Palace and after the regular pleasantries and handshakes, he gave a short speech, thanking everybody for

visiting the Philippines, and doing the missions. He also expounded on his agenda for the country to help the poor and the less fortunate *kababayans* and briefed us on his strategic plans for the next five years.

Then came group photo shoots with the president and I was very lucky to be at his side. I grabbed the opportunity to converse with him about the missions and said, *Mr President, you should look into the multiple problems and extreme difficulties that mission groups, like us, have been encountering Existing guidelines and requirements being imposed on foreign medical surgical missions are cumbersome, restrictive and unfair, considering the fact that most of us have the sincere desire to help and care our poor and marginalized country men.*

He answered and assured me that he is very much aware of these problems and difficulties and that the Health Secretary is personally addressing them.

He added, *I will cut the red tape.*

Flashback in early seventies when a Presidential Decree #541 was issued allowing former Filipino professionals to practice their respective professions in the Philippines, namely:

Professionals who were formerly citizens of the Philippines and who have previously passed licensure examinations in the Philippines for the practice of their profession, may, while in the country on a visit, sojourn, or permanent residence, practice their profession, provided that they are professional practitioners of good standing

prior to their departure from the Philippines and in their adopted country.

This decree has facilitated naturalized citizens of their host countries and therefore barred from practice of their profession in the Philippines has opened the doors for erstwhile Filipino professionals, particularly physicians and nurses desirous to serve the indigent population and share advance knowledge and expertise with local professional colleagues.

It is, therefore, safe to say that the start of foreign medical surgical missions has been inspired by this Decree and was very instrumental in the success of the *Balikbayan* program launched in the early 70s.

Foreign medical surgical missions in the late 70s and decade of the 80s have blossomed with enormous interests among various national, regional and local chapters of Filipino American medical associations as well as Specialty societies to undertake and sponsor these missions in different parts of the country.

It was then less cumbersome with reasonable guidelines and less complex participation of host associations.

Over the years, however, it became apparent that there are serious concerns that rather than getting encouragement to continue missions, some sectors in the Philippine government are regulating missions to the point wherein these missionaries are being hampered to continue mission projects.

As early as 1982, in a special meeting with the late President Ferdinand Marcos in Malacanang Palace, attended by

then Secretary of Defense, General Fidel Ramos, and Cabinet Secretary Greg Cendana, along with Dr Daniel Fabito, Renato Ramos and Noli Zosa (representing the Association of Philippine Physicians in America - APPA), foreign medical surgical mission was the main agenda and discussed how to improve its conduct, to ease Customs regulations on equipments, supplies and medicines brought into the country, and to create a more friendly environment, to encourage Filipino American physicians and other health professionals to continue to come to the Philippines, and to do missionary work in areas needing medical and surgical care.

I have proposed then a creation of a Commission on Medical Missions under the Presidential Office with the idea of having one stop regulatory office that will take care of the different aspects of the missions, to ensure protection of patients rights, and to protect the interests of the missionaries, host hospitals, and participating local health professionals.

The Board of Medicine, through a Board resolution #06, Series of 1991, issued Guidelines for Granting Permits to Foreign Doctors Conducting Medical Missions, sponsored by Local Private Organizations.

It was a very comprehensive Resolution with the following provisions, namely:

1 - A foreign medical mission can only be conducted in a given locality with the expressed and written consent of the local medical society;

2 - With the help of Department of Health (DOH), the local medical society shall screen patients. The missions must be taken as professional endeavors and not as medium for political patronage;

3 - Specialty practice needs written consent by the local specialty society;

4 - Legally binding contract needed covering trainees; records submission to Professional Regulatory Commission (PRC), DOH, specialty society and the Philippine Medical Association (PMA), and posting bond;

5 - Granting of special permits by the PRC;

6 - Permission needed from DOH if facilities of the DOH are used; and

7 - Special permit to be prominently displayed.

In January 30, 2001, the DOH issued an Administrative Order #179 covering Policies and Guidelines in the conduct of local and foreign medical and surgical missions. The Order supercedes all other Administrative Orders and Issuances inconsistent with its provisions. Sponsors of medical missions are required to seek clearance from the Office of the Secretary of Health through the Bureau of Local Health Development for local missions or through the Bureau of International Health Cooperation for foreign missions.

Additional provisions for the implementing guidelines were included imposing more responsibilities and cumbersome requirements for those sponsoring organizations. Clearance has to be procured from the Bureau of Food and

Drugs for medicines to be dispensed with an expiratory date of less than one year upon arrival in the Philippines. The medicines must be covered by the Certificate of Product Registration. The DOH reviews the request and consults with the PRC, the Board of Medicine, the PMA and the Philippine Hospital Association (PHA) whenever necessary.

This is well and good, but experience of compliant mission groups to get permits and clearances range from 6 to 8 months because of bureaucratic processes and insensitivities towards a worthy cause.

Whereas sponsoring organizations prepare one or two years with raising funds, collecting supplies, equipments, medicines, as well as securing physicians with different specialties to leave their practices for two to three weeks and join the missions, the excitement and enthusiasm get dampened by the callous bureaucratic process of obtaining permits and clearances.

Of course, the easy way out is just to totally not sponsor any foreign medical missions in the Philippines, or rather continue missionary work to other countries where we are most welcomed without the hustle of being compliant with the rules and regulations currently imposed.

On the other hand, most Filipino expatriates have the intense desire to give back and help fellow *kababayans* in need of medical and surgical care.

Perhaps, we in the United States should accept the challenge of reaching out to the

responsible government departments and medical associations, have a continuing dialogue so we could better understand some of their concerns and at the same time be given the opportunity to study, comment and make necessary reasonable proposals to some of their regulations.

Indeed, on this side of the Pacific, different groups of established missionaries to the Philippines, various medical associations and specialty societies as well as Filipino national associations like NAFFAA, Global Coalition USA, Society of Philippine Surgeons in America, APPA, and the different Philippine medical school alumni groups in the United States continue to find ways of improving medical missions to the Philippines.

HOW MEDICAL MISSIONS UNDERMINE THE DEVELOPMENT OF THE PHILIPPINE HEALTHCARE SYSTEM

CARLOS G NAVAL MD

President

Philippine Association of Ophthalmology (PAO)

The PAO defines medical



**CARLOS G
NAVAL MD**

missions as a project or an activity in which health care delivery is provided to the poor segments of Filipino

society where medicines, ancillary procedures, medical/surgical interventions, and services are given at no cost to the beneficiary. They are primarily undertaken in underserved areas/ communities by health professionals from a different locality and who have no established clinic base in the area with the goal of providing assistance to the needy or as a professional humanitarian endeavor. They may also serve the purpose of continuing medical education (CME), professional advancement and as a venue for transfer of technology by the missionaries to their local counterparts.

The Professional Regulatory Commission (PRC) and Department of the Interior and Local Government (DILG) # 2009-0030, dated December 22 2009, enumerates revised policies and guidelines for foreign medical missions in the country.

The Myth of Sisyphus at face value and from the rhetorics of medical mission organizers, the missions are altruistic, noble endeavors that aid our poor countrymen who do not have access to medical services in their locality. In ophthalmology, medical missions usually include cataract surgery, and, these missions have been variously justified as *stop-gap measures* or *sight-saving* projects aimed at *reducing the cataract backlog* and *helping the marginalized*.

We do salute the nobility and the good intentions of the medical mission-goers. They take time out from their busy practice (and lose clinic time and sacrifice the revenue) for that period, take some risk traveling to the mission location, plan and worry about the logistics for the team, provide in one way or another for their food and lodging, deal with the locals, and, do the surgeries in frequently suboptimal conditions. For the true medical missions, all they get is the gratitude of the ones they have served, a few gifts perhaps, a dinner hosted by the local politician, and, self-fulfillment. For those with other motives, they may get some reimbursements and a per diem from the mission budget. But at what cost?

Despite the fact that there have been no major mishaps so far, the mission teams put their personal safety at risk. While they have justified it to themselves, perhaps, they should look beyond themselves and see the worry that they impose on their families and the families of the rest of the team. Okay, that is personal and

JOINT GET TOGETHER PARTY for Class⁶³ Class⁶⁴ and Class⁶⁵ ONLY

**Thursday, June 16, 2011
6:00 pm**

**Venue: Café
Spring Mountain & Jones
Dinner, Karaoke and dancing**

**Hosts: Dr Art Basa
440-525-0909 216-244-4348
Drs Daniel Fabito & Reggie
Tobias**

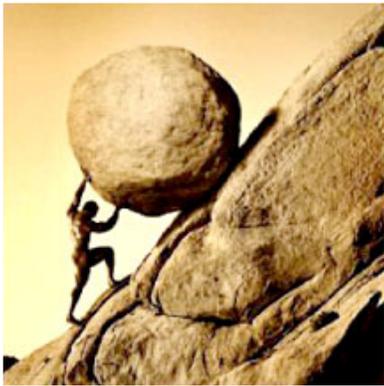
702-622-2974

**Dr Linda Fabito
702 -622-2976**

**If you have prior dinner
commitment, you are welcome to
join us during dancing, karaoke and
singing**

reconcilable. Shall we continue to risk our lives and the lives of others?

The willingness of some to work in substandard settings especially in terms of the sterility in the field is justifiable because the benefits may outweigh the risks. The justifications here might fall into several well-worn statements like *beggars can not be choosers, it is better than nothing, and we do with what we have*. Do we accept delivering substandard care because we believe that the people we are serving do not deserve better?



From the perspective of the blind cataract patient who is able to see again after a medical mission and the surgeon who has saved his/ her eyesight, the medical mission is successful. The more the number of cataract blind who can see again after the mission, the greater the success. The snapshot of all those happy patients with the team on the first postoperative day is a picture of triumph, of humanity prevailing over societal injustice. We see these snapshots over and over again, over the decades from the black and white photographs of the 1960s to the digital images of the present. What has changed except the technology that captures the moment? There are

the same grateful faces of the patients, the same eager and triumphant mission-goers, and the same smug *politicos* (though, this time in high-resolution pixels). Is not that disturbing? Do we not see the futility of all those missions of the past, that despite all of those efforts, we are like Sisyphus, pushing a boulder up the hill, (see picture) and, once on top, let it roll back to the bottom, from where we push it up again? When we see the lone snapshot, it is like reaching the pinnacle at the hill. What we do not capture is the slide of the boulder down again until it is time to push it up again.

The Philippine Healthcare System Gap. Our healthcare system is fortunately or unfortunately modeled after the United States system. There is a private sector where patients can go directly to any doctor of choice, from the family physician to the generalist to any specialist, he or she chooses as long as they can pay. While a hierarchy may exist on paper with the general physician below to the superspecialist above, our paying patients are used to having the autonomy to choose to whom they go. Except in the more urbanized areas, ophthalmologists are hard to find. This is a product of several factors, such as the heavy capital investment needed to setup an ophthalmic practice, the low paying capacity of patients in the more remote areas, and, the needs of the doctor and his family.

The public sector is at the other extreme of the spectrum where the *charity* patient is triaged from the interns and resident physicians to the

residents of a specialty or a general physician until a consulting specialist is called if at all. At the level of the community, there is a primary care team composed of a *Barangay* health officer, a nurse, and a rural health physician. Patients that cannot be handled at this level are sent to the secondary or tertiary levels of care. Secondary care would usually mean emergency surgical care or confinement. More complicated cases are sent to the tertiary level hospitals where there are specialists and subspecialists. Most DOH and government hospitals do not have ophthalmologists even at the tertiary level. Patients requiring ophthalmic care are handled by a surgeon or referred to a private practitioner. Despite the Philippine commitment to Vision 2020, the government does not consider eye care as a priority.

Here is the chasm between a patient who can afford private eye care and the patient who has to rely on the government. This is the gap that ostensibly medical missions fill. This is the gap that medical missions reinforce.

Symptomatic Cure. Periodically, a crisis comes to fore. Every now and then, someone will cry about the prevalence of blindness. Predictably, a charitable soul in the audience will rise up to the challenge and solve the problem by going on a crusade to save the blind. This is like treating an infection with an antipyretic to keep the fever down but never getting to the root cause of the problem. Sure, it reduces the *crisis* and makes us feel that we

are doing something about it. Of course, that is before the boulder rolls back down again.

Systemic Impact. Medical missions actually cause the community it purportedly serves to lower levels of health. Why? Firstly, the patients become dependent of medical missions. They reinforce a culture of mendicancy. They are poor, and, therefore, they deserve to be treated, sponsored, and cared for by those who have resources. Becoming needy entitles them to charity, an attitude that is evident in many of those who beg at street corners or watch your cars. Medical missions do not lift them from where they are. They do not teach them how to fish, how to value health and healthcare, how to practice preventive care, how to use the resources around them, or how to agitate the government for change.

Secondly, medical missions quell the dissatisfaction with the *status quo* and assuage the conscience of the government (a contestable assumption, I am sure) in its inability to address the health needs of their constituency. People become passive recipients of care rather than active stakeholders. Only few would venture out to urban areas to seek a solution to their eye problems. Many, perhaps, are poorly educated and are not motivated to do so, accepting blindness as part of aging, heredity, or God's will. Sure, medical missions are not designed to do so. They can not address the issues of the government and public education. That is also the point.

Thirdly, medical missions

weaken the fledging health infrastructure in the region they serve. More ophthalmologists are locating their practices in the rural areas to the benefit of the local population. In order to survive, some eye doctors might actually practice in several towns within the province and patiently take care of many who pay meagerly or promise to pay some day. In many communities, particularly agricultural provinces, the ability of the people to pay are tied to the harvest or the seasonal remittances from children working abroad. No matter how tenuous the situation, there are eye doctors who prefer to practice in relative isolation from the fierce competition in the urban centers. Medical missions, without meaning to, can wipe out years of the local eye doctor's cultivation of relationships with his patients, investing in tedious hours of clinic work, with the hope of earning his fair share when the patients opt for surgery. A provincial practitioner in the rural areas might have little incentive to upgrade clinic equipment and expertise in such a situation. Fewer eye doctors might find it feasible to setup a practice in a mission-frequented location, further reducing the community's access to eye care.

Proposed Solution. So, should we ban medical missions? Not entirely. Rather than banning them, we should see the day that they become irrelevant and mission-goers just fade away.

We all know what the government should do. What the PAO can do is push the government to dedicate more

resources for the prevention of blindness. The DOH should equip their hospitals for true tertiary eye care and allow more ophthalmologists to use their facilities. We must present to the administration a comprehensive sight preservation program that can be implemented with the available resources.

At the organizational level, the PAO will encourage local eye doctors, through chapter societies, or provincial groups, to design sustainable sight preservation programs with or without partnerships with the local government and/ or interested NGOs.

Individually, let us restrain ourselves from the impetus of embarking on medical missions that are not well-planned, have no insight into the targeted community's healthcare situation, and, are not cognizant of its long-term effects on the local healthcare structure.

Together, let us find a long-term solution to the inequality in accessing eye care using a systemic approach, viewing healthcare not merely as a the interaction between patient and doctor, but, a whole host of interacting factors comprising other doctors, healthcare professionals, healthcare organizations, NGOs, the government and its agencies, and the community.

Reprinted from Focal Point 2011,2:2

JUNE QUOTE

If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him?

1 John 3:17

FEU Chorale

The Far Eastern University Chorale is composed of non-graduating students from different institutes of the University. After its re-establishment in August, 2004 by FEU Chair, Dr Lourdes R Montinola, the group's first public performance was in Harmonies 2004, a choral festival organized by the University of Santo Tomas Conservatory of Music held in November that year. From then on, the group has performed regularly in various activities and events both inside and outside the FEU campus.

The group performed as the season opener of the Paco Park Concert Series in September 2005. In December 2005, the group performed in a Christmas concert together with the UST Singers and the Philippine Children's Choir of Mandaluyong at the FEU Auditorium. The group performed in the National Commission on Culture and the Arts' *Sining Gising: Ugnayan sa Tinig ng Bayan*, an NBN-PTV4 television program and in GMA-7's *Unang Hirit* in celebration of the Arts Month in February 2006.

In March 2006, the FEU Chorale performed in a concert entitled *Conductors on the Rise* at the UST Museum together with the UST Singers, UST AB Chorale, St. John Bosco Choir and the Sta. Teresita Parish Chorale.

In May 2006, the group participated in the 31st UNESCO International Theater Institute World Congress as one of the performers together with other choirs in Metro Manila.

In June 2006, the group was invited to perform again in the NCCA's *Sining Gising: Ugnayan sa Tinig ng Bayan* television program for their Independence Day presentation.

In November 2006, the FEU Chorale participated in a master class program for choral music in UST under the baton of world renowned conductor and choral clinician, Prof. Jae Joon Lee of Korea. The group then held its first major solo performance in the FEU Chapel in December 2006 entitled *An Afternoon with the FEU Chorale*.

In February 2007, the FEU Chorale performed in Malacañang Palace on the occasion of the Arts Month of the NCCA entitled *Ani ng Sining*.

In October 2007, the FEU Chorale was invited by ABS-CBN to render a performance together with the other cultural groups of FEU in the Third *Pinoy Media Congress* held at the FEU Auditorium. ABS-CBN invited the FEU Chorale for a few more performances including one with Charice Pempengco. The FEU Chorale won the 2008 Vivere Christmas Choir Competition. After an intensive workshop with the Philippine Madrigal Singers, the 2 choirs shared the stage of the FEU Auditorium for a joint concert called *The Gifts of the Magi: A 3 Kings Celebration*.

The FEU Chorale is under the guidance of its conductor and musical director, Mr Emerson M. Hernandez, a choral conducting graduate of the UST Conservatory of Music. Mr. Hernandez is also a baritone and a former member of the Sta Teresita Parish Chorale when it won as the grand champion in the 2007 *A Voyage of Songs* competition held in Pattaya, Thailand.

TENDERLY YOURS A Tribute to the Women of California

NOLI C GUINIGUNDO MD⁶²

To the FEU Women of California (with apologies to Rizal's *Liham sa mga*



NOLI C
GUINIGUNDO MD

kababaihan ng Malolos). At the recent Winter meeting in Long Beach CA, I

would like to compliment and pay tribute to the FEU Women of California. This would be both the non-physician women and the women physicians.

Let me initially thank them for helping the Alumni Foundation in hosting the Winter meeting, and also in helping their husband prepare some goodies during the board meeting. The food was excellent at Jun and Daisy's residence at Rancho Palos Verdes.

Prior to the Saturday evening party, we were treated at the Japanese Hokkaido Restaurant. Being Friday of Lent, we were glad we did not have to worry about eating meat since there were plentiful seafoods available to satisfy us. Prior to the Saturday party, our Spiritual needs were met when the hosts took us to St John Fisher church for our Sunday obligation. Since most of us were leaving early, we did not really worry about our spiritual needs. Any party would not end at the dining table but at the dance floor. The women of California entertained their guests and we are all happy.

Now, why am I comparing these ladies to the women of Malolos, Bulacan? I am from Bulacan, San Miguel to be specific.

My father used to be a board member and governor of Bulacan. We have frequented Malolos a number of times. Sometimes I drove my father's car in Malolos during my student days. I never realized at that time what the women of Malolos really did. Very young women about more than 20 had petitioned the then Governor General to open a women school in Malolos to satisfy the need for education, primary and secondary. The then parochial priest objected to the school and it was turned down. But they persisted in petitioning for the school until it was finally approved, but only for a short period of time. Rizal had praised them for the tenacity and eagerness to learn and pursue for the well being of their fellow women. These reminded me about the goodness shown by the FEU women of California. Again, hats off to them, I respect them and will cherish the time we have spent with them. #14

**THE AMERICAN
DREAM
DONE HIS WAY
A Dynamic Leader –
A Perfect Role Model
MARJORIE HYDERKHAN
BS MA CCRC**

CESAR D CANDARI MD wrote his memoir which traces his journey from a distinguished but poor family in Pandan, Antique through his struggle to achieve a medical education and eventually become one of the pioneering Filipino American doctors in America breaking barriers, gaining respect and achieving acceptance from mainstream America. He wrote his life story for his children and grandchildren for posterity, and for his friends. He shares his life history, career, profession, charities, achievements, noble deeds, contributions to society, his heroism, lessons in life, dreams, joys, woes, etc. He links up to the future, touches tomorrow today with an effusive vision and leaves a legacy. His ordinary dream to become a doctor came true.

I am pleased to introduce my accomplished friend, Dr Candari. I have known him for thirty years. The following comment is obtained from his colleague worthy to start my veneration of Cesar. *His story is of the quintessential pursuit of the American dream told from his heart, candidly, humbly and simply. Although he did attain the American dream, he did not just slouch and simply savor it -- rather he came to a decision to be assimilated in the mainstream, participated in, and lent his time, talent and*

resources to the workings of American life.

Congressman Bob Filner of the 51st congressional District of California describes Dr Candari best as, *A lowly man, once a dreamer, becomes a physician, participates in the American Dream, and helps awaken the Filipino American psyche from the torpor of imperative change. Dr Candari's evident visibility in the city as well as the California's political arena has been producing positive images for the Filipinos.*

Cesar said, *My dear wife Cely has inspired my life. As my partner, she continually prayed for me and spiritually discerned all the challenges that came against me, and showed me those things that God's grace bestows. She helped me to stay focused in the spiritual areas of life, so that I will continually be a blessing to others and be blessed by God. She helped me fulfill my calling.* Cely was a former president of the Auxiliary of the Association of Philippines Physicians in America, inaugurated in Toronto, Canada on July 28, 1987.

Dr Candari's parents were poor schoolteachers. He was born in Pandan, a fourth class municipality in the province of Antique, Philippines. The people of Pandan were proud that their town, as poor as it was, produced some prominent people. Dr Candari is not without political pedigree or provenance. His family line includes, governors, senator and even Cesar's agnate great grandfather Vicente R Gella from Pandan, who graduated, as a lawyer in 1885 at University of Santo Tomas became the

**Balik-FEU 2012
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**Venue Crowne Plaza Galleria
at Ortigas & EDSA
CELEBRANTS**

**Class⁶² (Golden Jubilee)
Class⁸⁶ (Silver Jubilee)
Class⁶⁶ (Sapphire Jubilee)
Class⁷¹ (Ruby Jubilee)
Class⁷⁶ (Coral Jubilee)
Class⁸¹ (Pearl Jubilee)
Class⁹¹ (20th Anniversary)
Class⁹⁶ (15th Anniversary)
Class⁰¹ (10th Anniversary)**

Governor of Antique in the early 1900, was a close friend of Dr Jose Rizal. When Rizal left the Philippines on May 3, 1882, he was part of the party who sent Rizal off aboard the *Salvadora*. He accompanied Antonio Rivera, father of Leonor Rivera and Mateo Evangelista. Cesar's cousins include a legislator, representatives and ambassador, including former secretary of tourism. Senator Loren Legarda is his cousin in the third degree. Another agnate grandfather of Cesar was national treasurer of the Philippines from 1951 to 1964. His grandfather was the Mayor of Pandan in 1914. An uncle, younger brother of his dad, was elected mayor in 1940 just before the Second World War. Does Dr Candari have a political pedigree? He is proud of his roots.

Dr Candari graduated valedictorian in high school, was a well-recognized orator. He moved to the United States after graduation from the Far Eastern University Institute of Medicine, Manila Philippines in 1961. In January 1962 his postgraduate training started as an intern at Elyria Memorial hospital in Elyria OH. He took his residency in Pathology at Edgewater Hospital, transferred to Illinois Masonic Hospital and Medical Center in Chicago IL. In 1969, he relocated to San Diego CA, joined the San Diego Pathologist Medical Group Inc.

He is board certified and diplomate in anatomic and clinical pathology in 1970. In 1972 he became a fellow of the College of American Pathologists and the American Society of Clinical Pathologists and later, fellow *emeritus*. He

was recertified as diplomate of the American Board of Pathology in 1999. In 1973, he became the first Filipino American certified specialist in blood banking, a subspecialty introduced by the College of American Pathologists in that year. He served as medical director of blood bank and transfusion service at Mercy Hospital and Medical Center (now SCRIPPS MERCY), a major teaching hospital of 500 beds, a primary site for the clinical education of almost one hundred interns and residents and was the secondary training site for residents from the University of California, San Diego (UCSD) and the Naval Medical Center. In his thirty years as partner of San Diego Pathologists Medical Group Inc, he served as secretary and later as vice president of the corporation. By invitation, Cesar teaches pathology at UCSD Medical School to medical and dental students.

Cesar has held several major positions in the community civic associations, medical and specialty organizations. He was an active leader of the Association of Philippine Physicians in America, (APPA) a *premier Filipino Medical Organization* elected as speaker of the house of delegates, a powerful position and generally a stepping-stone to become president of the association. He was an alternate delegate from the state of California to the house of delegates of the College of American Pathologists for seven years.

One outstanding position was an appointment of Dr Candari as field commissioner (field examiner) of the licensing

division of the State Medical Board of California in 1978 and stayed in this position for more than twelve years. This position involved conducting the oral and comprehensive clinical examination process to candidates applying for licensure in the State of California to both American and foreign medical graduates from other states.

In 1990, Dr Candari has the distinction of being the first commissioner of Asian descent appointed for four years to the governing board of the San Diego Stadium Authority, now known as Qualcomm Stadium with the main function of overseeing San Diego's famous athletic stadium for the San Diego Chargers, where events like football's Super Bowl and formerly the San Diego's Padres games were held. He was a member of the subcommittee for Asian affairs and a liaison for San Diego's popular former Congressman Jim Bates, a supporter of the foreign medical graduates.

In 1991, he was honored as one of the twenty outstanding Filipino abroad (TOFA) by the Filipino-American Image magazine in Washington, D.C.

As one of the three founding physicians of Operation *Samahan* Community Health Clinic in San Diego, he volunteered his services mostly as chairman of the board for 17 years. He considers this as the highlight of his career. With Operation *Samahan*, Dr Candari and two other San Diego doctors established a clinic as an outreach to the Filipino community, and became a beacon for all uninsured patients of all backgrounds,

especially newly arrived immigrants – a health clinic that served the poor and the disadvantaged.

In 1980, Dr Candari helped form the first Philippine Medical Association in San Diego. He was president from 1981 to 1982, and 1987 to 1989. Dr Candari became a member of the FEUDRNSM Alumni Foundation in 1978 and eventually he rose to the position of member of the board of trustees- at- large of the Alumni Foundation in 1984. Starting in year 1993, he was elected vice president, (from 3rd, 2nd, and 1st VP) for a total term of nine years. Finally, in 2002 he became executive vice president of the Foundation and confidently desired for the position of presidency and chairmanship of the board. Unfortunately, an ailment abridged his dream for the presidency and chairman of the board.

As a member of the board of trustees of the FEUDNRSM Alumni Foundation for 25 years or more, his services to his beloved Alma Mater as board of trustees is extremely commendable. He is indeed a credit to FEUDNRSM. He has volunteered his time as service to give back, realizing that he is helping someone gain the valuable asset of a quality education in his medical school. Dr Josephine C Reyes, chairperson of the FEU-NRMF board of trustees is a close acquaintance of Cesar since 1982.

Dr Candari founded Pandan Antique Foundation Inc. a nonprofit corporation registered in California in 2000. Its mission is to undertake various

support programs, projects, and activities geared toward improving the quality of life and general well being of his impoverished town mates in the Philippines. As a Lions Club president in 1999-2003, his leadership resulted in calling him *Lion King*. His Lions Club endeavors included medical mission services to poverty stricken areas in Africa, India, Vietnam and several provinces in the Philippines.

His successes and achievements are listed in four pages of his book. To mention a few, in March 2002, he was chief of the department of pathology, El Centro Regional Medical Center in El Centro CA; member, board of directors, Education Research Foundation Association of Philippine Physicians in America; national Chapter executive - Movement for Free Philippines; awardee-outstanding achievement, Antique Association Of Southern California; presidential service award Philippine Medical Association of San Diego; community service awardee, Association of Philippine Practicing Physicians in America; physicians of the year award, Miami FL annual convention; certificate of appreciation, 2nd international lymphoma conference, University of Athens, Athens Greece; certificate of appreciation, lecturer on *new developments on tumor markers*, medical staff, Far Eastern University Manila, Philippines, and several more.

In his book, SUCCESS IS A JOURNEY (now available in [www. Amazon.com](http://www.Amazon.com)) - memoirs of a Filipino American doctor

creating a life from Antique to America, is a public record which details his trials and tribulations, his various roles and leadership positions in a lot of medical and social, humanitarian, associations.

His great successes and accomplishments are most impressive. He became one of the pioneering Filipino American doctors in America.

Perhaps Dr Tom Bonzon, his classmate says it best: *Truly no one has achieved the likes of his countless achievements and selfless contributions to our class, to the foundation, to our country, to his community, to charity, to the medical society, and to positions in City of San Diego and State of California. .*

Dr Candari concretely exemplifies the multi-talents contribution of the Filipino-Americans to mainstream-America.

Dr. Candari is simply a born social worker, endowed with natural diplomatic skills.

He is an ultimate believer of what Zig Ziglar says that, *Success is a process, not an event, a journey, not a destination.*

He is married to the former Miss Cely M Asprec and they have 4 children and 6 grandchildren.

Dr. Candari and his wife now reside in Henderson NV.

FEUMAANI

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NIDA BLANKAS HERNAEZ MD
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CESAR V REYES MD

ceyreyar@aol.com

LETTER TO THE EDITOR

Last month's ECTOPIC MURMURS was a most interesting issue.

The articles on prostatic cancer alone is invaluable, but the other sections are also quite noteworthy.

I will send more comments later.

In the meantime, thanks and warm regards!

REX ROBLES MD

AN OPEN LETTER

IN RESPONSE TO A
FORWARDED E-MAIL BY
NAPOLEON ABANDO MD

As an old classmate, friend and co-intern at the United States Hospital Clark Air Base, I am glad you sent me emails.

Despite I eventually graduated from the University of Santo Tomas, I have also had



ANTONIO ONG MD

many occasions exchanged emails with old classmates at FEU, like Cesar

V Reyes and others.

I am disappointed with some of the forwarded emails, stating that people, like me, as Filipino Chinese, because all my relatives are Filipinos and I was were born in Philippines, as well as I earned Philippines citizenship under the Marcos time.

We should be called Chinese Filipinos identifying us as true Filipinos.

To be called Filipino Chinese is to be labeled as outsiders.

Likewise, name calling, like stupid Filipino Chinese, is exceedingly rude.

How do you like to be called Filipino American?

Or would you rather prefer to be called as American Filipino? The latter means that you just live in the United States, but you have remained as Filipino, and therefore, you are still an outsider.

I am sure all of us have acquired American citizenship and are proud of it.

Talking about *racist*.

Many of us, like me, are going back to the Philippines, buying house, and spending more time in the Philippines for retirement because we considered her as our home country.

All my relatives and others with Chinese blood speak Tagalog as their first language and have intermarried more often than before.

The Philippine economy is booming because the Chinese Filipinos are contributing a lot to the business and job growth, e.g., the SM shopping mall, Jolibee, etc

But many still call us Filipino Chinese and stupid, which are totally unacceptable, especially coming from educated Filipino Americans.

Obama, a half Kenyan and half Caucasian, did not become the president of the United States of America for nothing.

Item #33 in the list of *It is the only place on earth where...*, namely: *La Salle University is where all the Filipino Chinese go*, and

Item #34 *College of Saint Benilde is where all the stupid Filipino Chinese go* should be deleted!

The originator of this email should also apologize to all Chinese Filipinos.

ADDENDUM

Thank you for your concern and interest.

Jose Rizal is my hero. He gave up his good life in Europe and returned home to Philippines because of his mother and, more so, his home country. He finally sacrificed his life for the love of his country.

I was just looking at the calendar and Jose Rizal was shot at Luneta in late 1896 and the United States took over Philippines in early mid-1898 in just a short two years span difference. His life could have been spared.

How many people are willing to go home to the Philippines after being successful and got comfortable in the US.

We should take away those narrow-minded ideas after living in America this long under mixed ethnic culture. After all, many heroes of ours in Philippines have Chinese blood, e.g., Jose Rizal, the three Filipino priests executed by the Spaniards, Osmena, Corazon Aquino, our present president, etc.

Jose Rizal's *Ultimos Adios* written before he died, the US Congress after reading the poem, realized there was no way they could keep the Philippines under control, and finally approved independence for the Philippines in 1946, which coincided with the surrender of Japan during second world war.

ANTONIO ONG MD
Retired Neurosurgeon, HI

HEALTH TIP

FORWARDED BY

GERRY BARRANDA MD⁶⁵

A white sweet potato extract from the *Ipomoea batatas* plant may cure diabetes, adding to other recent research showing blood sugar reducing benefits from coffee, the ginkgo tree, and nuts. Diabetes is at epidemic proportions but traditional medicine has used plants to treat this condition worldwide.

Sweet Potato Diabetes Research. Researchers are now studying the *I batatas* plant, a traditional sweet potato remedy from the mountains of Japan. The white sweet potato has been used for centuries in Japan to treat high blood pressure, anemia and diabetes. The raw potatoes come from the Kagawa region of Japan, a mountainous region between Osaka and Hiroshima.

Recent study with the sweet potato extract has also shown promise in stabilizing blood sugar in type-2 diabetes. A study in Austria and Italy enlisted 60 participants who consumed 4 g of an extract of the white sweet potato, called *caiapo*. After three months, many reported reduced blood sugar of 15 points.

When participants consumed 2 grams of the extract, their results were not curative, but those on the 4 gram a day diet showed at least a 13% reduction in fasting blood sugar, as well as a 30% drop in cholesterol and a 13% drop in LDL cholesterol.

The *caiapo* extract seems to have an effect by decreasing

insulin resistance; however, further tests are needed to confirm these findings. Sweet potatoes join the ranks of other foods thought to help reduce insulin resistance and prevent the onset of diabetes, such as coffee and nuts.

Coffee Reduces Risk of Diabetes. The coffee research showed that one cup of coffee reduced diabetes risk by seven percent. These findings, published in the Archives of Internal Medicine, collected data from numerous studies that totaled over a half million participants.

Nuts Lower Blood Sugar. Nuts have been shown to lower blood sugar by slowing the digestion of carbohydrates, according to the American Diabetes Association. Nuts also contain important nutrients such as magnesium, as well as fiber and omega-3 fatty acids, which also benefit a diabetic diet.

Ginkgo Biloba Herb Treats Diabetes. The herb *Ginkgo biloba* has long been used in Japan and China as a treatment for high blood sugar. The tree is one of the oldest known in the world and contains a powerful antioxidant. A ginkgo tree withstood the nuclear blast in Hiroshima during World War II. *Ginkgo* has been used to treat diabetic retinopathy because it helps increase blood flow to the eyes and also the limbs.

Learn more:

http://www.naturalnews.com/032268_sweet_potato_diabetes.html#ixzz1LNZ9q2yU

212-567-3411
646-641-3521 cell
gab42@msn.com

Message from the CHAIRMAN

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The first is how much an attendee enjoyed the many offerings; and the second is a lament from someone who did not make it.

Those who do not make it to the event miss out on a lot.

Those who have participated realize that it is not just a meeting. Our convention is a culmination of a year's worth of visualization, planning and implementation. Because of the vision of the convention chairman and committees, we enjoy luscious accommodation, wonderful food, informed speakers, and time to visit with friends and colleagues. We are also offered the opportunity to embrace our culture through *Filipiniana* Night. I always enjoy the colorful costume designs of our *barong Tagalog* and *sayas*. It brings to mind, a time when I was home, carefree and full of ideas on what my life would be.

The celebrants always have a talent show that further imbues the occasion with our culture.

It is interesting to see how the different age groups interact. The older members become quite animated on the dance floor, performing tangos, sambas and rumbas. They are well practiced at these dance steps and could put the *Dancing with the Stars* show to second degree program.

But the dancing is only a part of the whole affair. The various splendid meals encourage visiting and reminiscing. There is a feeling

of warmth and closeness and it is enriched by the sounds of our Filipino style music.

Of course, the convention is not only for visiting. There are many educational offerings prepared by our own colleagues --- all well recognized within their fields that keep us informed of new procedures and advances. Vendors are available to show their wares and discuss new and exciting technologies with us.

There is even time for shopping and sight-seeing, and of course this year gambling.

It must always be remembered that we celebrate our shared school memories and our ongoing support of our Alma Mater and the medical scholars that we support during their schooling. Scholars are supported through graduated classes and by individuals and all donations are greatly appreciated by our students. The support of our alumni is building the foundation of the next generation of medical specialists.

If you have not attended recently, I encourage you to make time to come.

It is a few days out of your busy schedule that will make memories for the rest of your life.

We hope to see you there.
P C RIVERA MD⁶⁷

Message from the PRESIDENT

that supports medical surgical missions, continuing medical education, humanitarianism, charity, and financial aid for our Alma Mater. It is a staple description of our initial vision and guiding light for our ongoing programs.

It takes a lot of people who are focused, committed, and persistent to bring such a lofty vision to life and to keep it fresh and new for all its members.

I commend the many people who have worked religiously throughout the year to complete planning for our reunion and scientific meetings.

I also honor those who work behind the scenes, keeping the various committees moving forward.

Our alumni enjoy a superior leadership through these committees. We are reminded gently of our duties, encouraged through our newsletters, educated through our meetings, and kept finances sound

As a group, we represent a powerful monetary force in education, supporting our Alma Mater and our school faculty and students.

We also help shape the future of medicine through our own efforts and our new generation of physicians whose dreams we are helping to achieve.

I am proud to count myself a member of such an esteemed alumni foundation and to encourage all members to remember to thank those who keep the foundation going strong.

I hope to see you all at the annual reunion convention in June.

The Las Vegas setting gives many avenues for entertainment, education, and fine dining. I remind you that we have many special speakers for the convention and I hope you will take advantage of their knowledge.

My personal thanks to the officers and all members of Nevada Chapter for the excellent job they are doing, to all FEUDNRSMAF board trustees and to all who make our association a success.

OSCAR C TUAZON MD⁷⁴

REUNION.... THE LAS VEGAS WAY!

continued from page 1

fun already. Although, I have been busy with my two practices, I have tried to do the job that was assigned to me.

They have asked me to solicit for pharmaceutical companies to have booths for our scientific conventions. Also, I have the joy of joining in practicing my singing with the FEUDNRSMAF Las Vegas Choir and requested to conduct for the group.

We have been planning some dances but I do not know if we have time for that, although I am sure we can easily learn some dance steps from a dance instructor.

Hey, mind you, my group's joints are still flexible anyway!

The *Viva Las Vegas* reception which is our first night will surely be a blast since

JUNE donation

A perpetual

ANTONIO C TOLEDO MD⁶⁹

Student Achievement Award

in Surgery

is established this month.

we are going to be all dressed the *Las Vegas Style*.

Watch for the glitters!

This is also the time to demonstrate our familiar talents in music, singing, and dancing.

There is also enthusiasm in wearing Philippine native dresses on the *Filipiniana* Night and, of course, we will be rendering *kundiman* songs.

I personally will be preparing for my talk about aesthetic medicine during the scientific seminar on Thursday morning, June 16, 2011, and we will be all listening to the current trends in medicine to be presented by our speakers, both primary practitioners and specialists.

For all those looking for CME credits for 2011, join us!

I would like to take this opportunity to thank all the members of the Las Vegas hosting group led by Dr Melinda Fabito; I am sure all the *Las Vegas* efforts will be appreciated by our fellow alumni. You are all doing a great job!

For all the honorees of this year 2011 reunion led by Class⁶¹ Golden Jubilarians and Class⁸⁶ Silver Jubilarians, we would like to let you know we are all honored to have you here and we will party like only a *Las Vegas* can!

So get your dancing shoes ready, have fun, enjoy the beautiful city, do not lose a lot of money and remember *What happens in Vegas... Stays in Vegas!*

See you!

COMMENTARY. The above headline news release, full of excitement, from the youngest member of the

FEUDNRSMAF Las Vegas Chapter proves me wrong to think the host group is trying to don silence about its hosting the 32nd annual reunion to be held at the Monte Carlo Resort & Casino, on June 15-18, 2011.

To surprise is sublime is probably no longer the pass word for our Viva Las Vegas reception. The host Chapter officers and members are busily preparing, practicing, and exploring their talents for all they can do for our entertainment.

My correspondent as you just read can also no longer hold it back and choose to share what is to be expected from them, from their heart, talent and experience in hosting.

Dr Philip Chua is in charge of the reunion souvenir program and promises what may become the gold standard of souvenir programs, after emailing a lot of questions, requests and deadlines.

Dr Daniel Fabito has been equally busy announcing a joint Class⁶³, Class⁶⁴ and Class⁶⁵ get-together and golf, only to tell us more recently that the shindig being organized is only exclusively for their Classes' circle and the golf outing may likewise fizzle down because of the oven-like weather.

Dr Linda Fabito, the current Chapter president, is very quiet about the reunion; but that is her usual way, providing at the same time full support to Daniel's leadership.

Dr Raynaldo Sandoval, another pillar and immediate past president of the Las Vegas Chapter, sadly, will miss the reunion completely because he has previous commitments in the Philippines.

I have heard and hear of singing galore, perhaps to complement the performer-poor FEUMAANI Choral Group presentation at the *Filipiniana* Night and Saturday grand reunion.

Likewise, the FEU Choral (based at Quezon Boulevard, Morayta, etc) participating during reunion is not likely. (By way, the FEU Choral has been invited by and will perform at the United Nation assembly in New York City, immediately before the Las Vegas reunion. The group's leader has wondered if the choir could perform during our Las Vegas reunion.) The idea is wonderful but the logistics of having the FEU Choral in Las Vegas will be too much for everyone.

Another rare happening is the annual Summer FEUDNRSMAF board trustee meeting being held at the reunion's end on Sunday, June 19th, instead of the usual Thursday afternoon or evening, according to my FEUMAANI source.

What other surprises are in store for us, the out-of-the-towners, in Las Vegas?

EXCITING is the word. We will see the answer comes June 15th! Better not miss the scheduled events.

CESAR V REYES MD⁶⁸

Everyone is invited to the
FEUMAANI
20.5th Biennial Anniversary
Speakers Seminar
at Drury Lane Oakbrook
Recognition of Medical
Surgical Missionaries, Choral
Group, and
2009-2011 officers
Dinner Dance
at the Lexington House
Hickory Hills IL
Saturday, July 30, 2011