



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

Daisy Pelayo Ramos MD⁶² 2012 Alumnus of the Year

The 33rd annual FEUDNRSM Alumni



DIASY PELAYO RAMOS MD

Foundation summer reunion honored DAISY PELAYO RAMOS MD, a golden jubilarian, as the 2012

Alumnus of the Year, during the

Saturday, July 28, 2012 grand dinner ceremonies, held at the JW Marriott Hotel in downtown Los Angeles.

Dr Ramos is a diplomate in dermatology with subspecialty training in infectious diseases at Wayne State University Herman Keifer Hospital

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FINAL THOUGHTS

P C RIVERA MD⁶⁷

Immediate Past Board Chairman
The final meeting of my



PEPITO C RIVERA MD

chairmanship is complete and I am most honored to have held the title and performed the duties of the position. I was very happy to

see all the alumni that participa-

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TANSUCHE, GUINIGUNDO Head Alumni Foundation

Hernani Tansuche MD⁶⁸, a diplomate in diagnostic radiology of St. Clair MI was unanimously elected of the FEUDNRSM Alumni Foundation chairman, at the recently concluded 33rd annual reunion and scientific convention held at the JW Marriott Hotel Downtown Los Angeles on July 25-28 2012.

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OUTGOING PRESIDENT'S MESSAGE

Thank you to all our alumni who joined us in celebrating our 33rd annual grand reunion and scientific convention in Los Angeles.



OSCAR C TUAZON MD

It was a joy celebrating our class honorees, especially the Emerald, Silver, and Golden

Jubilarians. Over the course of the reunion weekend, our alumni showed us their non-

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PRESIDENT'S TENDERLY YOURS



NOLIC GUINIGUNDO MD

We took an early flight from Monroe to Houston, on our way to Los Angeles. We took along our son Gary, so he can help us take

some pictures at the 33rd reunion and scientific convention. Compared to other trips, this trip went smoothly all the way to LA.

This trip was also different from previous trips because I am running for president. As in previous years, I was unopposed; this time, one alumnus competes with me. But I have all hopes and prayers

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AUGUST QUOTE

Success is the result of a series of failures without losing one's enthusiasm says the 17th annual Dr Nicanor Reyes Jr memorial lecturer, Dr (Ret) Captain Honorato Nicodemus, USN MC also a Golden



HONORATO F NICODEMUS MD

Jubilarian, on his presentation of 47 years of professional

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FAITH CORNER

REVEREND MELVIN ANTONIO MD⁶⁵



REV MELVIN ANTONIO MD

It is said that we are not human beings going through a temporary spiritual experience. We are spiritual

beings going through a temporary human experience. I say this in the context that since birth, we have been on a journey – a physical and a spiritual journey. The Bible has many stories of such a journey to illustrate what, or rather who sends us out on that road, what anxieties we face, what uncertainties we experience, what hardships fall upon us and what rewards we find at the end of the road.

The Old Testament tells the story of Jacob and his many adventures beginning with his birth in Genesis Chapter 25. Jacob, the sly, tricky twin brother who *cheated* his twin brother Esau out of his inheritance, had to leave home in a hurry for fear of vengeance from the brother. Jacob sort of gets what he deserves as he too becomes the victim of another sly, tricky man, his own uncle Laban.

In the middle of this, Jacob wrestles with a stranger and extracts a blessing from him. It is generally agreed that the stranger was God appearing in human form. Jacob's name is changed to Israel, which stands for *one who wrestled with God*
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RIVERA TUAZON QUALITY LEADERSHIP. A PERSPECTIVE

CESAR D CANDARI MD⁶¹

FCAP *Emeritus*

The recent 33rd FEUDNRSM



CESAR CANDARI MD

Alumni Foundation annual reunion and scientific convention on July 25-28, 2012 in the City of Angels was a

tremendous success. The Angels in the blue skies were all smile to hundreds of FEU alumni attendees from all over North America and some from the Philippines. The CME committee has done it again, always prepared superb scientific seminars on clinical practice advances. We always have fun and enjoyment while being entertained for three nights, meeting friends and classmates and renewing old acquaintances; it is simply a time for the memories of our college days. Let it be said that we each came to the convention not to further our personal interests but for one common agenda -- to express our loyalty and support for our Alma Mater. The Golden and Silver Jubilarians and eight other jubilee celebrants were highlighted as honorees. The 1957 alumni were present.

Credit goes to the cool and calm exercise of the leadership of both Dr Pepito Rivera, chairman of the board and Dr Oscar Tuazon, president of the
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GOLDEN MEMORIES

FIDEL EXCONDE MD⁶²

Fifty two from Class⁶² came to our 50th Golden Jubilee!



FIDEL EXCONDE MD

What wonderful numbers to go along with lasting fond memories!

From Australia, to Hawaii, and from most all

States of the United States, they came.

Some veterans of previous reunions and quite a few for the first time; all a little anxious, yet, quite a bit excited.

What will this milestone event bring ?

Four days intimately shared answered all uncertainty and trepidation.

Four frenetic days occupied our hearts and minds with each other's company, and nothing else.

In the end, we parted ways no longer with uncertainty; instead, imbued with ties that will bind each other with gilded memories of joy, elation, renewal, hope and love!

Faces were difficult to discern, for sure; but voices resonated were familiarity and reassurance.

Voices that brought back chords of unbridled laughter and song... and now, even boldly uttering intimate sweet nothings: *I used to have a crush on you.*

If you only knew. I always loved you!

Have you ever forgiven me?
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DOWN THE MEMORY LANE

CELSO DEL MUNDO MD⁶²

Fifty years have slowly drifted down the memory lane,



CELSO DEL MUNDO MD

With changing colors of nature, beauty of Spring and the hot Summers, The falling leaves of Autumn and the freezing Winter weathers,

Are all part of our lives that have drifted down the memory lane.

We all have changed quite a bit in the last fifty years,

Our faces and features changed, but our minds and hearts are just the same,

We are reunited and our common bonds have become firmer, Still the old classmates and forever friends, like brothers and sisters.

I still can feel your firm hand shakes, bear hugs and soft tender kisses

I feel the sincerity of your friendship coming from deep inside.

We are back on our youthful antics, in spite of our ages, The sweet memories of fifty years flowing down the memory lane.

Now that I settled down to take deep breath and rest for a while, I couldn't help but rejoice with tears slowly shedding from my eyes,

There's great happiness in my heart, that no words can explain,

After seeing you all and reunited in the past glorious four days.

Fifty years are a long time and finally we are reunited, But this is not the time to say goodbye nor shed our tears, It is not the end of our rendezvous for we will yet cross our pathways, If not in this planet hopefully with the angels and saints in heaven.

The Golden Jubilarians Class⁶²



THREE-CANCER SURVIVOR:

Memoirs and Potpourri

ORLANDO I AGNIR MD⁶²

You probably all noted that the original lead speaker for Class⁶² presenters for this



ORLANDO I AGNIR MD in 1970

morning's session was Dr Nory Nicodemus. He was elevated to be the lecturer for the 17th annual Dr Nicanor Reyes

Jr symposium. A vacancy ensued and, using baseball parlance, I was recruited as a late inning reliever.

Case reports were the main staple of medical journals for a long, long time. They served as a vehicle for empirical observations and a platform for literature review. With the advent of double-blind controlled studies and subsequent practice of evidence-based medicine, case reports became rare. Empiricism in medicine became also rare except perhaps in the practice of medical oncology.

But case reports still serve a purpose. Not only are they informative, but if spiced with personal observations they can also be entertaining.

I was the subject of a case report published in the Johns Hopkins Journal of Urology in 1985.

If time will allow, I will also share an unusual story of a boy, who at age 15 was killed by a lightning bolt from a clear blue sky. With our primitive technology of the 1070s, we

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RED FLOWER IMAGES

by ROLANDO M SOLIS MD⁶³



ROLANDO SOLIS MD⁶³



FAILED HEALTH STRATEGY Poses Great Challenge



PHILIP S CHUA MD

medical reunion in Los Angeles

The talk presented by Philip S Chua MD⁶¹, cardiac surgeon emeritus of Northwest Indiana, at the CME of the FEU

July 25-28, 2012, entitled *our failed health strategy of the past 60 Years*, challenges governments of all nations and every person to *start healthy lifestyle and disease prevention early on, at the cellular (DNA) level, in the womb and in the crib, in order to prevent children from acquiring diseases afflicting adults today, like arthritis, diabetes, obesity, high blood pressure, heart attack, stroke, Alzheimer's, and cancer.*

Most of the diseases known to man are man-made, self-induced, self-inflicted, lifestyle diseases, and are, therefore, preventable to a significant extent, asserted this heart surgeon alumnus lecturer and author.

Dr Chua stressed that the strategy, to be effective, must start at the cellular level to protect the integrity of the DNA among infants, not when they are teenagers or later, when they have already acquired bad

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CANNONBALLS

EDGAR V BORDA MD⁷²

The FEUDNRSM Alumni



EDGAR
BORDA MD

Foundation yearly convention and reunion is the best way to celebrate and see your friends and classmates

that you have not seen for decades. You enjoy each other stories of what happened in the past and the present. Arcane things you have during medical school days, you can now divulge and get a great laugh about it. Such is what happened to our Class⁷². Although, I have the prescience of it, everyone have a great time and I hope the same for the rest of the attendees.

This is why we have this occasion annually to bring us together as frequent as possible and enjoy the few remaining years we have. But, of course, there are those who have parsimonious habits we can't avoid. For me personally, it was a great moment and I enjoyed seeing my old classmates of yore.

Forty years after graduating in medical school is a long time. We should thank the Lord for allowing us to live this long, in spite of the wariness of the times. I am not panglossian about the current medical environment and economy, especially, if Obama gets re-elected. I know many will disagree with me on this, but, as far as medical practice is concern, things are going downhill.

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REVERENCE FOR LIFE

ERLINDA G BARRANDA MA
MSc MD



LINDA
BARRANDA MD

One author who was German born and left a very prestigious professional position in Germany chose to be a medical missionary

and spent forty years medically and spiritually treating the sick in Lambarene, Africa. He was initially mentioned to me by a friend, named Ms Rhoda Galima whom I met at Hugh Wilson Hall which is a Methodist Church-related dormitory for college lady students located on P Paredes Street, Manila. Hugh Wilson Hall is almost a stone throw away from the Far Eastern University quadrangle and the FEU Hospital in Manila. I was then a freshman in college enrolled at the FEU Institute of Arts and Sciences.

I became curious about this medical missionary and so I finally got hold of a copy of a book published about him. Eventually after knowing how much services he gave to heal the sick in Lambarene, Africa, he became one of my persons of reference as I grew professionally in years. I recall now that he has the semblance in appearance of Albert Einstein, a known Nobel laureate in the field of physics, with a moustache who would play the organ at the end of a long day's work with patients. I

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The FIRST PILIPINO ADVENTIST CHURCH In AMERICA:

A Dream Come True

ULYSSES M CARBAJAL MD

*A Mother's
Request.*



ULYSSES M
CARBAJAL MD

Uling and Jovita, my beloved grandchildren, please do all you can to win your two uncles back to the fold! These

were the last words uttered tearfully by Grandma Nicolasa (paternal side) as she hugged Jovita and me, a few moments before we sailed away for Urd MS Bataan on December 10, 1952.

This request suddenly reminded me of the last time I saw Uncles Benny and Eling in Pias, Carusocan, Asingan, where my Aunt Leoncia had become my first teacher, allowing me to attend Grade I class, even if I was barely six years old. Vividly, I still could recall listening to their golden voices as they sang in our little church during their brief visit. A couple of months after that visit, Uncles Benny and Eling sailed for the United States, seeking for greener pastures. The last rumor concerning them was that they had precipitously stopped attending church.

We'll do our best, Grandma! we assured her. During the past two months, I had corresponded with them, and how pleased they were to hear that I had been accepted as an eye-resident at the Los Angeles

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OPEN LETTERS CRAB HOUSE IN HONOLULU

I am now 153-pounder on wheat-free diet with no rice, no bread, and no pasta, with lots of vegetables, egg, fish, nuts and



Nick Joaquin with grandson Jacoby and son-in-law Jayson.

fruits. I take Crestor to lower my cholesterol. I have lost my wheat-belly of visceral fat.

I go jogging six days a week, except Sundays. I do weight lifting two times a week.

I have piano lessons to keep up my finger dexterity and voice lessons to keep my vocal cords strong and healthy.

I read at least 30 minutes a day and most of all I meditate early in the morning to thank God for all the blessing He has bestowed upon my family.

Every Thursday and Sunday I am with my mother Liza who is now 97 years old. We go to church together every Sunday.

But the reason for this letter is actually to share with you a new discovery. This Crab City Restaurant in Honolulu has recently opened a week ago. My

daughter Nikki, my son-in-law Jayson, my two-year old grandson Jacoby, my wife Imelda love to eat crabs, lobsters, crayfish and corn on paper-covered table, complete with scissor and crab opener. No rice! It is simply delicious!

Take care everyone,
NICK JOAQUIN MD⁶⁹
HONOLULU HI

**On the
APPA Auxillary**
CLARITA R DE LEON MD⁶⁸
APPA-Auxiliary President
2011-2012

The moment has finally arrived once again to witness the gala celebration of turning the helm of responsibility to the new sets of officers, with a task to



**CLARITA R
DE LEON MD**

focus the visions and missions of the APPA and APPA Auxiliary, to the next level.

The APPA Auxiliary is a vital and important link, for progress and success, for whatever programs and projects the APPA will embark.

Almost all APPA Auxiliary presidents have followed this linkage in a span of 40 years. I deeply appreciate and thank all APPA Auxiliary presidents for their insights, wisdom and dedication leading the APPA Auxiliary for four decades . They represent the succession of leaders who have shaped our association to what it is currently.

As we look to the future, our challenge is to find ways to take action more effectively. It behooves that all APPA and APPA Auxiliary members should assume responsibility for bringing our values to life each day. We hope to face these challenges forthrightly which requires our best efforts and willingness to believe in ourselves and to believe in our capacity to do the right things all the time.

When I assumed the presidency of the APPA Auxiliary I was fully aware of the tremendous responsibilities and it was a great challenge. I started to move, and surrounded myself and gathered the best talents in our membership. Together we worked hard with immense enthusiasm. And, this was carried out in an atmosphere of trust, transparency, understanding and respect. Our adherence to the basics, cooperative efforts produced satisfactory results and this equates success.

Here is the list of Auxiliary achievements for 2011-2012

A - The Fall meeting held in Atlantic City, September 11-13, 2012, hosted by the Philippine Medical Association of New Jersey was well attended and was a great success.

B - Auxiliary presidential message in the PEACE conference in Louisville KY.

C - Attended MCU annual inaugural and scientific convention, on October 15, 2011, of which our APPA president-elect, Dr Leonor Pagtakhan So was inducted MCU Foundation president.

D - Active participants in the APPA mission in

Pangasinan (Urbiztondo, Binmaley & Lingayen) and APPA Foundation-sponsored Payatas, Quezon City and San Rafael, Bulacan medical, surgical, dental and optometric mission in collaboration with Pag-Asa Rotary Club International, Quezon City.

E - A good portion of the time allotted in APPA Auxiliary in the *Feed The Hungry Program* in Payatas, Quezon City and Binmaley, Pangasinan.

F - APPA-PMA Dialogue at the PMA Compound, Quezon City, on February 4, 2012, had cemented the good relationships of these two umbrella organizations of Filipino Physicians. This was followed by a lively program of singing, dancing and speeches in the evening.

G - Financial help to the *Bahay Na Walang Hagdan*.

H - APPA and APPA Auxiliary Spring meeting in Chicago at the O'Hare Airport Chicago, April 20-22, 2012, hosted by the Philippine Medical Association in Chicago. The CME program was well attended with topics of great interest were presented. The CPC program Dr Cesar V Reyes had prepared was a great challenge to the discussants and the audience. No one got the right diagnosis of the case presented.

I - Participation at the 40th inaugural and scientific Seminar of Philippine Medical Society of Northern California at the Marriott Airport, Burlingame CA, on March 31, 2012.

J - Participated in the Spring meeting of the Far Eastern University Dr Nicanor Reyes Medical Foundation held at the Crown Plaza Airport,

Burlingame CA, on March 31, 2012.

K - Continue the scholarship programs the APPA Auxiliary presidents had started.

L - Major APPA Auxiliary participation in fundraising, including Miss Little APPA, Miss APPA, and Mrs APPA pageants.

I am deeply touched and it is indeed a great privilege and honor to have served as president of the Auxiliary to the APPA. I have done my part and I served the best way I can.

The transfer/ passing of the mantle of responsibility will be witnessed and accomplished in due time. Mrs Eden Tejero is ready and more willing to accept the APPA Auxiliary leadership. I am also very hopeful for an enthusiastic and progressive APPA Auxiliary governance.

Likewise, I am elated that Dr Jose A Tejero will assume the presidency of APPA.

My friends, the stewardship of APPA and APPA Auxiliary is a wife and husband team. A unique tandem and only the first time in the history of APPA and APPA Auxiliary leadership, that husband and wife will work together, indeed it's a blessing...

I sincerely thank all those who toiled day in and day out in the performance of their respective assignments. Special thanks to my executive director and editor-in-chief, Mrs Elena E Pilapil and my treasurer Trudy Tordilla. You did an outstanding and superb job!

I am thankful to my family who have endured my lengthy telephone conversations to Auxiliary members, had persevered and continue to

believe in me, strengthening and inspiring me with their love, specially so with my grandchildren and my loving husband, who encouraged me to the fullest.

I thank God most specially for His guidance, who in all His glory despite our human imperfections and weaknesses has given us the chance to be the ambassador/ agents of His compassion and love.

May God continue to give His abundant blessing to all of us...

Again my profound thanks to everyone!

MEDICAL MISSIONS 2012

RICK DE LEON MD⁶⁴

There are changes and revised policies as well as guidelines in the conduct for foreign surgical and medical missions in the Philippines. Every one should be



RICK DE LEON MD

aware and cognizant of the changes to avoid encountering problems while already in the country. There were physicians who belong to legitimate medical associations, who had been refused to do their scheduled medical and surgical mission works because of failure to follow or adhere to the revised policies and guidelines.

Here is the background as per Administrative Order No. 2009-0030:

Foreign surgical and medical missions are activities where surgical and medical care are provided by local and foreign organizations upon the initiative/ requests of various local government units and groups. They are primarily undertaken in underserved areas/ communities 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, professional advancement and as venue for transfer of technology by the missionaries to their local counterpart.

The joint administrative order aims to provide policies and guidelines.

A - To integrate the efforts of various agencies overseeing the conduct of foreign surgical mission.

B - To facilitate the issuance of special temporary permit to practice for missionaries/volunteers.

C - Ensure proper supervision and monitoring of FSMM in the country.

The Guiding Principles.

The guidelines on the conduct of FSMM are developed based on the following principles:

1 - Underserved communities should be prioritized.

2 - The sponsors should establish linkages and networks with other concerned stakeholders in the community.

3 - Only qualified and competent medical and paramedical health workers should perform the appropriate medical and surgical procedures.

The General Guidelines.

I - The Department of Health (DOH) shall be the lead agency in overseeing the implementation of any FSMM in the country.

II - The PMA shall maintain a database containing the valid documents of the foreign physician given special temporary permit to practice Medicine in the country. Only a valid licensed to practice Medicine in their country of origin will be required for subsequent application for future missions.

III - Under no circumstances shall a foreign physician and/or health related professional practice their profession in the Philippines without a special temporary permit from the PRC (Professional Regulatory Commission).

IV - The actual monitoring of the conduct of the mission shall be undertaken by the local government health unit and local component medical society and /or specialty society of the PMA.

We had been blessed with good health, increased vigor and great stamina to have joined and accomplished 4 successful medical mission works in 2012.

Philippine Medical Society of Northern California Medical, Surgical, Dental Mission January 16-25, 2012, to San Jose, Occidental Mindoro. The PMSNC had its 26th year of helping and serving the indigent populations in the Philippines. The Mission venue this time was in San Jose, Occidental Mindoro. Just like the previous missions the PMSNC had undertaken, this particular mission has its own challenges. Inadequate medical funds and equipments in the

face of economic downturns and crises and local host community limited resources are big challenges.

A group of 146 volunteers were given a warm welcome at the San Jose Domestic Airport. The local marching band provided beautiful rendition of the United States of America and Philippine National Anthems.

Ultimately, the Medical Mission is giving everything the volunteers can do, with no expectation of recompense or rewards. The PMSNC Mission 2012 made a difference in the lives of significant number of destitute people in Occidental Mindoro. There were about 107 Major surgery and 204 Minor surgery cases. The outpatient department seen and treated 10,681 cases: family medicine 2,369; internal medicine 2,835; obstetrics-gynecology 271; ppediatrics 1,400; dental 864 and optometry 3,000.

The Cabaio, Cabanatuan Nueva Ecija Medical Mission was sponsored by Dr Edmundo Relucio Medical Foundation. Drs Danny and Melinda Fabito headed the group. Again, it was a mission of giving and love with approximately 80 volunteers who had lots of energy, extending their services to the indigent and poor sectors of this part of Nueva Ecija Province. Great expectations of mission volunteers to help the destitute and poor sectors in this area, was paramount in their hearts. There were a combined total of about 4,000 cases both surgical and medical services.

A short program was prepared after the mission with presentation of local folk

dances, followed by comments by the Mayor of Cabiao praising and thanking the volunteers of their humanitarian and benevolent acts. The people of Cabiao and Cabanatuan were grateful of the services rendered them, and their prayers for all the volunteers were testimonials of their thanksgiving.

The APPA Foundation Medical, Surgical, Dental & Optometric Missions.

A. The APPA Foundation together with the Rotary Club of Pag-asa, Quezon City

had a free medical, surgical, dental mission on Tuesday, January 31, 2012, in San Rafael, Bulacan.

The APPA Foundation was led by chairman, Dr Letty De Castro. The APPA Foundation, brought free medicines consisting of anti-hypertensive drugs, anti-diabetes, bronchial asthma inhalers, multivitamins and cough syrups. Minor surgeries were included in this mission as well. There were about six hundred indigent patients who availed the services of the missionaries. The volunteers were entertained with popular local folk songs and dances.

The San Rafael, Bulacan Mission was a resounding success, thanks to all the volunteers and the Rotarians of RC Pag-asa, Quezon City. The improvement of the quality of life for more than six hundred people served, is beyond measure.

B. Payatas Mission: This was accomplished on February 1-3, 2012. This mission include medical, surgical (minor), dental and optometric services. The APPA Auxiliary participated greatly in

this particular mission. They helped in the Pharmacy Department, sorting and distributing prescribed medicines. *Feed The Hungry* was a highlight participation of APPA Auxiliary members. At the Payatas Mission, cookies and other dry goods were distributed to the poor kids, courtesy of Judge Zenaida Daguna., a local volunteer. It was indeed a great feeling seeing kids very appreciative and happy with the kindness and benevolence given them. We have a total of about two thousand people who availed our services.

The PMA and APPA dialogue was held at the PMA Compound on February 4, 2012, was centered on the medical mission problems which include primarily license procurement, supervision and accountability of mission contingents going to the Philippines. In the evening, there was a program prepared followed by dancing. Continuation of this dialogue is highly commendable to foster and cement the good relationship of PMA and APPA membership

APPA Pangasinan, Medical Surgical Mission- February 6- 9, 2012, mission areas centered in Urbiztondo and Binmaley, Pangasinan.

We were billeted at the Ocean Resort, Dagupan City. Minor surgeries were done at the Urbiztondo Clinic. The Medical OPD, was at the new Urbiztondo Gymnasium, and a chapel in one of the barangays in Urbiztondo. A total of about three thousand patients availed our services.

Distribution of goods was carried out in Binmaley, the hometown of our esteemed APPA president Dr Jeremias B Vinluan. We had a chance to visit and toured the Pangasinan provincial capitol, a very nice clean government building. We had a look of the landing area of US Liberation Units in Lingayen, Pangasinan. This landing of American Forces in Lingayen, coincided simultaneously with the landing in Leyte. We visited the Lady of Manaoag Shrine where prayers were said for good luck and good health.

The hard work and dedication of the volunteers shines forth and bring true meaning of joy and love to people's heart. The integrity and teamwork we have shown with compassion made us believers in the excellence of services rendered to our fellowmen.

We definitely have fulfilled missions in 2012. The 2012 Medical Missions were successful. The volunteers enjoyed each other and the patients seen were happy and grateful, knowing that they have done something special for their countrymen. A lot of sacrifices were involved on the part of the volunteers, leaving their medical, surgical and dental practices and loved ones behind plus the monetary expense for their airline fares and hotel accommodations. Nonetheless, their sacrifices were truly missions of love.

For those who participated and contributed in Missions 2012 in the Philippines, specially the first timer, it was indeed a dream come true, significantly was a wonderful

experience giving to the community in need. And, the echo from gratified volunteers, absolutely, it was self-fulfilling!

On the new PRC Guidelines

LICERIO CASTRO MD⁷³

FEUMASSC President

It really saddens me to receive the most recent regulations impose by the Philippine Regulation Commission (PRC), which will affect all medical missions in the Philippines now and *forever*.

Please read all the sections thoroughly especially all the requirements regarding fees, administrative civil penal sanctions, liability malpractice insurance, and all 10 pages of them.

Realistically, it will be difficult to fulfill all the PRC requirements.

We as humanitarians are not excluded from this mandate. Believe me I understand how everybody feels about this new revelation.

Are we going to be at a standstill? That is up to us.

We as volunteers are truly infuriated about this mystical change of heart in our Motherland.

However, we are all civilized and matured individuals. We as medical gladiators know how to meet this challenge even with the utmost perplexity. We should discuss the provisions of the newly revised regulations with understanding and

calmness to arrive to a more fruitful and prudent decision.

When we plan our medical missions, we try to disregard all the sacrifices and expenditures that we incur, all for the love of our fellow Pilipinos.

On the contrary, we portray ourselves as ambassadors of tourism by inviting huge numbers of volunteers, families and friends who go along with us, advocating and enforcing President Noynoy Aquino's invitation, *There is more fun in the Philippines*.

As a result of this unilateral PRC decision, it is conveyed that several missionary groups have cancelled their forthcoming trip to the Philippines next January and February 2013.

For example, the FEU/TEXAS group mission to Antique on January 2013, our FEUMASSC (FEU Medical Alumni Society of Southern California) trip have just been cancelled, following long discussion with Dr Leonidas Andres about this matter.

Other planned medical/surgical missions are also being considered for cancellation.

We cannot afford to expose everyone to unnecessary administrative, civil, criminal and malpractice liabilities and the litany of requirements.

We do not want to give any incentives to unscrupulous suits.

Our decision was consummated in light of the news furnished by the PRC personnel. They say the guidelines will be strongly implemented this year onwards.

We are really hurt and feel the frustrations by our inability to render assistance to our brothers and sisters but our

hopes are high that this is just a temporary deterrence, not the demise of our noble intentions.

A waiver by the President of the Philippines would be the greatest miracle today. As God fearing and loving people, we could always implore Divine intervention for our people's sake.

So my dear brothers and sisters, I welcome all your creative comments, wholesome or otherwise.

May our Dear Lord bless and guide us always.

SOLUTIONS TO THE DEBACLE

DANIEL FABITO MD⁶⁴

Thank you for sending me the most recent PRC Guidelines on medical missions by foreign medical professionals.

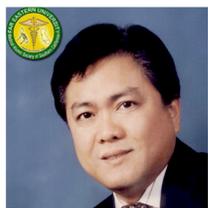
May I presume you have read my article on foreign



DANIEL C
FABITO MD

medical missions published in the Society of Philippine Surgeons in America Journal last year, in which I discussed the apparent difficulties and cumbersome regulations imposed on medical missionaries as imposed in the earlier guidelines by the Philippine Department of Health.

In spite of the sincere efforts by the Philippine Medical Association, Philippine College of Surgeons, Global Coalition, and other stakeholders to ease the requirements in the conduct of this worthwhile and



LICERIO
CASTRO MD

humanitarian endeavor, including our discussion with President NoyNoy Aquino in January 2011 during a courtesy call in Malacanang where the President promised to look into this matter and said he will cut the red tape, we are faced with additional setbacks with the PRC Guidelines.

I have already written Dr Leo Olarte, current PMA vice president, legal counsel and a personal friend, discussing this issue. I will also meet with him in Manila next week.

Of course, there are two obvious solutions to this recent PRC Guidelines debacle. One is to CANCEL any plans to do missions in the Philippines; and the other solution is to renew our Philippine medical license as well as be a dual citizen; and therefore, we will not be considered as foreign professionals and we will not be covered by the PRC Guidelines.

Pertinent PRC Guidelines

The Philippine Professional Regulatory Commission has recently issued guidelines for issuing temporary permits for the conduct of humanitarian missions by the foreign professionals in the Philippines.

The June 21, 2012 Republic Act No 8981 is of particular interest to us because foreign doctor volunteers are required to pay P3000 for each application of special temporary permit, then are also required to pay P8000 for the issuance of special temporary permit ID.

In terms of dollar value, this is equivalent to approximately \$300 out of our pockets just to offer voluntary services for the medical mission.

In addition, each medical volunteer has to purchase a liability insurance prior to the conduct of the humanitarian mission.

If you have not thought about this yet, these requirements will render a big setback for our planned mission in San Jose, Antique, on January 14-18, 2013.

I believe that these requirements are extremely unreasonable and would greatly affect the number of volunteers who will be willing to offer their services willingly.

If you have any reservation in joining the Antique medical-surgical mission, I would understand why. At this time, I would like to let you know that the mission for Antique is on hold.

The MSMT organization will soon hold a general meeting regarding this matter and have a consensus as to what action to make.

The following requirements are for foreign professionals

1. Copy of your passport (expiration date must not exceed six months prior to departure)
2. An authenticated copy of valid professional licenses issued by the country of origin
3. Proof of purchase of liability insurance in the Philippines
4. Special temporary permit ID

For former Filipino professionals who wish to renew their Philippine medical licences:

1. A notarized application form to renew the Philippine Medical License (PRC professional application form)

2. A photocopy of applicant's passport (must not exceed six months prior to departure)

3. Original and photocopy of previously issued Philippine professional ID Card

4. An authenticated original and photocopy of the license/certificate of registration/permit in the adopted country

5. Four (4) passport size ID pictures

6. You will be assessed penalty for the number of years your license has been allowed to expire.

Please send your comments or your thoughts to me. I am very disappointed that the PRC has given in to the interest groups in the Philippines.

Volunteering does not mean we have to submit ourselves to unnecessary exposures.

LEONIDAS ANDRES MD

LESSONS LEARNED

NIDA BLANKAS HERNAEZ MD⁸⁴



**NIDA BLANKAS
HERNAEZ MD**

It has been a universal knowledge that physicians in the USA and other countries, who were graduates

in the Philippine Medical schools have been going home to pay tribute to the Philippines through medical missions. How

frequent? Some will go every other year, some will go yearly, and others maybe twice or thrice yearly.

How long is the mission duration? Most, for less than a week; few, will be more than a week. All who go consider any part of the Philippines to be a mission site? The fact is that the Philippines is an underdeveloped country.

There is a huge gap existing between the rich and the poor, leading to a number of doctors and nurses that have gone abroad to find greener pastures.

Missionaries are mostly from the USA. Some are local physicians, others may be friends of the Pilipino doctors and few come from other continents of the world.

Fifty percent are doctors, 30% nurses, and the rest paramedics. Among the doctors, 40% are surgeons, including anesthesiologist, and 60% are clinicians (50% family practitioners with 25% internist and 25% pediatricians). To have a radiologist and a pathologist is a luxury; and it is time and cost effective.

Among physicians, 50% are retired, 10% are semi-retired and 40% are actively practicing. It is more difficult for the actively practicing physicians to take off for a mission. If they do, they have to arrange call coverage and/ or close their office.

Subsequently, they lose patients and ultimately they lose money. Not only that, they will also leave behind their family, especially their young children.

Indeed, it is a sacrifice to do medical missions in general; though for most, it has been a very contagious form of service;

and for others, it is addicting. Extras and beyond, of course, mean more expenses. It is a no brainer.

What we spend for missions is not a joke! It is enormously expensive. The more services rendered as in medical, surgical, ophthalmological, plastic surgeries, dental, optical and others; the more patients seen; the more days served; the more peak the season; the farther you go... the more flights you take; or the more boat ride or road trips; the better hotels picked; and the more missionaries, the more costly the trip.

The tangible expense is averaging \$10,000 -30,000 for 80-120 missionaries, serving approximately 5000-7000 patients medically and surgically. It may even escalate to as high as \$50,000.

The last mission we had amounted to \$36,000. Furthermore, we cannot ignore the intangible expenses incurred like the personal expenses of missionaries including flight (\$1,500) and hotel accommodations (averaging \$60-100/night x four-day accommodation) per missionary. As well as the local government expenses for the missionaries, including lunches, snacks, dinners and transportations along with the patients expenses like pre-ops, transportation, radiological and pathological services, post-op medications and complication costs.

Other expenses may include donated surgical supplies/ instruments/ machines or accommodations of local physicians, dentists, and optometrists, as well as security expenses.

Overall, surgical expenses are less than medical expenses because most of the supplies are donations; but the liability is definitely an issue, if it occurs.

The surgical complications include post-operative bleeding, post-op infection, left over gauze, intra-operative or post-op death, and many others.

Like any surgery, it is difficult to predict when complications arise but we can prevent complications through high quality pre-op screening, utilizing experienced and competent surgeons, anesthesiologists and nurses, post-operative follow-up with careful and thorough endorsement and involvement of care and responsibility to the local surgeons.

Teamwork and collaboration among the US and the local groups are essential for a good outcome. It is everyone's responsibility.

To fund a medical mission has always been challenging, especially during these times of economic crisis and depression. There have been different fundraising activities such as dinner dances, souvenir programs, golf outings, fashion shows, Christmas caroling, monthly collections from organization members, generous donors and sponsors as well as many others.

The comparison between organizing a mission and joining a mission is entirely different. There are extremes in complexities.

To organize a mission entails truckloads of paper work from the missionaries, dialogues from the local government and politicians, as well as the hospital administrators,

medicine and surgical supply preparation, search for group hotels and flights, and other spices to make the mission enticing and worth the venture.

It is a huge headache.

In contrast, to join a mission is volunteering your expertise, time and money. In general, to join a mission is fun!

Foremost, you have a feeling of accomplishment. In addition, you get to see some nice attractions, meet some nice people, enjoy some nice entertainment, especially cultural, and also potentially gain some CME credits.

Last, but not least, it is tax-exempt.

How do we organize a cost effective and successful mission? A purely medical mission is less complicated than medical/ surgical mission, or other combos.

For example, *Operation Tuli* (circumcision) or *cataract extraction* or *Operation Smile* are less complicated than the whole gamut of major surgical services offered.

Minor surgeries are less complicated and less expensive. Adding dental and optical to the mission is additional cost.

For purely medical missions with 1000 patients a day served, an average of a \$4000 is spent; \$4/person, average. Unlike years ago, medicine samples are no longer a dole out from the pharmaceuticals. Rarely do we get samples from them anymore.

Thus, it has been more costly now, not to mention the fact that prices of medications have escalated tremendously throughout the years.

Buying medications from the USA is not only more expensive than buying from the Philippines, but it also entails additional shipping costs, especially for the liquid medications.

In general, it is more practical to buy medications from abroad; it is more cost effective and probably equally effective.

Among the patient populations served, 60% are pediatrics and 40% adults. Among the pediatric populations, 70% are less than 10 years old.

Medications utilized include: 50% multivitamins, 20% cough medicine, especially in cold season, 20% pain/fever medicine, 5% antibiotics (in view of better immunization practices now) and 5% miscellaneous like dermatologicals, antihelmentics and others.

Among the adult patients, medications utilized are 40% multivitamin, 15% respiratory med, 10% hypertensive med, 5% diabetic meds, 15% arthritis meds, 10% antibiotics and 5% miscellaneous.

I would like to thank Dr Miguel Banta Jr, Dr Danny Fabito, Dr Arsenio Martin, Dr Ed Relucio, Dr Leonardo Malalis, Dr Roger Liboon, Dr Anita Avila and Dr Meneleo Avila for taking their time to answer the Mission Survey.

With their expertise and experiences in mission organization, we may come up in a more effective and less costly of a medical mission.

The highlight of our FEUMAANI mission in 2011 was the courtesy call we received from President Noyon Aquino during which

he promised to cut red tape for foreign medical missions.

Indeed, there was a change of guidelines which defined that the Consular office will have a more active role in the missions; but in reality nothing has changed much, and the missions still includes the same amount of tedious paper work.

Recently, Resolution Act 8981 of the Philippine Professional Regulations Commission was signed on June 21, 2012, wherein provisions are directed towards additional requirements for special permit and liability insurance acquisition for foreign medical missions.

This resolution will immensely affect the future of medical missions to the Philippines.

Some missionaries have been disheartened and cancelled missions for 2013. Other missionaries especially the organizers have been rebutting the issues.

Our expertise and service may not be needed anymore because we may be a threat to them, or there maybe complications from previous medical missions.

One thing is certain though, our medications, supplies, instruments and donations are surely acceptable to them.

We love our country, we love to serve our country; but if our country does not need us then we can probably seek for other alternatives.

Our services are surely needed in other places, such as Africa, but not our home sweet home, The Philippines.

Just remember, *Where true charity is, God is present.*

PMAC Seeks Consular Help

To the Philippine General Leo Herrera Lim of Chicago:

I am forwarding you an email from the Aloha Medical Mission Group, based in Hawaii regarding a new regulation from Philippine Professional Regulatory Commission requiring mission groups to have liability insurance before



SIMEON A SEVANDAL MD

they can practice their professional capacity as MD, RN, or dentist, during medical missions.

The regulation, however, does not show any implementing guidelines as in previous regulations *vis* licensure and special permits.

We would like to hear from you in person during our meeting on August 15, 2012 at 6:30 pm, at Hyatt O'Hare.

You could reply to us by email if you wish.

Our medical mission to Surigao City will be discussed during this meeting in addition to the September 15, 2012, 52nd anniversary induction dinner ball.

SIMEON A SEVANDAL MD
President
Philippine Medical Association
In Chicago

Nursing Input

The information about the new regulations from PRC that is related to medical missions, affecting doctors, nurses and

other health professionals was received from Lolita Echauz Ching RN MSN CCRN, immediate past-president of Chinese General Hospital Nursing Alumni Association International.

Lolita is a member of the Aloha Medical Mission. The plan to do a medical mission in January 2013 is now in jeopardy because of these new regulations .

The ultimate victims will be the poor and the underserved in the Philippines.

Aloha Medical Mission likes to encourage other mission organizations to express their concern to the Philippine government and to the Ministry of Overseas Filipinos.

I hope you can include this in your agenda for July .

EMMA BALQUIEDRA
NEMIVANT RN
PNAA Past President

PMASC Emergency Meeting

In attendance were Ismael Nacino MD (UPMASA Southern California), Danny Salandanan MD (USTMAASC), Edgar Banez MD (UE-RM MAASC), Leni Ituriaga MD, Jun Castro MD (FEUMASSC), Bob Mungcal MD, Drs Sam and Susan Aquino, and Drs Ellen & Rey Abejuela (PMASC president), and others.

The PRC Resolution #2012-668 passed and distributed June 21, 2012, is a guideline on foreign professionals practicing in the Philippines.

A question was raised if the resolution has been approved by

the Department of Justice and is it now a law. A prominent practicing lawyer in the Philippines indicated that the PRC can regulate practice of professionals and the provisions will stand unless declared as invalid by the courts of law. Therefore, as it now stands, the PRC Resolution is valid and everyone needs to abide by it.



ELLEN ABEJUELA
REY ABEJUELA

The part of the resolution that pertains to us is Section 2 Part E which provides that foreign health professionals for humanitarian mission for a limited time - requires us to apply for a special temporary permit and requires temporary permit fees of P3,000 to P8,000 pesos, notarized application form, and liability insurance.

Once the temporary permit is issued, the PRB (Philippine Regulatory Board) may inspect foreign practitioner anytime during the mission. If at any time any misrepresentation or fraudulent documents or violations of conditions of the permit are found or and injury/death or damage to property in

the performance of duty are found or occurs, one can be criminally prosecuted, declared as an undesirable alien by competent authorities and if found guilty, shall be meted out with the penalty imposed by law, which may mean jail time and affect our licenses here in the United States.

Dr Banez contacted the president of the Philippine Medical Association, who apparently is still not aware of this resolution.

Lucy Babaran spoke with the Philippine Consul General of Los Angeles, who also has not been made aware of the resolution but suggested for us to write a letter that she will personally deliver to Washington in support of our concerns about this new ruling.

Everyone agreed that a liability insurance on our part will make us targets for malpractice and even frivolous lawsuits since now money is involved.

Everyone also lamented on how this will definitely affect the poorest of the poor in the Philippines, who have no health insurance, no financial resources, no healthcare access, to obtain medically needed services, most especially surgical procedures that usually require large amount of money.

Additionally, the effect on Philippine tourism since with each medical mission, the participants almost always use this time to visit the Philippines and take avail of the tourism of the country which is actually being promoted aggressively last year with a *it is better in the Philippines* theme.

Dr Castro stated that several large-group medical missions

from the US scheduled for early next year have already been cancelled. He is in contact with some physicians in the Philippines and he was informed that the executive secretary to the President of the Philippines and will be meeting with the PRC, PMA and Department of Health to look into this.

Everyone decided that a letter should be sent to the executive secretary to encourage the President Noyoyo Aquino to waive the requirements for the medical missionaries, namely, the temporary permits, applications fees, liability insurance, etc.

Meanwhile, UERMMMC-MAASC has not cancelled its planned mission.

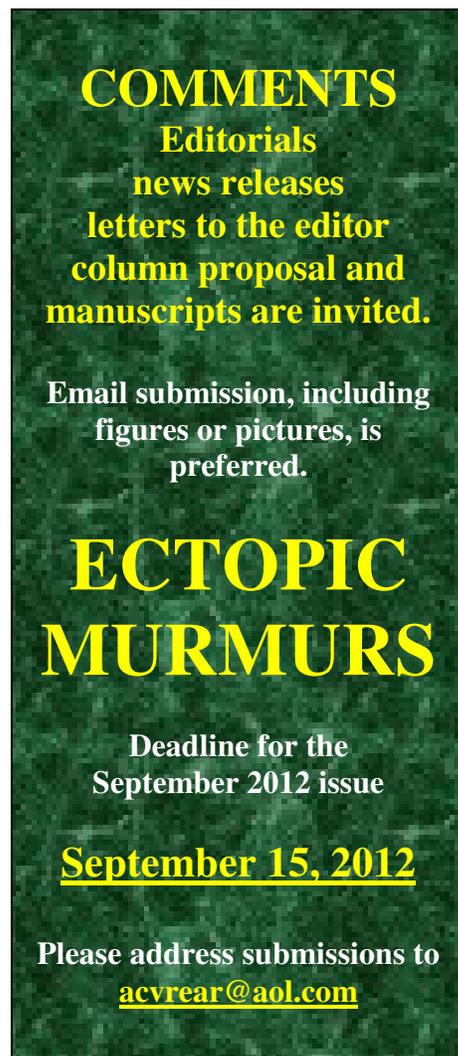
A Plan B which will not involve the missionaries to practice medicine. This will include a feeding program and gift giving in the Zambales area for the 500 Aeta families on January 28, 2103; for families living in the cemetery area on January 29, 2103; and plus distribution of prescription eyeglasses and cataract surgeries to be done by the local ophthalmologists in Batangas from January 30 - Feb 12013.

The latter mission is through the auspices of the Los Angeles Maharlika Lions Club and the Batangas Lions Club.

Another suggestion and option we can do is to adopt the Lions Clubs International measles vaccine initiative project. Measles vaccine or MMR vaccines from the Red Cross in the Philippines can be administered by Philippine Red Cross nurses for children of Batangas, Zambales and Calocan.

There are still several other options to help our *kababayans*. For now, the result of a meeting with Malacanang executive secretary is hoped to be positive and encouraging, that our request for a waiver from the President is forthcoming, and Noyoyo Aquino will also address the issue for resolution that is good for everyone and soon.

M T GALARPE PASTOR MD



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
September 2012 issue

September 15, 2012

Please address submissions to
acvrear@aol.com

AUGUST QUOTE

Complete my joy by being of the same mind, having the same love, being in full accord and of one mind.

Philippians 2:2



Some of the Class⁵⁹ Emerald Jubilarians



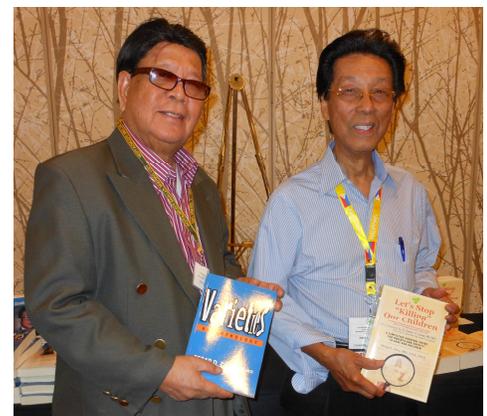
Prayer is beautifully sang by Mrs Ruby Llaguno and Jose MB Garcia MD⁷⁵



FEUMASSC Chapter members with the Alumni Foundation VIPs



Very modern *Itik-Itik* dance is led by Dr Ellen Abejuela (right).



Two alumni authors, Cesar Candari MD and Philip Chua MD during a book signing session.



Class⁶⁷ Sapphire Jubilarlans In a happy group picture



Class⁷² Coral Jubilarlans in a crowded, packed, dancing-mode group picture.



Rolando Solis MD⁶³ (extreme left) graciously joined Class⁶⁸ group picture during the Filipiniana Night, that included from left Mrs Elisa Reyes, Dr CV Reyes, Vladimir Popov, Dr Feminia Castro Mac, Alumni Foundation board chairman Dr Hernani Tansuchi, Dr Melvin Escara, Dr Fely T Escara, Dr Mario Lopez, Mrs Sally Tansuche, Mrs Alice Lopez, Mrs Amy Delfin, and Dr Jose Delfin.



Some of the FEUDNRSM Alumni Foundation board trustees are, from left front row, Drs Manuel Malicay, Vicky Snachez Bal, Minnie Rivera, Grace Rabadam, Oscar Tuazon, Noli Guinigundo (president), Hernani Tansuche (chairman), Pepito Rivera, Minda Santangelo, Nida Blankas Hernaez, Rogelio Cave. Standing same order are Drs Edgar Borda, Jun Castro, Pete Florescio, Guat Sy Jr, Wilson Morales, Ray Abejuela, Cesar Jimenez, Delfin Dano, Cesar V Reyes, and Arturo Basa.



Some of the Class⁶³ alumni during the Filipiniana Night



Class⁸⁷ Silver Jubilarians

CANNONBALLS

continued from page 5

Some or most of us, by the year 2014, when Obamacare takes effect, will probably retire or find another way to survive, as I do. It is not



EDGAR BORDA MD

an easy feeling when your office overhead cost is going up while your income is going down --- notwithstanding, the increasing quarterly malpractice premiums, the strict government regulations and health insurance companies low payments.

In my 29 years of solo-private practice, I have never been sued, but my quarterly premium is up to \$38,000 (for internal medicine without procedures). We really need a national or federal tort reform to be able to prevent doctors leaving their practices. There are nearly 100,000 doctor shortages across the land per recent survey report. With the 32 million uncovered individuals who will be given coverage by Obamacare law in 2014, I wonder where they will get the money to pay for it, when the government is having a hard time paying its bills right now!

Where will they get the doctors to see these patients in 2014? In spite, of an increased enrollment in the Medical schools, that is not enough to get sufficient coverage across the board. Is this our fate or a comeuppance? The American people has to be educated about what is happening around us

right now. Promises are being said to get votes for the moment without concrete plan to correct and improve the economy and provide jobs to the people in both the government and private sectors. What we have now is a desultory Obama policy. AMERICA, WAKE UP!

FAILED HEALTH

continued from page 3

habits from parents and other children and society as a whole. *These so-called normal and natural disease we adults have today are not*



PHILIP S CHUA MD

normal or natural; we could have prevented them from happening at all, if our parents had the knowledge at that time to protect our DNA when we were in the womb and if we were started on a healthy diet in the crib at that point, he pointed out.

Today, we have all the scientific evidence that diet and exercise are the major factors in a healthy lifestyle and longevity, as stated in the new book of Dr. Chua, entitled *Let's Stop Killing Our Children*, a metaphor he employed to put across the point that *anyone not contributing fully to the health and well-being of the child in the womb and in the crib is literally damaging the infants DNA, increasing the risks for diseases, and shortening the child's potential longevity as an adult.*

Dr. Chua said that *red meat is not an essential food item and it is safer, healthier, to stay away from it, because new evidence-based studies show that eating red meat increases overall deaths.* They also prove that exercise, combined with a healthy diet, can prevent diabetes, obesity, hypertension, cardiovascular diseases, Alzheimer's and even cancer. Diabetes can even be reversed by physical exercise and calorie-adjusted diet of fish, vegetables, nuts and other high fiber foods.

The 800-page coffee-table book of this '61 alumnus, which discusses all these topics and provides evidence-based practical health tips and pointers, is available online at philipSchua.com, xlibris.com, amazon.com, and barnesandnoble.com, and all royalty for books sold to alumni is donated to the alumni foundation.

Inquiries may be directed to scalpelpen@gmail.com.

REVERENCE

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could imagine him playing Johanne Sebastian Bach music and play *Jesu, Man's Desiring*. He did assert strongly the concept of reverence for life.



LINDA BARRANDA MD

This medical doctor was Dr Albert Schweitzer. Aside from Dr Jose Rizal, a national hero of the people of the Philippines, along

with several healthcare delivery persons I have met since I was christened or baptized at Knox Memorial Methodist Church in Manila at age 7, Dr Schweitzer has been one of my role models. I recall during that baptismal occasion, not only my other older four siblings and I were baptized, but on that same Sunday morning church service so many other babies were also christened, thus a mass baptism officiated by Reverend John B Holt who became a faculty later on at Perkins School of Theology in Denver CO.

My siblings and I had at least three or four *ninongs* and *ninangs*, which are Tagalog for male and female godparents respectively. It happened that mine were all healthcare providers. One was a lady psychiatrist, addressed *Doctora* Gorospe, another was Dr Aniano Masa, a male optometrist, the third one was, Dr Navarro, and the fourth was, Dr Alfredo Ortiz who was then the Dean of the College of Medicine of Manila Central University. My parents decided that it was convenient and cost effective to have all of us baptized together at a single occasion considering the economic challenges the family had to cope up with since my father was reviewing for the bar exams and we were all in school. In fact there was no reception or baptismal party held at all, except the hugging, greeting and brief conversations after the church service. It turned out all their so-called *comadres* and *compadres*, our so-called godparents were all highly esteemed leaders of the church and held prominent positions in

universities and respective line of work. This situation enhanced good self-concept on my siblings and on me. I think this is also one factor that made my siblings and I become achievement-oriented and quite sensitive to the needs of others, the best way we could be.

In the Philippine culture, godparents are chosen with the hope that in the event actual biological or adoptive parents die or would be in real hardship to care for their off springs in various areas of concern, it is hoped or expected that godparents pitched in. Hence, one acquires a certain level of affiliation and one is never alone in life struggles and challenges, as there is someone else to confide with other than with parents, siblings or a pastor or priest. A sense of belongingness gets established with and among godparents, and a feeling of kinship could be extended further with the children of godparents. Thus family ties increase and could result in a true traditional extended family system. If the sense of empathy is displayed by the elders, it could easily be acquired by the younger generation who could learn the concept that *no man is an island* and support system is constantly available.

This, I consider is a good value to learn and uphold to overcome isolationism and impaired extreme individualism and extreme self-centeredness that could lead to excessive need for power and control over others. In the absence of self-regulation and awareness of the existence and acquired sensitivity on need of others, one can easily forget that he

belongs to mankind, my kind, your kind, the human kind.

There are several theories about the dynamics in aggressive and violent behavior. One of them is the frustration-aggression hypothesis. In the recent killing of 12 persons who are at the prime of their young adult life and severe injury sustained by more than 50 other persons in a theatre by a gunman, and the prime suspect is James Holmes, in Aurora CO last July 20, 2012; it is to be noted that earlier he failed a pre-doctoral oral exam as a graduate student in the University of Colorado neuroscience program. His immediate quitting from the program is described by an official of the University as rather unusual. Before he mounted the horrific attack he allegedly booby-trapped his apartment and left music at full blast to create a diversion that would occupy police authorities several miles away. It may appear that the hypothesis hold some water in his case. If he availed himself to any support system among his peers, in his family and, agencies in the community, then the magnitude or probability of the violent act could have been diminished, or entirely prevented or aborted. However, if there was and is underlying mental illness in persons like James Holmes, the lone suspect in the recent killing in Aurora CO, then all applicants to schools in various levels, to positions of leadership or employment, whether elective or self-appointed, must undergo thorough psychological testing and psychiatric/ mental health assessment before they are

admitted or allowed to enroll, register or run for office. This could most probably detect, deter horrific violence or damage to one's self and to the public.

This writer has a current research project that focuses on identification and methods of systematic assessment of underlying factors that lead to violent, brutal and assaultive behavior.

Let us endeavor to have a SAFER, HEALTHIER GLOBAL ENVIRONMENT and A SANE, VIOLENT – FREE SOCIETY. Let us take more time to listen to each other as we communicate to ourselves and to each other. For life is a gift and is precious and following the philosophy of a fellow physician such as Dr Schweitzer, let us have reverence for life.

The FIRST PILIPINO

continued from page 5



ULYSSES M
CARBAJAL MD

Eye and Ear Hospital, 500 South Lucas Street.

Both Uncles Benny and Eling met us at the train station in

Los Angeles, after an eight-hour train ride from San Francisco, the port of entry for MS Bataan.

The Eye and Ear Hospital is only a mile away from our house, they pleasantly disclosed, as we proceeded to their compound at 355 Laveta Terrace. Along the way, they shared us also bits of

information about their family and friends. Then, as we had expected, they asked: *How is Mom doing?*

She is doing fine, I said, and then wanted to tell them about her request, when I saw Jovita placing a finger over her lips, signaling me to hold back.

It's too early to talk about religious things, Jovita explained later. *Let's wait until a more appropriate moment.*

First Few Months in Los Angeles. In the meantime, I was occupied with adjusting to the pretty tight eye-residency program at the Eye and Ear Hospital, seeing patients in the Eye Clinic in the morning, assisting in surgeries in the afternoons, and attending eye meetings or courses in the evenings. Nonetheless, it was not long before we began to be invited to sing or give a mission report in several Adventist churches in the Greater Los Angeles area. The first invitation was extended by Dr Arthur Gray, who had been the key figure in our being accepted for eye training. He requested us to sing at a Young People's program in his church in Inglewood. He also asked me to give a brief talk about the Philippines. We were invited next to a church in Van Nuys, where my wife and I sang a duet; then to the 54th Street Church, where we met the Moscoso family. Numerous other churches — Caucasian, Black, Japanese — followed suit.

During these singing engagements, Jovita and I met a good number of compatriots, who cordially invited us to their homes. Before the end of the

year (1954), my wife and I had lunch with the Angel Calzado family. *Why don't we invite other Filipino families to socialize together one Sabbath evening?* suggested Mr. Calzado, an active member at the Adventist church in La Crescenta CA.

We've been thinking of that, we told him approvingly. *In fact, we've been dreaming of organizing a Filipino church so that our two uncles, both gifted in singing, would be attracted to join us,* we revealed.

You can certainly use music to win them back, he said, with a smile. Then he inquired more about them. Thereupon, I recounted briefly our Uncles' sad story. We had learned from them that they used to attend different Adventist churches from Sabbath to Sabbath until, one bleak day, they were disgusted when a church member spewed a demeaning word at them. One even tried to palpate Uncle Benny's coccyx as if to look for the vestige of a monkey's tail. And that marked the end of their attending church.

Meeting with Filipino Families. I contacted all the names which Mr Calzado suggested. The first meeting was held at the Moscoso home, which was more spacious than the Calzados'. Jovita and I were pleasantly surprised to meet more than a dozen families and guests, consisting mostly of teenagers. That first evening was marked with impromptu singing, indoor games, and a lot of Filipino food. This was repeated the following weekends until the number had grown into over 20 families.

With the help of Mr and Mrs. George Moscoso, who were then members of the Adventist church at 54th Street, I arranged with the Pastor there if we could rent their youth chapel on Sabbath afternoons.

You are welcome to meet in our chapel, he said, and there will be no charge.

In the first few Sabbath afternoon meetings in this chapel, the adults met as a Sabbath School class, while the children met by themselves with Caroline Cruz and Florence Domingo telling them stories or teaching them finger plays. These meetings were usually concluded with a potluck and a choir rehearsal.

April 6, 1955, we had a guest from the Philippines in the person of Miss Nellie Ferrie, accompanied by Miss Ligaya Reyes and the Verde family, who had just arrived from the Philippines. In that meeting, there were 35 adults and 11 children. Our choir, which had been enthusiastically practicing for the last few Friday evenings, rendered a special number. Miss Ferrie reported on the Nursing School in the Philippines. How jubilant the choir members were when I commended them for their excellent singing!

One month later, a Filipino Night (cultural show) was held at the Long Beach Adventist Church. Dr Francisco Geslani was then visiting from the Philippines. Also present were Dr and Mrs Filemon Cabansag. These guests were impressed by the hospitality of our people.

Soon, we were meeting not only as a Sabbath School class but also as a Company, to which a minister or missionary

would be invited to preach. The meetings started at 3:00 pm, allowing time for us to meet in our respective churches in the morning. The task of choosing and inviting speakers for our worship hour fell onto my hands. Of course, the ministers of the churches where my wife and I had sung duets could not refuse us; they gladly consented. Pastor Mervin Jones from Central Church, where I served as one of the elders, was the first Pastor whom I invited to lead us in the worship hour. That was on May 14, 1955. Among those who subsequently responded to our invitation were Pastor Horinochi from the Japanese Church, Pastor Lee from 54th Street Church, and Dr Roger Barnes from the College of Medical Evangelists.

Planning to Organize a Filipino Church. *It is about time to organize a Filipino church,* I casually suggested one Sabbath afternoon, a few weeks before Christmas. And I was amazed to hear that the great majority of the attendees favored the concept. Only one family expressed its concern that this might not be approved by the Southern California Conference (SCC) people. I found this out to be true when I personally went, soon after, to SCC to convey to the President, Elder R. R. Bietz, our heart's desire.

Why do you wish to separate yourselves? the President asked. *You speak English, and you have assimilated the American culture very well.*

You have approved the organizing of a Japanese Church, I said, my voice quivering with a mild protest.

The great majority of their members do not speak English, he explained.

But we wish to evangelize our people in the community, I emphasized.

Moving to a Larger Meeting Place. In spite of SCC's reluctance, we continued meeting regularly in the afternoons until the 54th Street Church chapel proved too small for our growing membership. Being then members of the Central Church at Figueroa Street, my wife and I arranged to rent its fellowship hall, which could seat 150 people. Again, as in the 54th Street Church, we were graciously told we could use the place on Sabbath afternoons, free of charge. Meanwhile, we convinced several Filipino families to transfer their membership to the Central SDA Church. In so doing, I explained, we would have a stronger voice in the said church.

On behalf of the Filipino group, I wrote again the SCC people about our great desire to organize. *We wish to evangelize our countrymen,* I reiterated.

Conference Leaders Pay Us a Surprise Visit. On Sabbath afternoon, August 6, 1956, SCC President Bietz and the Treasurer (Elder Alvin Munson) paid us a surprise visit, while we were holding our regular meeting at the said fellowship hall. The first thing they did upon arrival was to rush to the windows to let air in. *We fear you might get suffocated,* they warned. The hall was then packed with members and friends -- adults, youth, and children from far and near.

Two weeks later, at his invitation, I led a group of five to dialogue with him and Elder Munson in his office. How happy we were to find out that they had relented!

You have to help us find a Filipino pastor to take charge of the group when it is organized, they advised. You will also need to look for a place where you could hold your services on Sabbaths.

The Search for a Minister.

Thereupon I started writing a few people: Mishael Mariano, Jacinto Miguel, and another one enrolled at Andrews. For assistance, I sent an air letter to Pastor Victor Aladen in Hawaii. In his prompt reply, he recommended two names: Fred Munar and Balbino Rabanal. I was perplexed that, for many weeks, no one appeared to be ready to act as Pastor for the proposed church. In my thoughts, I heaved silently a wish that I should have taken up a degree in theology! We prayed hard.

Other Requirements to Be Fulfilled. Meanwhile, on December 28, 1956, I wrote on behalf of the church, submitting the signatures of people who were willing to join the proposed church. Then I received a letter, dated March 4, 1957, from the Conference, hinting that we might not have sufficient financial resources to support a minister. When I read this letter to our brethren, they all became fired up to show that we were fully prepared not only to support a minister but also to construct a modest sanctuary. In two months we had cash and pledges amounting to over \$50,000.

More importantly, we had, by this time, one qualified and experienced minister responding to accept the call: Pastor Catalino Basconcillo, from the Honolulu Central Church. This news dropped on us like morning dew on wilted leaves. This was conveyed immediately to the Southern California Conference Office.

Then we were advised by Elder Munson to arrange for the official transfer of the members from their respective churches to the proposed Filipino church in Wilmington. I wrote to the clerks of some nine churches in the United States and two in the Philippines. Within two months, we had a list of 77 members ready to become charter members of the proposed church.

Meanwhile, I received a phone call from the Philippines: *Doctor Carbajal, I heard you are organizing a church. I wish to come to be your first minister.* It was Pastor Ambrocio A Alcaraz, speaking in his rich baritone voice. He had been my teacher in Bible doctrines at the Philippine Union College (PUC) some ten years before. Moreover, he revealed solicitously: *My wife and two girls are already in San Francisco and my son and I wish to join them.*

For a few days, this message presented a dilemma, until I privately approached Pastor Basconcillo about the matter.

I'll be happy to give way to Pastor Alcaraz, but will remain as charter member and later get back to Hawaii to continue my work there, he concluded so condescendingly and humbly that my heart almost burst with gratitude and joy.

A Temporary Meeting Place. Moreover, at the advice of the Conference, we had to look for a temporary church building, where we could hold our services. And the Adventist Spanish Church in Wilmington granted our request to rent their church for our meetings. Our search committee had scoured Los Angeles, but found no place that we could afford. Furthermore, there were two Filipino members — Mateo and Marciana Gumtang- - in the aforementioned church.

The First Filipino Adventist Church in America Is Organized. What a day of rejoicing when the officers of the SCC came to get us organized on September 21, 1957! And the festive atmosphere was immensely enlivened by the unexpected presence of the President of the General Conference, Elder R R Fighur, who had served as a missionary to the Philippines for many years. Providentially, he was then visiting in Southern California. Learning about the inaugural event, he voluntarily came to deliver the worship-hour message. We felt embarrassed and apologetic that the Program had already been printed with the name of Elder RR Bietz as speaker.

Briefly told, the whole-day program was joyfully and colorfully held in a rented 150-seat wooden church at 1056 North Island Avenue, Wilmington CA. Many of our men donned specially-ordered barongs, while many women folk brightened up with cute Filipina dresses. The program included: words of welcome by the Sabbath School superintendent, Dr Celedonio

Fernando; Secretary's report by Florence Domingo; vocal duet by Jovita and myself; Sabbath School lesson review by Dr David Roda; new lesson discussion by Pastor Catalino Basconcillo in English, and in *Ilocano* by Marcelo de Vera; and home missionary message by Pastor Ambrocio Alcaraz. The church Choir expressively sang *Beside Still Waters* during worship hour and in the afternoon, *Hallelujah for the Cross*.

In his sermon, Elder Figuhr recounted briefly the progress of the work in the Philippines, and warmly commended us for organizing a church that would serve as springboard for the preaching of the gospel to compatriots in Southern California and across the nation. Using the scriptures and few of quotations from Ellen G White, he instilled in us the importance of working together to help hasten Christ's return.

At 2:00 pm, the formal organization of the church was conducted by Elder RR Beitz, after I had rendered a 20-minute history of the church organization. Every charter member was invited to stand and be introduced. The election and dedication of officers climaxed the inaugural ceremony. It was a pleasant surprise that to the original list of 77 members, which had been previously submitted to the SCC office, six others were added during the day of organization, making a total of 83 charter members. It could have been 85 had the Bautista couple decided to join us. But they felt they had to stick to their original church for a while to fulfill a previous commitment

of helping remodel their old house of worship.

Grandma's Wish Is Fulfilled. Many guests from neighboring churches, including non-Adventist friends from the Pilipino community, attended the inaugural program. Most importantly, the family of Uncles Benny and Eling were present. Thus, Grandma Nicolasa's wish for her two sons (Uncles Benny and Eling) to return to the fold was beginning to be fulfilled.

After our return to the Philippines, we heard that they had joined the Hollywood Adventist church. Unfortunately, Grandma Nicolasa had already been laid to rest before we could convey to her the good news of their returning to the fold. Eagerly, Jovita and I are looking forward to the time of reunion in heaven above, when we shall recount to her a dream come true.

Note: The original church at Wilmington has grown by leaps and bounds through the last 55 years of its existence, inspiring the establishment of some 39 sister Filipino churches in US and in Canada. Now, named the Central Filipino Church (CFC), it has a membership of over 500.

When the 77 charter members were officially organized, 1957, into a formal church, they used to worship in a rented wooden building in Wilmington CA. Because of its rapid growth, a 300-seat church was purchased less than a year after its formal organization. This was fully paid for and dedicated September 3, 1960.

Continuing to grow rapidly, the church had to move to

Highland Park, purchasing a larger compound. The church mortgage was paid off and dedicated December 22, 1973. Through the initiative of Pastor George Atiga, who succeeded Pastor AA Alcaraz, a 2.3 acre property was purchased along 777 Colorado Boulevard, Eagle Rock, and the construction of an 800-seat sanctuary, with a multipurpose building, was started in 1980.

Although finally trimmed to a 500-seat edifice, the new church was completed, December 1991, and formally inaugurated April 18, 1992, during the administration of Pastor Simeon Rosete Jr.

Thanks to the intervention of Architect Velcy Abracosa. Phase two of this construction program, which included a beautiful fellowship hall, a modern kitchen, classrooms, and a spacious basketball court, was completed in 1995, during the term of Pastor Vic Louis Arreola. It was also during this time that a campaign was launched to help pay off the mortgage obligation of the church to the tune of 1.6 million dollars. It is amazing how the said amount was erased November 2003, less than three years after Pastor Rosete's return. It was my privilege to be asked to lead out in this challenging task.

CFC will be celebrating its 55th anniversary on September 21 and 22 this year.

AUGUST QUOTE

Because your steadfast love is better than life, my lips will praise you. **Psalm 63:3**

Three-Cancer

continued from page 3

were able to revive him and kept alive with 1970s primitive volume respirators, the MA1, as I recall. What is very unusual



Dr O Agnir raising a CME question is flanked by Dr Cesar Candari and Dr Nida Blankas Hernaez

about this boy is that in high school his IQ was in the 90s. After his episode of sudden death by lightning his IQ is now in the high 150s.

(In one of the internet journals edited by Dr. Cesar V. Reyes, Bobby Usak's case was mentioned as part of an essay I wrote titled *Medicine, Religion and the Afterlife*. I called up Bobby recently to ask permission to mention his name and that's when he mentioned his puzzle about how his intellectual prowess has improved. I have no explanation for this strange phenomenon).

I had a practice that was ideal in my opinion. It was busy enough to keep the wolves at bay. But it was the pastoral atmosphere that I really enjoyed.

My location, Martinsburg WV, is an exurb of the Baltimore-DC metro area, barely 60 miles to the DC beltway. The beaches of Rehoboth DE or Ocean City

MD are within easy driving distance for week-end or summer retreats. It was an idyllic situation and I felt that I had the best of both worlds.

But my world was shattered in July, 1985. Looking back, there were symptoms that I had ignored or denied.

It was late afternoon, that July 1985, when I was reading the first novel of Tom Clancy, *The Hunt for Red October*. It was riveting and I refused to put it down even when I had an urge to relieve my bladder. I went to the commode and without looking down, proceeded to relieve myself. To make sure that I was not making a mess and that my aim was right, I looked down and I was horrified to see nothing but blood coming from me. I knew immediately that I was in trouble for painless gross hematuria means either malignancy or acid fast infection, and my hunch was that it was the former.

I made an appointment with a urologist but he could not see me immediately. The appointment was three days away. Two days later, I was awakened by severe excruciating pain. Blood clots probably had formed in my urinary bladder which behaved like stones.

I was taken to the ER of the City Hospital one mile away from home. An urgent IVP showed right renal tumor. There was no time to do a CT of the abdomen and I was referred to Baltimore's Johns Hopkins Hospital (JHH) because of the apparent active bleeding.

The gross hematuria had stopped by the time we reached Baltimore.

An abdominal CT scan done in JHH confirmed the right renal tumor. In addition a mass was seen in my pancreas. The urologist explained to me that if my renal carcinoma was on the left side the pancreatic mass would be a metastatic carcinoma. *On the other hand*, he explained..... but I was no longer listening. Primary malignancy or metastatic, I was staring at death's door.

But the words of the Welsh poet Dylan Thomas rang in my ears: *Do not go gentle into the night/ Rage, rage against the dying of the light*.

I resolved that with God's help, I was not going to die. Prior to surgery, the possibility of von Hippel Lindau syndrome was conjectured. A fluorescein retinal angiography done at the Wilmer's Institute allegedly showed retinal micro-aneurysms.

There were two teams of surgeons. A radical right nephrectomy was done first. A team of general surgeons, actually a new batch of surgical residents I found out later, took over. A distal pancreatectomy was done to remove the pancreatic mass, which turned out to be a pancreatic adenoma. An elective splenectomy had to be done. My gallbladder (GB) was full of stones and the GB was removed. A golf-ball sized leiomyoma was at the gastro-esophageal junction and distal esophagectomy and partial gastrectomy were done. I was in the OR suite for about 12 hours.

The post-operative course was very stormy. There were two suction tubes, one in my stomach and the suction machine was on my left side. There was a stiffer suction tube draining my pancreatic bed and the suction machine was on my right side. There was no way I could go to sleep. The post-operative pain was very severe.

In July 1985, JHH had not yet learned how to give epidural analgesia. Sleep-deprived, I thought that I was already in hell.

I had episodes of violent hiccups and that's probably how the pancreatic bed suction tube perforated my stomach.

When I suspected the perforation I suggested to the residents when they made rounds to test the pH of both nasogastric tube and pancreatic bed suction tube. The head resident was angered by that suggestion, but on the 40th hospital day, almost two weeks after I had suggested the pH test, I was taken to fluoroscopy and lipiodol contrast dye was inserted into the pancreatic bed suction tube. The radiologist positioned the monitor so that I could see where the dye would end. The radiologist patted my shoulder and said, *You were right* I did have a stomach perforation.

Pulling out the pancreatic suction tube was a tricky affair. It was slowly pulled out day by day but I knew I could develop chemical peritonitis if gastric contents spilled into my peritoneal cavity.

Dylan Thomas' poem continued to ring in my ears and with quiet resolve I simply refused to die of peritonitis.

After I was discharged home, I had recurrent bouts of abdominal pain. I would check my serum amylase and it would be high. Tylenol and my own endorphins sustained me. Perhaps, the excessive use of Tylenol led to a urinary bladder carcinoma, first diagnosed in 1996. It presented as terminal hematuria, histologically started as transitional cell carcinoma and followed up for several years with cystoscopies. When muscular invasion was suspected multiple punch biopsies of the bladder led my referral to a urologist at the University of South Florida in Tampa. A radical cystectomy was performed at the Moffitt Cancer Center in Tampa, Florida in 2004. Apparently, the protocol included a radical prostatectomy, which, led to an incidental finding of Stage III, Gleason score-5 prostate adenocarcinoma. My yearly prostatic specific antigens were always normal.

In anticipation of a prolonged follow-up in Moffitt Cancer Center, I bought a place ten minutes away from the USF campus. It later became my Winter home when I retired in 2002.

In 1975, I had been in private practice for two years. My first office was across the emergency room (ER) of the KD Hospital., one of two small community hospitals in my small city. In those days there were no full-time ER doctors in our area.

It was early summer at around 5:00 pm when my office phone rang. The girls had left for the day so I picked up the phone. The ER nurse asked me to stand by to pronounce dead a

boy who had been hit by lightning. I crossed the street but the dead boy had not yet arrived. I took the elevator to the 4th floor to check on a patient. As soon as I reached the 4th floor I heard sirens going full blast. I thought it odd and I suspected that cardiopulmonary resuscitation (CPR) was probably being performed by the paramedics on the dead boy. The elevator had returned to the first floor and I ran down the four flights of stairs to return to the ER. The ER nurse was profuse with apology for having *wasted my time* because another doctor chanced to pass by and willingly pronounced the boy dead. He was covered with a white sheet but he was still connected to a monitor which showed a flat line. I lifted the white sheet and Bobby's face was red, the effect of good CPR. I do not know what came into me but I said, *Let's revive him. Let's start a central line, give me an intra-cath.* I was lucky to hit the subclavian vein with the first shot. I gave intracardiac epinephrine and there was a short blip on the flat line. Intravenous epinephrine induced ventricular fibrillation, Bobby was defibrillated and was brought back to life. There was no spontaneous respiration and he was connected to a ventilator. He was comatose for more than one week but the consultant neurologists predicted that he would regain consciousness, which he did. The infero-posterior vector forces disappeared (no R waves in II, III, AVF) suggesting posterior wall damage. Two-dimensional echo confirmation was a decade away and TPN was not yet

available.in the early 1970s. Despite our primitive 1970 technology he survived to go home. Home schooling and home rehab allowed him to graduate with his batch. He invited me to his high school graduation and I had goose pimples when I saw him climb the stage to receive his diploma. The auditorium was filled with a loud and prolonged standing ovation.

I retired in 2002 and I spend the Winters in FL and Summers in WV.

GOLDEN MEMORIES

continued from page 2

and lots more! It's OK now.



FIEDEL EXCONDE MD

We can be what we wish to say to each other. We have gotten this far and all else matter less. And so, we dined heartily, danced

STAYING ALIVE with gusto, traded tales as bold liars would, then hugged and kissed as old comrades should.

Years past have dulled senses and recollections; and so will those looming up ahead. But, these precious days will always be ours to remember and cherish. Thus, we parted with: *Take care of yourself. Keep in Touch. Know that I will always love you. I will miss you! Till we meet again.*

And so to everyone: *Thanks for the memories!*

*Pa-alamnasangayon ...
Ruben and Lolita Agra,
Sid and Del Almeda,
Orly and Betty Agnir,*

- Sylvia Bing Arpa,
- Nanding Atienza,
- Ester Azarcon-Gayol,
- Lydia Barot,
- Clod and Sania Bartolome,
- Jupiter Batayola,
- Corazon Bautista-Acosta,
- Isabelo and Sonia Bungcayao,
- Orly and Rosita Cabula,
- Moneta Caliston,
- Vivina and Cesar C Malantic,
- Angie and Chris Dolar,
- Alex and Anita Enrique,
- Nonong and Eppie Exconde,
- Ernie and Emma Fabi,
- Rose and Ruben Ong,
- Lety Gonzalez,
- Noli and Ding Guinigundo,
- Efren and Veneranda Jamir,
- Zorina and Jimmy L Santos,
- Conceso and Lita Libao,
- Bulaklak and Nonoy M Melliza,
- Billy and Violeta Magsino,
- Dory and Zomy M Bonuan,
- Ed Manzano,
- Lamberto and Carol Maramba,
- Art and Mila Mojares,
- Celso and Tita del Mundo,
- Cecile Nervez,
- Manny and Caridad Nierva,
- Nory and Rose Nicodemus,
- Lourdes Ocana,
- Peping and Erlindav Payabyab,
- Daisy and Renato P Ramos,
- Selma Quereishi,
- Sol and Ernie Ramirez-Eaninas,
- Tony Recinto,
- Joven and Mely de los Reyes,
- Ray and Leticia Sarmiento,
- Fred Salcedo,
- Delfin Simbra,
- Johhny Salud,
- Alfonso and Lana Tan,
- Felix and Aurora Tan,
- Teddy Tang,
- Eddie and Lilia Tinio,
- Lety Valdez, and
- Felix and Carmencita de Villa.

Thank you Sid and Del Almeda for gifting each of us sparkling 50th jubilee buttons.

What a wonderful touch! We proudly wore them !

To our dance choreographer instructors: Noli and Ding Guinigundo, Ruben and Rosalinda Ong, Moneta Caliston, you made us really dance like there is no tomorrow.

To Celso del Mundo for putting together the souvenir book and Daisy Pelayo-Ramos not only for the ties, cumberbunds and ladies' sashes and for keeping all else seamlessly progressing.... our profound gratitude!

Finally, CONGRATULATIONS to our esteemed classmates: Daisy Pelayo-Ramos, 2012 Alumnus of the Year, and Noli Guinigundo, voted chairman of the FEUDNRSMAF board of trustees,

Well deserved recognition!
We are proud of both of you!

RIVERA TUAZON

continued from page 2

board of the Foundation. These gentlemen have already created



CESAR CANDARI MD

for themselves a niche in the halls of outstanding and quality leadership and achievements. What they have done is more

important than anything else. It was success in their journey. Their term of office has ended. New leaders, Dr Hernani Tansuche and Dr Noli Guinigundo will carry the banner of leadership.

Invariably, this perspective of leadership I have observed is worth to be shared with.

...When a leader believes in him, others will follow suit. Leaders cannot expect others to believe in them if they doubt themselves or the decisions they make. In addition, in order to lead, one must have a sturdy set of moral values. A steady set of values will always be a reference when one is faced with tough decision-making. People should be able to predict how their leader will react to certain situations because they know what creed they live by. A leader with moral values gives those who they lead assurance that the decisions they make will be desirable ones.

Leaders must be able to first discipline themselves and then those who they lead. With little effort, a leader should be able to put others on the right track. It is their choice to use them effectively or not to use them at all. It is the ability of the leader to induce subordinates to work with confidence and zeal. Drs. Rivera and Tuazon are in this scenery of leadership.

It was at this moment that I realized leadership was so very important. People strangely rise to leadership. These select people have certain characteristics - confidence, morality, discipline and respect - that help people recognize them as leaders. Believe in the kindness of people. Respect people. Give everyone the opportunity of the idea to improve his life. I do believe that a leader is a person who directs others, someone who people will follow or somebody who is in charge of others, for

instance as the head of an Alumni Foundation.

Leaders have a responsibility to make decisions on behalf of the people who have appointed them to the position and the interests of the organization. Life can be changed if you want it and you believe it. What I believe is that if you keep yourself at peace with everyone, they can easily listen to your inner self, despite the confusions that others may give. In the recent board of trustees meeting, such confusion arose and was readily resolved. Whatever you have heard about you, whatever was said to you, what count most in life is that you believe in yourself. If you don't, may be no one will. Sometimes people hurt you of what they said. Console yourself that God did not promise days without pain, laughter without sorrow, sun without rain. But He did promise strength for the day, comfort the ears, and light for the way. A true leader must be willing to do what is best for everyone, not just his own personal benefit and selected few. To be a good leader requires a tremendous sense of dedication ... you don't even consider the dimension of time. You do everything you can, without limit, to do what's best for everyone. These select people have certain characteristics that help people to recognize them as leaders. Amongst these are confidence, morality, discipline and respect. Dr Rivera and Dr Tuazon in my view have fulfilled their mission.

Belief is the greatest source of achieving and maintaining positive attitude. A person with

strong belief is most likely to take action. At the end of the day, what does count in our life is our action. How life can be change from one moment to another! I am absolutely positive these two new leaders will be in the kingdom of excellent leadership.

All leaders need respect, respect for themselves, respect for others, and most importantly, respect from others. People adhere only to those whom they respect; therefore, a leader must earn the respect of others through consistent and continued accountability.

When a leader believes in himself/ herself, others will follow suit. Leaders cannot expect others to believe in them if they doubt themselves or the decisions they make. In addition, in order to lead, one must have a sturdy set of moral values. A steady set of values will always be a reference when one is faced with tough decision- making. People should be able to predict how their leader will react to certain situations because they know what creed they live by. A leader with moral values gives those who they lead assurance that the decisions they make will be desirable ones.

A good leader must have - discipline. Leaders must be able to first discipline themselves and then those who they lead. With little effort, a leader should be able to put others on the right track. It is their choice to use them effectively or not to use them at all. It is the ability of the leader to induce subordinates to work with confidence and zeal.

Finally, a good leader must be faithful to his group members and activities. Having faith in self-abilities and the world around him inspires others in the process.

I wish to leave you a famous quotation on what I believe a leader must be: *The leader are not those who strive to be first but those who are first to strive and who give their all for the success of the team. The leaders are first to see the need, envision the plan, and empower the team for action. By the strength of the leader's commitment the power of the team is unleashed.* Strong, effective and quality leadership are the foundations we all seek.

We express our heartfelt thank you to Dr Rivera and Dr Tuazon for the work well done.

Congratulations!

We must welcome Dr Tansuche and Dr Guinigundo for the work they must perform with all our support.

FAITH CORNER

continued from page 2 and won. With all his



REV MELVIN ANTONIO MD

imperfections, Jacob (Israel) is chosen by God to serve God's purposes. There is hope for all of us!

In the Book of Exodus, we find the Israelites on a journey through the wilderness. They are not yet convinced that they are God's people who receive God's protection and care through

their journey. They grumble. They want bread. The Lord drops manna from the sky. They are not satisfied. They ask, *Where's the meat?* The Lord provides. They have yet to learn that under God's economy, although there is no scarcity, there is no room for greed, no hoarding for the days to come. They also learn for the first time that the Sabbath is a sacred time for all.

In the Book of I Kings, the story of the prophet Elijah's journey is next. In his case, Elijah had to flee the wrath of Queen Jezebel. He had to flee for his life. His faith wavers a bit as he becomes weary from his journey and in despair. The Lord provides him with food to eat. He is also prodded to resume his journey as a messenger of God.

What do these stories have anything to do with our own journey of life and faith? Each journey we take is driven by some unseen force – a set of orders to move from one duty station to another for military members, a promise of a better job, a quest for a better education, a change in personal status, a dream of a better life. During these times, we may have an idea where we are going, yet anxiety and uncertainty still set in. We leave friends and family behind and face total strangers in a strange environment. We worry about schools for the children. In some cases, our new environment may be unsafe as is the case of those displaced by war or natural disasters, those who are persecuted because of their political or religious beliefs. These people have no

choice but to take a journey to a place unknown, at the mercy of their hosts.

In any case, the stories in the Bible give us hope. God is watching us every step of the way and He will provide, if we just let Him. Our journey of life is also a journey of faith. Are we going to grumble like the Israelites in the wilderness? Is our faith going to waver like Elijah? Each journey we take will have its own hard times and good times. The toughest question is, am I doing what God wants me to do? If the answer is yes, then we are assured that God will provide us with what we need. We are all chosen by God for a specific task, for a specific time in our lives and He will provide. Just don't get greedy. God is watching!

AUGUST QUOTE

continued from page 1
 activities as an anesthesiologist by in an academic setting as well as 25 years annual mission works in a third world setting as anesthesia provider for indigent children undergoing plastic and reconstructive surgery. Some milestones in his professional career are highlighted, along with the significance of several landmark papers published in peer-reviewed journals covering various anesthesia subjects emphasized and discussed.



HONORATO F NICODEMUS MD

TENDERLY YOURS

continued from page 1

that the Lord will be merciful and grant me divine mercy.

The place, JW Marriott, is quite enormous from the lobby to the rooms; and the hallways

and corridors were quite impressive. There were only two clerks taking care of registration when we were

checking in, but the lines became shorter as we come along. Then Ding and I started seeing our classmates of Class⁶², the Golden Jubilarians this year.

We had initially celebrated in January in Manila, but we were quite barely 18. In Los Angeles we were about 50 or 54. It was a good attendance, considering some of our classmates are all over the world. It was noticeable that Angeles Dolar MD came all the way from Australia with her husband Chris. Efren Jamir MD who is now retired in Tagaytay made it to the reunion, with his wife Veneranda.

In preparation for our class presentation, we tried to schedule everybody for practice. We had practiced 3 times. I did not make it the first day on Thursday on account of our board meeting.

President Dr Oscar Tuazon helped me immensely in taking care of the registration desk with help from the California Chapter alumni who really did a good job in the registration, taking care of the main events.



NOLI C
GUINIGUNDO MD

the Filipiniana and the Saturday Night grand reunion ball.

Ding and I would like to thank our alumni and wives from California for their help, nice disposition, and gracious reception of registrants.

If I mention their names and omit some names, I cannot excuse myself but from the bottom of my heart, *muchas gracias, hermanos y hermanas, muchos besos.*

God bless you all with His divine mercy.

NOLI C GUINIGUNDO MD⁶²
President, FEUDNRSMAF

OUTGOING PRESIDENT'S

continued from page 1

medical talents by entertaining us with their singing, dancing,

and comedic skills. The

Golden Jubilarians, as

well as the *Magnificent*

Seven of the Class⁵⁷,

headed by Dr Fortun

Angeles, reminded us all that, even fifty-five years later, we can still dance and boogie the night away.

The ladies of the Class⁸⁷, on the other hand, wowed us with their enviable singing talents.

I would also like to congratulate the newly elected officers of the Alumni Foundation. Under the leadership of our new chairman, Dr Hernani Tansuche, I know our Foundation is in very capable hands. I am sure that our members will continue to



OSCAR C
TUAZON MD

work together towards the common goal of making our Foundation stronger and will help maintain our medical school as one of the very best in the Philippines.

I wish that your days in Los Angeles allowed you to renew old friendships and also make new ones.

Thanks to the officers of the Foundation, especially our outgoing chairman, Dr Pepito Rivero. It was with great pleasure that I served as your president for these last two years.

Lastly, I would like to thank the officers of the Southern California Chapter, without whom this wonderful reunion would not have been possible.

Thank you so much for your unwavering support. I look forward to seeing you all at next year's 34th annual reunion and scientific convention in Chicago!

TANSUCHE, GUINIGUNDO

continued from page 1

Dr Tansuche was past president of the Alumni Foundation, and has been a board trustee for several years.

Also elected was NOLI GUINIGUNDO MD⁶² as president of the Alumni Foundation, who formerly served as executive vice president and executive director; Pete Florescio MD, executive vice president; and Drs. Rogelio Cave MD, Julian Mendoza MD, and Rick De Leon MD, vice presidents; Luzviminda Santangelo MD, secretary; Grace Rabadam MD,

treasurer; and Cesar Jimenez, auditor.

The reelected board trustees were Victoria Sanchez Bal MD, Pete Florescio MD, Noli Guinigundo MD, Virgilio Jonson MD, Manuel Malicay MD, Roberto Poquiz MD, Luzviminda Santangelo MD, Guat Sy Jr MD, Manuel Sanchez MD, Cesar Candari MD, and Wilson Morales MD.

The annual reunion commenced on Wednesday July 25th a welcome reception *Pista sa Piyo* Southern California Style, hosted by the FEUMAS Southern California Chapter under the leadership of Licerio Jun Castro, along with Oscar Tuazon MD, Alumni Foundation president and Pepito Rivera MD, Alumni Foundation board chairman.

The CME meetings opened on Thursday, July 26th morning, lasted for three days, and was concluded on Saturday, July 28th with the 17th annual Dr Nicanor Reyes Jr memorial lecture.

The latter was delivered by Honorato Nicodemus MD⁶², a golden jubularian, on a *lifetime of anesthesia*.

Overall, the scientific convention was highlighted by excellent speakers.

The annual board trustees meeting followed the morning CME on Friday, July 27th as a continuation of the scientific session, capped by the sixth annual Dr. JB Nolasco memorial lecture, delivered this year by Arsenio Martin MD⁶⁷, a South Texas pulmonologist, past Alumni Foundation president and board chairman.

The annual general membership luncheon meeting

also immediately followed the CME session. Free lunch boxes were provided by the Alumni Foundation at the Lawry Restaurant, downtown Los Angeles.

Friday, July 27th, was also the *Filipiniana Night* when elegant Pilipino long gowns on women and *barong Tagalog* on men were norms. The delicious buffet dinner was made more sumptuous with two *lechon de leches* American style.

Class⁶⁷, Class⁷², Class⁷⁷, Class⁸², Class⁹², Class⁹⁷, and Class²⁰⁰² were recognized and honored during the *Filipiniana Night*.

Class⁶⁷ which made a nice drama-dance presentation was led by Board chairman Rivera.

Saturday, July 28th likewise started at the same venue and similar proceedings at the adjoining ground level of the spacious JW Marriott and Rich Carlton, with the final lecture of the annual Dr. Nicanor Reyes Jr memorial lecture. A short biography of the honored Founder was initiated by Renato Ramos MD, board chairman *emeritus*.

The final night was the 33rd grand reunion dinner dance when Class⁸⁷ Silver Jubilarians, Class⁶² Golden Jubilarians, and Class⁵⁷ Emerald Jubilarians were similarly recognized and honored. It was a night to remember with excellent food, unending camaraderie and fellowship, dancing until the wee hours of the morning.

Excellent music was provided by Purple and Heart.

The Sunday, July 29th was spent with the Catholic holy mass, a Filipino light breakfast provided by the Tuazons.

Reunioners then started their journey back home with promise to coming back at the Intercontinental Hotel along Chicago Magnificent Mile July 17-21, 2013.

NOLI C GUINIGUNDO MD⁶²
President, FEUDNRSMAF

FINAL THOUGHTS

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ted in the 33rd annual reunion and scientific convention held in Los Angeles last month. We had a splendid meeting, engrossing lectures and enough delicious food to last us a while.

I enjoyed talking with everyone and want to give my personal thanks to the various committees and their members who made this convention such a rousing success. My prayers go out to those who were unable to attend due to illness or familial issues, and I encourage everyone to make plans to attend next year.

I feel that in general the reunion was a great success.

I was distressed to note one discord involving *Emeritus* positions and the duties thereof. In my association with the FEUDNRSMAF, an *Emeritus* position is a prestigious position. Those who are honored with the position function as a source for counsel and as role models and in return are held in highest regard by the membership at large.



PEPITO C
RIVERA MD

It has never been my experience that an *Emeritus* attempted to take over the duties of the current chair holder, or in any way denigrated the position or the person holding the position. All our *Emeriti* of the past have been available for counsel if requested by the current title holder, were the staunchest supporters of the Alumni Foundation and have always followed the direction of the current chair. If an *Emeritus*' opinion differed from the current planning, they kept it to themselves or they discussed it in private with the person involved. I have always thought of our *Emeritus* as our collective knowledge base; easily accessed if needed, running quietly, supportively and calmly in the background unless accessed. And even when current authority requested assistance, all assistance was performed in private between the two involved.

Because of the above mentioned discord, I researched the position of *Emeritus* and found it comforting. The *Emeritus* position has been used since the 18th century and comes from the Latin word meaning earned or merited. It was bestowed to a retired faculty as a sign of honor, and in today's society is most often associated with high ranking retired officers. Someone who holds the title of *Emeritus* has retired from the position but retains the professional title. It is an honorary title that involves few responsibilities but allows the individual to retain a relationship with the institution.

Persons who are bestowed the honor of *Emeritus* enjoy credibility as commentators, trustees, advisors, or advocates usually associated with the specific institution. It is not a position to be taken lightly. As an *Emeritus* you must remain in good standing with your institution and be available to give guidance to those in active positions. Guidance should only be offered when requested and done so in a private and privileged manner with the person who requested the guidance.

I hope this information helps to settle issues so that there is no further disagreement.

Again, I thank each of you for all your support in the past and long live our association.

D P Ramos MD⁶²

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She has practiced for 40



DIASY PELAYO
RAMOS MD

years at Troy Michigan area with professional affiliation with Beaumont Royal Oak Hospital.

Dr Ramos also has been selected as one of the Hour Detroit Magazine top physicians.

She has devotedly served the Alumni Foundation as board trustee since inception of the organization 33 years ago, without missing a bit or meeting in that time period.

She is the better half of Dr Renato Ramos, a past president, board chairman and champion

of the Alumni Foundation, who describes her as a wife of no equal, the mother of five children and grandmother of seven, and a trailblazing dermatologist who juggles all her myriad callings with love, class and equanimity.

The FEUDNRSMAF award committee that chose Dr Ramos includes Avila Arcala MD, chair; Minda Santangelo MD, Hernani Tansuchi MD and Nida Blankas Hernaez MD, members.

CONGRATULATIONS!

by CESAR V REYES MD⁶⁸

Interested to establish a **Professorial Chair Fund**

in your name or of
someone you wish to
honor?

Please inquire with
CESAR V REYES MD⁶⁸
6530 Dunham Road
Downers Grove, IL 60516
Phone 815-942-2932 x7565
or acvrear@aol.com

AUGUST QUOTE

Set me as a seal upon your heart, as a seal upon your arm, for love is strong as death, jealousy is fierce as the grave. Its flashes are flashes of fire, the very flame of the LORD. Many waters cannot quench love, neither can floods drown it. If a man offered for love all the wealth of his house, he would be utterly despised.

Song of Solomon 8:6-7

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 2013 Balik-FEU in mid-January 2013 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@aol.com

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

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

38th Annual Alumni Balik-FEU Homecoming
Scientific Convention &
Golden & Silver Jubilee Celebration

January 24-26, 2013
Dr Ricardo L. Alfonso Hall,
5th 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 @ Asian Development Bank, Quezon City

Honorees

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

35th Dean Lauro H Panganiban MD 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

USTMAAA

20th grand reunion medical convention

August 18-21, 2012

Caesar Palace Las Vegas
Classes 1952, 1957, 1962,
1967, 1972, 1977, 1982, 1987,
1992, 1997 and 2002 are the celebrants!

UERM-MAAA

43rd Annual Medical Alumni Homecoming

February 2-8, 2013

Golden Jubilarians Class⁶³
Silver Jubilarians Class⁸⁸
Sapphire Jubilarians Class⁶⁸
Ruby Jubilarians Class⁷³
Coral Jubilarians Class⁷⁸
Pearl Jubilarians Class⁸³
China Jubilarians Class⁹³
Crystal Jubilarians Class⁹⁸
Tin Jubilarians Class²⁰⁰³
Wood Jubilarians Class²⁰⁰⁸

PMAC

Philippine Medical Association in Chicago

52nd Anniversary

Fall 2012 SCIENTIFIC
SEMINAR

*Orthopedic, Osteoporosis,
Rehabilitation and CPC*

Induction & Dinner Dance

Saturday, September 15, 2012

Hyatt Regency O'Hare Hotel

ClinicoPathologic Conference

Moderator - **Leonardo Malalis MD**

Discussants - **Jun Baladad MD**

Ravi Nemivant MD

Cesar V Reyes MD

*Hand Injuries/Disorders of the
Baby Boomers*

Marc R Fajardo MD

Associate Professor

Department of Orthopaedic Surgery

Loyola University Stritch School
of Medicine

*Arthritic and Orthopedic
Rehabilitation*

Norman A Aliga MD

Medical Director, Musculoskeletal

Rehabilitation Marianjoy

Rehabilitation Hospital, Wheaton

Assistant Professor of

Rehabilitation Medicine

Rush Medical College

**Second PMAC Professorial
Lecture**

Osteoporosis Update 2012

Pauline Camacho MD

Professor of Medicine and

Endocrinology

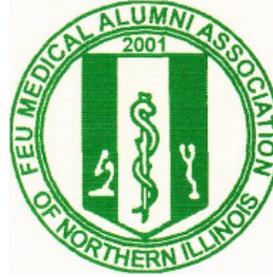
Loyola University Stritch School
of Medicine

**PMAC 52nd anniversary and
PMAC Auxiliary 46th
anniversary**

Fall 2012 induction dinner

Cosme R Cagas MD

Keynote speaker



21st Biennial Anniversary

Saturday, October 13, 2012

Hilton Doubletree Hotel

1909 Spring Road Oak Brook, IL 60523

Scientific Convention

Second-Generation Piyos

Managing Emergencies

Induction Dinner

Attire Formal

Cocktails 6:00 pm

Dinner 7:00 pm

Donation \$75

RSVP **September 13, 2012**

Frank Montellano MD 847-845-7165 franknette@earthlink.net

Melinda Tolentino MD 708-460-1942 melindast@me.com

Cesar V Reyes MD 630-971-1356 acvrear@aol.com

Checks payable to **FEUMAANI**

1252 North Rohlwing Road, Palatine, IL 60074

AUGUST QUOTE

Love is patient and kind; love does not envy or boast; it is not arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice at wrongdoing, but rejoices with the truth. Love bears all things, believes all things, hopes all things, endures all things. Love never ends. As for prophecies, they will pass away; as for tongues, they will cease; as for knowledge, it will pass away.

1 Corinthians 13:4-8