Volume 55 Number 4 November 2015

PMAC News

An Official Publication of the PHILIPPINE MEDICAL ASSOCIATION in Chicago

FAITH begins

EUSTAQUIO BOY ABAY MD

EUSTAQUIO BOY ABAY MD

FAITH, *aka* Filipino-American Initiative to Transition our Homeland, organized on September 24, 2015, is to foster unity, collaboration, cooperation, and partnership among all Pilipinos, Pilipino organizations, friends of the Pilipino people, and the Philippine government for the amelioration of healthcare, education, and environment, and elevation of the underprivileged languishing in poverty.

FAITH envisions a Philippines in peace, with progress, prosperity, and equal justice and opportunity for all, under a transparent and moral government with integrity,

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PRESIDENT'S *Message*

GERRY C GUZMAN MD

October was busy for our core members with fund raising activities and business meeting for the Olongapo City medical surgical mission.

October 10th was our Casino Night fundraising event held at the Delfin residence; and Nunilo Rubio MD and Elenita Rubio MD provided and donated a sumptuous food.

Our social committee reported a net proceeds of almost $4,000 that will benefit the Philippine Medical Association in Chicags's and Far Eastern University Medical Alumni Association in Northern Illinois' 2016 missions in Olongapo City and Bangued, respectively.

Our October 14th business meeting held at the Brio Tuscan Grill in Wrokttown Shopping Center in Lombard IL, where we discussed the plans, schedule and

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Remembering URIAS A ALMAGRO MD

This issue of the PMAC News is to celebrate the life of Urias A Almagro MD who went home to our Lord last May.

Dr Almagro, a pathologist, medical educator, and literary writer, is one of the most accomplished **Class**[68] Philippines medical alumni. The following obituary is supplemented by three original unpublished poems, one a *gazal*–type, found on pages 3 and 4, and an original unpublished clinical essay on diphtheria (see pages 9-10).

Foremost, he was a pathologist who had practiced for the 35 years at various medical institutions in southeastern

Wisconsin, including the Clement Zablocki Veterans Affairs (VA) Medical Center, the Froedtert Hospital-Medical College of Wisconsin, Ameripath Wisconsin and the Great Lakes Pathologists-Aurora Healthcare System.

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MOC *is changing* MUA

FERNANDO LAGRIMAS MD

FERNANDO C LAGRIMAS MD

During the AMA House of Delegates meeting late last year, Maintenance of Certificate (MOC) took a center stage. While the AMA House of Delegates defeated a resolution that asked AMA to put moratorium on MOC until it was proven to improve the quality of care and patients outcome.

The AMA House of Delegates, however, did agree to a new policy that directs the AMA, among other things to explore with independent entities the feasibility of conducting a study to evaluate the effect of MOC requirements and maintenance of licensure principles have on

1 - physicians' decision to retire,
2 - work force,
3 - practice cost,
4 - patients' outcomes,
5 - patient safety, and
6 - patient access.

I practiced obstetrics gynecology in rural America, or medically underserved area (MUA), for more than 26 years. I was forced to quit at the prime of my private practice due to three main reasons, namely:

A - The astronomical and never ending increases in the malpractice insurance premium,

B - The HMOs' and Health Insurance

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Ang Barko'ng Nagpundo Sa Pantalan

(The Ship That Is Anchored At The Harbor)

URIAS A ALMAGRO MD

Ang barko'ng nagpundo sa pantalan
hinay'ng nagtuyatuya
daw nahitagpilaw ug nagdamgo
sa duyan sa gagmay'ng mga balod.
Lagbas sa pantalan
nagbuklad ang lapad nga lawod
ug lagbas sa lawod
way mga utlanan.
Usa ka adlaw motikang ako
sa andamyo ngadto sa barko.
Ug unya human
sa pag-alsa sa iyang angkla
ug pagbulhot sa iyang pito,
maglawig
sa malamatong mga balod
sa lawod nga way mga utlanan.

WHAT IS WRITTEN IN STONE

URIAS A ALMAGRO MD

(A *ghazal** with apologies to Robert Bly)

Animals are not our role models. They have their own
Riddles to solve, their own stories to tell. The lion doesn't care
That one macadamia nut can be shared by seven brothers.

To the tadpole, becoming a frog is not just a matter of losing
Its tail. The snake isn't complaining it has no feet. We can all reach
The same heights. But those without wings must learn how to climb.

Ants do not attend boarding school. But see how behaved and civil
They are to each other. They do not hug but only let their foreheads touch.
On their freeway, they form a neat line and faithfully stay in their lane.

Like the poet, the hermit crab that walks daily among the rocks may be
Looking for something that isn't there. We all know the tortoise won
The race. But the race to the pot at the end of the rainbow isn't over.

I wonder if, like us, animals also fear death. What goes on in the moth's
Mind as it circles and circles around the candle flame? In the cool
Of the ocean floor, does the crab ever dream of a pot of boiling water?

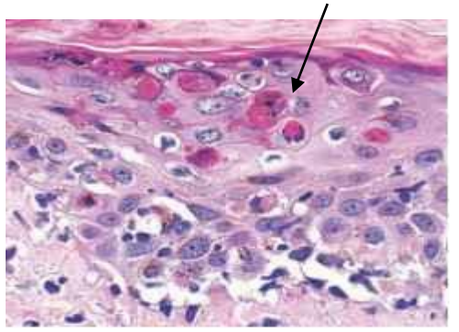
Oh poet, all you've given us is silly nonsense. Let's get to the point.
And the point is this: life has an agenda for everyone. They're written
In stone. Somewhere. Getting to that stone is what it's all about.

**A* ghazal *in its classic form contains 18 lines. Each stanza can stand alone and has its own landscape. The theme of the poem is never stated. So the reader has much more to do than he would be used to in the contemporary English poem. When the* ghazal *has its full development, each stanza in a given poem ends with the same word.*

APOPTOSIS

URIAS A ALMAGRO MD

My eyes are like two tourists
that venture into the landscapes
of **E**pithelia. A world of squamous bricks,
of columnar fences and transitional umbrellas.
A world that has its own seasons, programmed
by a biologic clock that sets the time
for regenerating, for maturing,
for exfoliating. **L**ike the bigger world,
there are little lives there
that go on, without knowing
any October, yet on coming to the end
of the line, and stepping into the irreversible
threshold of the death domain,
turn red, get shrunken and fall
away from the others. **L**ike leaves
holding on to their last traces
as they dissolve
into the interstices of their own autumn.



Apoptosis (arrow) in viral-related dermatitis

LESTRINO C BAQUIRAN MD

CALL HIM CAITLYN

LESTRINO C BAQUIRAN MD

At last, he claims to be free
From a hunk he to an almost she
All the changes were worth the pain
To have done nothing would have bane
One more reassignment to be done
All the lies, the secrets are gone.

Many nights long before
When his prowess were at its fore
When Olympian medals were accumulating
When Wheaties with the athlete were selling
He was already thinking of cross-dressing.
He did not want his kids to get hurt
Hormones, refigurement allowed no regret.

Leibovitz framed his sculpted face with long hair set
Jacketing his body in a strapless corset
Wearing bare shoulder gowns showing cleavage and legs
Already are calls, jerk, science project, the dregs
Behold his true self, not a sex object,
All the negatives, his confidence will reject.

And what's ahead
TV, the Kardashians assure big bread
After, kudos, courage medal, being feted
Might not loneliness creep in underrated
One dysphoria traded for another form
Despite attaining his new norm.
Might, he not think, say, he can
Get me my woman or my man.

OF FORLON LOVE

NARDS CHATO MD

Of love once lost,
Where it once belonged,
Regained in times, even if only in memories.
Of forlorn love,
With a tinge of forlorn hope,
Of memories, engraved in the heart and soul
That will never fade.
Of memories that refuse to die,
Ingrained in the consciousness of the song.
For even the dust of time,
Cannot bury the memories embedded
In the heart of a forlorn song.

Vegas MCU Reunion

ENGINEER DIJEN SO

DIJEN SO

The MCUMAFAA (Manila Central University Medical Alumni Association and Foundation in America) under the leadership Henry Eugenio MD as current president, of Thomasville GA, held its annual reunion and scientific convention on October 8-11, 2015 at the Las Vegas Monte Carlo Resort Hotel.

The Golden Jubilarian Class[65] were honored by MCU bigwigs, including Lutgarda Ding Quito, executive vice president Lilibeth Tanchoco MD, the College of Medicine dean, and George Tanchoco MD.

The Golden Jubilarians were Leonor Pagtakhan-So MD, Carmelita Bostre Teeter MD, Nelly Esteban MD, Pedro Talosig MD, Lucy Brook MD, Marita Falorina MD, Mario V Ponce MD, Enrico Rallos MD, Ernesto Vedia MD, and Guillermo Udarbe MD.

The three-day event was a success with the help of the MCUMAFAA Auxiliary and the spouses of the attendees.

The APPA CME Division Inc provided the ACCME accreditation of the scientific meeting for an American Medical Association Physician Recogntion Category 1 credits to attendees.

Among the lecturers psychiatrist H Eugenio MD, gastroenterologist Margaret Eugenio MD, neonatologist Mente Dalare MD, pulmonologist / critical care specialist Reynaldo Landero MD, allergist L Pagtakhan-So, and drug inventor and National Institute of Health researcher *extraordinaire* Jacob Aranda MD PhD,.

Dr Aranda also proposed creating a neonatal electroencephalograpm network in

the Philippines, using telemedicine technology to assist the more rural areas of the Philippines.

The MCU vice president for planning and external affairs Dr G Tanchoco affirmed that starting 2016 all secondary schools in the Philippines will be extended to 11th and 12th grades to conform with international education standards. Thus, for two years, the change will have a profound impact on all private universities in the Philippines since only a few Pilipino college students will be enrolled for those time period, until high school students finish their 12th grade. It will create a devastating impact on the finances of the majority of private universities.

The Department of Education should have phased the implementation in over a longer period to minimize the negative financial impact to the Universities.

FEUMAANI Christmas

What - Christmas party
When – Sunday, December 6, 2015
12:00 noon to 3:00 pm
Where - Brio Tuscan Crille (West of Von Maur), 330 Yorktown Center Lombard IL
Donation - $40 Adults; free for 12 and younger, courtesy of the FEUMAANI
Please make checks payable to **FEUMAANI** c/o Hedelita Montenegro, 109 North Wynstone Drive, North Barrington IL 60010, and indicate the number of children with you.
RSVP to Richard Mon MD
torite@hotmail.com
or Lourdes Malicay MD 630-969-0774

More on PMAC *55th anniversary*

ELENITA I RUBIO MD


ELENITA I RUBIO MD

Defying all odds and unfazed by logistical challenges, the Philippine Medical Association, Auxiliary and PMAC & Auxiliary Medical Foundation held their annual Inaugural Ball on Sept. 12, 2015. Through strong cohesive collaboration and the tireless contributions of many dedicated silent doers, the event proved wildly successful, with 280 guests in attendance.

All Attendees enjoyed a three-course dinner along with the night's program, which included the singing of the Philippine National Anthem by the FEU Medical Association of Northern Illinois Choral Group; induction of PMAC and Auxiliary and PMAC Foundation officers by Vice Consul Alena Grace Borra of the Consulate General of the Philippines in Chicago; official remarks from organizational leaders; and the presentation of "Sanctuary – Prayer Before Surgery" and "A Physician's Prayer," two original compositions by Dr. Cleo Casambre created specifically for the event. These odes to the medical profession were performed by vocalist Ms. Christine Cadlaon (Sanctuary – Prayer Before Surgery") and the PMAC Congregation Singers ("A Physician's Prayer"), accompanied by Casambre herself on piano.

Beyond the entertainment and camaraderie was an understanding that this ball stood for a cause much greater than sheer self-celebration. The event's proceeds will ultimately benefit the PMAC's upcoming medical mission, which provides much-needed, life-saving services to underserved communities in a nation we are all proud to call home.

The PMAC & Auxiliary and PMAC Foundation would like to acknowledge in particular the enthusiastic and unwavering support of First Lady Mrs Gigi Guzman, co-chairman Dr. Melinda Tolentino, Mrs. Amy Delfin and the members of the social committee.

CFO *on medical missions*

Regarding medical mission to the Philippines, please be informed of the following:

Any foreign organization intending to bring medicines and/ or medical equipment to be donated or used during the conduct of medical mission must comply with the requirements of the Department of Health's Bureau of International Health Cooperation (DOH-BIHC). DOH-BIHC shall then facilitate the issuance of a clearance by the Food and Drug Administration (FDA) and the Bureau of Health Devices and Technology (BHDT) for the drugs, medical supplies and medical equipment.

The requirements of the DOH-BIHC may be found on the website www.doh.gov.ph.

Foreign medical professionals must apply for special temporary permits to practice their professions while conducting the medical mission in the Philippines. The requirements for the permit are also found at the DOH's website.

DOH-BIHC also suggested that the organizers contact the Commissions on Filipino Overseas (CFO) which assists organizers of foreign medical missions. The CFO may be contacted at:

Commission on Filipino Overseas
Citigold Center
1345 President Quirino Avenue corner South Superhighway, MetroManila
Telephone (+632) 561-8327, 552-4701
Mobile (+63) 9175630773
(+63) 9175630782
Email: imelda.nicolas@cfo.gov.ph

LETTER TO EDITOR


MARILYN R DONATO RD

Greetings! Vacationing here in Las Vegas and enjoying the company of so many friends from the APPA, SPSA, FUN, FAITH, etc, who have retired here, Cesar Candari MD told me that ***Philippine Cooking in America*** is featured in **PMAC News** October 2015. There are so many informative news, indeed; and the beautiful photos are like HD. You are doing a super leadership with **PMAC News**. Would you, could you send me a hard copy please? May I mail you a copy of PCIA (The blue n white cover or the technicolor one?) Let's preserve. Promote, relish our Philippine cuisine and culture for generations in the whole world. All the best. God bless, Thank you, 3707 Alton Road, SW, Roanoke VA 24014, mobile 540-521-0281.

MARILYN R DONATO RD

OF LOSSES AND GAINS

URIAS A ALMAGRO MD

URIAS A ALMAGRO MD

During my internship, one of the first patients I was assigned to was a ten-year-old girl who had diphtheria. I was on twenty four-hour duty in pediatrics at the Southern Islands Hospital (Vicente Sotto Memorial Medical Center) in Cebu City the night she was brought in, quite an advanced case, with full-blown pseudomembrane in her throat (see Figure). That night, I assisted her attending pediatrician performed a tracheostomy on her, the first time I was directly involved with the procedure. She received probably the best medical care the hospital could provide at that time. She was placed in a semi-private room (in a public hospital) and had round the-clock nursing personnel. Her attending was a U.S.-trained pediatrician and a diplomate of the American Board of Pediatrics. Still we lost her.

Twice she coded with cardiorespiratory arrest. The first time, the staff was able to resuscitate her successfully. But the second time...

Autopsies were seldom done then so we did not know what exactly caused her death but most likely she succumbed to myocarditis, a dreaded complication of the disease. Her parents were simple people from a small town but were educated. They took their loss deeply but understood what happened. They thanked everyone for all the efforts made in trying to save their child.

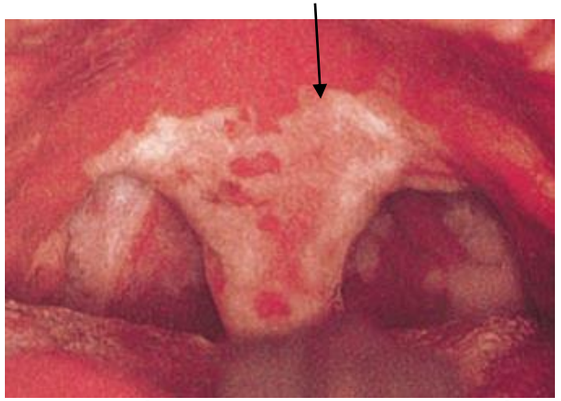


Figure – A full-blown pseudomembrane of diphtheria in the throat (arrow)

That was back in the sixties and then, sadly it is still to some extent today, infectious diseases were rampant in our native country. We had patients in the hospitals that I had my rotations treated for *cholera El Tor*, typhoid, pneumonia, tuberculosis, malaria, Dengue fever - you name it...

Another disease also common then was *tetanus neonatorum* (tetanus of the newborn).

Childbirths, especially in rural areas, were attended by *hilots* (self-trained local midwives) who while experienced in deliveries had little concept on the techniques of asepsis. They used from sharpened bamboo sticks to old knives in cutting the umbilical cord, the portal of entry of the tetanus bacilli.

Many of the big hospitals such as Southern Islands had special tetanus wards for babies afflicted with this dreadful disease.

At the time we had our diphtheria case, we also had a patient in the tetanus ward, a baby girl not yet two weeks old. She had not even been baptized in church yet. Her folks had to hurriedly transport her by outrigger from their remote island to the city so she could be treated at Southern Islands.

One of the first tasks I had with the tiny patient was to start her intravenous fluids. At that early stage of my internship I was just beginning to feel confident with venipunctures so I figured this would not be that difficult. Only when I stood beside her crib did I realize that this was an entirely different scenario: a patient so tiny I was not even sure in what manner would I handle her arm just to find a vein. Further, the baby, which was curved in classic opisthotonus, was so irritable that even the mere raising of a voice would trigger in her vigorous spasms.

Hardly had I stuck the *butterfly* needle into the baby's arm when she went into a massive spasm. In a moment, she became deeply cyanotic. The student nurse assisting me dashed out of the room and in seconds was back with the head nurse and one of the pediatric residents. We really did not do much of a heroic effort at the time. Everyone simply remained very still as the head nurse injected the baby with a sedative.

Later, I was able to start the baby's intravenous fluid uneventfully. That little girl eventually survived. A month or so later, on her discharge, I chanced to meet the family at the hospital lobby. I was already rotating in another service then but the parents remembered me. Simple rural folks, they thanked me tersely but sincerely for my help in taking care of their child. Then I watched them as they left, the baby bundled in their arms, bound for their remote island.

Now, more than forty years later, I am a pathologist, engaged in the practice of surgical pathology for the past thirty five years. While I do not work directly with patients still my work involves patients and has a big impact on their care and management. Sometimes, especially now that I am on the verge of retirement, I would think and ask myself what I have accomplished as a doctor. I would remember difficult diagnostic cases where I made the right call but also cases where I missed the diagnosis.

And somehow, I also remember the cases of the two young patients I had when I was an intern. For to me, it seems that, as practitioners of the medical profession - probably like all other professions - we live through satisfaction and disappointment,
through losses and gains, so to speak. In the two young cases, the outcomes were different: one loss, one gain. It appears an even score. But no, I feel it does not balance that way. Because in the practice of medicine, the losses stick deeper and stay with you longer than the gains.

NOVEMBER IMAGES

MCU annual reunion in Las Vegas, October 2015. First picture shows, from left, George Tanchoco MD, Ding Quito MD, and Leonor Pagtakhan-So MD sharing Jacob V Aranda MD[65] PhD FRCP FAAP (second to the right), the certificate recognition handed by Lutgarda C Quito MD (right), executive vice president of Manila Central University. Middle frame of L Pagtakhan-So MD as the 2015 Golden Jubilee Awardee (left) is flanked by Dean Lilibeth R Tanchoco MD of MCU College of Medicine. The third frame emphasizes pulmonologist Reynaldo R Landero MD FACP FACGS MACGS (middle) similarly similarly recognized by L Patakhan-So, D Quito, L C Quito and Dean L R Tanchoco MD.

PMAC executive officers and committee chairs in post 55th anniversary dinner dance business meeting.

PMAC attendees at the recent AMIHAN Chicago 40th anniversary celebration dinner

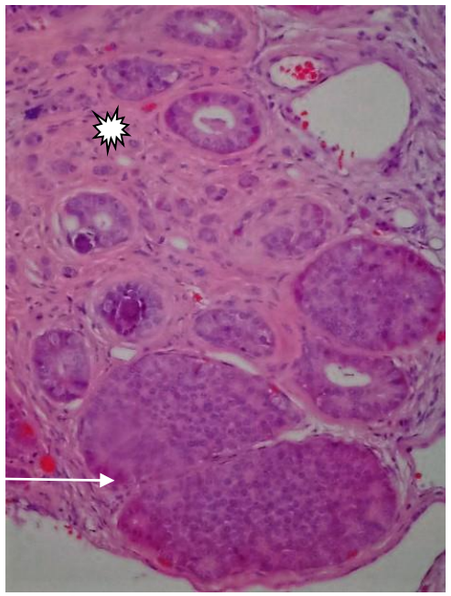
October PMAC business meeting features, from left, Tom Murphy Gerardo Guzman MD, Patty Tipton and Gigi Guzman RN.

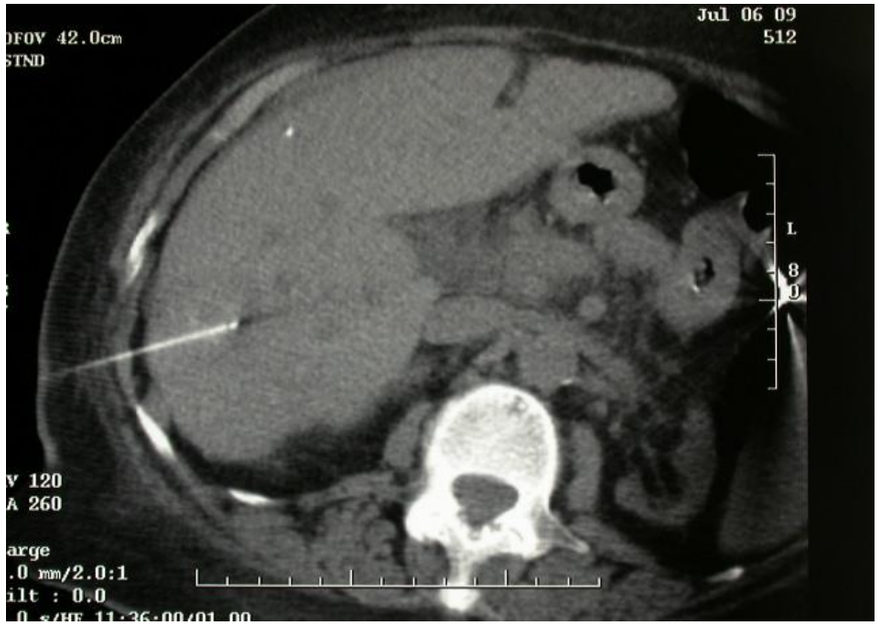
MCUMAFAA reunion and CME seminar recently held at Monte Carlo Las Vegas features, from left, G Tanchoco, D Quito, L Patalhan-So MD, Henry A Eugenio MD on *chronic pain management*, Mente Dalere MD on *neonatal abstinence syndrome*, L C Quito, L R Tanchoco MD and Venus Tanzo MD. The event is APPA/ ACCME-accredited function.

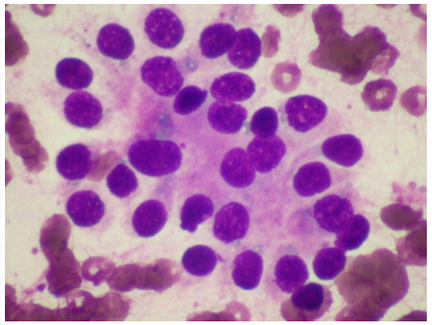
A group picture and a table game during the October Las Vegas Casino Night fund raising held at the Delfin Residence to benefit Olongapo City medical mission

CLINICAL IMAGES

MATURATION IN CANCER







From left, **Figure 1**– An infiltrative and metastatic moderately differentiated adenocarcinoma (asterisk) in a regional lymph node where there appears to be maturation to carcinoid tumor (arrow), hematoxylin eosin stain, x200; **Figure 2**– Nine years later, a computer tomographic scan-guided fine-needle aspiration cytology into one of the metastatic lesions in the liver; and **Figure 3**– A metastatic classic carcinoid tumor from the fine-needle aspiration cytology of the liver, Diff Quik stain, x400.

These **IMAGES** are from a 68-year old female who presented with a transmurally invasive moderately differentiated sigmoid colon adenocarcinoma. The tumor also exhibited maturation into typical carcinoid in its serosal infiltrative foci and regional lymph node metastases (**Figure 1**).

Immunohistochemical stains of the carcinoid component demonstrated labeling with chromogranin, neuron-specific enolase and synaptophysin, and the proliferation index was less than 2 % as measured by immunohistochemistry for Ki-67.

With complete surgical resection, supplemeted by local irradiation, and systemic chemotherapy, there was a remission of the colonic cancer for nine years. Then a classic carcinoid syndrome was manifested, associated with a metastatic carcinoid tumor in the liver (**Figure 2** and **Figure 3**). Indicated treatment based on expressed serum somatostatin receptors as determined using somatostatin receptor scintigraphy with radiolabeled form of somatostatin analog octreotide. Octreotide as a first-line antineoplastic systemic therapy decreased the symptoms of hormonal excess as in the indexr patient with a positive octreoscan. This regimen resulted, evident in imaging, tumor necrosis, remission of the carcinoid syndrome and of the tumor metastases for another six years when the patient died suddenly from complications of vehicular accident.

The final interpretation was a maturing of colonic adenocarcinoma to carcinoid tumor, associated with distant metastasis, carcinoid syndrome, and a long survival of 15 years.

COMMENTS and **LITERATURE REVIEW**. The admixture of adenocarcinoma and carcinoid in a lesion is alternatively termed as adenocarcinoid, goblet cell carcinoid, neuroendocrine adeno-carcinoma, amphicrine carcinoma, composite adenocarcinoma and carcinoid, and mixed crypt cell carcinoma. The tumor histogenesis is simpler and involves a common stem cell origin with observation of possible cellular maturation in the neuroendocrine lines on ultrastructural basis.

Cancer maturation is rare and perhaps best exemplified in neuroblastoma transforming into ganglioneuroma, Wilms tumor becoming a fibroma after therapy; and malignant melanoma, renal cell carcinoma, renal cell carcinoma, neuroblastoma, carcinoma of the breast, and leukaemias/ lymphomas undergoing spontaneous regression. The latter however is significantly different in that the tumor becomes necrotic, fibrotic, hyalinized, chondrified, and/ or ossified.

Transformation, or maturation, of colonic adenocarcinoma into pure carcinoid heretofore has not been previously described.

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

CESAR V REYES MD

MOC is changing MUA

continued from page 2

Carriers, legal price control on doctors' fees and their legal immunity from lawsuits, and

FERNANDO C LAGRIMAS MD

C - The burdensome mandates and overreaching rules and regulations by various regulatory agencies particularly the specialty boards.

While anyone of the above individually was fatal enough to put my obstetrics gynecology practice out of business; the combination of the three insured any chance of my practice surviving premature extinction.

Surprisingly, the solutions are simple. Unfortunately, the politicians and the bureaucrats in charge of our health care system are either myopic or guilty of medical malpractice:
their prescribed cures are worse than the disease! Two such examples of *cures* of dubious benefits are the newly enacted health care law and the well known abortion clinic
funding to the tune of 500 million dollars annually!.

One simple solution to problem-A is to grant malpractice fee exemption for physicians who are engaged in rural private practice or going into private practice in the MUA with one simple condition: they must provide care to all patients irrespective of their ability to pay. This should not be a problem since rural private practitioners are doing this already.

This is not even a novel idea; the Department of Defense, or military, and most physician employers are doing this already. Combined with generous benefits, the Department of Defense has alleviated its problem of fewer physicians enlisting in the military service.

If every state like the Department of Defense and other employers provide newly graduate physicians the same attractive benefits plus graduated forgiveness in their student loans, assistance in the startup cost on their private practice, to name a few, the present shortage of private practitioners in the MUA would cease to exist.

Regarding problem-B, again the solution is surprisingly simple. Surveys have reported that Health Insurance Carriers have a 300 % profit in a recent 5-year period. Evidently, Health Insurance Carriers are reaping enormous profit. Since their fee's hike is subject to approval by the insurance regulatory agency, why not make the approval of Health Insurance Carriers' request for fees hike contingent on the condition that they increase the usual customary reimbursement payment to their participating physicians.

This is the sad reality of the private practice in the MUA; the vast majority of patients in the MUA are low-income, uninsured, underinsured or medicaid, and medicare recipients. Rural physicians pay the same malpractice premium rate that physicians in the urban areas pay. But the usual customary reimbursement in the MUA are comparatively way down lower than that of urban physicians. Not only that, the usual customary reimbursement in the MUA is stagnant! In the 26-year period that I practiced in MUA until 2007, I was locked in with the same low usual customary reimburse-ment, and yet during the same period the Health Insurance Carriers fee's hike proposal were repeatedly approved.

Legal actions to compel the Health Insurance Carriers to increase physicians' usual customary reimbursement fee are useless because Health Insurance Carriers are immune from lawsuits. Obviously, this is the reason why Health Insurance Carriers persistently deny payment for preexisting conditions or for remedies that Health Insurance Carriers consider *experimental cures* in spite of the evidences to the contrary. Health Insurance Carriers can legally get away with it with impunity.

Apparently, it is the same reason why Health Insurance Carriers engage in various other business practices that are dubious in nature. I know for a fact that women who have had a hysterectomy and/or bilateral salpingo-oophorectomy, or tubal ligation, as well as menopausal women, are arbitrarily required to pay for obstetric services which this subset of patients no longer need.

Again the solution is obvious: strip the Health Insurance Carriers of their legal immunity and levy them with a hefty fine for illicit business practices like unlawful monopoly, unreasonable denial of required services and doctors' usual customary reimburse-ment hikes, to name a few. If imprisonment is added to fines when such denial of legitimate medical services resulted in death, believe me this culture of denials will stop in the blink of an eye.

With regards to problem-C, I will point out just three examples of burdensome regulations since time and space won't allow me to address them all. The first one is the laboratory permit fee to conduct some lab tests in the office/ clinic like hemogram, urinalysis etc. To avoid the hassle of complying with the periodic quality control inspection, I opted not to do any lab work in my office. Don't you think my problem is over from here? Nope, I still have to pay a waiver's fee for opting not to do lab test in the office-unbelievable!

Then the Health and Human Services in collaboration with AMA mandated the submission of all medical bills using diagnostic codes-no code no payment as simple as that. To obtain these mammoth list of diagnostic codes I had to buy the code manual from the publisher exclusively authorized by Health and Human Services. So you might think that after buying this expensive code manual it would be the end of my code billing woes? Not so fast again. The Health and Human Services/ AMA constantly revised the code manual that I was forced to keep buying the revised code every year.

What was troublesome here was the changes in the existing code manual were so minor that a cheaper supplemental issue would suffice for the purpose.

Unfortunately, Health and Human Services/ AMA would rather not do it.

Conclusion: As it turned out a lot of rules and regulations purportedly designed to maintain order and quality of health care are in fact nothing but sources of unnecessary expenses and undue hardships in running a medical practice.

With regards to MOC requirement, here are some of the harms, perhaps unintended- that MOC has done to the physicians in the MUA, particularly to obstetric gynecology private practice. On the physicians' decision to retire, MOC has been one of the main culprits that forced me out of my obstetric gynecology practice prematurely.

MOC requirement has been the single reason why I have not been able to get a job until now as an obstetrician gynecologist in MUA due to the fact that my board eligibility status has lapsed already. And yet the MUAs are desperately looking for obstetric gynecology practitioners.

Conclusion: MOC is a drag on workforce.

This is one of the chaotic impacts of MOC in the MUA: artificial shortage of physicians! This is the ridiculous reality nowadays: it does not matter whether you are skilled, experienced, or your malpractice, or ethics profile is spotless; if you are not board certified or not current with MOC requirement, you are not employable.

Conversely, it does not matter if you are the lousiest, uncaring practitioner or you behave like a baboon, as long as your MOC is current, getting on a job is a piece of cake.

Conclusion: MOC is a drag on access to quality health care in the MUA..

Early on my rural obstetric gynecology practice, I began to encounter complicated cases requiring specialized surgical procedures like sacro-spinous fixation of recurrent vaginal vault prolapse, newer TVT or TOT sling urethropexy and minimally invasive laparoscopic surgery. With my limited practice income, and handicapped by exorbitant malpractice insurance premium, I had to choose between acquiring specialized surgical skill, or MOC. Both endeavors require thousands of dollars, not to mention loss of income from being away from practice during the review or preceptorship. I chose the former and the exodus of my patients going to tertiary referral centers abruptly stopped.

The impact of this decision have been manifold and profoundly dramatic. With the health care needs of my patients locally available, patients did not have to travel six hour back and forth to the tertiary centers anymore. This translate to less absenteeism at work. Relieved from the disabling morbidity of female disorders, a lot more patients became available for employment. This translate to more spendable income; which means more business customers; and more customers means more sales and service demands in the community.

This benefits on the local economy and access to quality health care locally, would not have been realized had I chose MOC instead of acquiring needed skill through intensive perceptorship with experts in newer gynecologic surgery. In other words I could have been board certified but the same remained helpless in providing the specialized surgical procedures needed by my patients.

Conclusion: MOC is a drag on patient outcomes, on patients safety, practice cost, on the growth of local economy and above all on the practitioners' ability to keep themselves abreast with the newer advances in medical technology.

What has gone awry is the pervasive public perception that board certified physicians are somehow more qualified hence preferable for employment than the non-boarded physicians. This is an absolute fallacy! Unfortunately, this myth has galvanized the current practice of hiring only board certified physicians. The simple fact is in any medical subspecialty that involved surgical or other forms of technical skill, the effect of passing the board exams and MOC is insignificant or zero.

Conclusion: Board certification and its MOC is an exercise in duplication and redundancy.

My chief argument why the oral board exam is not fair and objective and therefore an invalid gauge of physicians' competence is the fact that the oral exam is inherently flawed because it is based on the premise that the oral board examiners are above reproach or fair minded. This is wishful thinking! While it is true that most of the oral board examiners are honorable and fair minded some are by no means saints or incorruptible.

In fact, others are openly manipulative. Safeguards against misbehavior in this respect is simply not possible. Let us face it, any exam where the success of passing hinges in part on the whim and caprice or mercy of the examiners is not worth it.

Let us lay to rest this MOC controversy once and for all: once a physician has satisfied the required undergraduate education and passed the licensure exam, any attempt to gauge the competence or proficiency of a physician is subjective at best hence unreliable and downright meaningless. Every state that I know of, requires renewal of physician's licensure, a completion of an average of 200 continuing medical education hours biennially which is reasonably adequate in maintaining one's professional proficiency. Therefore, if the objective of board certification and its MOC is to maintain ones' professional proficiency, it is obvious that the written board examination is superfluous, the oral examination an overkill and MOC as nothing but a costly and harmful clique.

I admit that the specialty boards have not to my knowledge abetted in any shape or form this erroneous public perception that non-board physicians are not equally employable.

The issue I have with the specialty boards is their utter silence and the total absence of any initiative on their part to help set the record straight with the AMA and the public, particularly among the job

recruiters and employers that MOC is not and should not be a disqualifying profile when it comes to hiring physicians.

If the inference is correct that their silence is a tacit endorsement of this fallacy, then they are complicit in perpetuating what is unquestionably an act of intellectual dishonesty.

I have been an outspoken advocate for the dismantling of MOC as unofficial hiring requirement for employment. I have written local politicians about the negative effect of MOC to the overall health care condition in the MUA.

I have regularly attended all kinds of politicians' town hall meetings and articulated the plight of the physicians in the MUA. While they appear sympathetic to my cause, no concrete actions have come from them. Obviously, there is no political appetite to reform our ailing health care industry.

Actually, I am going to send a copy of this email to the AMA, to our lawmakers involved in our health care policies and to whoever I believe can make a difference in this MOC madness. I decide to have this copy published thinking that my voice would have a better chance of being heard if I could rally some voices from the readerships to join with mine - admittedly, a lonely voice echoing from the wilderness of the countryside.

I think the disconnect between the AMA House of Delegates and the health care needs in the MUA is the fact that most of the AMA House of Delegates are academicians or urban clinicians who are predictably out of touch with the health care situation in MUA.

Hence, their action to defeat the resolution that put moratorium on MOC was understandable. Think about it, the resolution was not even about ending MOC which was undeniably the appropriate thing to do.

The crusade to scuttle MOC which has become no less than a *holy cow* in our health care system is akin to an act of heresy. Therefore, I do not expect to see the light at the
end of the tunnel anytime soon during my lifetime. If you believe like I do that this is a crusade worth fighting for, please carry on. It would be a heartwarming feeling to take into my grave knowing that this daunting and unpopular crusade marches on.

I say daunting and unpopular because my campaign against MOC has been branded by some of my colleagues as *sour grapes* having failed in keeping my MOC current. Some have even accused me of hypocrisy for the simple reason that I would not be *rocking the boat* if my MOC had been current. I feel that their cruel criticisms are unjustified and misdirected.

It used to be - at least for obstetric gynecologists - that once you are board certified, having passed the written and oral examinations, it is for life. Not anymore. The American College of Obstetrics and Gynecology has mandated again to their board certified members that they must submit again for re-certification exam every ten years. Frankly, I would not be surprised if the American College of Obstetrics and Gynecology would make the re-certification every five years, or maybe every three years, and so on and on. Enough is enough! The American College of Obstetrics and Gynecology and the rest of the special boards must put an end to this senseless assault against the medical profession via of unnecessary onerous MOC requirements.

To the specialty boards the core issue concerning MOC is this: why is passing the written examination not enough that one must pass the oral examination and now must pass a recertification examination periodically?

The truth is there is no justifiable reason why. For this reason it is critically incumbent upon the specialty boards to come up with convincing reasons behind these additional MOC requirements. Otherwise, the growing malaise of distrust and discontent among their membership engendered by their unending demand for more MOC requirement will finally turn into a defiant insurrection once they are convinced that these additional requirements are nothing but an expensive business gimmick.

To my esteemed board certified colleagues, you have invested an awful lot of valuable money, precious time and exhausting efforts to earn your board certification. You rightfully deserved the privilege to have it for life. But do not you see it, the specialty boards are cleverly pulling out the rug from under the pedestal where you proudly sit with your MOC laurels

.I find it troubling that the same specialty boards that peddled you this irresistible hype that board certification elevates you into a distinctive club of elite physicians are
the same ones that are systematically undermining this badge of honor through manipulative addition to the MOC one requirement after another.

Believe me, the feeling I go through every time I am rejected for employment due to failure to satisfy the MOC requirements are both humiliating and revolting. I hope you understand better now why I am waging this crusade against MOC: it is also meant to spare you from ending up riding in the same *boat* with me tomorrow.

The reality is we have colleagues who are caring, skilled and broadly experienced who relish the rustic practice setting in the countryside; but either unable to maintain their private practice or get a job simply because of the barrier posed by MOC requirements. Their inability to maintain their private practice or get hired is a terrible brain drain in the MUA.

Like you I have sworn to uphold the noble doctrines of our healing profession one of which is: *First of all do no harm.* To the specialty boards, the proud creator of board certification and its MOC, I want to emphasize the fact that MOC has done more harm than good to our health care system. To me MOC has become a pain in the neck as a rural practitioner and for that matter a bane on the health care need of the underserved patients in rural America.

To the distinguished AMA House of Delegates, you have now solid information what effect MOC has on your concerns above. The irrefutable final conclusion, I regret to say is loud and clear: MOC has degenerated into toxic land-fill that is spoiling the landscape of the MUA.

Remembering
URIAS A ALMAGRO MD

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Dr Almagro was born in Dalaguete, Cebu and obtained his undergraduate and medical education at the Southwestern University (SWU) in Cebu City. After receiving his MD degree in 1968, he had a short stint as a laboratory instructor in the departments of Microbiology-Parasitology and of Pathology at SWU before he left for the United States under the Exchange Visitors Program in 1972.

URIAS N ALMAGRO MD

He did a rotating internship at the Saint Joseph Hospital in Lorain OH, then started his pathology residency at De Paul Hospital, an affiliate of the Eastern Virginia Medical School, in Norfolk VA. He transferred and finished his pathology residency at the Medical College of Wisconsin (MCW) in Milwaukee, serving as chief resident in his last year. He then passed the pathology specialty boards, both anatomic and clinical, and was a diplomate of the American Board of Pathology. He was a fellow of the College of American Pathologists and of the American Society of Clinical Pathologists.

In 1978, he started as staff pathologist at the Zablocki VA and was the chief of Anatomic Pathology of the Laboratory Service. He spent 20 years at the Zablocki VA, then moved on to the Froedtert Hospital where he stayed for seven years. In the span of 27 years that he was at Zablocki VA and Froedtert, he was a full-time faculty of MCW, starting as assistant clinical professor and progressing on to the rank of (full) professor.

For eight years, he served as course director of sophomore pathology at MCW, running the course for an average of 200 second year medical students each year. In his tenure as course director, more than 40 of his previous students had gone on to become pathologists. In 2005, he left Froedtert and went to Ameripath Wisconsin where he stayed until 2008. He then joined the Great Lakes Pathologists which provide laboratory service to the Aurora Healthcare System, the largest healthcare provider in Wisconsin.

In his career, Dr Almagro had received several awards and recognition. At the Zablocki VA, he was the recipient of the VA Performance Award (1980) and the VA Service Award (1998). Also, he was a member of the telepathology team at the Zablocki VA and the Iron Mountain VA in Iron Mountain MI that was awarded by then US Vice President Al Gore with the Hammer Award, a recognition of innovative projects in the federal government.

At MCW, he received the Department of Medicine Teaching Award (1997) and the Student Assembly Standing Ovation Award (2003). Twice (2003 and 2007), he received the Harry Beckman Basic Science Teaching Award (Basic Science Teacher of the Year Award), an award that is based on voting by the graduating class. He was also voted by the Alpha Omega Alpha to be a member (2003) as a faculty. (Alpha Omega Alpha is the national medical honor society of the U.S. whose members are the top medical students of the country, voted on by their peers; the members also vote for a faculty member each year.) Also, he was elected to the MCW Society of Teaching Scholars (2004) and remains a member as Professor *emeritus*.

In 2008, he was one of the outstanding alumni of the SWU Matias H Aznar Memorial College of Medicine.

Dr Almagro was also a poet and writer, both in English and the Cebuano-Visayan dialect. He started writing during his undergraduate and medical school days at SWU when he was actively involved with the student publications. He was associate editor of the **Quill**, the student publication of SWU and, for a summer issue, was the editor-in-chief. He also served as editor-in-chief of the **Pulse**, the student publication of the SWU College of Medicine.

In 1968, he was one of the writing fellows of the Silliman University Summer Writers Workshop, conducted by Drs Edilberto and Edith Tiempo, both renown Pilipino writers.

He had English poems published then in the Philippines Free Press and in Solidarity and Cebuano-Visayan poems published in **Bisaya** and **Silaw**, then the two vernacular news-literary magazines of the Visayas and Mindanao.

Although engaged in his busy pathology practice, he had continued to write and has produced a large volume of Cebuano-Visayan poems of which more than 300 had been published in **Kabisdak**, an online blog/ hub for Cebuano-Visayan writers, run by Michael Obenieta, a Cebuano poet who now resides in Kansas.

In addition, he had English poems published in **The Pharos**, the publication of the Alpha Omega Alpha as well as literary vignettes in the medical journal, Postgraduate Medicine. He had collected his Cebuano-Visayan poems in two volumes that he had published privately: *Mga Taas Nga Damgo, Mga Mubo'ng Gabii* (Long Dreams, Short Nights) and *Ang Gikablit Nga Mga Kwerdas* (The Plucked Strings).

He was included in the Encyclopedia of Philippine Literature, a book to be published by The Cultural Center of the Philippines.

On the scientific side, he had authored and co-authored 50 articles that were published in peer-reviewed pathology and medical journals.

Dr Almagro was married to Amelia Louise Zwolinski of Lorain OH. They have four children and five grandchildren.

He and his wife resided in New Berlin WI, a suburb of Milwaukee.

PRESIDENT'S *Message*

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program during the Olongapo venture, as follows:

GERRY C GUZMAN MD

Tuesday, January 19, 2016 – assembly place for the mission volunteers at Virgilio Jonson MD's residence. A group bus will pick us by 1:00 pm.

We will check in at the Subic Bay Harbour Hotel. We will have a brief rest, orientation, and unpacking of personal mission's boxes, from 3:00 to 5:00 pm.

A welcome reception hosted by the Mendiola Family will cap our first day.

From Wednesday, January 20 through Friday, January 22, 2016, our mission venue will be the James Gordon Hospital where major surgical team and a triangle center for the medical dental optical output minor surgery, and minor surgical team, as well as continuing medical education fundtions will be enforced.

To date, our scheduled scientific activities include Alfonso Estrada MD on Wednesday, January 20th, Jim Sanches MD on Thursday, January 21st, and.Nida Blankas Hernaez MD on Friday, January 22nd.

The dinners will be hosted by the PMAC at the Subic Grand Harbour Hotel.

On Saturday, January 23rd, a *despidida* brunch will be provided by the Olongapo City Mayor's Office and to be highlighted by a party with Hawaiian motif and recognition of mission volunteers/ donors and patrons, and appreciation from the PMAC

Our fact finding team of Naty Bernardino MD and Faye Mendiola MD reported to our group the above-mentioned schedule of events.

There are 40 rooms which are good for 80 volunteers reserved on first come/first served basis at Subic Grand Harbour Hotel. To confirm your reservation, a first night deposit of $70 payable to the **PMAC** is required.

Those who want to do the reservation directly to the hotel, please go to the wbsite Info@subicgrandharbour.com; and be sure to mention **PMAC group**.

For the surgical mission volunteers, surgeons, anesthesiologist, operating room surgical nurses, please submit to

Gerardo C Guzman MD
9 Southgate Course
St Charles IL60174

the following: A copy of medical license, signed picture, and brief curriculum vitae.

These documents and credentials are required by Philippine Consulate, Professional Regulatory Commision, and other health licensing Philippine agencies.

We are excited and confident that our annual PMAC January 20-22, 2016 Surgical,Medical,Dental and optical mission in Olongapo City will be successful with the full support and cooperation of the officers, members, family,friends, sponsors and beneficiaries.

Keep us servant/ missionaries in your prayers for our safe travel, health, security and successful endeavor to help our poor *kababayans*.

GERARDO C GUZMAN MD

FAITH Begins

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dignity, honor, and compassion.

The first FAITH summit meeting was 2015, hosted by NC-VAPP, attended by over 40 committed medical surgical mission volunteers, along with many young Pilipino Americans.

EUSTAQUIO BOY ABAY MD

The following is a brief summary of the summit proceedings.

The goals are:

1 – to make medical/ surgical missions more efficient and sustainable,

2 – to establish and develop working partnerships with Philippine government and its agencies with clearly defined projects,

3 - to connect and collaborate with as many Pilipino American groups and organizations in United States, Canada and elsewhere,

4 – to encourage our Pilipino American youth and young adults to visit the Philippines, discover their roots, learn about their culture and heritage first hand, and be inspired, and

5 - to encourage Pilipino American adults and retirees to revisit and rekindle their love of country.

It is intended that FAITH focus at each goal one at a time and endeavor to do the best we possibly can, set definite endpoints, and move on.

During the summit, Benjamin Rigor MD presented *A Different Kind of Diplomacy* in FSMM.

All Powerpoint presentations are available, collected on CD, on request, courtesy of Lamberto Benching Tan MD for a voluntary tax deductible donation to FUN (Filipinos United Network-USA), Note donation to FAITH (on the bottom left of the check)

We have all labored on this since 1998. The reality of facts remains and we must squarely face them:

DOH (Department of Health-Philippines). The rules and regulations of engagement have been defined. See attachments, or please go to www.doh.gov.ph, and click medical missions, for unequivocal details.

Health Attache. The issue of having a Health Attache for FSMM (Foreign Surgical/ Medical Missions) at the Philippine Embassy was proposed, promised by former DOH Secretary Enrique Ona MD, but remained non-existent and elusive.

It was revisited with Joel Buenaventura MD, DOH Chief of International Health under the new DOH Secretary Janette Garin MD, and Philippine Ambassador to the US, Jose Cuisia.

It is clear that the appointment of a Health Attache is not as simple as it seems. If created, the Health Attache will have to address not only FSMM issues, but all health matters going through the Philippine Embassy. Rather than expedite issues related to FSMM, it will be an added bureaucratic layer for all FSMM processes which everyone does not need or want.

Then there is the issue of Budget. Under whose item does the Health Attache fall under. Under the circumstances, neither DOH, DFA (Dept of Foreign Affairs), nor CFO (Commission on Filipinos Overseas) has the necessary budget for it.

A Point -Person for FSMM Affairs in the CFO Office might be most appropriate if Ch Imelda Nicolas agrees and approves.

DOH decentralized. While the National Health Plan, including Tertiary Regional Hospitals, PhilHealth remain the responsibility of DOH; and Local Healthcare has now been relegated to the Provincial Governors and City Mayors under DILG (Dept of Interior and Local Govt).

Adopt a Hospital Program. Many have already engaged and adopted a hospital, as follows:

a) - Domingo Alvear MD of the World Surgical Federation has adopted Provincial Hospital of Coron, Palawan;

b) - Juan Montero II MD of the Montero Medical Missions has adopted Adela Serra Ty Memorial Medical center, Tandag, Surigao;

c) - Cesar Candari MD of the Pandan, Antique Foundation Inc and Medical Missions Inc has adopted Justice Calixto O Zaldivar Memorial Hospital in Antique;

d) - Daniel Fabito MD of the Philippine Medical Association of Greater St Louis has adopted Bulacan Medical Center;

e) - D Fabito MD and Mel Simon MD of the Pangasinan Medical Aid and Assistance Foundation Inc has adopted Region I Medical Center in Dagupan, Pangasinan; and

f) - Others we may not know about yet.

They have all been doing yearly surgical/ medical missions to these places in addition to donations of hospital/ medical/ surgical equipment.

This may be a sustainable engagement, not only to upgrade the hospital but to partner with the hospital staff and community health personnel to lift its local health programs.

A medical mission group or groups may adopt a hospital of their choice and must engage the local governor or mayor as the case may be.

Sustainable Medical Missions. Sustainable surgical/medical missions have been ongoing as exemplified by Ida Tiongco MD and Tony Ligot MD, in partnership with the Philippine Dermatological Society at Benguet, Mountain Province where they have had ongoing missions for over 15 years.

Armand Wiltz MD shared his experience with obtaining permits and licensure for FSMM.

Dr C Candari related his experience with donations and dealing with BOC (Bureau of Customs, Unfortunately, this remains FSMM unresolved nemesis. Others have done the same.

Dr D Fabito summarized the current status of FSMM as it relates to the different government agencies. He is of the opinion that our closest ally and perhaps and our best champion for the FSMM cause is Chief Imelda Nicolas and her staff at CFO (Commission on Filipinos Overseas.

Rosario Laserna MD gave an overview on how tie them all together and presented her successful Teen Pregnancy Control Program by Abstention.

Fernando Ona MD and Celia Ona MD of Hawaii, at their own expense, have had an ongoing outpatient facility and now to be added, maternity and Lying-in Clinic in Batangas, in partnership with the St Luke's Medical School, Quezon City.

These are an inspiring feat worthy of emulation.

Proposal. A year-round schedule for FSMM at select sites.

Working with DOH, DILG and respective governor or mayor, the following was proposed:

At a mutually agreed depressed site(s), one to five sites initially, identified with above,

a) - Create a calendar for 50 weeks year-round, allowing for Christmas and New Year break;

b) - On a first come-first serve basis, engage each FSMM desiring to do missions to commit one week each year for the next five years, until the whole year is filled;

c) - Connect and partner with the nearest public hospital and its staff, the local RHUs (Rural Health Units), local medical groups and practitioners, local medical, nursing and health-related schools;

d) - Elect a local medical group (a medical school if there is one) to coordinate and develop the program:

(i) actual clinics operations,

(ii) community health programs,

(iii) community health education,

(iv) educational and training program for local health personnel: doctors, nurses, ancillary health, and

(v) development and updating health facilities and equipments, etc; and

e) - Begin with one site, increase the number of sites as the response increases.

Why not? We hope to initiate this in partnership with DOH and DILG- local Governor and Mayor of mutually agreed upon site(s).

This would complement Adopt a Hospital Program. The potential is enormous, limited only by participants themselves.

PRC (Professional Regulations Commission). The following are information obtained from PRC, Office of International Affairs very recently.

Please go to www.prc.gov.ph for specifics on permits and licensures for FSMM

DFA (Department of Foreign affairs). Please go to: www.dfa.gov.ph for specific inquiries.

In conjunction with Ambassador Cuisia's campaign, we shall collaborate with all concerned to work on:

a) - Campaign for dual citizenship and registration to vote both in the Philippines and the United States, and

b) - Campaign to unite FilAm and FilAm groups.

CFO (Commission on Filipinos Overseas). Chaired by I Nicolas, this is the single presidential agency that not only welcomes our inquiries and do their utmost to help, but also the one agency that stands to do the best they can to help us with all our goals.

Please go to www.cfo.gov.ph for specifics and links.

We also would like to thank chairperson I Nicolas and her staff for very warmly welcoming our representations in Manila in September. We shall continue to communicate our concerns to her and her office and hopefully together, we can come up with resolutions of FSMM Issues.

Establish and Develop Working Partnerships with Government Agencies. We will need working partnerships with Philippine Government agencies specifically: CFO, DOH, PRC, DILG, DFA, DF-BOC (Department of Finance - Bureau of Customs), DSWD (Department of Social Welfare and Developmentt), DOT , etc

To this end, Dr D Fabito is proposing another summit meeting in Manila, in January or February 2016. We would like to hear pros and cons from everyone.

Unify Fil-Ams and other Filipinos in diaspora, especially the second generation. C Calica MD briefly presented second generation participation, limited by technical difficulty with projection.

A) - Beginning with the United States and Canada, this formidable challenge beckons.

Ambassador J Cuisia has launched a fairly successful effort to bring together 33 Pilipino American groups in the Washington-Maryland-Virginia area.

I shall probe into possible partnership/ collaboration with the ambassador/ and other Philippine Consulate Offices, one Pilipino headed by Tony Olaes, and GK-USA headed by Jun Raffinan to work on an action plan to unite Pilipino American, young and old, major city by major city, one at a time.

1) - Campaign for dual citizenship and registration to vote, both in Philippine and United States/ Canada elections;

2) - Establish sport leagues of basketball, volleyball, bowling, etc;

3) - Establish Pilipino arts and cultural program with active participation in local community and state programs;

4) - Liaison and sharing of resources and talents among city/ state Pilipino American organizations; and

5) - Connect with city/ state government office and cultural affairs.

B) - Depending on progress with A), consider reaching out to Pilipinos everywhere.

We have initial contacts with a few second generation in Australia, New Zealand, and Singapore.

Social Media. Establish a website and keep it active. Develop a social media presence.

Reach out to all Pilipinos in the United States/ Canada and everywhere in the world.

Treasury Committee. FAITH as subsidary of FUN has been affirmed and documented by Philip Chua MD and submitted to Dr L B Tan by CD.

Fund Raising and Endowment. Management, disbursement, accounting of FAITH Funds, subject to auditing by FUN.

Internal Affairs. Internal communications, internet nwsletter, Facebook/ Twitter, message from the president, message from anyone, activities from city/ state chapters already established.

FAITH Progress Report. Dual citizenship, registration to vote in the Philippines – United States counts (by month or quarter).

Support for Mobile Hospital. There are currently two projects for a mobile hospital. One headed by Jim Sanchez MD with the Rotary Club and another headed by Mark Asperilla MD of the Gawad Kalinga-USA.

FAITH elected officers are, as follows: Eustaquio Abay II MD, president; D Fabito MD, vice president; L B Tan MD, secretary; I Manlapaz MD, treasurer; and Ray Cordero MD, F Ona MD, J Raffinan MD, Moonyeen Posa-Kane MD, Sofia Garcia Buder MD, Fortunato Macatol MD, Mr T Olaes, and Mr Jojo Prisno, board of directors.

Additional names for consideration to the board of directors are: Peter Britan MD (Canada), Licerio Castro MD (FEU), C Calica MD (SPSA).

Advisory board includes R Laserna MD and P Chua MD, chairpersons; and J Montero II MD (VA), D Alvear MD (PA), B Rigor MD (KY), C Candari MD (NV), Hernan Reyes MD (ME), Lourdes Floro MD (IL), Charles Patalinhug MD (MD), Elmas Lias Menchavez MD (MD), Ed Quiros MD (NV), M Simon MD (OH), and Mr Jojo Prisno (IL), members.

Nomination committee is composed of R Laserna MD and P Chua, chairpersons; and C Candari MD, C Ona MD, Marilyn Donato RD, R Cordero MD, Mrs Betty Macatol, J Raffinan MD, and Mrs Candy Emnas-Prisno, members.

Standing committees.

Membership and Internal Affairs - chaired by L B Tan MD;

External Affairs and Liaison in America - R Laserna MD;

Treasury, Fund Raising and Endowment -I Manlapaz MD with J Prisno and C E Prisno;

Second Generation - C Calica MD with J Prisno and C E Prisno;

Public Relations and Social Media - R Cordero MD and Marlene Cordero MD with J Prisno and C E Prisno; and

Sustainable Medical/ Surgical Missions E Abay II MD.

Ad Hoc Committee.

Constitution and Bylaws – chaired by D Fabito MD with P Chua MD vice chairman, and L Castro MDF, member;

Philippine Government Agencies Liaison Committee - J Raffinan MD;

Philippine Arts and Culture - L Floro MD;

Dual Citizenship/ Register to vote - E Abay II MD;

Mobile Hospital Support – J Sanchez MD and M Asperilla MD; and

Meeting and Program - M M Posa-Kane MD.

Attachments.

DOH Administrative Order 2012-0030; MOA, Adopt A Hospital sample; PRC 2012-668 PRC Policy on foreign practitioners;

PRC 2013-785 Waiver of permit for Haiyan Relief;

Presidential Decree 541 - Allowing former Pilipinos to practice respective professions; and

Application form for special temporary permit.

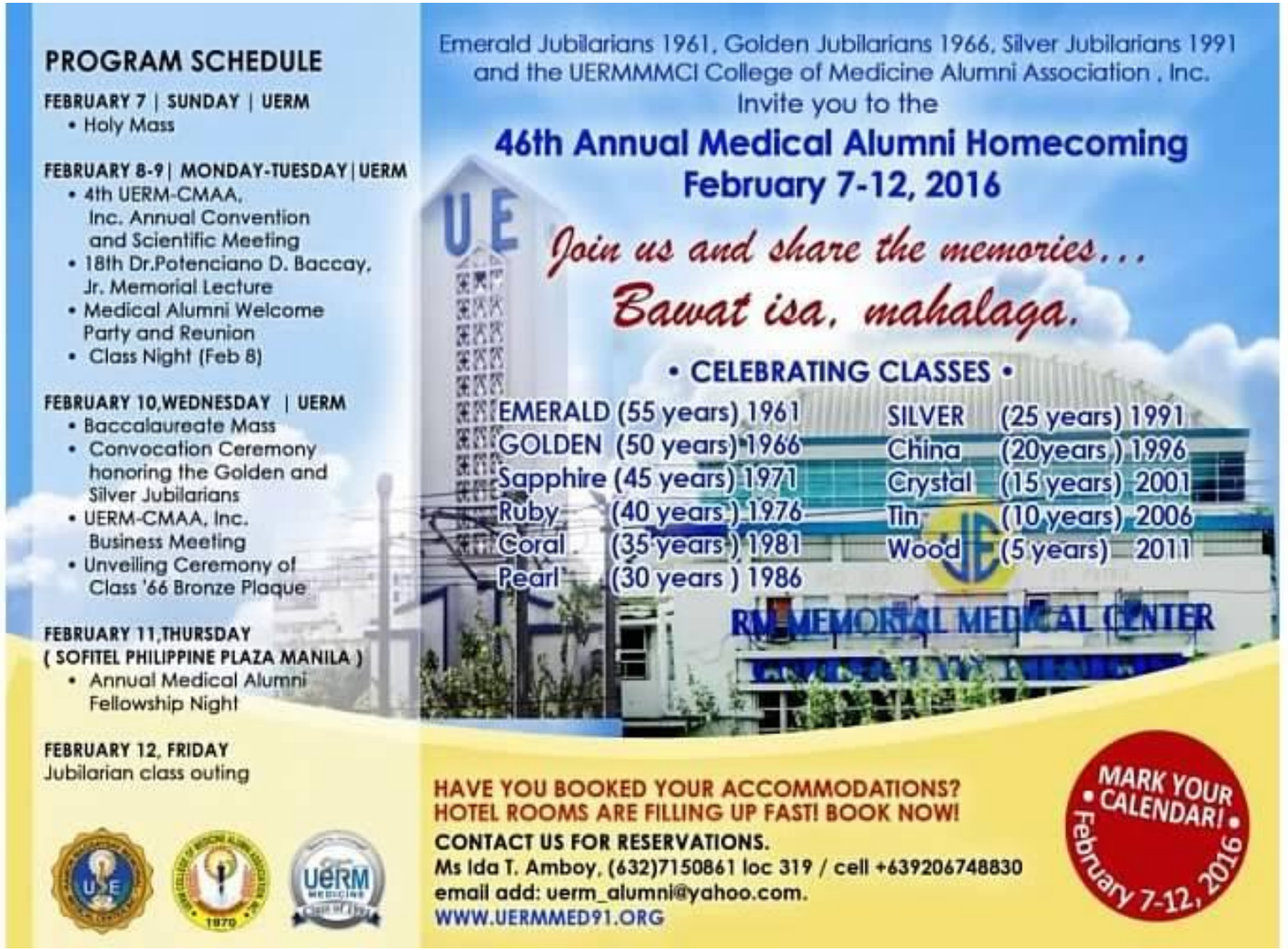
We would appreciate comments, suggestions or recommendations.

God Bless!

NOVEMBER QUOTE

I prayed, and prudence was given me.
I pleaded, and the spirit of wisdom came to me.
I preferred her to scepter and throne.
and deemed riches nothing in comparison with her,
nor did I liken any priceless gem to her;
because all gold, in view of her, is a little sand,
and before her, silver is to be accounted mire.
Beyond health and comeliness I loved her,
and I chose to have her rather than the light,
because the splendor of her never yields to sleep.
Yet all good things together came to me in her company,
and countless riches at her hands.

Wisdom7:7-11



2015-2016 PMAC/PMAC

Auxiliary Schedule

(Subject to Change)

Wednesday, July 15 Monthly PMAC/ PMAC Auxiliary meeting
Wednesday, August 12, Monthly PMAC/ PMAC Auxiliary meeting
Saturday. August 22, Oakbrook Hills Resort, annual golf outing fundraising
September (to be announced) Annual bowling fundraising
Wednesday, September 9, Joint PMAC Foundation/ PMAC/ PMAC Auxiliary meeting
Saturday, September 12 55th anniversary induction dinner dance
Wednesday, October 14 Monthly PMAC/ PMAC Auxiliary meeting

Saturday, October 31 Annual Halloween dinner costume party

Wednesday, November 15 Monthly PMAC/ PMAC Auxiliary meeting
Saturday, November 21 Annual Thanksgiving Mass at Rizal Center
Wednesday, December 16 Monthly PMAC/ PMAC Auxiliary meeting
December (to be announced) Annual Christmas Party
January 20-22 Annual Medical Surgical Mission in Olongapo City
January 25-28 Annual FEUMAANI Medical-Surgical Mission in Bangued, Abra
Wednesday, February 16 Monthly PMAC/ PMAC Auxiliary meeting
Wednesday, March 16 Monthly PMAC/ PMAC Auxiliary meeting
Wednesday, April 20 Monthly PMAC/ PMAC Auxiliary meeting
Saturday, May 14 55th CME Interuniversity musical revue dinner dance
Wednesday, May 16 Monthly PMAC/ PMAC Auxiliary meeting
Sunday, June (to be announced) 56th annual picnic

BALIK-FEU, January 2016

Far Eastern University
DR. NICANOR REYES MEDICAL FOUNDATION
MEDICAL ALUMNI SOCIETY, INC. (Philippines)
and
Far Eastern University
DR. NICANOR REYES SCHOOL OF MEDICINE
ALUMNI FOUNDATION (USA)

41st ANNUAL ALUMNI HOMECOMING
SCIENTIFIC CONVENTION
GOLDEN & SILVER JUBILEE CELEBRATION
January 20-23, 2016
Dr. Ricardo L. Alfonso Hall,
5th floor, FEU-NRMF Medical Center
Regalado Ave., West Fairview, Quezon City

and

GRAND ALUMNI, GOLDEN & SILVER JUBILARIAN'S NIGHT
January 23, 2016 (Saturday)
CROWNE PLAZA GALLERIA MANILA
Ortigas Avenue cor Asian Development Bank
Quezon City

Honorees

Class '66 (Golden Jubilee)
Class '70 (Sapphire Jubilee)
Class '75 (Ruby Jubilee
Class '80 (Coral Jubilee)
Class '85 (Pearl Jubilee)
Class '90 (Silver Jubilee)
Class '95 (20th Anniversary)
Class '2000 (15th Anniversary)
Class '2005 (10th Anniversary)
Class '2010 (5th Anniversary)

PROGRAMME HIGHLIGHTS

Wednesday, JANUARY 20
Golf Tournament
Thursday, JANUARY 21
Registration
Thanksgiving mass
Opening of exhibits
Breakfast

38th Dean Lauro Pangniban MD memorial lecture
Breast Cancer Treatment
Evolving Paradigms in 2016
ANTONIO ALFONSO MD
Distinguished Teaching Professor
Clarence and Mary Dennis Professor
Chairman of Surgery
State University New York Downstate.

Luncheon Symposium
5th floor, Dr Ricardo L Alfonso Hall
FEU-NRMF Medical Center
Welcome Reception
Friday, JANUARY 22
State of the Arts lectures
Luncheon Symposium

Fourth Dr Josephine C Reyes memorial lecture
Scholarship at FEU-NRMF
REMDIOS MAGKASI MD
Professor of Pathology *Emeritus*
FEU-NRMF School of Medicine

Saturday, JANUARY 23 - GRAND ALUMNI REUNION
GOLDEN & SILVER JUBILARIANS NIGHT
Crown Plaza Galleria Manila

For more details please contact:
FEU-NRMF MAS secretariat:
Landline 935-00-25
Mobile 0917-8108610 (Globe), 0933-5100783 (Sun)
Email feunrmfmas@gmail.com
Website feunrmfmas.org

FAR EASTERN UNIVERSITY
DR NICANOR REYES SCHOOL OF MEDICINE
ALUMNI FOUNDATION

37th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

Class[61] (Emerald Jubilee)
Class[66] (Golden Jubilee)
Class[91] (Silver Jubilee)
Class[71] (Sapphire Jubilee)
Class[76] (Ruby Jubilee)
Class[81] (Coral Jubilee)
Class[86] (Pearl Jubilee)
Class[96] (20th Anniversary)
Class[2001] (15th Anniversary)
Class[2006] (10th Anniversary)

Join us in the City by the Bay.

CLINICAL PRACTICE ADVANCES 2016

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Hilton San Francisco at Union Square
333 O'Farrell Street, San Francisco CA 94102

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Room rates: single rate $199 before taxes, double rate $199, triple rate $229, quad rate $249
Cut-off date **Wednesday, June 15, 2016**

University of the Philippines Alumni Association of Greater Chicago

You are cordially invited to our 2015 Annual Dinner Dance & Fundraising Event

Crowne Plaza Chicago O'Hare
5440 N River Rd, Rosemont, IL 60018
Friday December 4, 2015 6:00 PM

Theme: ***UPAAGC: Kasangga ng Sambayanang Pilipino***
For the benefit of UP Socialized Tuition System & Other UPAAGC Programs

Loida Nicolas Lewis

Keynote Speaker
Multi-Awarded and Most Influential Filipino Community Leader

Tickets, Ads and Sponsorships:
Olive Rocha Aliga - oliverocha98@comcast.net; *630-510-0338*
Ryan Tejero – ryantejero@yahoo.com; *630-890-3351*
Johanna Segala - jrsegala21@yahoo.com; *224-200-6196*
Edwin Marquez - dewinmarq@gmail.com; *630-484-6048*
Stella Marie Santos - sbsantos@adelfiacpas.com; 708-369-6401

Attire: Formal/Semi-Formal Dinner: $60
www.upaagc.org

COMMENTS

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

PMAC News

Deadline for Dece**mber 2015 issue**
December 2, 2015

Please address submission to
acvrear@gmail.com

COMMENTS

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

ECTOPIC MURMURS

Deadline for November 2015 issue
November 18, 2015

Please address submission to
acvrear@gmail.com