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ECTOPIC MURMURS

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Illinois Chapter celebrates 21st biennial anniversary

FEUMAANI marks 21st biennial anniversary on Saturday, September 13, 2012, at the Hilton Doubletree in Oakbrook IL.

The event will be highlighted by a continuing medical education seminar, an induction formal dinner and recognition of 2012 outstanding alumnus of the year.

All the planning and preparation are in earnest, friendly and deliberate, but the response of attendance seems to be stretching to the last minutes.

The morning scientific seminar is free for 4-hour Category I of the American Medical Association ACCME Physician Recognition Award through the Philippine Medical Association in Chicago and will feature topnotch lecturers, as follows:

Dr Nida Blankas Hernaez [84] transfers presidential gavel to a classmate, Dr Frank Montellano.

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President's TENDERLY YOURS

NOLI C GUINIGUNDO MD

The 33rd annual reunion and scientific convention, henceforth referred to as last reunion, was quite hectic because of two things. One was the golden anniversary of my Class and because my wife Ding and I did the choreography of our Class presentation.

The other item was the time for the election of members of the board of trustees and later the officers of the Alumni Foundation. Both of which I was deeply involved.

Some of the items I would mention are a repetition of previous articles, and I apologize for it. It is just that some items cannot be avoided.

I would mention the facts first and then a little or slight comment. Our Wednesday was devoted to getting used to the hotel which we had not visited before. Then, we had to prepare my Class[62] for registration and some info on the plan for the presentation. Oca Tuazon was nice enough to let me be

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Message from the BOARD CHAIRMAN

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I would like to thank the officers and members of the FEUMAS Southern California Chapter led by the current president, Dr Licerio (Jun) Castro[73] and his wife Dr Daisy Castro[73] and to the past president of the Alumni Foundation, Dr Oscar (Oca) Tuazon[73], for the successful hosting of the recently concluded 33rd annual reunion held in downtown Los Angeles.

HERNANI TANSUCHE MD

During the last reunion, there was an election of officers and members of the board of trustees for 2012-2015.

Our medical school at

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LIKE ONLY YESTERDAY

SYLVIA ARPA BALAJADIA MD[62]

SYLVIA ARPA BALAJADIA MD

Now in the afternoon of life, we find more time on our hands, that even the most mundane of activity is eagerly anticipated. But

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CLASS[62] MINI-REUNIION IN NJ

FIDEL EXCONDE JR MD[62]

Dr Lorenzo Abanilla, our Class[62] vice president, and his wife, Dr Auxy Reyes[61] had some visa difficulties earlier and missed the Los Angeles renunion. However, they were able to finally come to the US and proceeded to their daughter's home in New Jersey.

Drs Abanilla are both founders and on the active faculty of the Romualdez Foundation College of Medicine in Tacloban, Leyte. Dr Abanilla is chairman of pathology.

The following core members of our NYC mini-reunion group joined them this past Saturday in New Jersey to provide update about the LA reunion: Sylvia Arpa Balajadia, Consuelo Ramirez and husband Ernie Aninias, Ruben and Rosalinda Ong, Emmanuel and Caridad Nierva, and Zorina Lavares and husband Jimmy Santos.

Notably, Lorenzo's father, Venancio, was our guest speaker during our hooding ceremonies. Auxy's father, also did the honors for the previous Class[61].

Now with their visa is approved for the next ten years, they look forward to attending future alumni reunions here in the US. Our Class[61] will be excited to see them again.

Class[62] mini-reunion in New Jersey

FAITH CORNER

REV MELVIN ANTONIO MD[65]

REV MELVIN ANTONIO MD

While I was in seminary, our class was asked the question: What is the language of faith? Because the question was raised in seminary, I presumed that this language of faith had theological implications so I will limit this discussion to that end. The language of faith is rooted in our core narrative which is described as our family origin, our social relationships and our theological roots through which we develop a relationship with the divine. This language is developed, not in isolation, but in community. It develops from a collection of experiences throughout our lives. For Christians, it is said that the language of faith, hope and love for God is instilled in our hearts and souls from conception and since our birth. The biblical definition of faith is best said in Hebrews 11: 1, *Faith is the*

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SEPTEMBER LOVE

P C RIVERA MD[67]

PEPITO C RIVERA MD

Do you remember being in love for the first time or how much ceremony is entwined in courtship for the Filipino culture? During my school years, there were many beautiful ladies and of course we men wanted to date them all. Medical school was very stressful but dating was even more so! Often times, we began with *tuksuhan lang*. It was the man's job to watch for hints from the woman during *tuksuhan* (teasing). *Tuksuhan* was a way to save face because if a woman avoided your efforts or was very strongly against your attempts, you knew that you were busted, that the courtship was never going to happen. *Tuksuhan* could be fun if the parties were willing, but a man had to be very vigilant to the woman's signals and you always hoped that she would respond encouragingly.

I of course was never considered *dungo* (extremely shy) but for some of my friends this was an issue. If you didn't feel comfortable teasing the women you were interested in, you could resort to using a *tulay*. The *tulay* was anyone who is a mutual friend to both the man and the girl

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LA LIVE !

PERSONAL OBSERVATIONS – MY THOUGHTS:

EUGENE A S SIRUNO MD[63]

EUGENE S SIRUNO MD

The 33rd FEUDNRSM Alumni Foundation annual reunion and scientific convention held in Los Angeles (LA Live) July 25 – 28 2012 was an experience and I'm glad I attended. It gave me the chance to see lots of friends and visit with my classmates.

The 4th back row to the right was the seats that most of Class[63] were side by side. Nita Blanco, Grace Rabadam, Rolly Solis, Do Angeles, Carlos de Lara, Rolly del Rosario, Art Basa, Pete Lagrosa, Cella and Nestor Sagullo and Gene Siruno were listening intently to the lecturers of the CME.

Renato Ramos was busy attending to Miss Daisy Pelayo Ramos, the MOA (most outstanding alumnus) golden jubilarian.

Of course Do Angeles, myself and other attendees were complaining that it was almost nine in the morning and the coffee and fruits were gone. It was also nice to see many golden alumni and I always address them as *Mang* (*Manong* or *Manang* – as a respect in *Ilocano*). It was also nice to see three of the fifty fivers I know who have roots in Minnesota, Dr Pulido, Dr Pizzaro, and Dr Agdinaoay.

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AUTUMN IMAGES by ROLANDO M SOLIS MD[63]

ROLANDO SOLIS MD[63]

RESTRICTIVE RULES ON MEDICAL MISSION

DONATIONS OF HOSPITAL EQUIPMENTS TO DISTRICT HOSPITALS ARE NOT ACHIEVABLE

CESAR D CANDARI MD[61]

FCAP *Emeritus*, Henderson, NV

CESAR CANDARI MD

Are we, expatriates and *Good Samaritan* will rejoice at the good News that two sections of the regulations have been temporarily suspended by the Philippine Professional Regulatory Commission (PRC)? I am one of those who don't. Now that the PRC have been pressured by the CFO and the DOH, changed was made. However, I have the hunch that the remaining several regulations of 2009 shall be more strictly implemented! I hope not. I read with interest that the principal reason that the PRC revised the regulations is basically what Consul General Leo Herrera Lim stated: *It seems, among other things, the main explanation why the Philippine Professional Regulatory Commission (PRC) guidelines were issued is to preserve the medical practice and to lessen the loss of income of local physicians.*

The stringent requirements include a stiff increase of the renewal fee for temporary medical license to scorching $300 per volunteer Filipino American doctor and required to buy local malpractice

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Happy 90th Birthday ULYSSES!

I thank my God in all my remembrance of you.
Philippians 1:3

DR ROBINSON BARON[70]

paid tribute at the 90th birthday celebration of Dr Ulysses Carbajal. Dr Carbajal initiated medical missions of the Philippine Medical Association in1964 and the PMA Southern California in 1988.

Please keep

BEN BINGCANG MD[70]

in your prayers.
Non-smoker, he was recently diagnosed with lung cancer. He is currently undergoing treatment and we pray for his speedy recovery. If you would like to send him a get well card, his address is:
2184 Vince Road
Nicholasville, KY 40356
bpbing0@juno.com

VISIONS

CELSO DEL MUNDO MD[62]

CELSO DEL MUNDO MD

The glimpse of yesterday and the visions of tomorrow
Are guiding lights to pursue our future with purpose and virtue.
Misdeeds of yesterday are lessons of life we avoid to do
And look above the horizon to pursue a life anew.

A clear conscience visions clear and bright future,
A guiding light to pursue life with optimism for success
A dull and glary visions predict an uncertainty of tomorrow
Predicting a dismal future or failure in life.

Our life is like sailing above the sea with rumbling waves,
We have to sail above the waves along the direction of flow of tide.
Our daily life is also like the thrill during a roller coaster ride,
So enjoy, the thrills in every minute as if it is the end of life.

Every morning as we open our eyes and see the ray of light,
And breathe the fresh air and feel the blood pumping in our heart,
We thank the Lord for all the graces and the precious gift of life
And vision of the coming days, joyful, peaceful and always bright.

PHILIPPINES MY NATIVELAND

Historical Tidbits Before PNoy Aquino

CESAR D CANDARI MD[61]
FCAP *Emeritus*


CESAR CANDARI MD

The following is a summary of interesting tidbits of history of the Philippines for every Filipino American to know. These are extracts taken from glimpses of Philippine conditions from Spain's colonization to the present democratic Philippines.

The overwhelming events in the Philippines today…the civic, social, political and economic pictures…convey a sad story. From the beginning of the Spanish rule up to the present time, the disparity between the rich and the poor is estimated at thirty percent middle-class and rich and seventy percent economically disadvantaged class and poor. The People-Power Revolution in 1986 was a historical event that could never be forgotten by all Filipinos no matter where they were in those days.

Under Spanish Rule: We were under Spanish rule for more than three centuries (1565-1898). The intolerable abuses of the Spanish regime resulted into the formation of a group of reformist movement that later paved the way for the Philippine Revolution. Native firebrands launched revolutions in many parts of the archipelago. Not one succeeded.

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OPEN LETTER

Recommendations for the facilitation of foreign physician's temporary permit for medical/ surgical missions in the Philippines.


JUN CASTRO MD

Empower the Consulate of the Philippines, which covers the physician's area of licensure, to issue the temporary license by virtue of the laws of the Republic of the Philippines promulgated by the designated agency to lawfully enforce such laws.

Such route will facilitate and speed up the processing of documents instead of the *four months* waiting period of uncertainty.

Usually when we plan a medical mission, the medical mission coordinator gathers all the necessary documents from each physician volunteer and together all the documents are submitted to the consulate for authentication. The personnel at the consulate always do an excellent job in determining the authenticity and veracity of each document and we are very pleased the way they handle it. At their disposal and at the click of the mouse, they can easily verify our documents from the

Licensing body of the State where we practice, the hospital where we work and other medical associations where we belong.

It is more personal and easier to identify the real missioners. Those personnel at the Philippine Consulate are career officers and they are very good at what they do.

After years of trust at the Philippine Consulate, we tend to accept the importance of their devotion for our cause. The same documents that they meticulously check and verify are the very same documents that are submitted to Philippine Medical Association, the Department of Health and the Professional Regulatory Commission for the final issuance of our temporary permits after payment of the necessary fees.

As everybody knows, when one has to check a physician's background here in the United States, there is only one governing agency to go that is, the licensing agency of that the State rather than three different agencies.

Would not it be more efficient to deal with a duly recognized Philippine Government agency here in the United States to carry out this project rather than overseas?

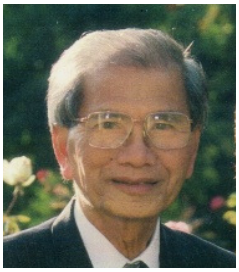
We could pay the necessary fees here as if we are in the Philippines anyway.

I firmly believe that this is a step towards improving one of our missionary dreams and step further in attaining our millennium goals.

I strongly believe that with this movement in mind, there is nothing further than the truth that the Philippine Government is wholeheartedly open to the Foreign Surgical Medical Mission working hand in hand in depicting the spirit of *Bayanihan* in the country we love best, the Philippines. Armed with strong faith, any improvement is a blessing.

LICERIO (JUN) CASTRO MD
FEUMASSC President

OPEN LETTERS



ULYSSES M CARBAJAL MD

I have been closely following up the recent reports and discussions on medical missions. This led me to deciding to reveal my personal experience in 2010, leading to my bitterest disappointment in life. I had planned to spend my last few years, doing charity work on indigent patients needing eye care. For your information, I was the very first eye specialist to start doing medical missions in the country. That started when Dr Damaceno Ago came to my Clinic in Manila to invite me to do charity surgeries on blind patients in his hospital in Legaspi City, way back in 1964.

Before migrating to USA in l977, I used to fly to Legaspi City every month, spending some 3-4 days doing work for poor patients as well as on those able to pay.

This was soon expanded (l966) to include San Jose, Antique, where Dr Facundo Trailn help prepare the patients and help take care of them after surgery. Not long after, I included Palawan and remote areas in Mndanao.

In those early days, there were just a handful of eye specialists in the country. I was glad to see Dr Ed Caparas follow my steps, doing charity work also on poor patients n far flung areas.

When the Association of Philippine Ophthalmologists in America (APOA), dialogues were held with officers of the Philippine Academy of Ophthalmoogy to iron out certain problems about careful screening of the truly indigent as well as on the assurance of follow-up by the local physicans of specialists.

Modesty aside, President Gloria Macapagal-Arroyio wrote me her wish that APPA continues doing medical missions (Letter dated, February 2009) .

It is my hope that this additional information (from the followinng letters) will enlighten our colleagues the more about the need to encourage well-qualified practitioners in USA to continue doing medical missions in the country.

January 11, 2010

Carlos G Naval MD
President
Philippine Academy of Ophthalmology

Dear Dr Naval:

First of all, I must apologize for sending the letter to Dr Marcelino Banzon, getting the information from a 2006 directory of APPA, which has apparently not been updated.

Dr Robinson Baron, an FEU alumnus, has invited me to join the FEU medical alumni missioners under the aegis of the Philippine Medical Association of Southern California, which will be conducting medical missions in Albay, Sorsogon, Pampanga, Zambalas, and Palawan, starting February 10, 2010.

General practitioners, surgeons, and nurses comprise the group, including a team from the Manila Adventist Medical Center, led by Dr Archie LaMadrid. For our eye needs, we are soliciting Alcon Laboratories some supplies in the form of IOLs, 10-0 nylon sutures, and Viscoat vials for cataract surgeries, as well as 7-0 chromic and 8-0 Vicryl sutures for muscle surgery.

Our goal is to do at least a dozen eye surgeries, (cataract, glaucoma, muscle, and pterygium surgeries) in each of the five places. My wife Jovita, an orthoptist, will help evaluate the muscle cases.

Will you be kind enough to write a note stating the need for the said supplies by indigent eye patients in the aforementioned areas, addressed to: ALCON Humanitarian Services, Fort Worth, TX. Send it to the email address: medical.missions@alconlabs.com.

I would appreciate a copy by email manonguling@gmail.com.

In the past, we had shared with Dr Romeo Fajardo: medicines and supplies for his project in Romblon. Thank you so much.

ULYSSES M CARBAJAL MD

February 2, 2010

Dear Dr Carbajal:

CARLOS G NAVAL MD

While we are glad that you bear much altruistic enthusiasm to join the FEU medical missioners and while you claim you have read the PAO Mission Guidelines, we are sad to say that we have not received the mission information sheet equest. While this might come as a shock to

you, the Council cannot condone your mission for several reasons:

1 - The mission guidelines require your party to send us the mission information sheet four weeks prior to the planned mission date.

2 - Coordination with the local ophthalmologists who will be willing to follow-up your surgical cases has not been accomplished, and

3 - Foreign medical practitioners are required to seek a temporary PRC license from the Professional Regulatory Commission before they can operate here.

Since your last visit here, things have indeed changed. While you and the APOA will always be welcomed as guests and mentors in the proper venue, the Academy does not encourage medical missions from abroad because of the following reasons.

1 - Many medical missions in the past have left numerous patients with complications to fend for themselves.

2 - Skilled ophthalmologists in the area can do better surgery and can follow up those patients.

3 - The lack of proper screening means that it is not only the indigent patients who are treated.

4 - Private cases shun the local practitioner to wait for medical missions, depriving the doctor from the meager livelihood that he/she already has in the area.

I am sure that you can understand our position. We are mandated to protect the practice of our members and the welfare of our patients. We have board-certification processes and CME programs that insure that our countrymen get the best quality eye care. There are now more than 1,400 ophthalmologists in the country and while there are also many Filipinos who are still cataract-blind, we take full responsibility for them.

Foreign missions wreck havoc in the countryside despite the best intentions, and often times produce more long-lasting problems than they momentarily solve.

Complications in missions, notably endophthalmitis, occur more than the rates in our hospitals and eye centers. Loss of confidence in ophthalmology and fear of surgeries by the other patients result from the blinded during the missions.

The PAO receives complaints endlessly from disgruntled members practicing in the areas where medical missions operate.

These are a few of the reasons why the mission guidelines are drawn up. The PAO endorses medical missions that follow guidelines and go to areas that are unserved or underserved. Otherwise, we cannot allow unregulated medical missions to irresponsibly treat patients wherever they want to.

Once again, we do not wish to deny that we need your help and douse your altruism; however, we would like to direct your good efforts to the proper channels. We suggest that you could donate supplies and funds to the Hope in Sight Foundation that we have set up to fund PAO-planned sight-preservation activities that include public education and indigent patient support.

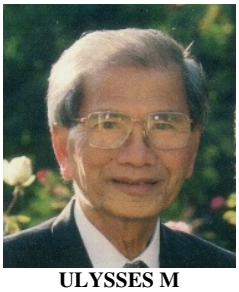
Of course, this letter cannot stop the party from coming. Just take note of our rational objections. The Council is ever vigilant of the rights of the members of the Academy and protective of the patients we patriotically serve. We reserve the right to resort to legal action should anything untoward happen, as I am sure you would if a group of pure Filipino doctors seek to operate in your home state.

CARLOS G NAVAL MD
President, PAO

May l6, 2010

Dear Colleagues in Association Philippine Ophthalmologists in American (APOA):

The experience I had gone through in my last attempt to offer free services to our people in the Philippines can be summarized in three words: unexpected, unfriendly, and demeaning.



ULYSSES M CARBAJAL MD

A few days before Christmas, Dr Robinson Baron (organizer of the FEU group doing medical mission in February 2010) requested me to write PAO to inquire where free eye surgeries are needed most.

Because I did not have the address of PAO, I emailed a letter to PMA to let me know the current PAO President and his email. Unfortunately, the requested information was never relayed to me. So I consulted the directory prepared by Dr Francis Talangbayan to find out the address of PAO. With that information, I wrote Dr Marcelino Banzon. Again, I did not get any reply. So I tried writing to the former vice president, Dr Dominga Padilla.

Finally, I received a letter (by email) from Dr Carlos Naval, apologizing for the delayed response, denying our proposed eye participation on the basis that the deadline for filing was past.

Meanwhile, I had written the Secretariat of PAO to provide emails of the Chapter presidents where Dr Baron had indicated to go. Much to my delight, the response from Dr Jesus Ong of from Puerto Princessa, Palawan was most encouraging.

Contrary to my expectation, the letter from Dr Naval was rather discouraging, even citing reasons why PAO does not encourage foreign eye missions in the Philippines:

(1) There are now 1,400 well trained specialists in the country, who could do cataract surgeries like foreign eye specialists; if not even better;

(2) The incidence of postoperative endophthalmitis in the past as a result of foreign medical missions is high; and

(3) The local eye specialists are inadvertently deprived of their livelihood. I emailed a letter of rebuttal for these, but of no avail. (see enclosed letter from Mike Guerrero).

Sensing that he was insistent on the denial because of lack of time to arrange with the local specialists and because of the subsequent suggestion of Dr Baron, I would just accompany them (may act like a chaplain) and not do any surgery myself. But my daughter Jan, who had accompanied him in past medical missions, would continue doing the eye surgeries. And I thought that this suggestion was for the best at that point of time, in order to avoid trouble with the PAO.

Nonetheless, I requested Dr Naval that he would write Alcon to proceed with shipping the donated supplies of IOLs, sutures, and Viscoat, to the office of Dr Rey Pangilinan so that they may be used for medical missions in the country.

Much to my disappointment, Alcon, based on the communication received from Dr Naval, aborted the shipment. (Because of a letter from Los Angeles consulate and assistance from APOA, Alcon had promptly approved our request).

But worse of all, I found out, even before the end of the aforementioned medical mission, that Dr Naval had written a letter of complaint to PMA, to the Secretary of Health, and to PRC against me for insisting on joining the medical mission and doing cataract surgeries in Tarlac Provincial Hospital. These had been emailed to me, but were too blurry to be deciphered.

So I requested that he would send me clear copies by air mail so that I could respond properly. Unfortunately, the letter was delayed. But as soon as I received them I wrote PMA, the Secretary of Health, and PRC, a letter denying the charges.

I also wrote a letter to Dr Carlos Naval, stating that his accusation was premature, baseless, and unkind, as I had already decided (because of his strict advice) not to pursue my original plan of doing eye surgeries.

I even wrote him I would not demand any apology for his impulsive, condemnatory action, and that I had already, in the spirit of Christ, forgiven him.

His reply was a sneer: He said I was the one who should ask for apology. He had not committed any offense. Lamentably, he failed to realize the seriousness of his accusing me for something I have not done.

In his latest response by email, he advised that we wait for the result of the investigation. But up to now, I have not received any word, except a letter from the DOH acknowledging that it has received my letter.

Mulling further on what had transpired, I feel that PAO and PMA should have assisted me to the best so that proper arrangements could have been made on time. I deserved a more respectful letter from Dr. Naval, in view of my previous positions in the PMA and APOA and not because of my accomplishments.

I had even cited to him how I had dialogued on medical mission problems with officers of PAO twice in the past as well as my having lectured and demonstrated surgical techniques to colleagues in the Philippines in the past, but this did not change a bit his attitude.

This made me feel embarrassed and somewhat dejected for having volunteered such information, including my disclosing to him my congenial association with his Dad, even recommending him to be honored by the AAO.

On the brighter side, I am happy that at long last, the newly approved policies on foreign medical mission have been made less astringent and more practical; for it now

excludes the proposed bond of 500,000 pesos to be deposited by future medical missioners before being allowed to conduct their mission.

Also the time requirement for filing applications has been shortened. This is the result of our (APPA) dialogue with PMA and the Board of Medical Examiners Chair and PRC representative December 12, 2008.

The tone in this revised policies is definitely to encourage medical missions rather than repress it.

It is my hope and prayer that the succeeding leadership of PAO would be more conciliatory, courteous, and practical in its dealing with APOA and other eye specialists volunteering to help the county as expressed in a letter from President Arroyo, dated Feb 9, 2009.

ULYSSES M CARBAJAL MD

PS Please analyze the following letter from Mike Guerrero.

February 19, 2010

Dear Dr Carbajal:

I have seen your communications with Dr Carlos Naval. My identity is not important but what I may say could be important to you and your advocacy. It appears that your mission failed to get the approval of PAO because it lacks two things.

First, you failed to coordinate with their chapter or community service head four weeks prior to your planned mission.

Secondly, you failed to coordinate with their national office secretariat.

Now here are my questions.

Is PAO authorized to control and regulate eye surgery missions?

If so what is their mandate. Did it come from the government or it is self-imposed among its members?

If it is among its members, are you a member of PAO?

Were their rules and regulations communicated to you as a member?

If it is imposed upon its membership, it is only binding among themselves.

They have no right whatsoever to impose their private organizational rules on others doing humanitarian work.

Is this activity of PAO within the scope of the Board of Medicine Code of Ethics under Section 8, Section 19 and Section 28.

I think Dr Naval's criticisms regarding missions and other eye doctors that is published in the widely viewed paolist is highly irregular and can be considered beyond ethical standards of PMA.

According to WHO and ICEH, a bilateral blind person have an average expected life span of 5 years. And within that period if no surgical intervention is made to make the person see, the person is expected to die.

Die not because of blindness but because of other factors like depression. If surgical intervention was made and the person was able to regain his sight, he is expected to live longer like a normal person.

In the Philippines we have half a million blind and 67% of these blind compatriots are due to cataract. Meaning reversible blindness.

Within 5 years if none of them will regain their sight they are expected to die.

During the 2nd survey on blindness conducted by the UP Institute of Ophthalmology-Manila, the prevalence of blindness is half a million.

On the third survey after more than 5 years the prevalence is still half a million. This means that some people died blind, others became blind and others were operated on.

Incidence or new cases is estimated by World Health Organization to be $^{1}/_{5}$ or 20% of the prevalence. Meaning in 5 years time half a million blind were added to the army of blind Filipinos. Within that period annual surgeries was only estimated to be around 60 thousand yearly. That means hundreds of thousand Filipinos died blind. This is worst than having a calamity in our country. This happens because of the intransigence and neglect of our people needing help but some good meaning doctors prevented people from helping others save lives.

The very doctors supposed to save our people are the ones preventing other doctors to save lives.

Is this because of their policy my community is my responsibility. Yes, it is their responsibility for paying patients but those who cannot pay and will die blind is the responsibility of others. The irony of this is that those that come to the rescue are prevented to intervene and help.

This situation should be reviewed against international

and national ethical standards. Some say that the action of local doctors and that of the National Organization is a violation of the Right to Sight that is being upheld by the United Nations World Body.

Those guilty of human rights violation are persecuted worldwide and treated like criminals. What more could you call violators who prevent others from saving lives? Some say they are worst than war criminals because they allow people to die by the hundreds of thousands. You can confirm this with WHO and Department of Health (DOH) to get more figures!

Please inquire also from DOH where did PAO get their authority to regulate humanitarian missions.

In the advent of Philhealth *para sa masa*, poorest of the poor are enrolled to Philhealth Insurance by the local government units. Local doctors are emboldened to prevent other doctors from helping the poor and treat people as reserve source of *gold* which they treat as future source of income.

Is this allowed by DOH?

Perhaps they should also be consulted.

Though I salute your good intentions I cannot help but suffer in disgust that we have doctors who always go for gold instead of service.

Self declared protectors of the people are actually the oppressors and the supposed selfless people who should support the poor regardless of *gold* are the ones preventing others to help using an old alibi, you have to follow our rules.

Who the hell in his right mind will give them this kind of authority when hundreds of thousand Filipinos die blind because they neglected the ethicals standards of their profession.

In fact they trampled upon it. They use complications in past medical missions as a lameduck excuse for not allowing foreign missions.

Whenever there are foreign missions, the local doctors should enlist and make themselves available. They should not in anyway hinder or set barriers to prevent the humanitarian activity. Complications are not always doctor initiated. Most complications happen after surgery when the patients care for themselves. It is the duty of the local doctors to attend to these patients after the mission.

The missions are the ones that clean up the mess created by local doctors. They do what the local doctors are supposed to attend to, i.e., the poor and those who cannot afford the high price tag of the local doctors.

The mission groups do the cleaning of the mess done by the local doctors who find their leaders protectors of this kind of uncompassionate service and treasure hunting activities.

As one doctors said, *bato bato sa langit, maraming tatamaan at magagalit*.

If only they do their job and attend to the needs of patients regardless of their capacity to pay, perhaps we could have prevented people from dying blind.

Please do not consider what I am saying as gospel truth, ask questions. You may ask DOH, WHO and maybe the International Agency for Blindness Prevention, or an obscure NGO based in DOH by the name National Committee for Blindness Prevention at Bldg 12.

I hope you will be able to resolve differences with PAO, the foregoing could be an eye opener for the Filipino doctors to join hands in saving lives, otherwise they might be branded as enemies of the people.

To confirm what I am saying regarding criticisms against foreign missions, please visit the paolist@yahoogroups.com. You might be able to access it.

MIKE GUERRERO

MORE ON MEDICAL SURGICAL MISSIONS

BOY ABAY MD

It is heartwarming to see medical /surgical mission stalwarts come to the fore. We are all singing the same song but cannot render it in harmony.

I agree with all that you say. Perhaps, clear talking points are necessary as Dr Philip Chua pointed out. I would be honored and happy to join you in this unified endeavor.

A unified medical mission group audience with President Aquino is a MUST.

Here are my humble suggestions:

With all due respect to all involved and concerned, particularly to the initiators of

the latest forum/summit and the agency heads of the Philippine government.

BASIC TENETS AND PREMISE. There are basic premises and tenets we all (and President Noynoy Aquino) must agree to before any fruitful decisions can proceed.

1) 20 -25 % of the Philippine population, approximately 23.75 million will NOT have proper medical or surgical care, let alone see a doctor or a nurse in their time of need.

2) The most medical attention, these people will get for their health problems, but for medical/ surgical missions, have been and will be, care from *arbularios*, who are unlicensed and unregulated.

3) The treatments and remedies given by *arbularios* are unprocessed, untested and unregulated.

4) The provincial, city and community public hospitals and rural health clinics throughout the Philippines are poorly equipped, poorly supplied and lack personnel to address these segment of our population's needs.

5) Our government does not have the budget and the capacity to address/ provide healthcare to this segment of our people.

6) Local physicians, and government agencies have expressed valid concerns and objections to medical surgical missions:

a) Little or no follow up was provided especially for surgical patients.

b) Complications, again especially surgical, had to be addressed by local physicians.

c) Many potential paying patients end up getting treated or operated on by med-missioners, a net income or revenue loss for local doctors.

d) Concerns (though controversial) have been raised about surgeons in training doing the surgeries.

e) Expired medicines use in medical/ surgical missions.

f) Medical/ surgical missions used as political propaganda by incumbent politicians.

g) Duplication of medical/ surgical missions where they are not really needed.

h) Lack of continuity of care, especially in the remote areas of the country.

i) Little or no coordination with local medical practitioners or groups.

j) Little or no coordination amongst medical/ surgical mission groups themselves.

7) The stringent, difficult, discouraging and unreasonable requirements imposed on medical missions which come at their own accord, expense and volunteerism need serious review and revision.

While on paper accomplishing the medical mission requirements appear simple, straightforward and easy, going through the process is indeed a difficult, tedious process as many, if not all, have experienced.

8) While tax exemptions are granted by law to import medical equipments, supplies and medicines, taking out said *tax-exempt* materials from customs is most difficult. Many medical missioners have paid $2,000-$3,000 per container to customs so they might be able to proceed with their medical missions.

9) Many medical surgical mission groups have opted to do their medical/ surgical missions in Latin America, Africa and other countries where they are welcome and treated with *red carpet*.

10) Medical and surgical missions not only help attend to the needs of the poorest of the poor in our country, they inject a minimum of approximately $14,250,000 annually to the Philippine economy.

11) The primary and main goal of foreign medical/ surgical mission to the Philippines is to deliver medical care to the poor who otherwise have none.

Having agreed with the above tenets, we can proceed with workable solutions, subject to mutual agreement.

PROPOSALS.

i) A UNIFIED medical/ surgical group request an AUDIENCE with President Benigno Aquino III, to present our cause and request a PRESIDENTIAL ORDER AND INSTRUCTIONS which is his right and privilege. (I am no lawyer, but I don't think an act of congress is required to accomplish this)

While meetings and summits with all concerned government agencies, medical and nurses organizations, interested parties and personalities are well meaning and potentially hopeful, we all have been through numerous such meetings with lengthy discussions, argumentation and promises. But nothing ever came out of them.

ii) Applications, submission, and release of required

documents should be be done at the respective Philippine Embassy or Consular Office in the United States (or other foreign country), which would coordinate with all the coordinating Philippine agencies: DOH, DHIC, PRC, DILG, DFA, DOT, DF-Customs, DPWS, etc. Reasonable fees to cover expenses can be required.

iii) Temporary special permits to practice medicine/ surgery for one year as prescribed by PRC, DOH should be charged fees equal to obtaining and renewal of Philippine medical licensure by local physicians. Encourage ex-patriots to renew their regular Philippine medical licensure. Dual citizenship will be helpful. Amnesty for arears can be requested and argued.

iv) a) Requirements outlined by DOH, PMA and US Consulate Office appear easy on paper, but they are most difficult to accomplish and requires a *runner* in the Philippines who would follow up the application and processing.

b) PPRC's Resolution 2012-668 is a litany of legal jargon, perhaps necessary, but literally forbidding, difficult to understand and prohibitive especially Section 5 which requires P11,000 for a temporary permit and Section 17 which requires malpractice insurance of medical missioners. Though Sections 5 and 17 are temporarily suspended. It can be re-activated anytime. Medical malpractice insurance is NOT required of local physicians in the Philippines.

Sections 5 should be changed as above: II, C, and Section 17 permanently eliminated and removed.

If Section 17 is implemented, no foreign medical/ surgical mission group, in their right mind, will come to the Philippines. As it is, even with the requirement temporarily suspended, some US medical/ surgical mission groups have already decided NOT to come to the Philippines.

v) Tax exempt medical equipment, supplies and medicine should be easy to take out from Customs. Medical missioners work very hard to collect, package and ship these materials for our poor. A 12 % value-added-tax is levied on such medical/ surgical materials otherwise. WHY?

vi) ONLY when SPECIFIC ORDERS and INSTRUCTIONS from the OFFICE OF THE PRESIDENT, and the application coordinated by the Philippine Embassy or Consular Office in the US (or elsewhere foreign country) will all the government agencies COOPERATIVELY process the applications without the usual strain and difficulties.

vii) Requirements by DOH and PRC of Medical/Surgical Missions to address objections raised above: #8, #6 will be complied with and will be the direct responsibility of the medical/ surgical mission group leader and the local counterpart.

viii) Establish an *ALLIANCE FOR RESPONSIBLE AND EFFECTIVE FSMM* as you have thought, and make this the US and Foreign Conduit for the Philippine Embassy and Consular Offices in the US (and elsewhere) and medical/ surgical mission groups.

If the group would like to take it further, the following can be proposed, discussed and acted upon.

ix) Definition and identification of sites of need with DOH, DILG-Governors and Mayors, DPSW throughout the Philippines and develop a centralized listing of these specific areas with as much specific population, housing, household income, prevailing health problems, etc., information as possible. Make a comprehensive list of these sites which may even be further classified into Class I, II, III etc according to severity. DOH and local governments may already have these information.

x) Develop a comprehensive list of local physicians, physician-groups, churches, NGO's, civic organizations willing to host and work with medical/ surgical missions, at every local site listed. Again, local governments may already have these available. If not, let us develop the list, identify key contact persons and their contact information.

xi) Develop a centralized registry for foreign medical/ surgical missions which should be matched with identified sites of need and connected with specific local organization they must work with. Set and mark mutually agreed dates, defined goals and future planning. All medical/ surgical missions MUST go through this registry.

xii) Local host organization responsible for screening, identifying, organizing bonafied patients for the mission group

and work out details of operation and plan follow up of the same. Develop a post-medical/ surgical mission evaluation system, to be completed by responsible members of both hosts and visitors.

xiv) Facilitation of transport/ shipping / release and distribution of medical/ surgical supplies and equipment can likewise be streamlined and made easier.

xv) A pool of these medical/surgical equipment can be warehoused/ maintained/ and released to medical/ surgical mission groups as they come in an organized distribution center. Excesses can even be distributed to the local community and provincial hospitals as needed.

xvi) Every 3-5 years most hospitals in the US upgrade their supplies and equipments. The *old ones*, still very much usable, are often simply warehoused or junked. If a receiving system can be organized in the Philippines, a coordinated effort by ex-patroits, many of whom are active staff in these hospitals can be initiated to obtain these equipments and supplies.

xvii) Community and provincial hospitals can be assessed for needs and supplies distributed by priority as they come.

Both sides can agree to realistic requirements and operations that would fulfill mutual goals.

xviii) If properly coordinated and developed, select sites can even be made into year-round mission venues providing med mission teams 52 weeks a year, providing a year round presence and continuity of care. These sites can become a hub for certain regions.

If organized and develop well, medical mission teams can even come from US universities and world renown medical centers whose medical and surgical staff have expressed interest in taking part in such programs.

xix) Professors, staff from the Mayo Clinic, University of Virginia, University of Kansas and other world renown institutions have expressed keen interest in doing medical and surgical missions one or two weeks at a time in the proper setting.

xx) Foundations can be tapped for support and help.

Several foundations have limited themselves to health programs worldwide.

xxi) Possibilities and potentials can be tremendous. Public health programs and training for local young physicians can be developed.

With partnerships with US university public health schools, templates can be developed in the Philippines and duplicated elsewhere in the world.

Partnership with PMA and PCS is feasible. These really have been a compendium of thoughts and ideas expressed by many engaged in Philippine medical/ surgical missions.

I hope this helps. I wish I could join you in Chicago, but my wife, Emeline, and I have committed to attend a meeting in East Lansing, Michigan on the same weekend. Please keep me posted. Regards and God Bless!

EUSTAQUIO (BOY) ABAY MD
Neurosurgery, Wichita KS
President, USTMAAA

September 12, 2012

DANIEL C FABITO MD

I read your latest email on FSMM (Foreign Surgical Medical Missions). I agree with your comments. All this interchange of comments, suggestions, discussions and outpouring of gratitude to Secretary Imelda Nicolas for lobbying to the PRC with resultant suspension of Section 5 and 17, as well as other frustrations of those who have to cancel their planned missions in January and February, 2013, are all healthy and informative.

However, in the final analysis we all end up with more workshops and symposiums without tangible direction for ACTION.

I am forwarding you my email to Dr Philip Chua and Dr Hernan Reyes for your comments.

I am forming the *ALLIANCE FOR RESPONSIBLE AND EFFECTIVE FSMM* to be one voice for all of us instead of unorganized response to all the issues pertaining to FSMM.

Please join me in this endeavor and together we could be more effective in making some changes on how the rules and regulations be written. I resent the fact that FSMM rules and resolutions are being forced upon us without any input from our group.

We should not make excuses or apologies on the worthy humanitarian missions that we have doing for the last 32 years.

DANIEL FABITO MD[64]

PS. My Plan is a no NONSENSE strategic plan of ACTION and not merely email interchange of comments, suggestions and discussions of the multi issues of the rules, suspension of Philippine Professional Regulatory Commission Section 5 and Section 17, clearinghouse, credentialing, etc.

DANIEL C FABITO MD

I will launch the PLAN after the symposium.

It is about time that we all have ONE VOICE in dealing with the FSMM issues.

We need a separate COMMISSION ON FSMM by way of a Presidential Executive Order and/or by way of legislative process wherein a bill is needed to be introduced in Congress for the creation of the commission.

Right now, there are so many agencies and bureaucrats as well as non-governmental organizations which have their specific hands on the FSMM.

We should be revisiting the 2009 Joint Administrative Order which has many provisions unfriendly to the missioners. These provisions should be modified and simplified.

The PPRC resolution which became effective on July 7, 2012, also needs to be revised. Although the two sections are now suspended, they will still be part of the rules and regulations in the future.

Why should a licensing agency make demands for malpractice coverage of missionaries?

Filipino doctors practicing in the Philippines are not required to have malpractice coverage, although there are now malpractice claims, and rising, in the Philippines making the local plaintiff and defense lawyers busy in their practice.

Why should we be charged with retroactive fee (P450) for the years that we are out of the country and we wanted to renew our Philippine Medical License?

Let us have at least one year or two years of AMNESTY and not be charged in arrears.

Finally, I recommend that those of us doing regular missions should renew our Philippine medical license (PD571) and be a DUAL citizen.

If you notice those rules and regulations, what is prominent is MONITORING AND REGULATION of FSMM. I say it should more of PARTNERSHIP with the Philippine Medical Association and the Philippine College of Surgeons.

Can you imagine the fellows of the SPSA who are providing, most, if not all, of the surgical manpower in the FSMM to the Philippines be monitored and regulated?

Come on! These fellows are board certified surgeons, fellows of the American College of Surgeons, active in academia, and some are consultants and chief of surgical departments.

DANIEL C FABITO MD[64]
Chairman, Operation Bayanihan Medical Surgical Missions

September 30, 2012

During the SPSA (Society of Philippine Surgeons in America) 40th anniversary dinner, we had a meeting with the Secretary of Health, Ike Ona, which lasted up to almost midnight, with three past presidents of the SPSA leaders, past and incumbent president of the Philippine College of Surgeons and the Philippine Medical Association.

PHILIP CHUA MD

The topic discussed was the controversial guidelines regulating medical missions to the Philippines.

The Manifesto signed by various Filipino American leaders involved in medical missions is to be presented to President Noynoy Aquino, sometime in late January or early February, following a couple of medical missions.

Everyone concerned is hereby invited to join us in presenting this Manifesto to President Aquino.

While we are in the process of getting an appointment with Malacanang, I would like to hear from you if you are able to join us as a part of the delegation.

Please email me scalpelpen@gmail.com soonest so I can make up a list and get a head count.

Only those who respond could be included on the official list, for obvious security reason (per Malacanang).

PHLIP S CHUA MD[61] FACS FPCS

RESTRICTIVE

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insurance of P500, 000 worth of coverage during medical mission. As of this writing, it has been suspended. Dr. Johnny Montero of Virginia said *To me this is RIP to our enviable, proud tradition of giving back to our less fortunate fellow countrymen* while Dr Zorayda Lee-Llacer of Maryland said, *When the requirement becomes too difficult, less physicians will volunteer their time to join medical missions*. I said this before and I am going to say it again. We feel we are unwanted…subjected to superfluous administrative, civil, criminal & malpractice liabilities. We do not wish to be subjected to unscrupulous/ frivolous medical lawsuits in our humanitarian medical services.

CESAR CANDARI MD

It now appears that the implementation of the regulations for medical /dental missionaries and material donations to District hospital are to be followed to a tee. What I have learned today is that the requirements include an authenticated declaration by the doctor missionaries of being responsible for any post-operative follow–up, shoulder the financial cost of post-op complications. At the end of the day, missionaries shall be inundated with the burden of paper work and time to spend in a project like medical mission. Again, very restrictive and unfair PRC Guidelines for foreign medical missionaries to the Philippines. Missions to India, Vietnam, Kenya, Peru, and other third world countries do not need horrendous paper work or fees. My group has been to Kenya, Vietnam, India and all we present are simply our CV, US License, and specialty.

The DOH Secretary Dr. Enrique Ona was in Phoenix Arizona recently. He was quoted to say: *that the Philippines is lagging behind from other Asian countries in terms of hospital facilities for every 10,000 population*, which according to the standard set by the World Health Organization (WHO), *there should be 20 to 27 hospital beds for every 10,000 population*. The Philippines, he said, has but *8 hospital beds for every 10,000 Filipinos as compared to China (30), Vietnam (28) and Thailand (22). Other countries like Indonesia have 6, Nigeria, 5, Afghanistan, 4 and Bangladesh, 4. The United States has 31 hospital beds for every 10,000 Americans*." In my town there are 30,000 populations, 70% poor of the poorest. We have a dilapidated District Hospital I wanted to help. The Philippine government is building a barrier for those humanitarian equipments.

Jay LaVigne, an American lawyer and Director of Mending Faces, together with his Filipina wife have been active in Medical Missions to the Philippines as well as efforts to provide donated materials to hospitals in the poorer regions of the country. He stated: *We often feel that it is Manila 's desire to build a bureaucratic wall around the country so high, that no medical missions will ever come to the country again. For most of us, mission preparation, fund raising, recruiting medical personnel, working with Philippine local governments to secure invitations, organizing licensing documents, dealing with the PRC, customs is a year long task, amounting to an almost 2nd full time job. Every extra step, every rule and every extra dollar threatens our organizations which we have so lovingly built over the years (often decades) so we get pretty grumpy when a bureaucrat in Manila says here is a bunch of extra forms, fees and folderol that you have to endure before you can go to the remotest regions of our country and treat those who, without the mission, will never have a chance to lead a normal life*. The barriers to donating medical equipment and supplies to those most in need are a source of huge frustration of many but for my wife and myself, it is really aggravating. While I understand the purpose of duties etc., when donations are being made to and accepted by official agencies of the government, why is there no process for eliminating or at least reducing the duties that have to be paid. We all acknowledge that the threat of these shipments being diverted for commercial purposes exists, Manila's approach is essentially to eliminate the donation rather than focus on preventing misuse.

… I believe that the Philippine's greatest resource is the Filipinos working and living overseas. These overseas Filipinos desperately want to give back to their country. These wonderful people in combination with just everyday Americans willingly give of their talent, time and treasure to provide a chance at a full and productive life for those in the Philippines who suffer without medical care and whose families live without hope. It feels that, rather than encouraging missions and donations which are so desperately needed, the Government in Manila is actively thwarting such efforts. It may not be the intent but it is clearly the result of the plethora of rules that impede our efforts and is most notably evident in the failure to consider or consult with missioners before such rules are made.

Philippine columnist Jose Ma Montelibano have these suggestions. He said: *Abroad, Filipinos in developed countries often have access to used but fully operational medical equipment. Many of these Filipinos are doctors or medical professionals who have good relationships with hospitals and clinics that are willing to donate these equipment. Maybe the DOH and the management of all these ill-equipped hospitals can consolidate a wish list and coordinate with Filipinos abroad to solicit the necessary supply for free. The Department of Finance and the Bureau of Customs can then facilitate the entry without duties and taxes to be paid by either the donors abroad or the beneficiary hospitals. These amounts can be inputted in government books as non-cash budgets for the DOH.*

Sad to say, my hospital equipments donation in a 40-footer container is still on hold at the warehouse in California. I am not assured of a FREE TAX of DUTY FREE. It is estimated my Foundation- the PAF, will pay the Value Added Tax (VAT) of 12 % (this is a Law) and would cost our Foundation (Donor) $39,000.00 for the hospital equipments that I am sending to our under-equipped District Hospital. I really hope Dr Ona have a clear view of what is the current problem of medical missionaries to the Philippines, especially the shipment of hospital equipments donated to District Hospitals. The Philippine government is building a barrier for those humanitarian equipments. It is reminiscent of the *BERLIN WALL*. Remember President Ronald Reagan said, TEAR DOWN THAT WALL! It was torn down.

Mr President (PNOY) , PLEASE TEAR DOWN THAT BUREAUCRATIC *WALL* . Our heart bleeds for those poor people in our country.

PHILIPPINES MY

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A young doctor-writer, Jose Rizal, used his pen to expose the brutalizing, depressive and inhumane treatment of the Spanish colonizers. Dr. Rizal was arrested and then executed by a firing squad at Bagumbayan on December 30, 1896. This spurred the Katipunan that was organized by our heroes Andres Bonifacio and Emilio Aguinaldo. Bonifacio and Aguinaldo engaged in an ugly infighting resulting in the execution of Bonifacio.

CESAR CANDARI MD

In 1898 The American-Spanish War ensued. Commodore George Dewey invaded Manila Bay and overpowered the dull Spanish Navy. The Spaniards eventually surrendered to the Americans.

American Time: On June 12, 1898, in Cavite el Viejo (now Kawit), Cavite, Philippines, the KKK (Katipunan) patriots of General Aguinaldo proclaimed the Philippine Declaration of Independence. With the public reading of the Act of the Declaration of Independence, Filipino revolutionary forces under Gen. Emilio Aguinaldo proclaimed the sovereignty and independence of the Philippine Islands from the colonial rule of Spain. However, on December 10, 1898, the Americans annexed the Philippines with Spain by the Treaty of Paris. This brought about the Filipino-American war in February 1899 that lasted for three years; 4,000 American soldiers lost their lives.

On July 4, 1902, U.S. President Theodore Roosevelt proclaimed a full and complete pardon and amnesty to all people in the Philippine archipelago that had participated in the conflict, effectively ending the war. The Philippines remained an American colony from 1902; in

1935, a semiautonomous Philippine Commonwealth was inaugurated in Manila with Manuel L Quezon as president and Sergio Osmeña as vice-president. This became the United States-based Philippine government-in-exile during the Japanese occupation. Much learning took place on democratic principles, structure and governance.

Japanese Occupation: The Philippines came under the Japanese empire from 1941-1945, which produced disaster, devastation and annihilation of the Filipino people from the Japanese imperialist forces. You all remember the Death March in Bataan. General Douglas McArthur fled to Australia with a promise: *I SHALL RETURN!* The American forces returned in October 1944 to liberate the country.
Manila City was the second most-devastated city (after Warsaw, Poland) in the world during World War II.

Our country celebrated the independence of the Philippines from the Americans on July 4, 1946. Hukbalahap (Hukbong Bayan Laban sa Hapon) led by Luis Taruc waged bloody war against the government in a communist rebellion. From 1947 to 1972, six presidents were elected under the democratic system, namely Roxas, Quirino, Magsaysay, Garcia, Diosdadao Macapagal, and Marcos. Our politicians and bureaucrats learned to engage in graft and corruption. A common slogan from politicians was *What are we in power for?* The Philippine economy in the 50s and 60s was said to be good, surpassing Asian countries. However, the gap between the rich and the poor remained the same.

Dictatorship: Proclamation No. 1081 (Proclaiming a State of Martial Law in the Philippines) was signed on September 21, 1972, by Mr. Marcos. Years of dictatorial abuse followed, as crony capitalism shackled free enterprise. There was near economic collapse, and the middle class was slowly demoralized. The gap between the rich (30%) and poor (70%) widened, as the people remained in a quagmire. Mr. Marcos claimed that martial law was the prelude to creating a *New Society* based on new social and political values.

The beginning of the end of the Marcos era occurred when his chief political rival, Liberal Party leader Benigno "Ninoy" Aquino, Jr., was assassinated on August 21, 1983. Mr. Aquino had just disembarked from an airplane at the Manila International Airport when an assassin shot him to death at the tarmac. Ninoy Aquino became a martyr and his murder became the proximate cause of popular indignation against a corrupt regime.

Mr. Marcos claimed that martial law was the prelude to creating a *New Society* based on new social and political values. Marcos was considered the quintessential plutocrat, having looted billions of dollars from the Filipino treasury.

Edsa Revolution: The Catholic Church, a coalition of old political opposition groups, the business elite, the left wing, and even factions of the armed forces began to exert pressure on the regime. Feeling confident with the support given by the Reagan White House, Marcos called for a quick presidential election on February 7, 1986.

When the Marcos-dominated National Assembly proclaimed Marcos the winner, Cardinal Jaime Sin and key military leaders - Minister of Defense Juan Ponce Enrile and acting Chief of Staff of the Armed Forces Lieutenant General Fidel V. Ramos - rallied around the apparent majority vote winner, Corazon Cojuangco Aquino, Ninoy Aquino's widow.

The Philippines after the Revolution: After the 1986 EDSA revolution, Cory Aquino became president. During the Aquino presidency, Manila witnessed six unsuccessful coup attempts, the most serious occurring in December 1989. Coup attempts by Greg Honasan and his fellow Reform-the Armed-Forces Movement leaders harassed the amateur Aquino presidency.

She was virtuous, full of probity, sincere and with good intentions for the country. But what happened under Cory? Power struggles, political squabbles, and the infighting for juicy deals harassed her presidency. The real murderer of her husband was never found. Sad to say, after the indomitable EDSA revolution, the Filipino resolve didn't happen. The Land Reform of Cory was never perfect
The alleged billions of dollars that the dictator Marcos stashed away abroad were never recovered.

After Cory Aquino, Fidel Ramos was elected as president. He was a proponent of privatization, less government, more private sectors! The

economy went on a roll. But all of Ramos' gains during his presidency faded away into thin air. The poor became poorer than ever.

Because he was a popular movie actor, Joseph 'Erap' Estrada was elected president. He enjoyed widespread popularity, particularly among the poor moviegoers. In October 2000, however, Mr. Estrada was accused of having accepted millions of pesos in payoffs from illegal gambling businesses. The House of Representatives impeached him, and he was forced from office on January 20, 2001.

Vice President Gloria Macapagal-Arroyo (the daughter of the late President Diosdado Macapagal) was sworn in as Estrada's successor on the day of Erap's departure. We thought effulgent, eternal splendor finally arrived. We were inspired that Malacañang regained its honor and dignity. But more total failure happened instead!

More catastrophes happened. Graft and corruption ruled the country. The whole nation was witnessing sickening crimes attributed to the inept people in the government. Gloria Arroyo's accession to power was further legitimized by the mid-term congressional and local elections held four months later when her coalition won an overwhelming victory. Her initial term in office was marked by fractious coalition politics as well as a military mutiny in Manila in July 2003, after which she declared a month-long nationwide state of rebellion.

Gloria Arroyo in her Machiavellian maneuver declared in December 2002 that she would not run in the May 2004 presidential election but she reversed herself in October 2003 and decided to join the race. She was re-elected and sworn in for her own six-year term as president on June 30, 2004. Arroyo unsuccessfully attempted a controversial plan for an overhaul of the constitution to transform the present presidential-bicameral republic into a federal parliamentary-unicameral form of government.

More impeachment cases were filed against her up to the last days of her nine-year reign, but she survived them all.

If the assumed multi-millions of dollars in the banks of the Arroyos are true, clearly she perpetuated an atrocious regime of mass fraud and thievery during her presidency. What we need are economic, civility, justice and accountability. Most of all, we must end the poverty in our country.

LA LIVE !

Continued from page 3

They look great!

HOTEL REGISTRATION:

EUGENE S SIRUNO MD

This was very interesting and most frustrating. I believe there were many other registrants who experienced what we went through. When we registered for the whole duration of the reunion, they (hotel) told us that we are okay for three days/ nites but we need to re-register for that Saturday at a significantly higher price.

Whoa, what is this? I tried to talk with the person in-charge and even requested to talk with the manager but I can't get any audience with him or her.

Whoever negotiated with Marriot from the FEU group, there was a miscommunication and misunderstanding. I know of a couple, a member of the BOT who transferred to another hotel for that Saturday. That was not very nice and certainly they are not that accommodating.

WELCOME Reception Nite, General Meeting Luncheon, and Filipiniana Nite: There is always a disadvantage when the venue is at different place. The registrants are arriving at different time, coming from different time zones. The foods were delicious, just like in the Philippines. The place, however, was not big enough to accommodate everyone, of course there was no charge. I enjoyed that *Sexy Sexy Medley* dance. Thank you to the drivers Drs Jun Castro and Oscar Tuazon. The *Filipiniana d*inner, I would say could have been conducted better. When you see these lovely, beautiful ladies in their *Filipiniana* attire made by different designers, lining up in the buffet, I thought that was not befitting. The test for the food was the *lechon* and if the skin is not crunchy or crispy it becomes – eh and especially if the sauce is very salty, then it was not a passing grade. The desserts were good however. How about the

general membership luncheon *lunchbox*. I say, I hope we don't have a repeat of this. The walk outside was significant especially on a hot day. What a sight, it reminded me of the *Free Lunch Food Line* for the homeless and the poor in Minneapolis House of Charity. The big difference was the people in line here were doctors with dark hairs, gray hairs and some with no hairs with their better halves. Southern California Chapter, Oscar, Jun, Rey and the rest, this is not your fault, neither is this a put down. I would rather say that the BOT is at fault. In the spirit of austerity, ECONOMIZE! I thank you very much. I would like to repeat my thank you and underline that for the sumptuous laureate dinner in Chinatown. That was something else, very delicious. That was gluttony! I'm blaming that as a part of the five pounds I gained that whole weekend. Thank you again.

CME: As usual, Cesar V Reyes and Celso del Mundo brought forth a high caliber continuing medical seminar. That's their standard. They are so dedicated and extremely organized to present a variety of topics with high powered lecturers from beloved FEUDNRSM Alumni Foundation. It was interesting to hear Dr Fidel Exconde asking for more time (he could have lectured the whole morning which reminds me of Dr Cesar Candari in Las Vegas); Dr Agnir with his *three miracles* in life was indeed interesting. I enjoyed Dr Villanueva's lecture on *ADHD* as I always thought that my good friend and classmate Do Angeles has that affliction (really? – not). The young guns were most impressive: Minsig Choi, Gladell Paner and Joy Tan. Carry on the torch lady and gentlemen. The memorial lectures were tremendous, very scientific (JB Nolasco Memorial - Ars Martin); and very personal like a *story of my life* (Dr. Nicanor Reyes Jr Memorial – H Nory Nicodemus). Nory or *Nic* as he is called is a golden jubilarian whose enthusiasm, failures, persistence, perseverance support and encouragement from his wife, Rose (also a golden jubilarian) were the propelling forces of his success and happiness.

The CPC is always a thriller in that C V Reyes is that smart and clever that you think you know what is coming and can be a repeat of last year, but he knows better. He is a pathologist and always hide the missing link like this time am single word, a very important clue like *Manila* or *Philippines*. Overall, it was fun.

Dr Daisy Ramos almost hit the homerun (she got it in her differential Dx). I think the placement of the screen was not well adjusted in proportion to the lecture room. Some slides are not readable. Are they of the standard slides?

Maybe printouts or copies of the different lectures should be available to the attendees. This way whatever pearls they want us to learn and bring home and may even be able to apply on our everyday practice, we will remember them. Isn't this the purpose of the continuing medical education? Again coffee should be available. We want to stay awake – just watch when the light is turned off.

SPORT: The golf was a good idea especially for fund raising for future medical missions. But it should not be on the dates of the meeting or reunion. Maybe, a day before the meeting start or even that morning of the welcome party might fit better. Mind you, we have outstanding lecturers and I know they are well prepared. They need a good audience, the more the better. This is just giving respect to them. One more thing, a lot of the golfers are members of the BOT and they have the *hallmark* meeting of the year. There is no problem if there is a quorum but isn't it imperative that everyone should be on time?

DEAN'S REPORT: Her report was indeed reassuring and very encouraging. The students are doing very well. The scholars are maintaining their ranks and in the medical boards they are garnering places in the top ten if not the number one (The Number # 1 or top ten are a bragging rights tool for the school as well as a good PR and AD so the topnotch students apply to the school). I still wish and want that more should be done for those who are hardly above water. Sometimes, it seems like the much smarter ones like the scholars are the ones who have a better chance to receive *help* of different kinds and forms from individuals and from the foundation. Maybe I'm wrong as the report about the overall passing rate for FEU has gone higher. I'm happy to hear that.

Again, not every FEU student is a scholar or *laudes*, there are some who are close to be *sincolars* or are *cum lausies* who need some help and some encouragements. They are basically good and capable students (why were they admitted) who need some further guidance and extra help. Remember they are also *tatak* FEU. It is also refreshing to hear that some faculty and students are getting interested in research. How about the residents? Are they interested in research too?

BOT MEETING: Conduct and Behavior. The meetings of the board of trustees has always been interesting to say the least, whether the spring or the summer. We discuss things. We agree and disagree, that's part of the democratic process. We, the *Pinoys* like the *TONGUE FU* and this time almost the *KUNG FU*. We have lots of arguments as in the voting (election) process but more especially when it comes to *cold cash* be that for class funds, donations or mission funds. I still believe that the FEU Alumni BOT belongs to a *Well Mannered Society*. That within the board there are valuable friends who would tell me if I'm shouting uncalled for criticisms and trying to get my way, showing some, how small they are, and that I'm better and bigger, and I'm finding faults on how others are doing their job. I wish somebody will tell me that I'm really out of the box. Here I was sitting from a safe distance with Dr Daisy in the other side of the rectangular set up, listening to the arguments and the arguments were getting more nasty, personal integrity was being challenged. It was a sorry spectacle and unbecoming. I look around and was waiting for the more senior members, the chairmen e*meriti*, the Friends and none said anything, none of them move – *NADA*. So I raised my hand and I was acknowledged and stood and shouted to the top of my voice, so I can be heard. I expressed my disappointments and called for more calm, respect and civility to one another. When one of the protagonist went back to his chair and sat down and said in a soft voice, *I'm sorry*, that was a music to my ear. It was so heavenly to hear the end of the arguments. I said to myself, there is HOPE! My thoughts about all these things are: we can debate and disagree because that is a part of our job as members of the BOT, so we can spend more time and energy on the positive aspect of our goals, our missions and plan for the foundation; so we can move up and finish things in less time. We can differ without being difficult. We can disagree without being disagreeable. I'm also thinking that the BOT should have a designated parliamentarian , so that not everyone is the parliamentarian. There should also be a committee that monitors our conduct and behavior so that if anyone who does not follow the acceptable standard of conduct and behavior he/ she can be presented to the whole board for possible censure discipline and possible inhibition after warning has been given. I'm also thinking that we should have a *CONTRADICTIONARY*. I do believe that it is very hard to be reasonable and angry at the same time. I also believe that a man's work is a portrait of himself. The words that come out of his mouth go along with it. To me, *after all this is over all that will have really mattered is how we treated each other*.

GOLDEN JUBILARIAN: R= E =M + F. You saw them, the golden jubilarians, aren't they happy with their lovely darlings? They were all smiling ear to ear. You see them in the hallways, in the lobby , by the conference room and especially when they were presented on *their very special Saturday nite*, so lovely and handsome. Their faces were full of joy, love and renewal of sentiments – *Thank you Lord*! It is very possible that some have their final closure after all these fifty years. He or she became brave enough to tell him/ her with finality that she/ he always loved him/her (better late than never). My formula, R = E + M + F still holds true.

This reunion brought forth wonderful EXPERIENCE, pleasant (as well as sad) MEMORIES, that will always be a part of their happiness and FRIENDSHIPS forever.

SEPTEMBER

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he is interested in and is willing to convey the man's interest to the woman. Sometimes, even with this intervention by well


PEPITO C RIVERA MD

meaning friends, the woman may not have feelings for him and the man then simply does not continue efforts thus saving face.

Couples in the U.S. date openly and with great largess. They talk at length about people they are dating, party at local nightclubs, and everyone can know their business. The Filipino culture is much more subtle. Most early dates are friendly in nature, usually with groups of friends and low key. No matter how interested you were in a pretty lady, there were proper steps to follow so that you didn't appear too *presko* or *mayabang*.

Planning was key and nerves could often make you foul up. I remember once I was taking a beautiful lady to dinner. I planned everything very carefully and obtained her consent to the meal. When it came time to pay the bill, I realized I didn't bring my wallet! I was a nervous wreck and very embarrassed. I was perspiring profusely and didn't know what to do. The lady noticed my discomfort and asked what was wrong. When I confessed my problem, she kindly offered to pay for the meal. To this day, I still avoid her because I am STILL embarrassed.

Dating takes a strong constitution, no matter what culture you come from. It sometimes surprises me that we ever end up as couples. I was lucky enough to win the heart of my one true love and enjoy the fruits of my early dating labor every day.

FAITH CORNER

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substance of things hoped for, the evidence of things not seen.


REV MELVIN ANTONIO MD

KJV. There are many other references in Scripture that define and set examples of faith. Rather than cite them one and all, the question still remains, what is the language of faith?

Of the essays submitted in class, my dear friend and colleague, Reverend Nancy Simpson, gave a most satisfying answer to the question as she says, *Think of faith as a divine movement beginning with our spirit, moving to our powers of reason as we relate to those around us, moving to expression through behavior.* What this says is that faith language does not have to be expressed verbally but can be conveyed through our actions. (Actions speak louder than words.) She goes on to say, *Our faith language expresses our dependence on God and our desire for mercy and meaning in life. This language gives expression to our search for our identity as people created in the image of God. We express our belief in God's presence or absence and express our hope that God brings goodness to our lives in the midst of fear, sorrow and uncertainty that we are loved by God.*

As Christians, we express our faith language through our worship rituals – confession, hearing the Scriptures read, listening to the sermon, prayers of the people, receiving the sacraments. It is expressed in dance, music, art, and symbols. Faith language is also expressed in our ministry – feeding the hungry, consoling the downtrodden, moving from charity to justice in caring for those to whom God shows special compassion – the widow, the orphan, and stranger. Faith language is also demonstrated in our tears, our joy, in our conversations with God that no one else can see or hear.

Lastly, the language of faith does no one any good if it is not shared. The good news of God in Jesus Christ has to be shared through the language of faith. After all, St Francis of Assisi said *Preach the Gospel always. Use words if necessary.*

LIKE ONLY

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SYLVIA ARPA BALAJADIA MD

the recent alumni homecoming that featured Class^{62} was more than what we all expected and what a glorious hoop-la it was!

The camaraderie was spontaneously jovial, old friends and classmates seeing each other, some after 50 years! It was a time of reconnecting, a

time of reminiscing happy moments, embarrassing moments, close calls, (the *Binangonan* tragedy) innocent misdoings because of immaturity, disappointments and indiscretions that now, olive branches were held out to one another in one form or other.

Over the past 50 years all of us have gone through stages in life. It is said that life is like a book and at this stage we wonder if this may be the last chapter.

For those of us who married we have had our share of hurdles particularly in the area of child-rearing.

We look at a wedding photo and see a starry-eyed couple, hearts filled with hopes for a long life's voyage together. The words *for better or worse, in sickness and in health* would be tested many years later. The children started coming along bearing an uncanny resemblance of us even extending to our elders.

When was it when we seem always harried and haggard over waking nights, bottles and diapers not to mention potty training and child proofing outlets. Amazingly that time passed swiftly. And then we were dealing with knee scrapes, cut lip, fretful sleep, chipped tooth, doctor's appointments. When was it when they came rushing to us begging for quarters because the ice-cream truck was already by the park.

Personally, those times I wished they'd grow faster. And then, all too soon the teen years where again, I personally wished they'd revert to their early childhood. How can we forget the reprimands over those long phone calls, those over-extended curfews, the loud music, the odd-mix of things in the hallway or foyer, like skateboards, bicycles, tennis rackets, roller blades, mitts. But proud moments towered over headaches whenever the children came home with news of some academic recognition or even just watching them play a musical instrument in the school band made our heart swell with pride and think our child was a virtuoso yet to be discovered. Then, suddenly the house seemed more orderly and quiet. Where were the adolescents? We are looking at people who are talking like our friends, children now capable of making their own decisions. It felt nostalgic not seeing children anymore. We silently ask ourselves, where are they. And then one day we are looking at a child. No, not ours but our child's own kid. We are now grannies. Where did the years go? I still smile to myself whenever I recall my grand daughter, then 3 years old. She was reaching for a cookie when I put my hand on hers and said, *no cookie, lunch first*. She looked at me, turned away and said, quite distinctly, *I can't believe this*. Joe, my husband said, *you see she hears that every time from you, now she's got it*.

In this latest chapter, some of us have had serious health issues having stared death in the face and survived, some are battling an illness, some have already gone *home*, some are saddled with caring for an ill spouse and some have lost a spouse. The surviving spouse is left feeling orphaned. The spouse puts on a stoic front playing a pillar of strength for the family. He/ she puts on a smile in an effort to mask what each nightfall is like, each waking morning a vast expanse of emptiness which likely will never disappear.

My granddaughter, now 21 and a college senior delivered the eulogy at her grandfather's funeral. She ended her sentiments with this quotation.

Live life the way that makes you happy, for the Future is a mystery, the Past is history and Today is a gift and that is why it is called PRESENT.

Message from the BOARD CHAIRMAN

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HERNANI TANSUCHE MD

Fairview is doing well, i.e., exemplary performance of our graduates in the local medical board examinations including placement in the top ten, high percentage of passing rate among first timers and increasing enrollment. The board would like to congratulate our current and dedicated Dean, Dr Remy Habacon[72], for these stellar accomplishments under her stewardship. Our past chairman, Dr Arsenio Martin[67], also deserves credit and our thanks for his continuing efforts in recruiting scholars for the medical school. The continued academic success of these scholars in the medical board exams is a testimonial to the efforts of these two individuals.

As we look forward to our 34th annual reunion to be held in Chicago, the current leadership of the Foundation is faced with several daunting challenges. As most of us are aware, our annual reunion is the main source of revenue for the Foundation. There is declining attendance in our annual get-together compared with previous meetings. There are multiple factors to explain this decline: retiring or deceased active members, fewer younger graduates presently in the United States or loss of interest of the general membership in the affairs and activities of the organization. Despite the first two factors, we still have a reasonable number of US-based graduates who do not attend our annual gathering. The challenge is to motivate and encourage this sector of our general membership to attend and be active in our Foundation.

As my good classmate, friend and chairman *emeritus*, Dr AmanteLegaspi[68] said in one of his previous messages: Service is Commitment.

Furthermore, the medical school needs the financial support of our Alumni Foundation to actively support their ongoing projects, i.e., research, academic scholarships, and teaching aids in order to maintain and continuously improve their status in the local academic community.

We also need to look at our organizational set-up in the board and possible revisions in our by-laws to be more effective in carrying out our goals and projects.

I look forward to this commitment with the help of our able officers and Board of Trustees to meet this challenge. Working together and with your support, we hope to accomplish these goals in the next two years.

HERNANI TANSUCHE MD[68]

PRESIDENT'S

continued from to page1

free from the registration so I could devote my time to our Class celebrant.

NOLI C GUINIGUNDO MD

The welcome reception followed around 6:30 that evening. Because of the time difference, there were some advantages and disadvantages like it was still early but our Louisiana time was sleeping time already.

The welcome reception was highlighted by a sumptuous dinner that our Southern California host, led by June Castro and Oca prepared.

We thank and appreciate their hosting the occasion.

Thursday morning started with the opening of the CME. Sign in registration and towards the end completing the blue evaluation sheet were the order of the program.

The CME certificates as announced would be sent via e-mail.

Continuing registration, interrupted only by off-and-on meeting with classmates and friends, and of course unending picture taking all went with the meetings.

The board trustee meeting was called to order around 12:30 pm. The approved business agenda was followed with minor changes during the elections of trustees and officers, which was held right after the treasurer' s report.

In the past, the elections were held after new business; and at that time, members were anxious to go home and were hurried that the election would be taken for granted.

Anyway, the process worked well at the recent reunion.

Questions were raised whether a candidate could be nominated even if absent during the meeting. Proxy voting was also discussed.

Only the Chapter president may delegate proxy voting to another person, but this should be done ahead of time.

Trustees may cast one vote in person only.

Further elucidation will be referred to the constitution and by-laws committee.

Several months prior to the July meeting, one candidate campaigned vigorously for the presidency, which is in contradiction to the tradition that Dr Amante Legaspi had advocated.

The tradition dictates that a candidate should follow a progressive ascension in the hierarchy from a lower position going up to the top --- presidency.

Only this way, the officer is fully exposed to the future position through the years.

This was also advocated by Mr Sam Green who affirmed that leadership should be given to those with experience (Drs Renato Ramos and Daniel Fabito quoted). I have heard

also some negative campaigning --- not to vote for me because of my age.

I did not realize our Alumni Foundation has age bias and discrimination.

During the election, prior to nomination of candidates, three people had asked me to withdraw my candidacy and stay on as executive vice president. This is clearly a violation of our C and BL because an executive vice president can hold office only one time or one term.

I did not withdraw and made my campaign speech. I won the presidency with the help of the divine intervention and of course my friends who believed in me and what I am advocating for.

Kudos to them for helping me and God bless them all.

United States great president, Ronald Reagan was elected president in his 80[s] although I am not in that age group yet.

The age discrimination act was enacted in 1967 and 1976 and have been followed and respected and should not be violated. But it can be invoked if needs be.

But, the election had passed. What we need now is to unite in order to help our medical school. What we need now is to help each other for the sake of the medical school. I would like to encourage our past presidents, and chairmen *emeriti* to help the present administration and not to criticize every movement, every infraction, as if they did not pass through the same stage and misgivings. Nobody is perfect.

Again let us avoid destructive criticism and offer suggestions on how we can help our alma mater instead of monopolizing every board meetings.

God bless us all.

NOLI GUINIGUNDO MD[62]

ILLINOIS CHAPTER

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MANUEL MALICAY MD[72] FACP, assistant professor of Medicine at Rush Medical College of Chicago and an Internist with Good SamaritanHospital of Downers Grove IL, will discuss CPC case vignette of *mediastinal and right supraclavicular lymphadenopa-thy* (and will be introduced by Dr C V Reyes[68]);

CELSO DEL MUNDO MD[62], continuing medical education committee chairman of the Philippine Medical Association in Chicago, will speak on *OSHA management guidelines in common blood borne pathogen exposure* (and will be introduced by Dr Virgilio Magsino[62],

NIDA BLANKAS HERNAEZ MD[84] FPAP, attending pediatrician at Lutheran General Hospital of Park Ridge IL, president-elect, of the Philippine Medical Association in Chicago and Faculty with Northwestern University Medical School and Ross University School of Medicine, will analyze *pediatric obesity and lessons learned in medical surgical missions, including the new stringent Philippine Regulatory Commission guidelines* (will be introduced by Dr Edward Hernaez);

ALADIN MARIANO MD[72] MHA FACS FCCP, chairman of the department of surgery at the Alexian Brothers Hospital, Elk Grove IL, will elaborate on the *trading dynamics, the missing link in health system reform* (and will be introduced by Dr Evelyn Mariano[72]).

To be inducted are Frank Montellano MD[84], president; Richard Mon MD[70], president-elect; C V Reyes MD[68], vice president/ editor; Virgilio Magsino MD[62], secretary; Heidi Montenegro MD[68], treasurers; Arthur Fogata MD[67], auditor; Melinda Tolentino MD[72], press relations officers;

and Susan Albovias MD[65], Hermie Ayuste MD[70], Ofelia Ayuste MD[70], Brenda N Banez MD[66], Angelito Fernandez MD[70], Lourdes Hilao MD[67], Ernesto Lardizabal MD[72], Cecilia Lopez MD[65], Erlinda Lopez MD[74], Lourdes Malicay MD[73], Ligaya Marasigan MD[74], Leilani Mon MD[72], Remedios Sales MD[65], Ophelia Rallos MD[67], and Nida Blankas-Hernaez MD[84], also immediate past president.

The past presidents will serve as advisers, including Noemi Borrilo Fogata MD[69], Nicolas M Sanez MD[65], Manuel Sanchez MD[68], Edgar Borda MD[72], Gerardo Guzman MD[63], Celso Del Mundo MD[62], Pascual Sales MD[65], Virgilio Jonson MD[65], Manuel Malicay MD[72], Antonio Noriega MD[66], Roger Cave MD[65], Nunilo G Rubio MD[67], Jose Delfin MD[68], and Edmundo Relucio MD[64].

by CV Reyes MD[68]

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).

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Class67 (Sapphire Jubilee)
Class72 (Coral Jubilee)
Class77 (35th Anniversary)
Class82 (30th Anniversary)
Class87 (Silver Jubilee)
Class92 (20th Anniversary)
Class97 (15th Anniversary)
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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 October 2012 issue
October 15, 2012
Please address submissions to acvrear@aol.com

21st Biennial Anniversary, Saturday, October 13, 2012

Hilton Doubletree Hotel, 1909 Spring Road Oak Brook, IL 60523

Scientific Convention

OSHA, Pediatric Obesity, Medical Missions, Health System Reform, and CPC

Induction Dinner

Attire Formal Cocktails 6:00 pm Dinner 7:00 pm

Donation $75 **RSVP October 1, 2012**

Frank Montellano MD 847-845-7165 frank-nette@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

SCHEDULE of EVENTS

Saturday, October 13, 2012

7:30 am - 9:30 am Registration, Breakfast, Product Exhibits

7:40 am - 8:00 am Opening Remarks

Franklin Montellano MD[84] FEUMAANI President

Celso Del Mundo MD[62] CME Committee Chairman

8:00 am – 9:00 am **CPC:** ***Mediastinal and Right Supraclavicular Lymphadenopathy***

MANUEL MALICAY MD[72] FACP

Assistant Professor of Medicine, Rush Medical College of Chicago

Internist, Good Samaritan Hospital of Downers Grove IL

9:00 am – 9:30 am Coffee break, Product Exhibits

9:30 am – 10:15 am ***OSHA Guidelines in Common Blood Borne Pathogen Exposure***

CELSO DEL MUNDO MD[62]

Chairman, Continuing Medical Education

Philippine Medical Association in Chicago

To be introduced by Virgilio Magsino MD[62]

10:15 am – 11:00 am ***Pediatric Obesity and Lessons Learned in Medical Missions and the New PPRC Guidelines***

NIDA BLANKAS HERNAEZ MD[84] FPAP

Attending Pediatrician, Lutheran General Hospital, Park Ridge IL

President-Elect, Philippine Medical Association in Chicago

Faculty, Northwestern University Medical School and Ross University School of Medicine

To be introduced by Edward Hernaez MD

11:00 am – 11:45 noon ***Trading Dynamics, the Missing link in Health System Reform***

ALADIN MARIANO MD[72] MHA, FACS, FCCP

Chairman, Department of Surgery, Alexian Brothers Hospital, Elk Grove IL

To be introduced by Evelyn Mariano MD[72]

12:00 noon – 3:30 pm Coffee break, Product Exhibits

6:30 pm – midnight ***21st Biennial Anniversary Induction Dinner***

FAR EASTERN UNIVERSITY
DR NICANOR REYES SCHOOL OF MEDICINE
ALUMNI FOUNDATION

34th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

Class[58] (Emerald Jubilee)
Class[63] (Golden Jubilee)
Class[88] (Silver Jubilee)
Class[68] (Sapphire Jubilee)
Class[73] (Ruby Jubilee)
Class[78] (Coral Jubilee)
Class[83] (Pearl Jubilee)
Class[93] (20th Anniversary)
Class[98] (15th Anniversary)
Class[03] (10th Anniversary)

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