



# ECTOPIC MURMURS

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

## MESSAGE from the BOARD CHAIRMAN



P C RIVERA MD

In August, I had the pleasure of participating in the FEUMAANI 20.5<sup>th</sup> biennial anniversary recognition and masquerade ball celebration. I was able to meet with many of my classmates and friends and also made some new acquaintances.

I was pleased to escort president NIDA BLANKAS HERNAEZ MD to the coronation of Mr (King) MANUEL MALICAY MD and Mrs (Queen) LOUDES MALICAY of the FEUMAANI.

It was a very enjoyable time and the masquerade ball inspired me to take on the tradition of Halloween enthusiasts, to speak of spirits and visitations. So pull up a chair, dim the room or light a fire in the fireplace and relax a little if you can.

In the province of Pampanga, near my wife's home, there is a legend about the White Lady Ghost. Many people have reportedly experienced this phenomenon and I have heard this story retold many times through the years.

This story begins with a journey on dark and rainy  
*continue to page 25*

## FACHIC aims to educate and engage community at first Filipino health forum

CARMELA E BONDAD MPH  
Research Programs Director  
The Filipino American  
Community Health Initiative of



CARMELA E BONDAD MPH

Chicago (FACHIC) will host its first Filipino community health forum on Saturday, October 16, 2010, from 1:00 pm to 3:00 pm.

This educational and interactive event will take place at the ground floor auditorium of Weiss Memorial Hospital, 4646 North Marine Drive in Chicago. This event is part of  
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## What to pack for and what to expect from our Israel and Egypt Tour?

Modest dress is essential in visiting Israel/ Egypt religious sites.

Bring a jacket, a few sweaters and long pants for late October and early November travel, when temperatures hover from 81<sup>o</sup>F to 74<sup>o</sup>F (high) and from 64<sup>o</sup>F to 56<sup>o</sup>F (low). During these times, there is also only 1% - 3% precipitation.

Darker clothing will hide any dust or dirt. Even in the desert heat you need to have your arms and legs covered. Pack comfortable walking shoes or sandals for sight-seeing. Insect repellent might still be needed; and take an electric converter and adapter.

Some of the landmarks that we will see are:

**Tiberias** is a city on the western shore of the Sea of Galilee.



*The shore of Tiberias*

According to Christian tradition, Jesus performed several miracles here, making it an important  
*continue to page 15*

# SULU MEDICAL SPECIALIST HOSPITAL\*

**DANIEL MORENO MD<sup>76</sup>**

Good morning and Assalamu  
Aleikum

Warahmatullah  
Wabarakattuh!

In the 1940s  
and 50s before  
medicine has  
advanced to its



**DANIEL G  
MORENO MD**

present stage, when a doctor  
finishes his medical studies he  
goes home and “hangs his  
shingle” meaning he puts up a  
sign saying he is a doctor and  
starts practicing.

I and the six other doctors in  
our group did not realize then  
that we would be hanging a  
shingle as big as this hospital.  
Although we have our own  
individual practices, something  
brought us together. Now  
looking back at what it was that  
was common to all of us I  
realize that it was the desire to

\* *Inauguration and dedication  
speech delivered by Dr D Moreno.*



*The façade of the Sulu Medical Specialist Hospital*

practice more effective  
medicine that will result in  
more cures and improvement in  
our patients condition.

To achieve this we felt we  
needed a hospital of our own  
where we can practice our  
profession unfettered and  
unshackled by limitations in  
logistics such as medicines,  
equipments, red tape,  
manpower and time.

There is an old adage that

*says a journey of a thousand  
miles starts with the first step.*

That first step was taken about  
two years ago when we were  
approved as a corporation by  
the SEC. But before I stray too  
far off, let me give you a little  
background on this project.

When I came back from the  
United States in 1991 and  
started practicing here, I was  
saddened by the lack of health  
care amenities that a practicing  
doctor needed to treat  
effectively. The idea of a  
private hospital had always  
been in the back of my mind  
and was eating me up but was  
too monumental a project for  
me to take on by myself.

About seven years ago I  
started caucusing with private  
individuals, businessmen and  
NGO's and presented the idea  
to them. Somehow, in short, it  
did not take off. Finally a little  
over two years ago, the names  
of my six partners started  
gaining prominence in this city  
as they were young, had post-  
graduate training in their fields  
and had prolific practices.  
Eventually most of them



*The core of seven founders, led by Dr Daniel Moreno ( seated 2<sup>nd</sup> from right).*

became specialists in their fields. I do not know if it was fate or sheer luck but we all shared a common dream of advancing health care in this province and enhancing our medical practices. So we grouped ourselves together and formed a corporation.

Step two of this journey of a thousand miles came on April 15, 2009 when we started a total renovation of the building. We had one less hurdle as the property on which this hospital stands was bequeathed to me by my late father Judge Cenon A Moreno Jr in his last will and testament with a provision stating that I turn this into a hospital in line with my profession and that of my daughter Angelica who is also an anesthesiologist at the Makati Medical Center.

The architectural plan was made by my brother Michael and the first foreman of the construction was my brother Vernon.

So with sheer determination fueled by the motivation to have our dream materialize we proceeded with the construction of the hospital with our own resources using craftsmen, carpenters, masons, painters and electricians from Zamboanga City.

The rest, as they say, is history.

Now this edifice stands as a symbol of a handful of men and women wanting to share their resources and expertise with their community.

We have noticed in all of our practices that a significant number of patients, when discontented with the medical care they obtain here, travel to far off Zamboanga City for the

comfort of the care they are able to get there. This entails paying triple and even quadruple the cost of treatment. It was our intention to have some of that comfort, care and expertise brought within their reach even without having to travel far. Admittedly, should they require more sophisticated procedures such as CT scans and MRIs, these will remain wanting for now but with the motivation and drive of this group of doctors, this will not be a remote prospect.

We have engaged the services of doctors of other specialties such as ophthalmology to make their expertise available to the people here in Jolo even on a monthly basis.

Our x-rays will be officially read by a board-certified radiologist on an overnight basis and films that need to be read instantly in emergencies will be read in a few minutes thanks to advancing technology such as the internet and MMS.

We will also soon be using a gadget that will transmit the image of an x-ray film from Jolo to a radiologist in a remote location like Zamboanga or Manila to be read accurately and rapidly without having to send the films to them.

I have been using a slightly less advanced version of this technology in my practice through the internet and MMS.

People have been curious and asking what motivated us to embark on this project despite the negative peace and order situation. I say to them, Jolo has been like this for a long time now and this has definitely impeded progress in this place. This has created a vicious cycle

of people not engaging in large projects because of the fear which in turn has impeded progress and development bringing about the proliferation of banditry for economic gains.

If people continue to adopt that mentality then there will be very little progress here. We refuse to join that bandwagon of people that are *lying low* and not embarking on anything progressive.

We want progress in this town and we hope this project will serve as catalyst for progress in the private sector.

At this point I would like to pay homage to the people who have now left this world but who were in a way instrumental in making this hospital a reality.

I pay my homage and respect to my late grandfather, Eng Cenon C Moreno, who acquired this property and built the foundation of this building; to my father the late Judge Cenon A Moreno Jr who bequeathed this property to me and for me to do as I wish and to my brothers and sisters who gave me a free hand to do what I wished with this property.

Now I would be remiss if I did not acknowledge the very people that have supported me and shared this dream with me and made it a reality.

They have been humbly refusing credit for this venture for some time now. I feel it is high time that they be recognized too. I therefore present my partners and will ask you to please give them a much-deserved hand:

Ahkramien T Hassan, internal medicine; **FARANAHZ JAJURIE-NAIN MD**, obstetrics gynecology; Norodom Baddiri MD, surgery;

Nassier T Jalani MD, pediatrics;  
Mursidi Jumdail MD,  
pediatrics; and Ma Lilybeth  
Tantoco-Usama, pediatrics.

They are all diplomates in  
their specialty and some are  
about to be diplomates. A  
diplomate is someone who  
passed the specialty board  
examinations in his field of  
training. It is different from the  
regular Philippine medical  
board examination.

That will naturally pose the  
question what about Dr  
Moreno? Well I am not a  
specialist by Philippine  
standards but I obtained my  
training in family medicine in  
the United States and was  
certified by the Educational  
Commission for Foreign  
Medical Graduates in the U.S.  
in 1981.

My last kudos goes to the  
people that inspired me to carry  
on this project and this is my  
wife, Lyn D' Amor Moreno,  
who is a registered nurse and  
has a master of arts in nursing.

My strongest inspiration is  
my little daughter, Danielle  
Yntzaar, or Precious, or Papum.  
I fondly call her who makes me  
feel very young and still  
capable of embarking on  
another monumental project.

I would like to thank  
Honorable Mayor Hussin Amin  
for consenting to be our guest  
speaker.

I would also like to thank  
Honorable Governor Sakur Tan  
who despite his being away  
took pains to render a message  
on this occasion.

I also thank Honorable  
Congressman Tupay Loong for  
his very encouraging message.

With that I bid you *Salam  
Duwaa* and may progress reign  
in our beloved land of Sulu.

## FROM ANTIQUE TO AMERICA *Memoirs of a Filipino- American Doctor*

CESAR D CANDARI MD<sup>61</sup>



CESAR  
CANDARI MD

A book  
entitled  
**SUCCESS IS A  
JOURNEY**,  
creating a Life  
from Antique to  
America is to be  
released soon. It  
is a story of the

life, memoirs of a Filipino-  
American physician from  
Antique to America. This is the  
first book memoir written by a  
Filipino-American physician  
among the 20,800 now  
practicing in the United States.

The author, appointed as the  
first commissioner of Filipino  
descent of the governing board  
of the San Diego stadium  
authority and field  
commissioner of the licensing  
division of the State medical  
board of California, he  
exemplifies the multi-talented  
and positive contributions of  
Filipino Americans to  
mainstream America.

He has been making, and  
still makes, Filipino Americans  
look good and feel good about  
themselves and their  
multiethnic heritage.

Dr Candari is a retired  
pathologist of Mercy Hospital  
and Medical Center (now  
Mercy Scripps) San Diego for  
30 years. He is diplomate in  
anatomic and clinical  
pathology, and the first  
Filipino-American pathologist  
to be certified in blood banking.

He is a high school  
valedictorian, graduated from  
Far Eastern University, Institute

of Medicine. He was one of the  
three Filipino American doctors  
who founded Operation  
Samahan Community Health  
Clinic and volunteered for 17  
years mostly as chairman of the  
board.

He held several major  
positions in the medical and  
specialty organizations.

As editorial contributor for  
Filipino press newspaper in San  
Diego for several years, his  
journalistic style is written in  
simple and straightforward  
manner.

Dr Candari is simply a born  
social worker, endowed with  
natural diplomatic skills. He is  
an ultimate believer of what Zig  
Ziglar says that success is a  
process, not an event, a journey,  
not a destination.

Call or email and inquire for  
details: Upon purchase of this  
book, **SUCCESS IS A JOURNEY**,  
you are actually contributing a  
portion of the sale prize to Pandan  
Antique Foundation Inc (PAF), a  
nonprofit, public benefit  
corporation registered in  
California, a 501(c) 3 corporation.

Therefore I appeal for your  
separate donation in any amount to  
PAF. This is tax deductible to help  
the poor *Tulong sa Pobre in  
Pandan*, Antique, Philippines.

Our mission is to undertake  
various support programs,  
projects, and activities geared  
toward helping our beloved  
hometown Pandan designed to  
bring progress and prosperity in  
order to improve the quality of  
life and general well being of  
our fellow town mates. Various  
projects are listed in Chapter 18.

Please mail your separate  
donation in any amount payable  
to PAF at 275 Plaza Napoli  
Court, Henderson, NV 89074.

# FYI

## FOR YOUR INFORMATION CELSO DEL MUNDO MD<sup>62</sup>



CELSO DEL  
MUNDO MD

The FEUMAANI continues to have a regular continuing medical

education (CME) program, thanks to the support of various pharmaceutical companies. Although not eligible for ACCME Category 1 credits, these seminars are beneficial to all the attendees because they enhance medical knowledge and skills needed in clinical practice.

At the July CME meeting, Dr Patrick Godwin, a pulmonologist at Rush Presbyterian St Luke's Medical Center and Rush Medical College of Chicago, gave a *review on the management of chronic obstructive pulmonary disease* at Shaw's Crab House supported by Boehringer Ingelheim Pharmaceutical.

The lecture was a comprehensive update of COPD, including the pathophysiology, etiology, diagnosis and management.

COPD ranked 6<sup>th</sup> as the leading cause of death worldwide. In United States, it is the 4<sup>th</sup> leading cause of death and accounts for \$42 billion+ in healthcare costs.

COPD includes chronic bronchitis, where there is inflammation and damage in the large airways producing cough and sputum production on most days for three months of a year for two consecutive years. Pulmonary emphysema results

when there is lung damage and inflammation of the air sacs with loss of elasticity in the lungs. Smoking, occupational exposures, air pollution and genetics are the leading etiologies of COPD.

The most important processes causing lung damage in COPD includes oxidative stress response of the body to irritant resulting in inflammation. The free radicals in tobacco impair the activity of antiprotease enzyme such as *alpha-1-antitrypsin* causing the damage to the lung.

The diagnosis of COPD is uncommon under the age of 40, but should be considered in any patient who has risk factors mentioned above, in the causation of COPD.

Spirometry is used to confirm the diagnosis. Other tests are chest x-ray, which may show hyperinflation of the lungs; CT scan of the chest may show distribution of emphysema; and arterial blood gas evaluation helps in determining the degree of respiratory acidosis.

COPD is a preventable disease. Global initiative for COPD was created to increase awareness of the disorder among healthcare professionals, public health authorities and general public and to improve prevention and management through a concerted worldwide effort.

COPD management program includes four components: assess and monitor disease, reduce risk factors, manage stable COPD, and managed exacerbations.

Bronchodilators improve airflow by virtue of smooth muscle relaxation, around the airways, thereby reducing the

symptoms of shortness of breath, wheezing and exercise limitation and increase in the quality of life. This, however, does not slow the progression of the disease. The two bronchodilators are B<sub>2</sub> agonist (Albuterol) and anticholinergic (Tiotropium). Corticosteroids are also used to reduce inflammation of the airways. In theory, the two treatment modalities reduce lung damage and airway narrowing caused by the inflammation. Steroids have no effect on overall one year mortality and are associated with increased rates of pneumonia.

## NUNILO RUBIO MD<sup>67</sup>,



NUNILO  
RUBIO MD

endocrinologist and diabetes center director at St. Mary's Hospital of Chicago, gave a

lecture on the management of type-2 diabetes with the new drug, Victoza, supported by the Novo Nordis Pharmaceutical.

Victoza is GLP-1 (glucagon-like peptide) which is natural and part of body's own system, primarily controlling blood sugar levels.

Studies have shown GLP-1 triggers insulin secretion when blood sugar level is high and also suppress glucose production when blood sugar level is high. It increases sense of fullness after meals, leading to reduce food intake and weight loss. In animal studies, it promotes beta cell function and also protects the heart and lowers blood pressure.

Natural GLP-1 is broken down too quickly in the body

for it to be used in type-2 diabetes; therefore, researchers have developed therapies for type-2 diabetes that overcome the barrier by increasing the length of time that GLP-1 works in the body by using incretin based therapies which are GLP-1 agonist and GLP-4 inhibitors.

Victoza (liraglutide) is approved in the US for treatment of type-2 diabetes and can be used as monotherapy or in conjunction with metformin or sulfonylurea in patient with insufficient glycemic control.

Victoza in clinical trials has shown to reduce blood sugar levels, reduce blood pressure, and improve function of insulin producing beta cells.

To change gear, the Philippine Medical Association in Chicago (PMAC) recently celebrated its golden anniversary which is once-in-a-lifetime milestone in an organization. As an important part of the celebration was the annual CME program held in early September at the Hilton Hotel in downtown Chicago.

The three faculties, **HONORIO BENZON MD**<sup>72</sup>, Vivencio Battung MD, and Manuel Claudio MD, are active members of the PMAC and are all well known in their respective specialties. The seminar's topic, *Lifetime of Clinical Practice* was aptly well suited for the 50 years of



**HONORIO BENZON MD**

PMAC existence in the health care delivery.

Dr Benzon is one of the leading

pain specialists, not only in Chicago but also nationwide. This year, he is one of the two FEUMAANI alumni of the year 2010. He is a professor of Anesthesiology at Northwestern University School of Medicine.

He delivered an excellent lecture on *pharmacological and interventional treatment of neuropathic pain syndrome* which includes post herpetic neuralgia, diabetic polyneuropathy, central post stroke pain, phantom limb, and HIV polyneuropathy.

Dr Battung is one of the founders of the PMAC and board certified in general surgery, and was the PMAC president twice on 1975-76 and 1978-79. He gave an elegant discussion of gastrointestinal foreign bodies, breast cancer and colorectal cancer.

Dr Battung reviewed the clinical signs and symptoms of all these entities with interesting illustrative cases. He also provided the history of breast cancer starting from Mesozoic age 1889 to present time.

There was an excellent discussion and review in the improvement of the diagnostic tools, surgical and medical management and improvement in the prognosis and survival rate of breast cancer in the last decade.



**VIVENCIO BATTUNG MD**

management of colorectal cancer with anatomical

operative illustrations that were quite interesting for physicians outside the surgical specialty.

Dr Claudio, a pulmonologist and past PMAC president in 1967-68, gave an interesting anecdotal lecture in pulmonary disease and his personal life



**MANUEL CLAUDIO MD**

experience during his practice of pulmonology. He also discussed the clinical aspect and the

management of common respiratory illness, e.g., pulmonary emphysema.

The last speaker was Dr



**RICHARD SPERLING MD**

Richard Sperling who is emeritus plastic surgeon at Lutheran General Hospital of Park Ridge, Rush North

Shore Medical Center in Skokie, and Evanston Hospital, and a representative of Illinois State Medical Society/ ISMIE.

He gave an update on malpractice issues in the state of Illinois and its impact on the practice of medicine.

He likewise stressed the importance of voting this coming November election, **NOT** to retain four re-electing Supreme Court justices who are pro-malpractice trial lawyers, anti-malpractice reforms, and overwhelmingly against the interest of the practicing physicians in Illinois.

Guest Poetry  
**DITO SA MERIKA 4**  
COSME R CAGAS MD



*Dito sa Merika  
Konsumo sobrang-sobra  
Mula sa pang-pigura  
Hanggang labisang gasolina.  
Mahali't bagong mga laruan  
Saglit lang pinagsasawaan  
Pag-aari nagsipaglakihan  
Madalas namang pinapalitan  
Bagay-bagay basta tinatapon  
Katerbang basura naiipon  
Milyonang nababaon sa utang  
Sa bayadan lagging  
nagkukulang...  
Sa atin nagagalit ang Panginoon  
Parusa tong malalim na recession  
Pang matutunan mabigat leksyon!*

**TENDERLY YOURS**  
NOLI C GUINIGUNDO MD<sup>62</sup>



NOLI C  
GUINIGUNDO MD

(1) The American pronunciation had shown some changes. The long I and A seem to be gone in favor of the short I and A in pronunciation. Even advertisements on television have shown some changes. From way back, Filipinos have pronounced English words with short I and A. Please do not forget Filipinos were educated by the American Thomasites. I have always spoken to our

**ON BEING ALIVE**  
CELSO DEL MUNDO MD<sup>62</sup>



Life is exhilarating-  
When we wake up in the morning, feeling the breeze of fresh air,  
And feel the warmth and comfort on the coming of a new day.  
As we feel our heart beating and admire the rising sun,  
Life is exhilarating, and we thank the Lord for another day.

Life is challenging-  
Being alive is not merely living on a day-to-day existence,  
But like a fearless child, be ready to accept the challenge,  
Achieve our goals and fear not to stumble along the way.  
Conquer the challenge with calmness and don't be crippled if we falter.

Life is demanding-  
Being alive is full of expectation and overwhelming demands,  
We should be ready to face the challenge and fulfill all those tasks,  
Always face the world, ready to cope all the demands in life,  
With clear conscience and daily prayer, we ask the Lord to be our guide.

Life is giving-  
Give ourselves to those who are in need of our love and care,  
Lend a helping hand to all those who are helpless to ease their pain,  
Follow the moral virtues that *Giving is better than receiving*,  
And our life will be fulfilled with happiness and without the fear.  
Being alive is not only the pursuit of happiness and pleasure,  
Living is the most precious gift that we have to treasure,  
The only way to repay Him is to follow the *Golden Rule*,  
And thank Him for gift of life and live a life with a heart that's pure.

American friends (although we are all Americans now) that if we mess up with English do not blame us, blame it on our American teachers!

(2) To those of us who are still practicing and of course deal with nursing home patients, please be careful in letting your patients get decubitus ulcers. Lately, this has been a basis for medical litigation. Sometimes it's really difficult to prevent this from happening but ulcers show up anyway.

(3) The AMDA bulletin recently contained a good

discussion on advance directive versus family decisions. A scenario was given and the pros and cons were described. The decision on this matter involving private practitioners, nursing home directors and, of course, the family members and especially the one with the durable power of attorney, could be very difficult. It may present with some heated discussion among family members and the medical providers, regarding which direction to take with an elderly dying patient.

(4) Those of us who deal with Medicare patients, for the year 2011 the proposed rule for physician fee schedule projects an additional 6.1 % cut starting January 1<sup>st</sup>. Let us pray and hope for the better. #30

PS. Thomas Sowell has recently wrote *it is cheapest to remain sick than to get medical treatment. But, what is cheapest of all is to die instead of getting life saving medications and treatment which can be very expensive. When you get a chance read the 2,400-page Obamacare document that has just been passed.*

### LETTER TO THE EDITOR

Thank you for the September 2010 ECTOPIC MURMURS .  
Nice reading.

I am wondering where are the faces of Class<sup>64</sup>?

**GEM TENAZAS MD<sup>64</sup>**

### LETTER TO THE EDITOR

Hello Gem and Class<sup>64</sup>

Only a handful (10) attended the Troy reunion.

Until we engage an official roving photographer during our reunions, very likely some members of different Classes will be left out. Cameras of Drs Jay Mendoza, Cesar Pizarro and Alice Pimentel will normally just focus on their friends and acquaintances and this is understandable.

Hopefully with Cesar Reyes, now the editor of our newsletter, the ECTOPIC MURMURS, he might engage a photographer during our reunion.

He is known to be fair and impartial in his dealings with everybody.

**DANIEL FABITO MD<sup>64</sup>**

### LETTER TO THE EDITOR

Thank you much for the FEUMAANI News and ECTOPIC MURMURS issues.

Would you have any information on DOMINGO R SOLIVA MD, FEU medical technologist chief and pathologist during our time at the medical school and eventually migrated to the United States in the 80's?

**JOEY U URANZA MD<sup>68</sup>**

### LETTER TO THE EDITOR

In the September 2010 issue of the ECTOPIC MURMURS, the case of *Prostatic Brachytherapy Related Obstructive Terminal Ileal Stenosis* is quite intriguing.

A 70-year old male treated with interstitial brachytherapy palladium seed implant for prostate cancer developed ileal stenosis as a late complication after four years. This is indeed a very rare complication if not the first to be reported in the literature following prostate brachytherapy as a monotherapy.

The main advantage of brachytherapy is the rapid fall off of dose from the site of implant (tumor) sparing the normal surrounding tissue. The down side is the slower dose rate as opposed to external beam therapy, therefore a difference in radiobiologic effect.

In a typical prostate implant the 50% isodose distribution is usually 2cm from the edge of the prostate, and beyond this point, the dose is practically negligible. The anatomy of the ileum in relation to the prostate is of considerable distance that it is almost physically impossible for radiation to reach

the ileum. However, the pathology clearly showed radiation changes in the ileum (vacuolated endothelial cells). The more common acute and chronic reactions from prostate brachytherapy are related to the bladder and rectal issues. The following questions are raised:

(1) Was there a migration of the isotopes to the ileum?

(2) Was external beam incorporated in the treatment program?

(3) What dose was delivered?

Isotope embolism has been reported and they usually lodge in the lung as can be expected. It would be interesting to look at the post brachytherapy planning films.

**CONRADO GONZALEZ JR MD<sup>69</sup>**

*Editor.* Isotope migration to the ileum was not demonstrated; and no external beam was added to the treatment regimen. The dose delivered was 110 Gy.

By the way, the case report was presented at the College of American Pathologists September 2010 annual convention held at the Hyatt Regency by Riverwalk in downtown Chicago.

### LETTER TO THE EDITOR

I am Mario Z Reyes MD<sup>67</sup>, just retired from my OBGyn practice in July 2010, will be in the Philippines for 4 months, and would like to attend the *Balik-FEU* alumni reunion in January 2011. I will also be grateful to attend the medical surgical mission in Laoag City.

I just got the ECTOPIC MURMURS from BUTCH BAUTISTA MD<sup>67</sup> whom I saw in Maryland with DANTE

JOCSON MD<sup>68</sup> and had a wonderful time.

Hopefully you will include me, my friends and fellow alumni in the ECTOPIC MURMURS directory.

For your information in one of the pictures in which PILAR EVORA MD<sup>67</sup> is featured, her partner is my good friend and buddy, GILBERT GALLA MD<sup>68</sup>. Dr Galla lives in Wilmington Delaware and works for the department of health.

Thank You,  
MARIO Z REYES MD<sup>67</sup>

## BALIK-FEU January 14–16, 2011

Let's continue the Troy celebration with

- Class<sup>60</sup> (Golden Jubilee)
- Class<sup>85</sup> (Silver Jubilee)
- Class<sup>65</sup> (Sapphire Jubilee)
- Class<sup>70</sup> (Ruby Jubilee)
- Class<sup>75</sup> (Coral Jubilee)
- Class<sup>80</sup> (Pearl Jubilee)
- Class<sup>90</sup> (20th Anniversary)
- Class<sup>95</sup> (15th Anniversary)
- Class<sup>00</sup> (10th Anniversary)

at the FEU-NRMF  
Institute of Medicine in  
West Fairview QC and  
Crown Plaza Galleria  
Manila at Ortigas & EDSA

## CORAL JUBILARIANS 2010



Seated L-R: Elsie Geronaga-Klika, Malu Galvez-Balguma, Ping Pedrano--Florescio, Olive Mindanao. Standing L-R: Cesar Jimenez, Dionne Atienza-Sy, Ida Lodriguito, Boy Florescio, Amor Aloran-Sevilla. and Nonov Gavieres

The Class<sup>75</sup> celebrated its coral jubilee (35 years) at Troy MI, sponsored by the Alumni Foundation. The Class brought life to the reunion activity with a song/ dance number themed around love, namely: *Isang Mundo, Isang Awit* and *Mahirap Magmahal ng Siyotang Iba*, popular songs in our medical school days. Although preparations for these song numbers were in short notice and aggravated by the fact the group had diminished capabilities to memorize the lyrics because of the aging factor, the Coral Jubilarians managed to pull it off.

This presentation was capped by a side trip to Windsor, Canada, across the Detroit River, where the aspects of food and fun were carried out. Baskets and baskets of *lanzones, chico, atis*, and

*rambutan* were feasted with relish. Who thought these fruits existed on the other side of the border? Among those who had fun were Ping Pedrano Florescio MD, Pedro "Bhoy" Florescio MD, Olive Mindanao MD, Cesar Jimenez MD and partner Chato Sugay MD, Marilou Galvez Balguma MD, Vicente "Nonoy" Gavieres MD, Ida Lodriguito MD, Dionne Atienza Sy MD (our gracious hostess and guide), Amorfina Aloran-Sevilla MD and husband August, Elsie Geronaga MD and husband John.

*When will I see you again?* God willing, in 5 years to celebrate another milestone.

Congratulations to the jubilarians and thanks for the memories.

PING PEDRANO  
FLORESCIO MD<sup>75</sup>

## Editorials

commentary  
news releases  
letters to the editor  
column proposal and  
manuscripts are invited.

Email submission, including figures or pictures, is preferred.

Deadline for the ECTOPIC MURMURS November 2010 issue:  
Friday, October 22, 2010

Email to [creyes@morrishospital.org](mailto:creyes@morrishospital.org)

# MY BLOG

## ON-SITE EVALUATION of BRONCHIAL BRUSH CYTOLOGY

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

### INTRODUCTION.

Bronchial brush cytology is fairly sensitive and specific in the diagnosis and typing of primary and secondary lung tumor.

However, bronchoscopy is a time-consuming procedure, generally requires sedation or anesthesia to reduce patient's discomfort, and sometimes may be complicated with morbidity.

To lessen these drawbacks, on-site evaluation of the bronchial brush cytologic material with the use of Diff Quik stain is feasible, practical, and not well documented in the literature.

This paper relates our experience of 605 cases with an on-site evaluation of bronchial brushing cytology during a 20-year period.

**MATERIALS and METHODS.** From January 1990 through June 2002 at Hines VA Hospital, and from July 2002 through December 2009 at Morris Hospital, 605 out of total 1030 bronchial brushing cytologic procedures had an on-site evaluation at the bronchoscopy suite. The brushing was immediately processed, examined, and reported with a preliminary interpretation, e.g, satisfactory specimen and cytologic

diagnosis, based on air-dried Diff Quik-stained smear(s). The preliminary results were later confirmed with alcohol-fixed Papanicolaou-stained smear(s) of the brushed material, ThinPrep<sup>R</sup> cytological and/ or cell block histological evaluation of sediment generated from the bronchoscopy brush placed in Cytolyt<sup>R</sup>, bronchial washing cytology, in few patients bronchial tissue biopsies of endoscopically visible and ill-defined lesion, and in some cases with positive-/ suspicious-for-malignancy diagnosis for possible staging---Wang transbronchial fine-needle aspiration cytology of a mediastinal lymphadenopathy.

Whenever indicated microbial studies were also pursued.

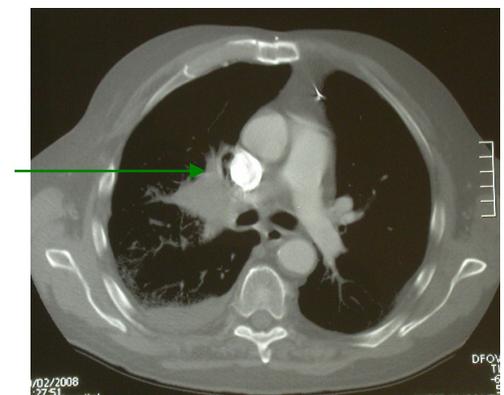
**RESULTS.** A negative, non-diagnostic, inadequate, or unsatisfactory Diff Quik-stained smear prompted additional bronchial brushing procedures, as follows: one brushing [n=265], two brushings [n=231], and three or more [n=109]. The Papanicolaou-stained alcohol-fixed smear(s) [n=605], ThinPrep slide [n=605], hematoxylin-eosin-stained cell block sections [n=184], bronchial washing cytology studies [n=605], and bronchial biopsies [n=432] later confirmed the on-site evaluation results. Table 1 summarizes positive diagnoses made in 471 cases [78%], as follows: squamous cell carcinoma in 198 cases [42%], adenocarcinoma 151 cases [32%], small cell carcinoma 94 cases [20%], undifferentiated large cell carcinoma 14 cases [3%], and metastatic carcinomas 2 cases.

Suspicious for malignancy was made in 14 cases [3%]. Bronchial tissue biopsies supported 435 on-site brush cytology diagnoses [72%]. On-site evaluation of Diff Quik-stained smear(s) of Wang transbronchial fine-needle aspiration biopsy of a mediastinal lymphadenopathy [n=159] also affirmed positive- and suspicious-for-malignancy diagnosis in 110 cases and 16 cases [69% and 10%], respectively.

Negative cytology was noted in 133 cases [22%]: 64 cases showed only reactive bronchial cells [49%], 63 cases of non-specific chronic inflammatory changes [47%], and five cases of pneumonia [<4%]. The latter cytologically and culturally were associated with *Blastomyces dermatitidis* [n=3] and a case each of *Coccidioidomyces immitis* and *Herpes simplex*<sub>1</sub>.

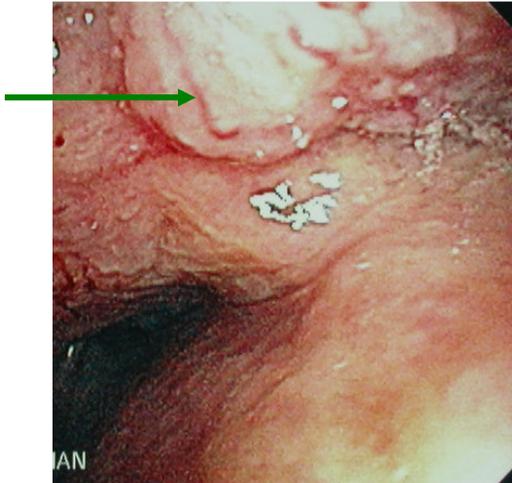
There were no unsatisfactory and false positive results. One false negative was due to sampling error.

**ILLUSTRATIVE CASE.** A 44-year old male patient presented with a right upper



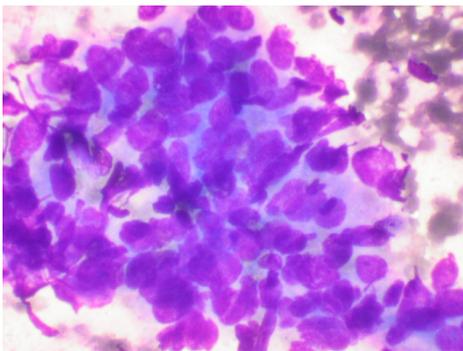
**Figure 1 – A CT scan reveals a right upper perihilar Lung mass and mediastinal lymphadenopathy (arrow).**

hilar lung mass and mediastinal lymphadenopathy.



*Figure 2 – On bronchoscopy, a right upper lung lobe bronchial mucosal mass (arrow) is noted.*

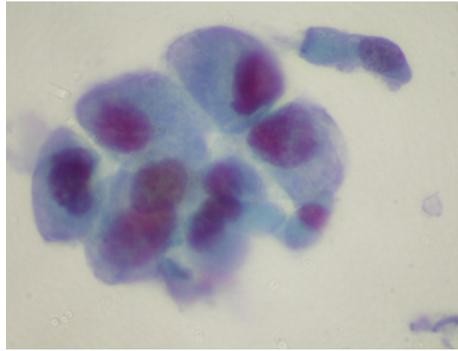
A bronchoscopy -guided bronchial brush and biopsy of the right upper lung lobe bronchus and Wang



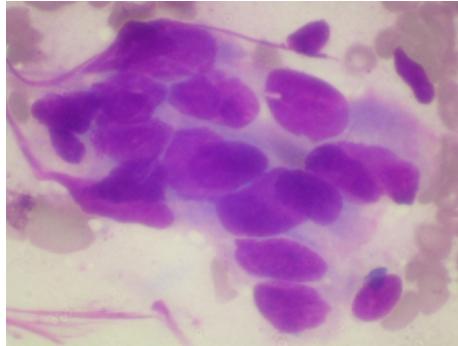
*Figure 3 – A bronchoscopy-guided right upper lung lobe bronchial brushing shows occasional malignant epithelial cells amongst reactive bronchial cells (Diff Quik stain, x400).*

transbronchial fine-needle aspiration biopsy of the mediastinal lymph nodes was performed for diagnostic evaluation (Figures 1-5).

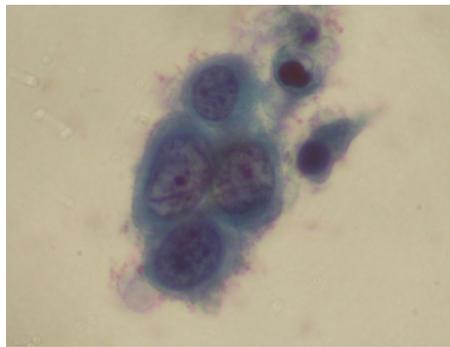
**COMMENTS.** Flexible fiber-optic bronchoscope revolutionized respiratory cytology, as techniques like bronchial brushings, bronchio-alveolar lavage and bronchial biopsy became more easy, accessible and popular, shifting



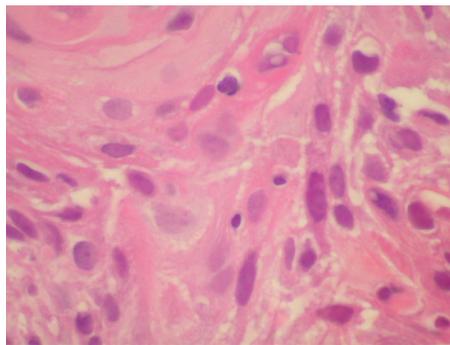
*Figure 3A – Papanicolaou stain, x600.*



*Figure 4 – A Wang transbronchial fine-needle aspiration cytology of a right subcarinal lymph node confirms the diagnosis of squamous cell carcinoma (Diff Quik stain, x630).*



*Figure 4A – Papanicolaou stain, x600.*



*Figure 5 – Right upper lung lobe bronchial biopsy also proves the diagnosis of squamous cell carcinoma (HE stain, x400).*

the emphasis from diagnosis of advanced malignancy in operable patients to the use of cytology as a first line diagnostic and management tool.

Today respiratory tract cytology is well established throughout the world as a vital diagnostic procedure in the evaluation of any patient with suspected lung malignancy.

The use of cytological methods in the diagnosis of malignant lesions of the respiratory tract has been generally acclaimed as one of its most successful applications.

Bronchial brushing has a higher diagnostic yield than either bronchial washing or sputum cytology for metastatic carcinoma, peripheral tumors, and large necrotic tumor.

The overall sensitivity of bronchial brushing is about 70% but depends on tumor cell type with squamous cell carcinoma being the easiest to identify while metastatic carcinoma is the least diagnosed. The diagnostic sensitivity also is increased to about 90% when two specimens instead of one are submitted; although repeated bronchial cytology specimens are rarely submitted by clinicians. However, when bronchial cytologic findings are negative, it is recommended to repeat bronchial cytology rather than rely on sputum cytology.

If a mass is visualized, brushings can be used to sample the lesion directly, whereas washing and lavage sample a larger anatomic region through traumatic exfoliation.

The combination of bronchial brushing and washing increases the sensitivity of either method alone. The

recognition of non-small cell carcinomas in bronchoscopy specimens generally is straightforward, but reactive simulators of those tumors exist.

Previous instrumentation, pulmonary infarcts, smoking-related changes, and colonization with *Aspergillus species* can produce atypical bronchial squamous metaplasia that is so marked that it may be misinterpreted as a malignant neoplasm.

Rapid assessment of bronchial brush cytology during fiberoptic bronchoscopy truly minimizes the number of false negative or unsatisfactory

true positive and true negative cases, and essentially negligible to zero number of false positive and false negative cases.

Bronchial brushing technique has the advantage that the surface of the suspicious lesion is scraped by the help of a brush passed in through the bronchoscope. Thus this technique manages to dislodge the cells from the surface of those well differentiated malignant lesions too, which do not exfoliate cells readily.

Moreover, since the surface of the malignant lesion is scraped by the brush, the cells retrieved show better preserved morphological details in

specificity and overall accuracy of bronchial brush cytology are quite high, e.g., 87.3 %, 97.6 % and 93.9 % respectively, and are in agreement with various previous works.

Various workers have also tried to combine the two techniques of bronchial brush and bronchio-alveolar lavage, in order to improve the yield of diagnostic cytological material. However, this combination has not gained much popularity due to the fact that in doing so, instead of one, the cost of two cytological procedures needs to be borne by the laboratory or the patient, for a little improvement in sensitivity, when compared with results of bronchial brush alone.

#### CONCLUSION.

Bronchial brushing can be tedious, complicated and difficult. On-site examination of bronchial brush cytology helps to reduce these side effects, ensures that the specimens are processed optimally, and rapidly identifies patients who require further sampling or ancillary investigation such as microbial culture.

Compared with bronchial brushing cytology sans on-site assessment, the unsatisfactory specimens and the false negative studies are almost eliminated.

Complications of bronchoscopy are also minimized by the less number and duration of the bronchial brushing procedures.

**REFERENCES.** A list is available on request.

**TABLE 1 – SUMMARY OF ON-SITE EVALUATED BRONCHOSCOPY-GUIDED BRONCHIAL BRUSH CYTOLOGIES (n=605 cases)**

**Hines Veterans Affairs Hospital and Morris Hospital  
January 1990 - December 2009**

<b>Positive for malignancy</b>	<b>472 cases</b>	<b>78%</b>
<b>Squamous cell carcinoma</b>	<b>198 cases</b>	<b>42 %</b>
<b>Adenocarcinoma</b>	<b>151</b>	<b>32</b>
<b>Small cell carcinoma</b>	<b>94</b>	<b>20</b>
<b>Undifferentiated large cell carcinoma</b>	<b>14</b>	<b>3</b>
<b>Metastatic carcinomas</b>	<b>2</b>	<b>&gt;1</b>
<b>Suspicious for malignancy</b>	<b>14</b>	<b>3</b>
<b>Other diagnosis</b>	<b>133 cases</b>	<b>22%</b>
<b>Reactive bronchial cells only</b>	<b>64 cases</b>	<b>49%</b>
<b>Nonspecific chronic inflammation</b>	<b>63</b>	<b>47</b>
<b>Pneumonia</b>	<b>5</b>	<b>4</b>
<i>Blastomyces dermatitidis</i>	<b>3</b>	
<i>Coccidioidomyces immitis</i>	<b>1</b>	
<i>Herpes simplex<sub>1</sub></i>	<b>1</b>	

specimens, shortens the endoscopic process, and improves a diagnostic yield of lung cancer. These are all borne out in our experience.

In our study, bronchial brushing gave high number of

comparison to the cells which have already exfoliated into the bronchial cavity. All these factors contribute in the increased diagnostic yield of bronchial brush samplings.

The values of sensitivity,

## RECENT ALUMNI PUBLICATIONS

**Blankas-Hernaez N, et al.** A 22-month-old boy with eye swelling. *Pediatric Annals* 2010;39:386-340

**Candari CD.** A brief narrative of the Philippine olden times and contemporary history. *Mabuhay Radio* August 19, 2010.

**Paner GP, et al.** Interobserver reproducibility in the diagnosis of invasive micropapillary carcinoma of the urinary tract among urologic pathologists. *Am J Surg Pathol.* 2010 34:1367-1376.

**Paner GP, et al.** A novel tumor grading scheme for chromophobe renal cell carcinoma: prognostic utility and comparison with Fuhrman nuclear grade. *Am J Surg Pathol.* 2010; 34:1233-1240.

**Paner GP, et al.** Primary vascular tumors and tumor-like lesions of the kidney: a clinicopathologic analysis of 25 cases. *Am J Surg Pathol.* 2010;34:942-949.

**Razonable RR.** Innate immune genetic profile to predict infection risk and outcome after liver transplant. *Hepatology.* 2010;52:814-817.

**Razonable RR, et al.** Serious infections caused by methicillin-resistant *Staphylococcus aureus*. *Clin Infect Dis.* 2010;51 Suppl 2:S183-197.

**Razonable RR.** Strategies for managing cytomegalovirus in transplant recipients. *Expert Opin Pharmacother.* 2010;11:1983-1997.

**Razonable RR.** Immune-based therapies for Cytomegalovirus infections. *Immunotherapy.* 2010;2:117-130.

**Razonable RR, et al.** Outcomes from pandemic influenza A H1N1 infection in recipients of solid-organ transplants: a multicentre cohort study. *American Society of Transplantation H1N1 Collaborative Study Group.* *Lancet Infect Dis.* 2010; 10:521-526.

**Razonable RR, et al.** Prospective comparison of PCR-based vs late mRNA-based preemptive antiviral therapy for HCMV infection in patients after allo-SCT. *Bone Marrow Transplant.* 2010; [Epub ahead of print]

**Razonable RR, et al.** Efficacy and safety of rifampin containing regimen for staphylococcal prosthetic joint infections treated with debridement and retention. *Eur J Clin Microbiol Infect Dis.* 2010;29:961-967.

## FACHIC

*continued from page 1*

Filipino American History Month activities in the Chicagoland area and is free to attend and open to the public.

At the health forum, FACHIC will present findings of the Filipino American Senior Health Assessment, a pilot community health survey of Filipino and Filipino American seniors conducted between 2008 and 2010. A panel of respected health professionals and

community leaders will lead discussion on the key community health problems. Attendees will be encouraged to voice their health concerns and propose solutions in a town hall meeting format. Healthy, light refreshments will be served and free health information and door prizes will be available.

There is limited free street parking around Weiss Memorial Hospital and garage parking is available at a discounted rate. Weiss Memorial Hospital is accessible by CTA Red Line, half a mile east of the Wilson stop or via CTA Bus routes #81 and #145. Carpool/shuttle service may be available from the Jose Rizal Center and other locations. Please call (312) 962-7748 or email [info@fachic.org](mailto:info@fachic.org) for more information.

FACHIC is a collaborative of community, health professional, and academic leaders united to address Filipino health issues in the Chicago area. Its mission is to increase awareness of Filipino health disparities and to implement health interventions and educational programming to improve the health status of the Filipino community. FACHIC obtained its 501(c)(3) status in October 2009. All FACHIC programs and services are free and available to all.

## OCTOBER QUOTE

**Love is patient, love is kind. It is not jealous, is not pompous, it is not inflated, it is not rude, it does seek its own interests, it is not quick-tempered, it does not brood over injury, it does not rejoice over wrongdoing but rejoices with the truth. It bears all things, believes all things, hopes all things, endures things.**

**Love never fails.**

**Corinthians 13:4-8**



*The Royal Court of the FEUMAANI, from left, Chloe Del Mundo, Alyssa Magsino, Kathryn DeGuzman Lenting, Angeline Sales, Queen Lourdes Malicay MD, King Manuel Malicay MD, Tina Leong, Jean Jonson Sunga, Melanie Borda, and Melissa Borda.*



*Virgilio Magsino MD dances with Princess Alyssa Magsino.*



*Princess Tina Leong performs an exquisite Igorot dance.*



*Consul General Leo Herrera Lim, Fran Sotomil, Pete Sotomil and FEUMAANI president Nida Blankas Hernandez MD, left to right.*



*H B Hernaez MD, Alumnus of the Year V Magsino MD, FEUDNRSM AF Chairman Pepito Rivera and Consul L H Lim (L-R)*

## OCTOBER IMAGES



*Past FEUMAANI Alumni of the Year, from left, were also recognized one more time during the 20.5<sup>th</sup> biennial anniversary, including Drs Gerardo Guzman, Rolando Cases, Cesar V Reyes, Manuel Malicay, Rogelio Cave, president Nida Blankas Hernandez, Chicago Medical Society president David Loiterman, Virgilio Jonson, Celso Del Mundo, Pascual Sales, Leilanie N Mon, Mrs Theresa Borda (for Edgar Borda). Arsenio Martin. Brenda N Banez. and Mrs Evangeline Tabavovong (for Wesley Tabavovong).*

## Israel and Egypt Tour

*continued from page 1*  
pilgrimage destination for Christians.

Tiberias also has historically been known for its hot springs, believed to cure skin and other ailments. The southern part of today's Tiberias was probably the site of the Biblical village of Chammath (Joshua 19:35).

**Galilee** is a large region in northern Israel which overlaps with much of the administrative North District of the country.

Today Galilee is home to a large Arab population, with a particularly large Druze population.

**Caesarea** is a city that Herod the Great dedicated to Caesar Augustus more than 2,000 years ago. Today, it is one of Israel's major tourist attractions and an increasingly popular place for Israel's elite to make their homes.

Caesarea is an important site in Christian history. It was the place where Pontius Pilate governed during the time of Jesus. This was where Simon Peter converted the Roman, Cornelius, the first non-Jew to believe in Jesus. Paul was also imprisoned for two years in Caesarea.

During the 3rd century, Caesarea was a center of Christian learning. In the 4th century, the site converted to Christianity and became a major center of the Christian Roman Empire.

The only golf course in Israel is in Caesarea.



*Model Bar Rafaeli in Cesarea*

**Mount Carmel** is a coastal mountain range in northern Israel stretching from the Mediterranean Sea towards the southeast.

In mainstream Jewish, Christian, and Islamic thought, it is Elijah that is indelibly associated with the mountain, and he is regarded as having sometimes resided in a grotto on the mountain. In the Books of Kings, Elijah challenges 450 prophets of Baal to a contest at the altar on Mount Carmel to determine whose deity was genuinely in control of the Kingdom of Israel; since the narrative is set during the rule of Ahab and his association with the Phoenicians, biblical scholars suspect that the Baal in question was probably Melqart.

According to the Bible in 1 Kings 18, the challenge was to see which deity could light a sacrifice by fire. After the prophets of Baal had failed to achieve this, Elijah had water poured on his sacrifice several times to saturate the STONE altar, prostrated himself in prayer to God, fire fell from the



*Mount Carmel at sunset*

sky, and immediately consumed the sacrifice and the water, prompting the Israelite witnesses to proclaim, *The Lord, He is God! The Lord, He is God!* In the account, clouds gather, the sky turns black, and it rains heavily, ending a long drought.

**Mount Megiddo**, the hill overlooking the valley where the current kibbutz is located, is identified as the site of the final battle between the forces of good and evil at the end of time, known as Armageddon (in the New Testament in Revelation 16:16).



*Mount Meggido*

**Nazareth** is a town of about 60,000 people in northern Israel, about 88 miles north of Jerusalem. It is the capital of the northern region of the country and the largest Arab city in Israel.

Jesus grew up in Nazareth with his mother Mary, making the city one of several Christian pilgrimage sites in the Holy Land.

Nazareth is not mentioned in the Old Testament nor any other ancient Jewish sources.



*Modern city of Nazareth, with the Basilica of the Annunciation (right)*

However, an early Hebrew inscription was found in Caesarea that mentions Nazareth.

In Jesus' time, Nazareth would have had a population of about 500 and indeed, in the New Testament, Nazareth is depicted as an obscure backwater.

In the Gospel of John, people who hear of Jesus of Nazareth ask themselves, *What good could come from Nazareth?* (John 1:46)

Nevertheless, the New Testament reports that Nazareth was the home of Mary and Joseph (Luke 1:26), the site of the Annunciation (announcement to Mary that she would give birth to the Savior) and the town in which Jesus grew up (Matthew 2:23, 13:54; Luke 2:4, 2:51, 4:16).

Nazareth is mentioned 17 times in the New Testament.

Jesus eventually left the village for a wider ministry although he was always known to some as a *prophet from Nazareth in Galilee* (Matt 21:11).

Modern Nazareth is situated among the southern ridges of the Lebanon Mountains, on the

steep slope of a hill, about 14 miles from the Sea of Galilee and about 6 west from Mount Tabor. The modern city lies lower down upon the hill than the ancient one. Nazareth has a population of 60,000. The majority of Nazarenes are Israeli Arabs, about 35-40% of which are Christians and the rest are Muslims.

## Sea of Galilee

provides three types of fish that were primarily sought by fishermen in antiquity in these waters. Sardines likely were the *two small fish* that the boy brought to the feeding of the 5000. Sardines and bread were the staple product of the locals. Barbels are so known because of the barbs at the corners of their mouths. The third type is called musht but is more popularly known today as *St. Peter's Fish*. This fish has a long dorsal fin which looks like a comb and can be up to 1.5 feet long and 3.3 lbs in weight.



*St Peter's Fish*

**Capernaum** was built on the northern shore of the Sea of Galilee, about two miles west of the Jordan River. Though this ancient town is not mentioned by name in the Old Testament, it is referred to as our Lord's "own city" (Matt. 9:1), for it became the center of His Galilean work and ministry.

Early in his account of the gospel, Matthew points out that Jesus began His Galilean ministry here in order to fulfill Old Testament prophecy. *And leaving Nazareth, He came and dwelt in Capernaum, which is by the sea, in the regions of Zebulun and Naphtali, that it might be fulfilled which was spoken by Isaiah the prophet, saying: 'The land of Zebulun and the land of Naphtali, the way of the sea, beyond the Jordan, Galilee of the Gentiles: the people who sat in darkness saw a great light, and upon those who sat in the region and shadow of death light has dawned.* (Matt. 4:13-16).

Prior to His ascension back into heaven, Jesus gave the Great Commission after *eleven disciples went away into Galilee, to the mountain which Jesus had appointed for them* (Matt. 28:16).

Five men from Capernaum (Peter, Andrew, James, John and Matthew) were called by the Lord to be His apostles. Jesus had often stayed in Peter's house in Capernaum and preached in the synagogue there which had been built by a Roman centurion (Luke 7:5).



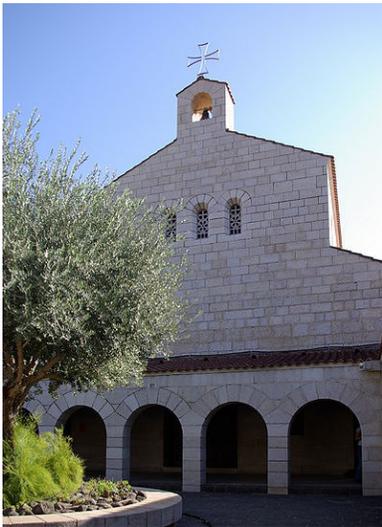
*Interior of the Catholic Church built at Capernaum*

The city was important enough to have a tax office, over which Matthew had presided (Matt. 9:9). A detachment of Roman

soldiers was stationed in the town.

Capernaum is also the place where Jesus taught and healed a possessed man.

**Tabgha** is an area situated on the northwestern shore of the Sea of Galilee. It is the traditional site of the miracle of the multiplication of the loaves and fishes (Mark 6:30-46) and the fourth resurrection appearance of Jesus Christ.



*Church of Multiplication of Loaves and Fishes*

**Mount Beatitude**, as the name suggests, is the hill upon which Jesus was said to have preached the *Sermon on the Mount*. The lie of the land next to the church forms a natural amphitheatre sloping down to the lake side, so it is more likely that Jesus stood at the bottom of the hill, but this does not detract from the beauty of the church on its crest.

Byzantine church was erected near the current site in the 4th century, and it was used until the 7th century. Remains of a cistern and a monastery are still visible. The current Roman

Catholic Franciscan chapel was built in 1938.



*Roman Catholic chapel at the Mount Beatitude*

**Cesarea Phillipi** In the Synoptic Gospels, Jesus is said to have approached the area near the city, but without entering the city itself. Jesus, while in this area, asked his closest disciples what they thought of him. Accounts of their answers, including the Confession of Peter, are found in the Synoptic Gospels of Matthew, Mark, and Luke, as well as in the Gospel of Thomas.



*Ruins of Pagan Temples in Cesarea Phillipi*

Here Saint Peter made his confession of Jesus as the Messiah and the "Son of the

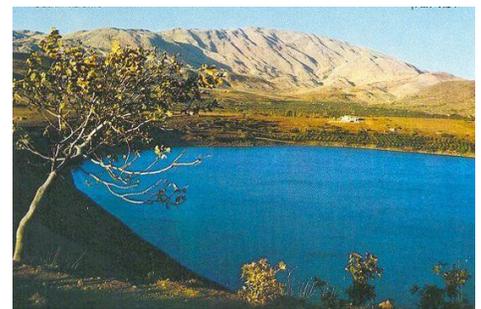
living God", and Christ in turn gave a charge to Peter. A woman from Paneas, who had been bleeding for 12 years, is said to have been miraculously cured by Jesus. After she was cured she had a statue of Christ erected

**Banias** is a place of great natural beauty, is the site of ancient Caesarea Philippi. In the Synoptic Gospels, Jesus is said to have approached the area near the city, but without entering the city itself. While in this area, he asked his closest disciples who men thought him to be.



*Banias Fall*

**Golan Heights** is Israel's mountainous northern region, is one of the most beautiful and most traveled parts of the country. There are wonderful scenic treasures alongside lovely nature reserves, historic and



*A scenery from Golan Heights*

archeological sites and attractions for the whole family.

Some people call this area the Israeli Texas, because of its

size, while others see it as a land of plentiful water sources. The beauty of the Golan is so captivating that some visitors return here again and again to enjoy the sights.

**Yardenit** is located on the beautiful Jordan River, not far from where the river leaves the Sea of Galilee. Pilgrims, dressed in white robes, gather here from around the world to be baptised in the holy waters of the Jordan River. It was in this river that the baptism of Jesus occurred by John the Baptist.



*Yardenit baptismal site in River Jordan*

**Jordan River valley** area is one of the most world-famous Bible Places. The Jordan River is mentioned frequently in The Bible, about 175 times in the Old Testament (see Old Testament Fact File) and about 15 times in the New Testament (New Testament Fact File).

The Jordan River played a significant role in numerous events of Bible History - The first mention of the Jordan is when Abraham and Lot parted company: *And Lot lifted up his eyes, and saw that the Jordan valley was well watered everywhere like the garden of The Lord, like the land of Egypt, in the direction of Zoar; this was before The Lord destroyed*

*Sodom and Gomorrah [see The Destruction Of Sodom]. So Lot chose for himself all the Jordan valley, and Lot journeyed east; thus they separated from each other. (Genesis 13:10-11 RSV)*

Jacob was renamed Israel at the ford of the Jabbok River, a tributary of the Jordan: "The same night he arose and took his two wives [see Leah and Rachel], his two maids, and his eleven children [The Tribes Of Israel], and crossed the ford of the Jabbok. He took them and sent them across the stream, and likewise everything that he had. And Jacob was left alone; and a man wrestled with him until the breaking of the day. When the man saw that he did not prevail against Jacob, he touched the hollow of his thigh; and Jacob's thigh was put out of joint as he wrestled with him. Then he said, *Let me go, for the day is breaking. But Jacob said, I will not let you go, unless you bless me. And he said to him, What is your name? And he said, Jacob. Then he said, Your name shall no more be called Jacob, but Israel, for you have striven with God and with men, and have prevailed (Genesis 32:22-28).*



*A river in Jordan Valley*

At the end of their Wilderness Journey, after Joshua succeeded Moses as the leader of the people, the Israelites entered the Promised

Land by crossing the Jordan River that, like the Red Sea (see Where Did They Cross The Sea? and Is This How The Red Sea Parted?), was miraculously divided for them (Joshua 3:15-17).

The Jordan River was the area where John The Baptist conducted much of his ministry. Jesus Christ was baptized by John in the Jordan River.

**Jerusalem** What has not already been said about the holiest city in the world, the city that has been united, the eternal city first built thousands of years ago, whose history can be



*Jerusalem at noontime*

heard in the whispering of the wind along the walls, where every stone tells a wondrous story of a city that has drawn millions of faithful pilgrims for thousands of years. Such is Jerusalem, the capital of Israel, the only city in the world that has 70 names of love and yearning, the city that in old maps appears at the center of the world and is still adored like a young bride.

Jerusalem is a city of overwhelming emotions, a city that promises a religious and spiritual experience, excitement and pleasure, interesting tours and entertaining adventures.

At Jerusalem's heart is the Old City, which is surrounded

by a wall and divided into four quarters: Jewish, Armenian, Christian, and Muslim.

Inside the walls are the important holy sites of the three major religions: the Western Wall, which is holy to the Jews, the Church of the Holy Sepulcher, and the Dome of the Rock on the Temple Mount. The Western Wall plaza is visited by millions of worshippers. Here, at the base of the massive wall that is a remnant of the Holy Temple, prayers are offered and notes containing heartfelt wishes are wedged between the crevices.

Surrounding the Western Wall are other important Jewish sites, the Western Wall Tunnels, the unique Davidson Center, the Jewish quarter with its magnificent Cardo and David's Citadel, towering proudly in its beauty. South of the Old City is the City of David, from which the ancient Cananite and Israelite Jerusalem grew. This is a fascinating site with amazing findings that provide an unforgettable experience.

Jerusalem is also very important to Christianity, as Jesus Christ lived and died here. The Christian quarter alone houses some 40 religious buildings (churches, monasteries and pilgrims' hostels).

One of the most prominent and important sites in the Christian quarter is the Via Dolorosa, the *Way of Sorrows*, Jesus' final path, which according to Christian tradition led from the courthouse to Golgotha Hill, where he was crucified and buried.

Many pilgrims come to Jerusalem to follow Jesus'

footsteps along a route that starts in the Muslim Quarter, at Lions' Gate, and passes the 14 Stations of the Cross, ending at the Church of the Holy Sepulcher.

Several of the most important Christian relics are housed in this church, including the anointing stone (on which Jesus' body was laid before his burial) and Jesus' grave. The Church of the Holy Sepulcher is a pilgrimage site for millions of Christians from all over the world.

Southwest of the Old City is Mt. Zion, where the Dormition Abbey was built on the site Christian tradition believes Mary spent her last night. The abbey was built about 100 years ago and in the basement there is a statue of the sleeping Mary.

Beside the abbey is the Room of the Last Supper, where Jesus ate his last meal.

East of the Old City is the Mount of Olives, where there are other important Christian sites, and several churches: The Ascension, Pater Noster, Dominus Fleuit, Mary Magdalene, Gethsemane, Lazarus and Abraham's Monastery.

According to Christian tradition, Mary Magdalene's tomb is in the Kidron Valley, below the Mount of Olives.

Apart from the holy places throughout the Old City, there are several charming sites that are well worth visiting. There is the wonderful market, which is one big sensual celebration. Here you can buy Armenian-style decorated ceramics, beautiful strings of beads, authentic clothing, embroidered cushions, colorful wool carpets, candles and amazing glassware,

and countless different souvenirs.

From the promenade along the tops of the Old City walls you can look out over the Old City and the New City. Tours along the walls are a wonderful night-time activity, too, when the city's lights sparkle making the sights even more unforgettable.

The Armenian Quarter has its own unique charm and is well worth visiting.

**Mount of Olives** is on holy ground. Nearly 2,000 years ago, Jesus stood on this hillside overlooking the Old City making prophecies that would change the world.

According to Jewish tradition, the Messiah will come through the Golden Gate (or Gate of Mercy) of the Old City and bring about the resurrection of the dead in the cemetery on the Mount.

The Mount of Olives is a mountainside of stones. One does not even see flowers adorning the markers because Jews place a small stone on the grave to indicate they have visited.

The cemetery sits atop a hill that was once dotted with olive trees. Given the sanctity of the place, the cemetery's terrible condition comes as a shock. Grave stones are broken and scattered.

According to Christian tradition, Jesus had a prophecy that Jerusalem would be destroyed and went down to the Mount of Olives with his followers on Palm Sunday. He then wandered around the city for about a week and taught his disciples in caves on the Mount of Olives.



*Church in Mount Olives*

On Thursday, the Jewish holiday of Passover, Jesus went to a building on Mount Zion (near where Dormition Abbey now stands at the southeast corner of the Old City) and ate the Last Supper. He and two disciples then left Jerusalem and went to the **Garden of Gethsemane** and sat among the olive trees. The grove, at the base of the Mount, is maintained as it was nearly 2,000 years ago. The olive grove is within the walls of the Basilica of the Agony, which stands on the spot where Jesus prayed prior to his arrest. It is located on Jericho Road facing the Golden Gate.

Inside the Basilica, pilgrims try to empathize with the suffering of Jesus. The church itself is spartan by European standards, though it has impressive murals depicting the events that took place in Gethsemane. A sculpture of thorns surrounds the spot in the middle of the church where Jesus prayed. A beautiful colored mosaic over the entrance depicts the acceptance of Jesus by the world.

After Jesus was arrested, he was taken a short distance up the hill to where **Dominus Flevit** (*The Lord Wept*) now

stands. It is beside the cemetery with a narrow road in between. The grounds also contain a cave where Jerusalemites buried their dead centuries ago. Families put the bodies of loved ones in sarcophagi. Some time later, after the flesh had rotted, the bones were removed and put in small boxes on shelves in caves. Some of these boxes are still in the cave. What is particularly significant about them is that Christian symbols were found carved on the tombs of people with Jewish names. These are the oldest remains of Jews who became the first converts to Christianity.

According to Christian tradition, after the crucifixion Jesus wandered 40 days on the Mount of Olives and ascended to heaven from a point on the hill. A small shrine inside the walls of the Greek Patriarchate contains stone stumps with crosses carved on the tops that mark the spot where the disciples watched the ascension.

Ironically, the Chapel of the Ascension is now run by the Muslims, who built a dome over the rock from which Jesus ascended to the heavens and upon which his footprint can be seen. The Chapel is off the Mount of Olives Road, just above the cemetery as you travel from Mount Scopus. Further down the road is the Tower of the Ascension, today a small Russian Orthodox Church, where Mary watched Jesus ascend to heaven.

Though it has no particular historical significance, the most impressive looking church in Jerusalem is probably the Church of Mary Magdalene. This is the building that looks like all the pictures you see of

the Kremlin with golden onion domes rising from the trees.

The **Church of All Nations**, also known as the Church or Basilica of the Agony, is a Roman Catholic church located on the Mount of Olives in Jerusalem, next to the Garden of Gethsemane. It enshrines a section of bedrock where Jesus is said to have prayed before his arrest. (Mark 14:32-42)



*The façade of the Church of All Nations*

**Pool of Bethesda** is the site of the miraculous healing of a paralyzed man by Jesus, as recounted solely in the



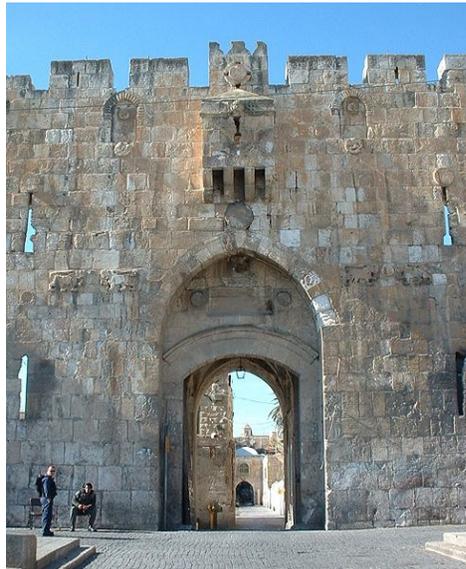
*The pool of Bethesda*

gospel of John, and also the site of the birth of Mary's mother, "Anne".

St. Anne's church was built by crusaders on a plot adjacent to that of the Byzantine church destroyed by Hakim (which had a small chapel built over it).

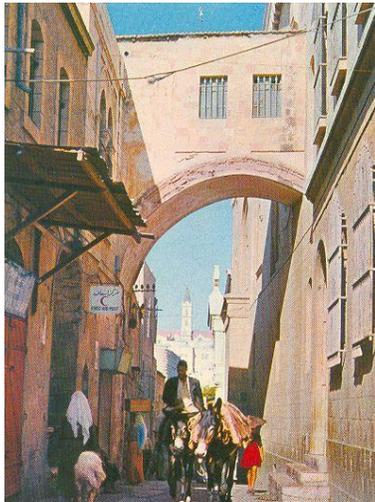
**Ecce Homo** is the first station of the cross on Via Dolorosa.

During construction of the Sisters of Sion convent, remains of a monumental Roman arch, probably erected by Hadrian in 135 CE, were revealed. Part of the central arch is visible on the Via Dolorosa . The smaller northern arch now holds the main altar in the convent chapel. Within the convent, visitors can see the vaulted Struthion Pool that supplied water to the Antonia fortress.



*The Stephen Gate*

The **Stations of the Cross**, or Via Dolorosa (Way of Grief or Way of Suffering) is a street, in two parts, within the Old City of Jerusalem, held to be the path that Jesus walked, carrying his cross, on the way to his crucifixion. The current route has been established since the 18th century, replacing various earlier versions.[1] It is today marked by nine Stations of the Cross; there have been fourteen stations since the late 15th century,[1] with the remaining five stations being inside the Church of the Holy Sepulchre. The route is a place of Christian pilgrimage.



*Ecce Homo Arch*

The Roman pavement was once thought to be the place where Pilate condemned Jesus, but it was actually built after the first century.

The Lions' Gate also St. **Stephen's Gate** or Sheep Gate is located in the Old City Walls of Jerusalem and is one of seven open Gates in Jerusalem's Old City Walls. Located in the east wall, the entrance marks the beginning of the traditional Christian observance of the last walk of Jesus from prison to crucifixion, the Via Dolorosa.

On Tuesdays at the **Western (Wailing) Wall**, the traditional day for Bar Mitzvah celebrations are held at the Holiest of Jewish sites. As the 13 year old boy reaches maturity and manhood, and is now seen as old enough to be 'responsible' for himself, no longer the spiritual responsibility of his parents, so many Bar Mitzvahs take place at the Wall.



*The Western (Wailing) Wall*

It is mainly overseas 'pilgrims' that undertake the celebration here and it is a cacophony of noise, celebration and joy. It's quite an amazing sight, with many celebrations taking place simultaneously.



*The Stations of the Cross*

**Dead Sea** is one of the most amazing spots in the world, the. How far does one have to descend to reach the Dead Sea? About 400 meters below sea level. How deep is this salty lake? Almost the same (in the northern section). Fascinating? Absolutely! Every



*Swimmers all float in Dead Sea!*

detail about the Dead Sea is fascinating. It is called the Dead Sea because its salinity prevents

the existence of any life forms in the lake.

**Qumran** was an ancient village on the northwest shore of the Dead Sea, in what is now the West Bank. It is famous for its caves, in some of which the Dead Sea Scrolls were found.



*The Dead Sea scroll jar of Qumran*

Ein Gedi is an oasis in Israel, located west of the Dead Sea, close to Masada and the caves of Qumran. It is known for its caves, springs, and its rich diversity of flora and fauna.



*Ein-Gedi national park*

In the Song of Songs, *My beloved is unto me as a cluster of henna flowers in the vineyards of Ein Gedi* (1:14). In the Old Testament, David hides

from Saul in the caves here, *And David went up from thence, and dwelt in the strongholds of Ein Gedi* (1 Samuel 23:29).

**Masada** is among the most politically-charged archaeological ruins in the world, and that's saying a lot. Located on a high plateau overlooking the Dead Sea, Masada is a fortress-palace that was built by a Judean king in the late second century BC. In the first century BC it was embellished by King Herod, and then during the [Roman](#) siege of AD 66-74, the site was defended to the death by Jewish rebels.



*The mountaintop fortress of Masada*

**Garden tomb** is situated outside the walls of the Old City of Jerusalem, to the North of the Damascus Gate, and is believed by many Christians, but specially the Protestants, to be the true burial place of Christ. This possibility seems to be indirectly confirmed in the Gospel: "Now in the place where he was crucified there was a garden; and in the garden a new sepulcher, where was never man yet laid. There laid they Jesus therefore because of the Jews' preparation day; for the sepulcher was nigh at hand" (John, XIX 41-42).

The Garden Tomb is in the landscape of Golgotha.

Nearby the Garden tomb is a hill which, especially when the sun hits it a certain way, resembles a skull, thus called Skull Hill.

Scripture tells that after Jesus was crucified, a rich religious leader of the Jews, named Joseph (from Arimathea), was granted the Lord's body. "Joseph took the body, wrapped it in a clean linen cloth, and placed it in his own new tomb that he had cut



*The Garden Tomb of Jesus Christ*

out of the rock. He rolled a big stone in front of the entrance to the tomb and went away" (Matt, 27:59-60).

The simplicity, beauty, and peaceful atmosphere of the Garden Tomb makes it a favorite spot for prayer and meditation. Some Christians find worshipping near the rock-hewn tomb helpful in reliving the crucifixion and resurrection experience. The Garden Tomb gives a clear picture of what the place of Crucifixion and burial must have looked like at the time of Jesus.

**Mount Zion** is revered as the place where Christ celebrated Last Supper with his Disciples and instituted the Eucharist (Matthew 26, 17-30, Mark 14,12-25, Luke 22, 7-20), where the Holy Spirit



*Dormition Abbey at Mount Zion*

descended on the Apostles at Pentecost (Act 2, and where Virgin Mary spent the last years of her life.

**Tomb of David** is a much-revered site on Mount Zion in Jerusalem that has been variously owned and jealously guarded by Christians, Muslims and Jews throughout its history. Today it is a Jewish holy site.

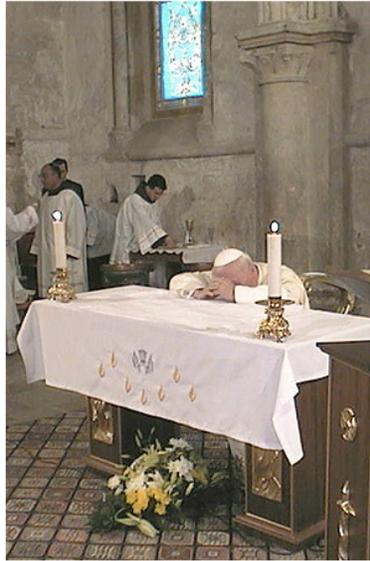


*The tomb of David*

**Last Supper Room** is a second-story room in Jerusalem that commemorates the "upper room" in which Jesus shared the Last Supper with the disciples. It is located directly above the Tomb of David and near the Dormition Abbey on Mount Zion.

Also known as the Cenacle, it is considered the site where many other events described in the New Testament took place, such as the Washing of the Feet, some resurrection appearances of Jesus, the gathering of the

disciples after the Ascension of Jesus, the election of Saint Matthias as apostle, and the



*Pope John Paul II at prayer in the Last Supper Room*

descent of the Holy Spirit upon the disciples on the day of Pentecost.

**Church of Saint Peter in Gallicantu** is where Peter denied the Lord three times after the crow of the rooster. According to some, the site was also the house of the high priest Ciaphas.



*Church of Saint Peter of Gallicantu*

If extra time becomes available, we will see the **Open Door Monument honoring Filipinos**.

The monument was erected at the Holocaust Memorial Park of the Municipality of Rishon LeZion to commemorate the generosity of the Filipino people in 1939, when Commonwealth President Manuel L. Quezon established an Open Door Policy for Jews escaping the Holocaust in Europe. He stated that "... it is my hope and indeed my expectation, that the people of the Philippines will have in the future every reason to be glad



*The recently inaugurated Open Door Monument honoring Filipinos*

that when the time of need came, their country was willing to extend a hand of welcome..." During this time, an estimated 10,000 visas were earmarked and extended to escaping Jews. Farm and settlement lands were also allocated for them, but the onset of World War II allowed only 1,200 Jews to reach the Philippines.

Hopefully, none of our group will be bitten with **Jerusalem Syndrome** which is a group of mental phenomena involving the presence of either religiously

themed obsessive ideas, delusions or other psychosis-like experiences that are triggered by a visit to the city of Jerusalem. It is not endemic to one single religion or denomination but has affected Jews, Christians and Muslims of many different backgrounds.

The best known, although not the most prevalent, manifestation of the Jerusalem syndrome is the phenomenon whereby a person who seems previously balanced and devoid of any signs of psychopathology becomes psychotic after arriving in Jerusalem. The psychosis is characterised by an intense religious theme and typically resolves to full recovery after a few weeks or after being removed from the area.

The religious focus of the Jerusalem syndrome distinguishes it from other phenomena, such as the Stendhal syndrome, which is reported in Florence, Italy, or the Paris syndrome, which has been reported predominantly in Japanese individuals.

**Taba** is a small Egyptian town near the northern tip of the



*The Taba Egypt border*

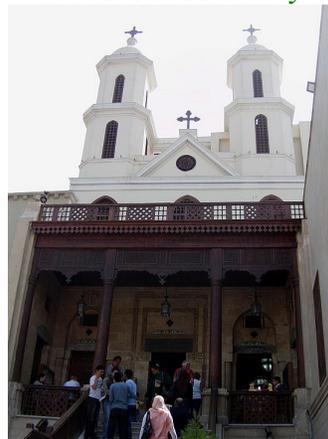
Gulf of Aqaba. The Taba Border Crossing is an international border crossing

between Taba, Egypt, and Eilat, Israel. A visit the Red Sea coast from Taba to Sharm el-Sheikh and St. Catherine's Monastery is visa free up to 14 days.

The **Monastery of Saint Catherine**, aka monastery of transfiguration, is a 1,400 years old Greek Orthodox Church, built on the site of the Burning Bush at the foot of Mount Sinai.



*St Catherine Monastery*



*Old Cairo church*

The greatest collection of Egyptian antiquities is, without doubt, that of the **Egyptian Museum** in Cairo. It is a



*Egyptian museum* place of true discovery.



*Sphinx and pyramid*

**Khan el-Khalili** is one of the most interesting bazaars, not only in Egypt, but also in the whole Middle East. It was named after Prince Jaharkas Al-Khalili, who was one of the powerful Mamluke Princes in the 14th century. It is famous for its unusual, typically oriental souvenirs, and handmade crafts.



*Khan el-Khalili open-air bazaar*

The Medieval atmospheres of this traditional market, together with the labyrinth layout of the streets, give visitors a lot of pleasure and a glimpse into what medieval markets once were like.

Cafes, restaurants, shops, and large number of vendors and buyers constitute a dynamic panorama of the place. Drinking Hibiscus, Karakare, Helba, or any of the various typical Egyptian beverages, is a pleasant experience for visitors and guests to get a real taste experience. For smokers, there is the Shisha, or water pipe, to be tried.

## Message from CHAIRMAN

*continued from page 1*

nights, nearing the hour of 10:00 p.m., on a 5-mile stretch of road in the rural countryside. The road is secluded and has no electricity or external lighting. It tends to be very well traveled during daylight hours but traffic at night is minimal. A *jeepney* driver was returning from a delivery in the outer province and saw a lady, dressed in white, standing along the roadway in the rain. The lady flagged him down and without speaking, climbs into the *jeepney*. He assumes she wants a ride into town and continues his trip, thinking about the extra income he will receive. He notices her white robes flowing in the breeze, but she still does not speak. He sees her in his mirror, whenever he looks up. When he arrives at the car station, he turns expecting to receive his fees and finds his *jeepney* empty and no one in sight. Needless to say, he is bothered by the episode and tells his friends and co-workers. After that, he did not want to make runs along that stretch of road after 5:00 pm and as others began to tell of encountering the vision, the legend grew. Finally, a man from the city who did not believe in spirits and hauntings, decided to check out the story for himself. He waited until a dark and rainy night and began a journey along the road, watching for any spooky characters. Suddenly, long the roadside he noticed a woman,

dressed all in white, waiving her arm as if to flag him down. He became scared and drove on past, now in a hurry to get to the city and bright lights, a mile or so down the road, he again saw the same apparition. He did not stop and has never returned to that road.

The local belief is that the apparition of the White Lady Ghost is the spirit of a young woman who died in a car accident along the same stretch of road many years ago.

Have a safe Halloween and be alert for any spirits (living or dead) who cross your paths.

**PEPITO C RIVERA MD<sup>67</sup>**

## 32<sup>nd</sup> Annual Reunion & Scientific Convention

June 15 – 18, 2011

Venue (tba), Las Vegas NV

### Celebrants:

Class<sup>61</sup> (Golden Jubilee)

Class<sup>86</sup> (Silver Jubilee)

Class<sup>66</sup> (Sapphire Jubilee)

Class<sup>71</sup> (Ruby Jubilee)

Class<sup>76</sup> (Coral Jubilee)

Class<sup>81</sup> (Pearl Jubilee)

Class<sup>91</sup> (20th Anniversary)

Class<sup>96</sup> (15th Anniversary)

Class<sup>01</sup> (10th Anniversary)

*If you belong to the above classes, please come forward, volunteer as a lecturer or moderator, help organize your Jubilee celebration, and be counted!*

## STUDENT ACHIEVEMENT AWARD donations!

*Do you want to know 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. This is to 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 2011 Balik-FEU in January 14-16, 2011 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).*

Contact **CESAR V REYES MD** [creyes@morrishospital.org](mailto:creyes@morrishospital.org)

# FEUMAANI

**MEDICAL SURGICAL MISSION January 16-20, 2011**

**LAOAG CITY,**

**neighboring towns, Governor Roque Ablan Provincial Hospital**

**Overall Chairperson/ President: Nida Blankas-Hernaez MD FAAP**

**in conjunction with FEUDNRMS Alumni Foundation Las Vegas NV**

**Chapter President Melinda Ayala-Fabito MD, and**

**FEU-NRMF Medical Alumni Society President Linda Tamesis MD**

**Surgery Chair Pascual Sales, MD FICS, with Jesse Corres MD (plastic surgery), Danny Fabito MD FACS FPCS (general vascular surgery), Rene Pena MD FACS, Edmundo Relucio MD FICS, Eugene Siruno MD, Aristeo Villasenor MD (general surgery);**

**Wilfrido Magat MD and Salome Tacadena MD (anesthesia);**

**Gerardo Guzman MD (general practice and minor surgery);**

**M Fabito MD, Leilani Narcelles-Mon MD, Richard Mon MD, and Remedios Sales MD (internal medicine);**

**Brenda Narcelles-Banez MD FAAP, FAAP (pediatrics);**

**Angelito Fernandez MD, Edward Hernaez MD FAAFP,**

**Edith Panopio MD (family medicine);**

**and Pauline Abadilla RN and**

**Nora Corres RN (surgical nurse); and Elvie Fernandez RN,**

**Perlita Magat RN, and Elsie Rivadelo RN, Lydia Pena RN,**

**Elsie Rivadelo RN, Lolita Villasenor RN (medical nurse), Medardo Abadilla, Tito Gagni and Oscar Rivadelo (support services).**

**Hotel Headquarter: Crowne Plaza Galleria  
at Ortigas & EDSA (also for Balik-FEU reunion!)**

**Itinerary: January 16, 2011 – depart Manila to Laoag City  
via Cebu Pacific Airline (30 minutes) or via bus (10 hours)**

**Hotel headquarter: Fort Ilocandia Hotel Resort Laoag City**

**Mission dates: January 17, 18, 19 and 20, 2011**

**January 21, 2011 – return to Manila**

**Friday, January 21, 2011 – audience with President Noyon Aquino**

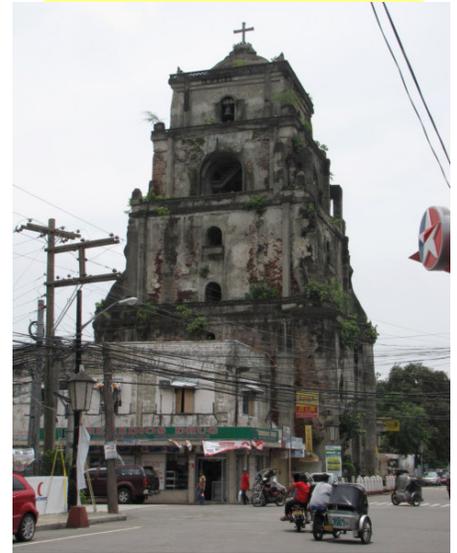
**Please email to [ednida@sbcglobal.net](mailto:ednida@sbcglobal.net)**

**NIDA BLANKAS-HERNAEZ MD**

**pertinent biodata: name, practice, State license, medical school,  
Class year, postal address, telephone, and email address.**

**Financial and in-kind donations (medical / surgical supplies, etc)  
will also be appreciated.**

## LAOAG CITY images



*The sinking tower of St William  
Cathedral and tricycles galore*



*The Provincial Capitol Building of  
Ilocos Norte*



*The City Hall of Laoag*



*Kalesa and jeepney side by side*