



# ECTOPIC MURMURS

Volume 24

Number 10

October 2013

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

## FROM THE HOME FRONT

# Curriculum Change

**LINDA D TAMESIS MD**  
Dean, FEU-NRMF IM

In 2008, during the 6<sup>th</sup> ASEAN Summit in Singapore, Mutual Recognition Arrangements (MRAs) were drafted which charted the creation of a stable, prosperous and highly

competitive ASEAN economic region. One of the MRAs formulated pertains to medical practitioners. The objectives of this MRA are to facilitate mobility of medical practitioners within ASEAN;

*continue to page 16*



LINDA D TAMESIS MD

## **PRESIDENT's Message** **TENDERLY YOURS**

As the incumbent president of the Alumni Foundation, let me address some questions hurled to the board trustees. Let me make clear that the head of the Alumni Foundation is the board chairman. This is followed by the president as the chief executive officer.

*continue to page 14*



NOLI GUINIGUNDO MD

## **Message from the BOARD CHAIRMAN**

It is official. Our 35<sup>th</sup> annual reunion will be held at the Wynn's Las Vegas on July 9-13, 2014. After weeks of negotiations between Wynn's sales and the local host Chapter led s Danny Fabito MD<sup>64</sup> and Melinda Fabito MD<sup>65</sup> and Rene Enriquez MD<sup>69</sup>, a final contract was finally signed by our president, Noli Guinigundo MD<sup>64</sup>.

The hotel rates are reasonable from a premier hotel venue, from Sunday to Thursday \$139 per night and on Friday and Saturday \$189 per night.



HERNANI TANSUCHE MD

## **FAITH CORNER**

**REV MELVIN ANTONIO MD<sup>65</sup>**

Christians everywhere have been paying a lot of attention to the statements that Pope Francis has made and continues to make in his office as Bishop of Rome, leader of the world's 1.2 billion Roman

*continue to page 15*



REV MELVIN ANTONIO MD

## **BRO, WHAT'S YOUR BREW?**

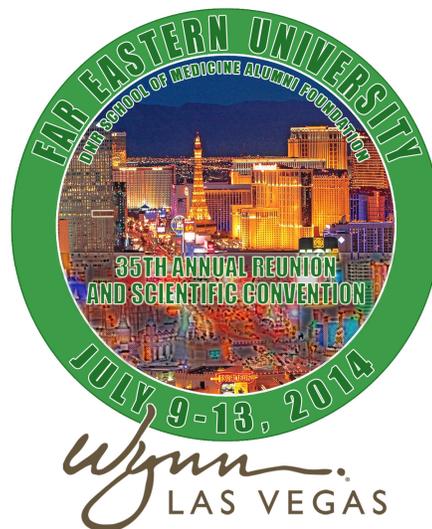
**EUGENE A S SIRUNO MD<sup>63</sup>**

It is with great interest to read and digest the *Panoramic Hope*

**ECTOPIC MURMURS**  
September 2013. The author expounded on a smorgasbord of topics. As a *continue to page 11*



EUGENE S SIRUNO MD



*continue to page 13*

## 1,000<sup>th</sup> baby born at BBC Midwood



NORMA  
VERIDIANO MD

Very recently a team of hard-working midwives delivered the 1,000<sup>th</sup> baby born at Brooklyn Birthing Center (BBC) Midwood, the only freestanding birthing

center in the New York metro area.

The 7-pound 13.5-ounce baby girl was born to proud parents.

The BBC Midwood is owned and managed by NORMA PEREZ VERIDIANO MD<sup>64</sup>.

Located in the Midwood neighborhood, BBC is staffed by the Brooklyn Midwifery Group, a small team of experienced certified nurse-midwives.

The midwives have full privileges at Maimonides Medical Center and are able to attend deliveries in a hospital setting; however, most low-risk clients opt to deliver in the home-like birthing suites at

They said *It was such an honor to take part in this important milestone. We look forward to serving many more women and families for years to come.*

BBC has grown dramatically in recent years. *More and more families are researching their options and choosing natural deliveries at a birth center when the moms are healthy and low-*  
*continue to page 10*

## The New FEU-NRMF School of Medicine

### Vision

Consistent with the FEU-NRMF core values of Fidelity, Excellence and Universality, and its three functions, instruction, research and community service, the FEU-NRMF School of Medicine envisions producing nationalistic, responsible, morally upright, and family-oriented physicians in the service of our countrymen.

### Mission

The FEU-NRMF School of Medicine commits itself and its resources to the development of highly competent, community and research oriented physicians, imbued with highest ethical and social standards to be able to deliver excellent health care services to the local and global community.

## PHLEGM, IT'S GOOD FOR YOU

FERNANDO ATIENZA MD<sup>62</sup>

We are a people preoccupied with the pursuit of perfect health. It was not enough that Hippocrates once defined health for us as a balance of four fluids, blood, yellow bile, black bile, and phlegm. We had to go further, in fact, we allowed the World Health Organization to define it for us. And in 1948 that august body came up with “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Quite a Utopian definition and we have gone downhill since then.



FERNANDO  
ATIENZA MD

The pursuit of this WHO-defined health has consumed many of us. Patients are being pulled away from their doctors by a barrage of advertisements and questionable health tips. Witness the proliferation of various supplements, additives, cosmetics, and exercises for toning your abs, your gluts, and your pecs. A simple itch is not to be “scratched” at. Why, the American Medical Association has even decreed that obesity is now a disease. Perhaps so, but as someone commented, at least the doctor will get paid for this diagnostic category. The normal aging process has become a fertile marketplace for anti-aging creams and many dietary regimens.

Underperforming in the gym or  
*continue to page 10*

## US Government

### Default Averted

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

FCAP Emeritus, Henderson NV

It does not need to have deep

knowledge of politics and national issues to post one's overview on the subject of utmost significance impacting the lives all citizens of this country. I wish to continue my

overview on *Shutdown of U.S. Government* (**FEU MAANI News** October 2013).

I happen to be a registered Republican. Like many of us, we read in the media, internet and listen to MSNBC, CNN, FOX News and Rush Limbaugh, etc, and those are the sources of particulars in understanding the recent Washington mess, era of US politics as the most polarized in more than a century.

I am concerned that we are seeing the extremist Republicans with their narrow, elitist, ludicrous opinions which are, for reasons of both ideological affinity and political correctness are overweening, superficial, parochial and just plain wrong and offensive. The latter discourse is coming from a Democrat. I learned from this left-winger how they laugh at the paranoiac ranting and ravings of conservative right-wing demagogues like Rush Limbaugh, Glenn Beck as well as Sarah Palin. Right now, we have Senators Ted Cruz of Texas and Mike Lee of Utah.

Both, Cruz, Lee and Palin the

*continue to page 8*



CESAR D  
CANDARI MD

## AUTUMN IMAGES

ROLANDO M SOLIS MD<sup>63</sup>



## OUR SIX LITTLE PRINCESSES

CELSO DEL MUNDO MD<sup>62</sup>

We have six little princesses, all

beautiful and special,

Who give us joy and pleasure every time they are around,

Their beautiful looks and antics are enough to melt our heart,

They make our lives meaningful with more desire to survive.

My two older princesses are coming out of their cocoon, Ashley, the oldest one, is the first princess to light our home, She has the almond brown eyes, very pretty and demure.

Maya, charming and smart with a creative mind a young lady on her own.

My other two little princesses give us all joy and pleasure,

By their dancing and acting up both of them like to perform.

Rachel with her graceful moves can sing and dance with expression,

Maddie with her petite frame gracefully moves whenever she croons.

Chloe is another princess, very charming and talented,

She is smart and witty but sometimes also stubborn,

You must give her the right answers to all her intelligent questions,

But will follow with obedience if you give the right reasons.

Our smallest princess, Baby Charlotte looks so innocent and happy,

She only moans and cries when ever she gets hurt and hungry, She needs the most caring for she is the youngest baby,

They are our six princesses who make our lives meaningful and sunny.



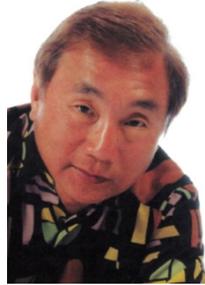
CELSO  
DEL MUNDO MD



**ANGELITA AGO MD<sup>69</sup>** president and professor of obstetrics and gynecology at the **Bicol Christian College of Medicine** in Legaspi City is shown (center, in black) leading the medical school recent 38<sup>th</sup> anniversary celebration.

## LETTER TO THE EDITOR

I always enjoy your clinicopathologic conference cases; they are very informative and well discussed. It shows the knowledge of the discussants.



ANTONIO C ONG MD

I likewise enjoy the two papers of Cesar Candari MD about the US government shutdown and new Philippines.

His presentation is neutral, without siding with any of the contrasting opinions. However, most successful minorities are usually Republican, tend to forget their opportunities are basically benefits from Democrat's policies.

I am not surprise he seems to be a Republican; I hope I am wrong.

Hawaii population is 90% Democrats, simply because it is composed minorities: Hawaiians, Samoans, Portuguese, Pilipinos, Chinese, Japanese and Koreans.

*White* Caucasians are less and black African are very few. Most *white* Caucasians or black Africans are married to Asian.

It makes sense to be Democrat as you are better protected and has better opportunities.

The *white* politicians just cannot accept that last two terms of presidency are under Obama whom they look at him as *non-white*.

He looks black so he is black. It is obvious that *you is*

## LETTER TO THE EDITOR

Allow me to correct a possibly misspelled word in an article by one of our colleagues in the **FEUMAANI News**.



SYLVIA ARPA BALAJADIA MD

The DAP which was written as Disbursement Association Program is actually

Disbursement Accelerated Program. It was used for speeding up military projects.

Many say that this is illegal for it was founded soon after the impeachment of Supreme Court Chief Justice Renato Corona. The two senators claim that the pork barrel of six million pesos to six senators was given only during or just before the voting, thus looking like a bribe to vote guilty.

The question is how long, or how many months after a trial

can money be disbursed in order not to consider it a bribe?

We can see Janet Napoles being hauled off to jail but what about those politicians involved?

Can we ever see anyone of them in handcuffs?

It is sad just observing what is happening in our country.

It seems next to impossible to eradicate corruption, being that we, as a people have always been in a culture of corruption.

The crooks will defend themselves tooth and nail because confessing up is an admission of guilt.

SYLVIA A BALAJADIA MD<sup>62</sup>

## OCTOBER QUOTE

...day discourses of it to day, night to night hands on the knowledge. No utterance at all, no speech, not a sound to be heard, but from the entire earth the design stands out, this message reaches the whole world.

**Psalms 19:2-3**

*determined by others of what you are by how you look.*

America still very racist, anything less than *white* is not good enough and consider inferior to them.

There has never been such a political showdown in history simply because Obama is *non white*.

Even Dr Candari says that Obama is *non-white*. To me *there is racist tone just like the white folks do. Are we all racist?*

When I speak Tagalog, a Pilipino in USA would say you are Chinese, how come you know how to speak Tagalog? Since you look Chinese, you can not be a Pilipino.

Yet my wife who is 100% Chinese has no problem as she has big eyes with little Chinese features.

Obama is 50% white (mother is an Irish) and 50% (father is African black from Kenya). You can not call him non-white but he is being treated as non-white by the *white* politician, including Dr Candari.

Certainly he looks more black than white, so he is black as judged by his look.

Obama has not been well exposed to black culture because he grew up with his white mother, then his white grandparent. Hawaii has very few black African that he could have mingled with growing up.

The Republican are just afraid of his success and have tried to sabotage him in every way possible.

The Affordable Healthcare law has been Democrats' dream since Truman time. During the Clinton tenure it was tried unsuccessful. It was this Obama

presidency that it became a reality with the encouragement from Edward Kennedy.

I am not sure if it is good; but it is worth trying as our healthcare is far from ideal, which we all know now for many years.

Economy has been growing with unemployment rate down to 7.5% from 10.5% and Wall Street DOW JONES is up from 6000+ to 15200+, more than the highest 14,5000 recorded in 2007 during Bush time.

The Iraq war has ended; and in 2014 Afghanistan war will be gone. No war involvement in Egypt, Libya, and Syria, despite all the turmoil in those parts of the world.

What more do we want?

Next election term starting 2016, with no more non-white president, politics will return to normal.

So America is still America, Democracy with free enterprise still make the country the best place to live.

As to the New Philippines, *we will depend on our new generations to built up our country strong*. The old generations have to show good examples for the new one to follow.

Even an 89-year old politician who has all the wealth still takes bribes by the hundred millions pesos! Ex-presidents still want to be congressional representative or city mayor --- all because there is money to take. This is unheard of in other countries with this kind of lowering ambition.

What do you expect the new generations to act?

Of course just like the old generation, so where is the New

Philippines? It is going to be the same old stories.

I do not understand about *we are sleeping giant*. Since when we were giant, except our ancestor Lapu lapu outsmarted white conqueror Magellan and killed him in Mactan?

We have had a great man like Dr Jose Rizal who could have lived a comfortable life in Europe, but returned home and sacrificed his life for our freedom.

Perhaps, almost equally great is Benigno Aquino Jr who also sacrificed his life by coming home from USA, knowing that he would be killed.

Sleeping giant?

It refers to China, not us! Do not get confused.

We have lot of thing to learn to make our country strong and progress. It is a long road, 67 years since our independence, yet we learn little and progress little.

All other countries surrounding us are way ahead of us, namely: Japan, Taiwan, Hongkong, Singapore, Korea, Malaysia, and China. Vietnam is catching up.

We are considered the last in Southeast Asia in term of progress, yet we have lot of smart people both inside our country and abroad.

I am a registered Republican, but chose to vote for Democrat in the last presidential race because I learn in humanity and humility. Since I have moved to Hawaii in 2004, where there is so much diversified ethnicity and local commendable outlook and attitude in life, especially treating neighbors and fellow human beings of different race and color.

I can see why Obama can grow into outstanding person because he is a by-product of Hawaii. He has faith and with God's guidance he can show America to do not just judge him because of his race (half black and half white) and look, He will run the country where he has learned from Hawaii. No whining! He does straight talk and looks direct into our eye. He is not conscious about his looks and race.

**ANTONIO C ONG MD**  
Retired Neurosurgeon  
Honolulu HA

**\$1000**

## **PAP Smear!**

Cheryl Bettigole MD MPH, a New Jersey-based family practitioner and a National Physician's Alliance board member, has written an interesting editorial in the New England Journal of Medicine



**CHERYL  
BETTIGOLE MD**

369:1486-1487, October 17, 2013, in which she states she is no longer surprised when laboratories charge her patients \$1000 or more for a Pap smear.

According to Dr Bettigole, the reason for the exorbitant charges are not the actual Pap smear itself (although she does mention the fact liquid-based prep smears are more expensive than conventional smears), but the tests that get added on, many of which she feels are unnecessary.

These additional tests include tests for HPV and STDs and *sophisticated laboratory tests for a variety of yeasts*. She does allow for the fact HPV testing is recommended for women between the ages of 30 and 64 years, every five years and routine STD testing is recommended for women between the ages of 15 and 25 years old, who have signs/symptoms of infection.

She admits these often unnecessary tests get ordered by *a physician or nurse practitioner or the medical assistant processing the specimen*, but goes on to say laboratories must share in the blame for this problem.

Her rationale for this is that laboratories have made it too easy for unnecessary tests to be ordered. What used to require physicians to submit multiple collection vials and check multiple boxes on a requisition form now requires only one vial to be submitted and one box for a number of bundled tests to be checked.

In addition, labs provide nothing *along the way* that alerts the physician or the patient to the tests' cost or their clinical utility. She also mentions the *savvy* marketing tactics employed by laboratory salespeople that it is completely agreed upon with Dr Bettigole that it would be an absolute travesty for any woman to not be screened for cervical cancer because of the expense.

And while it is certainly commendable Dr Bettigole for writing this editorial (and the NEJM for publishing it), there are some additional thoughts.

The responsibility lies with the clinician. Dr Bettigole is

also on target when she says, *we physicians and our staff are responsible for ordering these unnecessary tests and hence responsible for the huge bills our patients are receiving*.

An exception to this exists in the world of surgical pathology, where additional immunohistochemistry, molecular tests, etc, may be necessary for final diagnosis, and the pathologist usually performs those sans an order from the clinician.

Moreover, it matters not if a laboratory sends the slickest, best-dressed, and most knowledgeable and charming salesperson to the physician's office, or if the laboratory uses an order form with only one box for all the tests it performs. The only tests that should be ordered are the ones that are necessary for that particular patient.

Laboratory medicine is in many ways a service industry, and clinicians should understand that.

If the laboratory to which they send specimens regularly provides bad service by performing unnecessary or unwanted tests, or is somehow *tricking* the physician into ordering too many tests, then the physician should change labs.

That being said, there are many, many physicians out there who work for a hospital, or clinic, or some other entity that has a contract with a single laboratory, and they do not have a choice as to which lab they can use.

But if they do have a choice, then they are indeed responsible if a laboratory repeatedly provides bad patient care and they do nothing about it.

# CLINICAL IMAGES

## ROUND ATELECTASIS

Whether it is the referring physician's fault if a laboratory participates in outright fraudulent and illegal behavior (and unfortunately there are plenty of labs that do), the answer is that it is not the first time it happens, or the second, or even the third. But if it continues to happen with such frequency that the clinician is *no longer surprised*, then the answer is yes.

Why is a medical assistant ordering tests?

Dr Bettigole states some of the blame for this rests on the *medical assistant processing the specimen*. She further goes on to say *it seems harmless, even possibly beneficial, to run these additional tests, and for our staff, it eliminates the risk of missing a test the doctor might have wanted to have run*.

Perhaps, defensive medicine likely plays a role although Dr Bettigole does not mention defensive medicine in her editorial.

It simply stands to reason that a physician's chances of being sued decline dramatically if they do not miss something significant. The way to not miss something significant is to test for it, mirror those in the pharmaceutical industry.

In the end, Dr Bettigole worries these excessive laboratory costs may lead some women to forego cervical cancer screening simply because they cannot afford it. This is an every day occurrence around the hospital in specialties other than pathology.

For some physicians, excessive laboratory charges are a feature, not a bug.

From Pathology **Blawg**



**Figure 1** - A round atelectasis (arrow). of posteromedial left basilar lung.



**Figure 2** - A CT scan-guided fine-needle aspiration is on target on the lesion

These computer tomographic scan images are from a 38-year old woman who recently had pneumonia and empyema. As a follow-up imaging, a 1.8 x 1.3-cm posteromedial left basilar nodule is observed (**Figure 1**). It is hypermetabolic and associated with a smaller medial left basilar lesion which is without corresponding activity but appears to be more curvilinear, suggestive of round atelectasis

CT scan-guided fine-needle aspiration biopsy (**Figure 2**) of the larger lesion is positive for reactive alveolar cells, reactive pneumocytic macrophages, reactive bronchial epithelial cells, fibrous stromal cells, and negligible mixed-type inflammatory cells. It is negative for ferruginous bodies, dysplasia, or malignancy.

In three- and six-month evaluation thereafter, there was some resolution, no discerned increase in the sizes of both nodules, and without redevelopment of inflammatory changes.

**COMMENTS** and  
**LITERATURE REVIEW.**

Rounded atelectasis, a rare, benign mass lesion, is most often seen in association with asbestos-related pleural changes. Often a presumptive diagnosis can be made on the basis of characteristic CT and chest radiographic findings.

However, not infrequently radiographic imaging fails to differentiate rounded atelectasis from primary bronchogenic carcinoma, a disease which is seen with increased frequency in patients with asbestos exposure.

The cytologic features included abundant pulmonary parenchymal material with thickened alveolar walls containing pulmonary macrophages and connective tissue. It is important to realize that this is a useful positive finding indicating rounded atelectasis, rather than a negative finding suggesting the absence of neoplasm. Needles with a cutting action may be necessary to obtain sufficient material to make the diagnosis of rounded atelectasis.

The microscopical examination of resected

specimen reveals pleuritis, with multiple pleural folding. The underlying lung parenchyma is usually compressed, but otherwise unremarkable.

The differential diagnosis is focused on inflammatory pseudotumors of the lung, organizing pneumonia, nodular lymphoid hyperplasia, apical cap, round atelectasis, and sclerosing mediastinitis with its pulmonary counterpart, hyalinizing granuloma.

Patients with round atelectasis are predominantly male and are often smokers, with a mean age of 60 years, range 20 to 83 years. They are usually asymptomatic with incidental discovery of a mass on routine chest radiograph.

Symptoms include cough, dyspnea, fever, fatigue, or weight loss. Rarely, hemoptysis or chest pain may be present.

A previous pneumonia, complicated by an pleural empyema is taken as probable etiology from the clinical history or laboratory investigations of our index patients.

Although most cases are attributed to asbestos exposure, the other potential etiologies are tuberculosis, uremia, heart failure, and Dressler syndrome and trauma.

The lesion may be the result of the mechanical influence of a pleural effusion on the lung with folding of the parenchyma or a primary localized inflammation of the pleura may become progressively fibrotic and contract, leading to folding of the pleura and collapse of the lung.

The most common location is the posterior surface of the lower lobe (approximately 75% of the lesions). It is pleural-based and associated with pleural thickening. The most characteristic and specific feature (reported specificity of 92%) is the curvilinear displacement of the vessels and bronchi towards the center of the mass described as the *comet tail* sign.

Chest CT with contrast usually confirms the diagnosis and precludes the need for further treatment. However, the comet tail sign is not always present (reported sensitivity of 83%), and a number of variants have been reported with CT; therefore, these lesions may appear clinically suggestive of lung cancer or mesothelioma, particularly in older men who are smokers and with a history of exposure to asbestos.

### FINAL DIAGNOSIS.

Round atelectasis

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

by **Cesar V Reyes MD**<sup>68</sup>

## US Government Default Averted

*continued from page 3*

luminaries of the Tea Party



CESAR D  
CANDARI MD

were leaders at the Veterans Memorial rally during the shutdown with impressive hypocrisy of the event, showing one man waved a Confederate flag in front of the home of the first African-American

president and that a prominent conservative activist who was invited to speak sputtered with rage that Barack Obama should *put the Qu'ran down* and surrender his office. It is overly uncompassionate. This is simply brinkmanship. Look it up. It is in the Tea Party Republicans!

After all the political struggles, manipulations, tricks, stratagem and inside closed – door caucuses and the *fight* among themselves, the coalition of conservatives and ultra conservative Tea Party Republicans, with the opponent, the Democrats, reached to a point of crisis in the 16<sup>th</sup> day of shutdown. At the last minute a deal was reached and the default was averted.

Republican Senators Cruz and Lee were blamed to have precipitated the crisis with their *stick to your guns* demand to repeal and defund Affordable Health Care Law. *Senator Cruz is the one who got us into this. He had no strategy. It caused us to waste 16 days and get ourselves killed in the polls*, a moderate Republican stated. Rep Peter King, (R-NY), said of Cruz. *All for a guy who was fraudulent from the start*. At the end of the day, the final deal hardly nicked the health care law. Speaker John Boehner stated, we made a good fight and we lost. He surrendered. His leadership has been questioned. No question there was acrimony in the GOP. Both senators are compared now to be epithetic politicians, publicly slammed for a tactic that has taken a heavy toll on the GOP's standing. The Washington Post-

ABC News poll showed 70% of Americans disapprove of the way congressional Republicans were handling the government shutdown.

It was Majority Leader Harry Reid, a Nevada Democrat, and Kentucky Senator Mitch McConnell, Republican minority leader who tried to figure out how to get the government back open and avoid a worldwide economic crisis through default. It was finally in the Senate negotiations and meetings, and the outlines of the Reid-McConnell compromise that was clear, a CR, which meant a clean continuing resolution to raise the Federal debt ceiling ending the shutdown. To summarize the bill passed are as follows: End government shutdown. Deal funds federal government through 15, 2014 January. Pushes debt ceiling deadline to February 7, 2014. Health-care law: Department of Health and Human Services must certify it can verify income eligibility of people applying for government subsidies for health insurance.

Most House Republicans opposed the bill, but 87 voted to support it. It was considered by Senator John McCain (R-AZ) the shutdown and the shenanigans in Congress was a *shameful chapter* in the political history of governance, the House, unable to extort any concessions.

The government economy lost 24 billion dollars during this mess in Washington. Consumer spending slowed, small business applications were delayed, pull back by business owners on hiring for six months and most

importantly a ding to the nation's credit rating that will result to higher interest rates on the debt.

Why all these happened?

This is a recap. First, infuriated by the fact that the ObamaCare (Affordable Care Act) is the law, tea party extremists among the House Republicans blocked a routine vote to extend government spending beyond October 1. As a result, most of the federal government remains shut down, 800,000 federal employees were told to stay home while the health law remains intact.

A potential US default on its debt dated October 17 was no minor matter. Financial experts inside and outside the United States warn it could trigger another recession and worldwide financial meltdown, massive disruption all over the world.

President Barack Obama was firm and warned Congress, he will not negotiate to and be subjected to a senseless concession.

The American people find themselves caught in the middle of emotionally and financial/ budget bickering and blame one another with no productive talks on the horizon.

The stalemate was beyond embarrassing on the world stage and so frustrating and infuriating in this country. It was approaching a dangerous threshold of potentially faltering on its financial obligations up to the last day (October 17) if the debt ceiling was not raised. Moreover, the world is watching as our nation, the sole superpower, struggles to find the power to compromise on the fundamental issue of

governance. No discernable leadership in Washington. Neither side seems to acknowledge the fundamental principle of leadership or of governance. It was a silly, but perilous impasse melodramatic. Speaker Boehner appeared to lose his leadership and controlled by the Tea party leaders like Sen. Cruz and Mike Lee.

For all Americans to know, China holds \$1.2 trillion in US Treasury bonds — more than any other country. Last year alone, China had \$54 billion in US investments. If US government defaults on its bills to pay, China warned it would come with serious international consequences.

Karl Rove, the former George W Bush political strategist and organizer of the political action committee American Crossroads offered an interesting postmortem. He wrote in the Wall Street Journal stating, *Republican lawmakers walked into a trap set by President Obama. Barack Obama set the trap. Some congressional Republicans walked into it. As a result, the president is stronger, the GOP is weaker, and ObamaCare is marginally more popular.* In my previous writings, I never like ObamaCare. However, it became a settled law of the land and upheld by the Supreme Court. Regardless of what emerged now, the Health Care in this country is still considered to remain unaffordable if not unattainable to many people in America and impact negatively the middle class.

Now Senator Cruz's name has become an epithet for both

Democrats and frustrated Republicans. It was said; he deserves to be written out of the movement going forward, albeit his popularity among extremist right-wingers and the Tea Party has soared from 47% to 74% now.

In my view, both sides caused the shutdown by refusing to compromise in the Affordable HealthCare. It was a self-inflicted crisis that set the US economy back. The ObamaCare has sailed through. Okay, we are waiting for the magic to happen in this Affordable Health Care Act.

The question now to citizens of this nation: are we going to see again another shutdown? I hope not. Not like what we just experienced. It was so senseless and devastating that I am optimistic the American people won't see it again.

## PHLEGM, IT'S GOOD FOR YOU

*continued from page 2*

bedroom? Why, you've got to have low-T, whatever that is.

Sometimes people confuse living a life with living a lifestyle.

Sure, medical advances have allowed us to survive this planet much

longer than our ancestors. But don't you think the WHO definition of health is a bit too unrealistic? And perhaps Hippocrates was right. I don't care much, (and don't know anything) about black and

yellow bile, but as long as I have phlegm (not the mucus secretion), I think I will be alright.

(Note: In 1889 the father of modern medicine Sir William Osler, in his farewell speech, *Aequanimitas*, to physicians at Johns Hopkins University, used the word, *phlegm* to describe imperturbability or calmness in a storm required of physicians).

Time to educate our patients, and share our phlegm.

## 1,000<sup>th</sup> birth at BBC Midwood

*continued from page 2*

*risk and clients play an active role in their health care— they want to feel empowered by their birth experiences is observed.*



For healthy, low-risk mothers, there are many advantages to delivering at BBC. Friends and family members are welcome in BBC's roomy birthing suites.

Expectant mothers are free to eat, drink, walk, and labor in a variety of positions— many choose to alleviate labor pains by soaking in BBC's birthing pool.

Clients receive highly individualized care, and newborns always remain with their mothers— preferably skin-to-skin on the mother's chest, to facilitate breastfeeding and bonding.

In addition to caring for pregnant women and attending

deliveries, the Brooklyn Midwifery Group offers well-woman visits and family planning.

The group also partners with social workers, lactation consultants, and a home visit nurse in order to provide holistic prenatal and postpartum care.

There are three birthing options in NYC. Most women choose to go to a hospital, but birthing centers and home births are available alternatives.

The birthing centers are a great place to labor and deliver your baby for so many reasons. It is preferred because the space and the personnel encourage women to do it their own way.

If a client wants to hide out in the bathroom to face pain, have contractions in the tub to ease them, or simply walk around, she is encouraged to do.

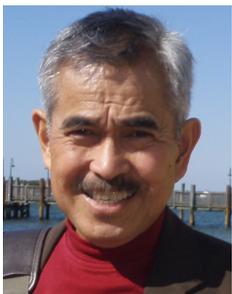
This center boasts full-size beds, Jacuzzis, hidden medical instruments and generous rooms.

Babies stay with the mother after birth, so it is very breastfeeding friendly.

Mostly midwives attend here, but some doctors do, too. Since it's located within the hospital, there's a quick turnaround time if an emergency arises.

## OCTOBER DONATION

**DIVINAGRACIA AVERILLA-OBENA MD<sup>85</sup>** submitted **ESTER R AVERILLA Student Achievement Award for outstanding freshman** and **MAURICIO AVERILLA Student Achievement Award for outstanding junior** for *Balik*-FEU January 2014.



FERNANDO ATIENZA MD

## BRO, WHAT'S YOUR BREW?

*continued from page 1*

classmate and a Alumni



EUGENE S  
SIRUNO MD

Foundation board trustee, this article made me smile and brought about a curious question to him, *bro' what's your brew?*

Really?

The article

started well, I thought, then the storyline went south when he started to enumerate informations, recommendations and solutions.

For those of you who have read the article, you know what I mean. As I read on the redundancy or repetitions and downright demeaning accusations, it became obvious and evident to me that ignorance needs no more introduction. As someone had said and I quote, *Ignorance is just like an opiate that lulls a conscience to sleep. The more ignorant a person is about a subject or subjects under discussion, the more convinced that he is right.*

I will try to enumerate points to prove my statement above.

He alluded that Dean Linda Tamesis MD had indicated that FEU medical graduates should have jobs within two years after graduation.

Really?

I missed that. I was at the meeting too. I know I was awake.

His expounding about top honor graduates and medical board topnotchers, how they should be rewarded.

His recommendations of titles, salaries and how the practice should be run.

Remember, titles are earned. Money does not grow in the apple tree, or we do not just pick it up in the curve or on the street. But almost all of what he is talking is in line with daydreaming and way out of reality. But then people tend to hallucinate under the doom of ignorance and misinformations.

**Alumni Foundation board trustees.** The author even tries to meddle with the constitution and by-laws. He singled out all the board trustees. He was critical of how the board is run and stated despicable situations, composition of the board trustees, *emeriti* titles, *cabinet*, political influence of selecting alumnus/ alumni award(s).

How can a person talk about despicable things as it relates to the Alumni Foundation board trustee when such person almost never attend the yearly reunions, (maybe 2 -3 times) in thirty four years.

If he is present, he would not even attend the general membership meetings.

He talked about leadership or the luck of it and dysfunctional personalities, about dishonesty and cowardice.

Then he get fixated with Lucifer and hide behind the 1<sup>st</sup> amendment.

So, bro' what's your brew?

**Trigger points.** When someone talks about the variety of topics, characters and opinions, there is/ are always trigger point(s).

Did someone in particular, or two or three individuals, or groups of individuals harmed

him that had one way or the other?

Was his ego touch or tarnished and is trying to get even?

Remember, one will never get ahead of anyone as long as you are trying to get even with them. His perception, to me in reality is cloudy at best.

Or was he fed with informations which are not totally the truth and not even half true. People should remember that it is wrong to tell a lie. But isn't it also wrong not to tell the whole truth or the whole story. Hearsay is not the truth.

Many people believe that withholding portions of the truth is the same as lying and if you are doing this, you are not practicing honesty. Ask yourself, do really have a clue of what you are talking about, or you just have a small idea of what it pertains to.

Do you have a real grasp of what it means to have integrity. *Honesty covers lying but integrity seemingly covers everything else in life.*

You have to be honest to yourself first before you can be honest to others. Respect for yourself is paramount to respecting others.

On the other hand, if you have such strong feeling of the things you have alluded to, I hope you did your research, studied, tabulated, investigated it, examined and verified your references and all the angles and possibilities.

But if you believe nothing of your research but believe merely because you were told, then your recommendations and analyses do not make the grade

– you follow the **fallacy of irrelevant**.

**Conclusion.** I know some people think they know it all but never bother to do the research and verify what they know before they open their mouth.

**Change.** Note your idea for change of the by-laws and all the board trustees to resign

**Stat.** That's asinine! Your solution runs contradictory of what you want to accomplish. The people you want to promote or recommend to do the job are your trusted personal friends; these are the same people you want out pronto. And these are the same people to patch the crack? I do not follow your logic. Go figure *senor!*

I have been a board trustee for several years. First, as a delegate representing my state FEU alumni society and then have been voted in as board trustee for three terms. I find exceptions to your allegations. I can vouch with certainty that the Alumni foundation board trustee functions very well. The board members, the majority of them are very dedicated. We are motivated and take our roles and responsibilities seriously.

The meetings are very interesting to say the least. We have lots of discussions, arguments, and so called debates; some with domineering voices and opinions and sometimes become quite personal – the Pilipino way but the democratic way. Lately, however, we have become more professional, more courteous and more civil to each other.

Some ideas or thinking or voices or desires are not always matched according to

proponents' liking, but the board makes it sure that it is discussed and voted upon.

**Majority (plurality) roles.** The goals, missions and visions of the Alumni Foundation are guided by the constitutions and by-laws. The bylaws are not changed they are amended as the board trustees see it fit after significant discussions and then voted upon, the democratic way.

Our responsibilities and roles run and are born along by the willingness to serve, the desire to volunteer our time, off from our busy practice, off from needed family time; our treasures as this is not a paid position; our worthwhile ideas and heightened desire to help our alumni group, maintain the good name of FEUDNRSMAF and our medical school/ students.

As a board trustee, I take exceptions to the unreasonable, inexperienced, and uninformed comments regarding the board trustees, the manner we do our job and our responsibilities.

To me as a board trustee, this is not acceptable. Someone is totally wrong and mistaken. The board needs **respect**.

**First Amendment.** *Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; of abridging the freedom of speech, or of the press, or the right of the people peaceably to assemble, and to petition the Government for a redress of grievance.*

**Villify.** And yet bro' you do not want to be vilified!

What do you want?

You want to exalted; you want to be applauded and revered?

For what?

You disgraced the board by wanting to drop them out *pronto*, for suggesting solutions which makes no sense, no merits of any kind.

You do not want to be vilified because you showed disrespect to the board trustees. Ah, and you keep on citing the First Amendment.

Remember the First Amendment is not absolute. Yes, it guarantees you your freedom to say things but does not cover the responsibility of writing false charges and things that connotes or motivates malice.

When you write something seemingly wicked, you have to have a clear and convincing evidence or basis.

**Character and love.** Dr D E Turner, said and I quote, *It is the highest form of self respect to admit our errors and mistakes and make amend of them. To make a mistake is only an error in judgment but to adhere to it when discovered shows infirmity of character.*

Do I hate the author of the *Panoramic Hope*?

Mother Teresa has my answer, she said *People are unreasonable, illogical and self centered, love them anyway.*

Thank you Mother Teresa.

By the way, bro' what's your brew?

## OCTOBER DONATION

ELISA A REYES RN donated ESTER R AVERILLA Student Achievement Award for outstanding sophomore, and MAURICIO AVERILLA Student Achievement Award for outstanding senior for *Balik*-FEU January 23, 2014, ceremonies.

## Message from the BOARD CHAIRMAN

*continued from page 1*

The details are to follow in future issues of the **ECTOPIC MURMURS**.

I read with great interest the *From the home front* article of Dean Linda Tamesis MD on her insightful analysis of the

performance of our graduates in the last Phillippine medical board examinations.

The current leadership of the Alumni Foundation pledges its support to the medical school and hospital. After all, we have a common goal and commitment and that is to continually improve the performance of our medical students.

Article IV of our constitution and by-laws states that the main purpose of the Alumni Foundation shall be to assist the medical school in its various projects.

I am frankly disappointed with the lengthy article of one of our alumni in the September issue of the **ECTOPIC MURMURS**. Our president Dr Guinigundo has commented on the issues raised. I only wish it could have been published side by side with the said article for a timely discussion.

As current board chairman I feel obligated to respond to some of his comments. Checking and researching the facts about the board trustees probably could have prevented the unfounded conclusions.

All board trustees serve the Alumni Foundation on a voluntary basis. These trustees spend their own money and take time off from their clinical practice to attend our meetings twice a year (winter and annual summer meetings). To ask the trustees to all resign is a disservice and disrespect for their voluntary efforts.

Some other comments are:

The selection of the yearly outstanding alumnus is done by the Jubilarian Class. The Class submits its nomination to the awards committee. If there is more than one nominee, the committee headed by Avila Arcala MD<sup>69</sup> endorses a nominee to the board trustees for final approval. A plaque is given to the awardee during the Saturday grand ball night.

In the event that the Silver and Golden jubilarians have no nominees, the committee solicits names from the general membership and board trustees.

This year and two years ago in Las Vegas some of the nominees were disqualified having been recipients of the same award years earlier. However, respective classmates had wanted to present an award to the two alumni; thus the Golden Jubilarian class created another award.

The board trustees did not initiate or had a hand in these additional awards. I personally felt the awards were deserved in terms of the individual services rendered to the Alumni Foundation by these awardees. But I had no part in the selection process.

Concerns should have been raised to the classmates who made the selection, avoiding the

unfair accusations of railroading by the board trustees.

I will also clarify our position on this matter in the next general membership meeting.

Chairman *emeriti* are non-voting board trustees. The manner of selecting an *emeritus* has been revised as provided in our by-laws and was brought up for approval during our last general membership meeting in Chicago.

Reasons for having a general membership meeting are manifold: The current medical school dean and FEU-NRMF board chairman when present give an update on the state of the medical school.

Officers of the Alumni Foundation provide similar report during the general membership meeting, namely the board chairman, president, treasurer and executive director.

The treasurer presents a current and detailed status on all Class and Jubilarian funds, and all other funding, ie, professorial awards, etc.

The meeting is also an opportunity for the general members, the author of the article to voice concerns and questions about the Alumni Foundation and medical school.

It also gives the officers of the Alumni Foundation the opportunity to address these concerns. For the past two years, we have deleted the luncheon fee to encourage more attendance.

Convention name tags are standard practice in most meetings and reunions and not unique to FEU especially in reference to the ribbons attached to the name tags. The



HERNANI  
TANSUCHE MD

different colored ribbons with designated positions of the officers are designed to allow the general membership to know their officers.

All the scientific speakers also have name tags with ribbons identifying them as such.

Why is the recognition given to them offensive to some?

The current leadership strives to be as transparent and welcomes constructive criticisms for improvement. But please draw conclusions based on what actually happened and not on perceptions of what might have happened.

I quote a line in a book written by a famous stage and movie actor, Frank Langella quoted from actress, Loretta Young, *Mistakes are like knives. They can hurt you or help you depending on how you pick them up.*

## TENDERLY YOURS

NOLI CGUINIGUNDO MD<sup>62</sup>  
*continued from page 1*

The chairman is the presiding officer of all meetings of the organization, except during the executive committee meetings when the president presides. Also, we do not have a president-elect.

The current set up has been in existence for several years and had never had any problem in the execution of the different duties and responsibilities of the

officers just like in any other foundation/ organization.

The current constitution and by-laws had been revised and amended several times, at least 15 to 17 times during my term as chairman of the constitution and by-laws committee.

We do not amend the constitution for the sake of amending it. We amend it as situation arises. It is hard to amend it just like any other constitution and by-laws where  $\frac{3}{4}$  votes are needed to pass any revision/ amendment.

Please read the present constitution and by-laws. It was well written originally by our forefathers, including Dr Renato Ramos. I utilized my sagacity in further improving the same with the help of no other than an excellent writer and parliamentarian Dr Cesar Candari.

The timing of doing something about the by-laws is **off**.

The question of having all members of the board trustees to resign, including the *emeritus* is absurd and does not make sense; and yet, the same people being asked to resign are being asked to lead a committee that will make further decision in the Alumni Foundation.

This committee is being likened to a military junta in some banana republic countries.

The choice of people to reorganize the Alumni Foundation (if that's appropriate) is also off and inappropriate, as the writer requesting same is asking them to resign at the same time, and it is almost like an oxymoron situation.

The item pertaining to the choice of most outstanding alumni from the jubilarians, and most outstanding alumni is the Alumni Foundation's function but with recommendations from the fellow jubilarians.

The awards committee always considers recommendation/ suggestions from the jubilarians in question.

The Friday and Saturday activities are the functions of the Alumni Foundation **honoring** the celebrants/ jubilarians and not the other way around.

Being a member of the board trustees for a long time prior to being an officer has merits since it gives one the opportunity to learn about the workings of the Alumni Foundation.

We do not allow anybody to run for president **just like that** without going through the **process**.

We are all familiar with our clinical clerkship and internship before we become doctors. Apprenticeship is still the best way to learn things.

Involving the different class to represent them to the board is impractical and useless. If the respective class wants to represent themselves, then they should run for the position of member of the board trustees.

We have a constitution and by-laws to follow and since the writer of the **ECTOPIC MURMURS** article critical of the Alumni Foundation always invokes the individual freedom, then by all means follow what is currently written in our constitution and by-laws.



NOLI  
GUINIGUNDO MD

What makes you an expert in the workings of the Alumni Foundation?

Your article in the **ECTOPIC MURMURS** September issue should have been addressed to the incumbent officers of the Alumni Foundation so we can have a side-by-side question and answer type of discussion.

Freedom of the press does not give you *carte blanche* freedom to criticize an excellent Alumni Foundation geared towards helping our beloved medical school, its students, and our fellow men.

We have helped our medical school in building a new and excellent edifice, we have equipped the same, help to raise the quality of medical education, awards to deserving medical students and deserving faculty members.

Since you have all the criticisms thrown after the annual meeting, you should have attended the annual membership meetings open to all the membership. In this meeting, you can ask about your uncertainties about the Alumni Foundation, what you want done, what you want to happen, and the changes you got in mind.

You could have attended the board trustees meeting and voice your opinion on anything that's bothering you.

Most of all, try to read the existing constitution and by-Laws. This is available in our website and when you find it, check the bottom of the by laws to see the different amendments done during the years.

May I reiterate that being in the board trustees is a voluntary

position. It is a non-paying job. We are doing it for the benefit of the Alumni Foundation.

We spend time, effort, our own finances to attend the winter and summer meetings, not considering the time we are absent from our busy medical practice.

It is pure sacrifice in our part and in return we all get criticism from people who do not know anything about the workings and mechanism of the Alumni Foundation.

## FAITH CORNER

REV MELVIN ANTONIO MD<sup>65</sup>

*continued from page 1*

Catholics. He has given



REV MELVIN ANTONIO MD

interviews and delivered homilies that reveal the path he intends to take Christ's Church into this and perhaps the next century.

At times, he is critical of the

way the Church has functioned. In one interview, he is quoted as saying that heads of the church have become *Vatican-centric*.

This view, Pope Francis says, *sees and looks after the interests of the Vatican which, for the most part are still temporal interests...neglects the world around us...the Church is or should go back to being a community of God's people and priests, pastors and bishops who have the care of souls, are at the service of the people of God.*

To counter, he has decided to appoint a multinational group

of eight cardinals to be his advisers in restructuring the Church not only as a top-down but also as a horizontal organization. How I wish this were the way our own government is structured, but I digress. I have no doubt that the Pope's actions and words are greatly influenced by his Jesuit upbringing. He states, *A Jesuit is a person not centered on himself, who looks to center outside itself. Its center is Christ and His Church.*

Pope Francis' quotes have become proverbial in nature. He has made statements on just about everything from treatment of the poor to issues of homosexuality to abortion, to the role of women. I will not get into these statements as they are available on the internet. My favorite quote presents an image that we, as medical people, should be very familiar with. He says, *The Church must be like a field hospital after a battle – healing the wounds of its faithful and going out to find those who have been hurt, excluded or fallen away. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugar. You have to heal the wounds. Then we can talk about everything else.*"

How is that coming from a Pope?

His words on the poor are the backbone of what we know as *liberation theology*. While addressing the Food and Agricultural Organization on June 20, 2013, he said: *A way has to be found to enable everyone to benefit from the fruits of the earth and not simply close the gap between*

*the affluent and those who must be satisfied with the crumbs falling from the table, but above all, satisfy the demands of justice, fairness, and respect for every human being.*

His reference to *crumbs falling from the table* remind me of a sermon I preached on Jesus' parable of The Rich Man and Lazarus **Luke 16:19-31**.

Lazarus was a poor man sitting at the gate of the rich man's home subsisting on the crumbs from the rich man's dinner table. He is ignored by the rich man who was as self-centered as many of us can be, denying the existence of the poor around us, refusing to see their needs, living in direct contradiction with God's compassion for the poor, the widow and the orphan. In death, their fortunes are reversed. Lazarus walks with the angels and Father Abraham while the rich man suffers eternal torment in hell.

We may not be as rich as the man in the parable but for most of us, our wealth is measured in having something that others do not have – adequate food, decent shelter, clean clothing, access to health care and the love of friends, family and the Church. All of us have a Lazarus at our gates – someone who will give us the opportunity to fulfill the promises of our baptismal covenant, to seek and serve Christ in all people according to their needs, to respect the dignity of every person.

Lazarus at our gates are the homeless, the unemployed, the sick and lonely, those who have lost loved ones, the wounded veterans, those who have been

displaced from their homelands by war or natural disasters, those who seek refuge from poverty, hunger and injustice.

When we give out of our richness, we fulfill what God expects of us. We communicate the presence of Christ by our demeanor, our acts of kindness, our words of welcome and encouragement.

Let us continue to pray for Pope Francis, that he may accomplish the goals that the Holy Spirit leads him to. There will be those who will disagree with his thoughts, his methods and the direction he is taking. Let us pray that he at least becomes insulated from the political turmoil that our Church leaders can sometimes cause.

## From the Home Front

*continued from page 1*  
exchange information and



LINDA D  
TAMESIS MD

enhance cooperation in respect of mutual recognition of medical practitioners; promote adoption of best practices on standards and qualifications;

and provide opportunities for capacity building and training of medical practitioners.

In 2012, the Commission on Higher Education (CHED), in preparation for the implementation of the various MRAs and realizing a need to improve the status of higher education in the Philippines, issued Memorandum Order 46 **Policy Standard To Enhance**

## **Quality Assurance In Philippine Higher Education Through An Outcomes-Based and Typology-Based Quality Assurance.**

CMO 46 basically mandates that all higher education facilities switch to transformative, outcomes-based curriculum by 2014.

FEU-NRMF's curriculum is traditional, competency-based. Understanding the difficulties posed by this mandate and wanting our Institute to be in the forefront of quality education, President Attorney Antonio H Abad Jr asked that a consultant be retained to help us with this change. Since May 2013, Dr Glenda S Arquiza, former FEU Nursing dean has been guiding all eight schools in the Institute through the transition.

The School of Medicine is taking this opportunity to not only change to a transformative, outcomes-based education but to revamp the entire curriculum. Competition from the 43 existing medical schools is great.

In the last board examination, FEU-NRMF ranked eight while schools like Cebu Institute of Medicine, West Visayas University, *Pamantasan ng Lungsod ng Maynila*, and Ateneo moved up into the top positions.

Another driving force for change is the fact that our irregular students now outnumber the regular. It is not unusual that a FEU-NRMF medical student takes more than four years to graduate.

The curriculum committee, ably headed by Dr Jessica Ona Cruz, has outlined an

innovative, integrated program. Some subjects shall be removed or merged into existing ones.

Laboratory hours will be shortened to make way for small group discussions and to give students more time for study. New subjects/ topics will be added while other will be strengthened.

Objective Structured Clinical Examinations (OSCEs) will be introduced earlier and more frequently.

Workshops, seminars and

assemblies have been scheduled with the department chairmen, subject coordinators and faculty.

With prayers, sweat, and possibly tears, the new curriculum for first year will be ready for launching June 2014.

Please contact me if you have experience in curriculum planning and are willing to help. Suggestions, comments, details of programs that are successful will be greatly appreciated.

[Ldtamesis@feu-nrmf. Ph](mailto:Ldtamesis@feu-nrmf. Ph)

## OCTOBER DONATION

**PETE OBREGON MD** and **Judy Obregon RN** donated \$1050 for a perpetual **Pete and Judy Obregon Student Achievement Award in Surgery**.

The award will be handed on Thursday, January 23, 2014, during the Student Recognition ceremonies of the *Balik*-FEU at West Fairview, QC, FEU-NRMF School of Medicine.

*Make a  
donation...  
and make a  
difference.*

**Student Achievement Award \$50**

**FEU-NRMF Professorial Chair \$15,000**

**FEU-NRMF medical center building sponsorship**

**Indigent patient fund**

**Arsenio Martin MD Scholarship Legacy Fund**

*Interested? Please inquire with Cesar V Reyes MD [acvrear@gmail.com](mailto:acvrear@gmail.com) 630-971-1356*

# MARINDUQUE MISSION Itinerary

The Philippine Medical Association in Chicago and Marinduque International medical surgical ophthalmological optic and dental mission from January 31 to February 2, 2014, at the Boac Provincial Hospital will be, as follows:

January 30, 2014, 6:00 am - meeting place breakfast at Dr and Mrs Virgilio Jonson Residence, 72 Scout Alcaraz, Sta Mesa Heights, Quezon City; then Row Row travel to Marinduque

January 30, 6:00 pm - welcome reception at Boac;

January 31 – medical clinic at Gasan and Buenavista;

February 1 - medical clinic at Torijas and Sta. Cruz;

February 2 - medical clinic at Mogpog and Boac;

February 2, 6:00 pm - appreciation reception at Boac Provincial Hospital;

February 3 – probable Bella Roca tour;

February 3, afternoon – return trip to Manila via Row-Row

February 4 – 10 AM- probable courtesy call with President Noynoy Aquina at the Malacanang Palace

February 5 - 12, 2014- for those interested, probable Vietnam/ Cambodia tour

The surgical team is composed of the following to day: Eugene Salazar MD (**leader**), Reynaldo Sarmiento MD, Richard Zhu MD, Edmundo Relucio MD, Cesar Cumba MD, Luis Mangubat MD, Meneleo Avila MD, Efren Leonida MD, Abraham Fontanilla MD, Fred Nang MD, and Mario Salazar (**surgeons**);

Arturo Basa MD and Julian Mendoza MD (**urologist**);

Jesse Corres MD (**plastic surgeon**); Teresita Varona MD, Ligaya Marasigan-Labao MD, Ramon Lopez MD, Susan Tan MD, Patrick Tan MD, Mario

Reyes MD, Manuel Escalona MD, and Hermes Ayuste MD (**obstetricians gynecologists**);

Emma Salazar MD, Alberto Clar MD, Roberta Yap MD, Yolanda dela Cruz MD, Manuei Sanchez MD, and Lito Fajardo MD (**anesthesiologists**).

The medical team members are: Natividad Bernardino MD (**leader**); Ruth Moore MD, Laarni Moreno MD, Angelito Fernandez MD, Richard Mon MD, Leilani Mon MD, Virgilio Magsino, Celso del Mundo MD, Rodolfo Jao MD, Dorothy Dalena MD, Cornelio Casaclang MD, Rogelio Liboon MD, Onie Yorro MD, and Rogelio Cave MD (**internists**);

Chester dela Cruz MD (**neurologist**); Israel Labao MD, Virgilio Jonson MD, Simeon Sevandal MD, Aurora Atienza MD, Zita Yoro MD, Godofredo Ng and Edward Hernaez MD (**family practitioners**); Anita Avila MD, Ofelia Ayuste MD, Nida Blankas-Hernaez MD and Angelita Fontanilla MD (**pediatricians**); Frank Montellano MD (**pathologist**);

Drs Linda Favor, Rolando Casis, Manuel and Remedios Escalona, Alfredo and Ofelia Kaguyutan, and Roberto Farrales and Eloisa Dizon-Farrales; Faye Mendiola RN, Pauline Abadilla RN, Clarita Distor RN, Violeta Magsino RN, Clarita del Mundo RN, Estela Cave RN, Lina Jonson RN, Cora Guzon RN, Rose Clar RN, Marilyn Lopez RN, Nora Tsai RN, Elena Liboon RN, Arlene Dalisan RN, Adelaida Behar RN, Aurora Gagni RN, Josie Malanao RN, Rose Clar RN, Elvie Fernandez RN and

Nora Corres RN (**nursing team**); Dr Lourdes Sevandal (**dentist**); Dr Leticia Tuazon (**optometrist**); Leo Cruz, Fred Tsai, Caloy Cruz, and Narcisca Cruz (**optical services**);

Espie Vasallo (**dietician/nutritionist**); Evelyn Fajardo and Nanette Montellano (**medical technologists**); and Tito Gagni, Precy Cruz, Medardo Abadilla, Gaspar Camello, Carlos Cruz, Priscilla Cruz, Lilia Cumba, Tito Gagni, Cora Moreno, Jose Cervantes, Katrina Cervantes, Arlene Dalisan and Anita Ng (**volunteers**).

Philippine medical surgical mission requirements are, as follows: Physicians with valid license - Philippine medical practice license and curriculum vitae; passport-size pictures for special permit application, and \$25 application fee; and Physicians without valid medical practice license – curriculum vitae, medical practice license (United States and Philippines, or United States only), two appropriate advises how to take and store the medications at home.

Physicians with expired Philippine medical practice license who may want to apply for permanent Philippine medical practice license - apply in person at the Professional Regulatory Commission in Manila. Please submit above-mentioned requirements as soon as possible.

Postally mail these documents to:

Nida Blankas-Hernaez MD  
28951 Forest Lake Lane,  
Green Oaks, IL 60048.

For additional information, kindly contact at [ednida888@gmail.com](mailto:ednida888@gmail.com), or 847-668-7385-926 (fax) for a special temporary permit.

## **FEUMAANI Medical Mission**

January 27 - 29, 2014  
Cavite Provincial Hospital  
and Trece Martires, General  
Trias

and **Bacoor** for outpatient  
services

Possible lodging at  
Cove Island Resort in Kawit  
and the Spring Plaza Hotel in  
Dasmariñas

Email at [frank-  
nette@earthlink.net](mailto:frank-nette@earthlink.net)

for volunteers:

name and specialty for a head  
count

Please send required  
documents:

curriculum vitae, two colored  
passport pictures with labelled  
name, and

copy of US medical license to  
Nida Blankas Hernaez MD  
28951 Forest Lake Lane  
Green Oaks, IL 60048  
telephone 847-668-7385

[ednida888@gmail.com](mailto:ednida888@gmail.com)

for application for  
temporary medical license.



Philippine Medical Association Of Chicago  
Together With The  
Pmac Auxiliary & Pmac Medical Foundation  
Presents

# Halloween Party

SATURDAY, NOVEMBER 2, 2013

COCKTAIL: 6:00PM      DONATIONS: \$50  
DINNER: 7:00PM      ATTIRE: COSTUME

**LEXINGTON HOUSE BANQUETS**  
7717 W 95TH ST HICKORY HILLS, IL 60457  
708-598-4150

RSVP BY OCTOBER 20, 2013  
CHECKS PAYABLE: PMAC (FOR MEDICAL MISSION)

**NIDA BLANKAS-HERNAEZ, MD (847) 668-7385**  
**ZITA YORRO, MD (847) 477-3266**  
**ROGELIO CAVE, MD (708) 422-3716**

### **COMMENTS**

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

## **FEUMAANI News**

Deadline for the  
November 2013 issue

**November 13, 2013**

Please address submissions to  
[acvrear@gmail.com](mailto:acvrear@gmail.com)

### **COMMENTS**

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

## **PMAC News**

Deadline for the November 2013  
issue

**November 6, 2013**

Please address submissions to  
[acvrear@sbcglobal.net](mailto:acvrear@sbcglobal.net)

### **COMMENTS**

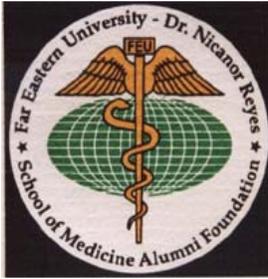
Editorials, news releases,  
letters to the editor, column  
proposal and manuscripts are  
invited. Email submission,  
including figures or pictures,  
is preferred.

## **ECTOPIC MURMURS**

Deadline for  
November 2013 issue

**November 20, 2013**

Please address submissions to  
[acvrear@sbcglobal.net](mailto:acvrear@sbcglobal.net)

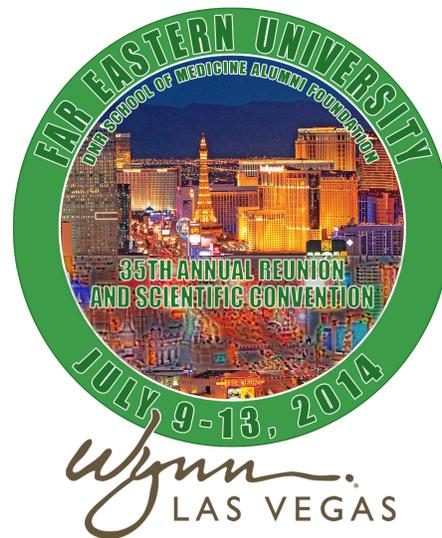


# FAR EASTERN UNIVERSITY DR NICANOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

## 35<sup>th</sup> ANNUAL REUNION & SCIENTIFIC CONVENTION

### HONOREES

- Class<sup>59</sup> (Emerald Jubilee)
- Class<sup>64</sup> (Golden Jubilee)
- Class<sup>89</sup> (Silver Jubilee)
- Class<sup>69</sup> (Sapphire Jubilee)
- Class<sup>74</sup> (Ruby Jubilee)
- Class<sup>79</sup> (Coral Jubilee)
- Class<sup>84</sup> (Pearl Jubilee)
- Class<sup>94</sup> (20th Anniversary)
- Class<sup>99</sup> (15th Anniversary)
- Class<sup>04</sup> (10th Anniversary)



### CLINICAL PRACTICE ADVANCES 2014

ACCME accreditation provided by  
the **PHILIPPINE MEDICAL ASSOCIATION in CHICAGO**

**July 9 - 13, 2014**

*Wynn's Las Vegas*

3131 Las Vegas Boulevard South, Las Vegas, NV 89109  
(702) 770-7000, (888) 320-7123

To reserve, call 1-866-770-7555, the FEU group code is [8FEU0714](#).  
Room rates are **\$139** (Sunday - Thursday) and **\$189** (Friday - Saturday).