May 14th CME, Western Night

The FEUMAANI will hold its first fund raising for the year with a Western Night dinner dance on Saturday, May 4, 2013, at the Hilton O’Hare Hotel in Rosemont IL.

The event highlight is a raffle to benefit a planned medical surgical mission in Tres Martires City in Cavite, scheduled for January 27-29, 2014, and to support education project of street children in Metro Manila in collaboration with Ed Relucio MD Simon’s Foundation.

In charge of the evening activities includes Drs Elenita Rubio, Leilanie Mon, Melinda Tolentino, and Noemi Borillo Fogata. FEUMAANI president Dr Franklin Montellano will publish a souvenir program report to supplement the fund raising.

A continuing medical education seminar will precede the Western Night festivities in the morning and features Nunilo G Rubio MD, endocrinologist and clinical associate professor of medicine at Loyola University, who will discuss a

**PRESIDENT’S Message**

**TENDERLY YOURS**

**NOLI GUINIGUNDO MD**

The March 16, 2013, Board Trustee meeting in Las Vegas was fruitful and significant. The topic of the chairman emeritus was presented by committee chair Edgar Borda. In essence, the position will no longer be automatic anymore as was previously observed. It will take two years for a past board chairman to be considered for the emeritus title/position.

The past board chairmen shall function with the advisory board of the Alumni Foundation without the right to vote or make any motion.

The Board chairman may name a sargent-at-arms and a parliamentarian at the beginning of every board of trustees meeting. The functions are as stipulated according to the

** BACK TO THE BOARD **

**CESAR D CANDARI MD**

At last long after a hiatus of six years I am back. I feel so normal and strong. *Walk the walk, and talk the talk* on my two feet forward. That means basically, being able to do what you say you can do, instead of just idle boasting. As it has been printed in my two biography/autobiography books (*Success is a Journey and Varieties and Anthology*), I made a promise continue to page 13

**FAITH CORNER**

**REV MELVIN ANTONIO MD**

The whole season of Lent has taken up most of my time, it being the busiest season of the Church calendar. However, I am not too busy that I fail to read this publication and it keeps me connected with my colleagues from FEU. I found it interesting that on the March issue, a whole section was devoted to presenting the continue to page 11
Early in childhood, I was always fascinated by airplanes and wanted to be a fighter pilot. My mind was pregnant with dreams and ideas of flying high, higher than anybody’s aspirations.

In 1959, just after my 19th birthday, without the knowledge of my family, I slipped to Nichols Air Force Base, took the entrance exam and passed it. There, I met my heroes: Col Benito Ebuen, Maj Rancudo and Capt Mapua and others. All were pilots of the fabled Blue Diamonds, the Philippine Air Force’s aerobatic team. They flew the top of the line jets at that time, the North American F-86 Sabre jets. I wondered if they were hand-me-downs from the United State Air Force, reactivated and refurbished surplus from Korean War. They sure looked brand new to me. I felt like walking on clouds just listening to their stories. I remember watching them on air shows, rubber-necking while they were doing the most intricate precision flying and maneuvers. Only world class flyers can do barrel rolls, loops, clover-leaf and many more hair-raising moves. Last I heard was an Air Force Base in Cebu was named after Col later General Ebuen, Major Rancudo later...
GRADUATION TIME

Anna Sophia M Garcia MD, extreme left, is flanked to right by dad Rufino, mom Amelia (of the KrisAnnJay Jeweller of Pine Hill NJ), sister Kris (also an MD in family medicine residency at Jefferson Hospital of Philadelphia), and brother Jay, on her graduation from Drexel University College of Medicine in Philadelphia.

Dr Garcia, an Alpha Phi Alpha in medical school as her sister Kris is, finally wins her MD diploma after years of dedicated studying, clinical rotations, research, papers and examinations. She will be personally recognized, as every Drexel medical graduate will be, during a two-hour ceremony at the Kimmel Center for the Performing Arts of Philadelphia.

She matched with Henry Ford Hospital in Detroit for head-an-neck surgery residency.

This year's Drexel commencement speaker is Donald F Schwarz MD, Philadelphia's health commissioner and deputy mayor for health, who will receive an honorary degree. An honorary degree will also be conferred upon Herbert Lotman, founder and former CEO of Keystone Foods.

CONGRATULATIONS!

SPRING LOVE

CELSO DEL MUNDO MD

When the droplets of April shower
moist your lips
And the cool breeze of early morn
caresse your cheek,
The golden ray of sun warms the sleeping bulbs of tulips
You’ll feel the freshness of springtime and a life so sweet.

Love could be as fleeting as April showers in early morning,
With the silvery droplets of rain
waking you up from deep slumber,
Making your heart beats faster as love becomes intense with the April rains,
The dormant bulbs come to life and display their beauty in spring.

Springtime signals the beginning of life, new aspirations,
A continuation of the life cycle, like a birth of a newborn,
It’s the season to renew our strength and follow our dreams,
Praying and hoping for a better tomorrow all throughout the year.

CONGRATULATIONS!

TRIBUTE to
JESUS TAMESIS MD
ULOYSES M CARBAJAL MD

Introduction. Should I be asked to name the Filipino eye specialist who had influenced me immensely, I would pick out the name of Dr Jesus (Jess) Tamesis.

Earlier Encounters with Jess. While a medical student at the Manila Central University, I heard for the first time about Jess’ becoming a famous eye specialist. It was he who first showed me how to use an ophthalmoscope properly. Following his clear instruction and demonstration, I could, for the first time, appreciate the beautiful pattern of the fundus of a patient in North General Hospital. The symmetrical and colorful view of a normal fundus stimulated me to do more ophthalmoscopic examinations, making me wonder over God’s power to create a unique and marvelous organ for seeing. More importantly, whenever I had a chance, I would take time to watch him perform eye surgeries at North General Hospital. Thus, he inspired me more and more to become, some day, an eye specialist like him.

Inspired by His Example. Accordingly, I went abroad for eye residency, in 1952, first at the Los Angeles Eye and Ear Hospital, then at Childrens Hospital and UCLA Medical Center. When I returned to practice my specialty in the

continue to page 9
These images are from a 57-year old male patient who presented with multiple abdominal and retroperitoneal lymphadenopathies (Figure 1A), the largest node 4-cm on the right, between the kidney and inferior vena cava. Clinical and radiological interpretation was either a malignant lymphoma or reactive lymphadenopathy. A computer tomographic scan-guided fine-needle aspiration biopsy (Figure 1B) of the said lesion cytologically showed predominant small lymphoid cells with sprinkling of intermediate, and large lymphoid cells, a fair amount of large pale epithelioid cells, occasional mitotic figures, and hemorrhagic/ blood cell elements background (Figures 2 and 3).

There was no evidence of active acute inflammation, necrosis or caseation, Langhans type/ foreign body/ Touton multinucleated giant cells, eosinophilia, plasma cells, lacunar cells, Hodgkin cells, Reed Sternberg cells, identifiable microorganisms, viral cytopathic cellular changes, glandular structures, germ cell component, or epithelial dysplasia/ malignancy.

The flow cytometry analysis revealed lymphocytes 84% with a mixed population of B-lymphocytes 10% of total cells, T-lymphocytes 59% of total cells, and NK-cells 0.1% of total cells. No pan-T-cell antigen deletion or B-cell surface light chain restriction was detected. CD4:CD8 ratio was elevated at 10.6:1.

These findings are characteristic of the so-called lymphoepithelioid cell lymphoma (Lennert lymphoma) which is a CD4 (helper T-cell) neoplasia and now a variant of
peripheral T-cell malignant lymphoma.

COMMENTS. In 1952 Lennert first described in a thesis, which was eventually published in 1968, of what was believed to be a variant of Hodgkin’s disease with a high content of epithelioid histiocytes and rare Reed-Stemberg cells. In 1976, it was reaffirmed that Lennert’s lymphoma was a distinct clinicopathologic entity but not a variant of Hodgkin’s disease. This concept was reinforced by other workers in the 1980s and today.

Through evolving definitions in classification of non-Hodgkin’s lymphoma, this tumor was grouped with the T-cell and histiocytic rich variants of nodal marginal zone lymphomas.

In the Revised European-American classification of lymphoid neoplasms (REAL) and World Health Organization (WHO) terminology, it is now included in the peripheral T-cell lymphoma not-otherwise-specified.

Lennert’s lymphoma affects older individuals who usually present with splenomegaly and lymphadenopathy of the Waldayer’s ring.

Microscopically, the tumor is typified by the cytologic and tissue findings in our patient, namely, diffuse or more rarely interfollicular infiltrates consisting predominantly of small cells with only slight nuclear irregularities. Numerous clusters of epithelioid histiocytes are striking. Clear cells or high endothelial venules are less frequent than noted in peripheral T-cell lymphomas of angioimmunoblastic or T-zone type. Few Reed-Sternberg-like cells, eosinophils and plasma cells mimic Hodgkin’s disease.

Another term that may be confused is the so-called Lennert’s pattern which refers to a histologic picture of diffuse scattered epithelioid population throughout the lymph node. The latter encompasses a differential considerations of granulomatous lymphadenitis, tuberculosis, sarcoidosis, toxoplasmosis, abnormal immune response, peripheral T-cell lymphoma, T-cell rich B-cell lymphoma, mixed cellularity Hodgkin lymphoma, nodular lymphocytic and histiocytic Hodgkin’s lymphoma and lymphoepithelioma-like carcinoma.

Flow cytometry analysis and immunostaining, as illustrated in our patient, display a preponderance of CD4+ or T helper cells, TIA1+, variable granzyme B, EBV-, and T-cell gene rearrangement.

A chromosomal rearrangement of t(14;19)(q11.2;q13.3) has been identified in few cases.

Our patient underwent a treatment regimen of clophosphamide, doxorubicin, vincristine and prednisone, later fludarabin and cyclophosphamide; and finally ifosfamide, carboplatin and etoposide with subpar response. The clinical course followed a gradual downhill progression despite the aggressive care which was completely discontinued. He succumbed to the lymphoma about 3½ years after diagnosis.

Published mean survival of patients with Lennert lymphoma is about 42 months. The usual terminal event is sepsis.

FINAL DIAGNOSIS: Lymphoepithelioid cell lymphoma or Lennert’s lymphoma.

A list of REFERENCES is available upon request.

by CESAR V REYES MD

2013 MOA NOMINATION FOR 2013 Most Outstanding Alumnus award is now being solicited.

A 250-word description of why the nominee is deserving of the MOA award, should be concise and specific, and should demonstrate the accomplishments of the nominee over and above expectations.

Please address your submission, on or before June 30, 2013, to AVILA ARCALA MD Chair, Awards Committee faarcala@aol.com

COMMENTS

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

ECTOPIC MURMURS

Deadline for the May 2013 issue May 15, 2013

Please address submissions to acvrear@aol.com
LETTER TO THE EDITOR

Thank you very much for the generous coverage on the news item, Dr Ramon Lopez Speaks at AFPSI which appeared in the April 2013 issue of the FEUMAANI News.

I must apologize for my failing memory, having missed a very important person to the short list of AFPSI guest speakers in its 35-year history. My apology goes to you and Carmelo C Dichoso MD, an excellent writer and a friend who patiently corrected, made suggestions and provide encouragements as each chapter of my novel, I Shall Return was drafted, who was the association's guest speaker in 1989. You see, of all persons, I should not have forgotten this VIP.

Mea maxima culpa!

COSME R CAGAS MD

PS. I am deeply touched that you even included excerpts of the book --- that required reading, diligence and special work on your part, a true and brilliant reflection of how caring an individual you are and how seriously and devotedly you take your job as editor (of three monthly e-newsletters simultaneously!).

APRIL QUOTE

I seek you with all my heart; do not let me stray from your commands. I have hidden your word in my heart that I might not sin against you.

Psalm 119:10-1

BLOGS Dialogue with Health Secretary Enrique Ona MD in Washington DC

Thank you for making the necessary arrangement for a dialogue with Secretary E Ona in DC. I forwarded your response to Ike for his information. Hopefully, he or his office will notify you of the exact date. I know that I can always rely on you and your vast contacts. I believe that Ike's emphasis will be on the state of affairs regarding delivery of health care in the Philippines specially in poorly served areas in the country and his Department's efforts to make a dent in correcting this deficiency. In the two years that he has been Secretary of Health, he and his Department with the support of President Benigno Aquino III have been able to accomplish the following:

1. Establish and implement the Kalusugan Pangkalahatan or Universal Health Care for Filipinos: A government-sponsored insurance program allowing those insured to access any hospital or clinic for their health care needs. To date, there are 5.3 million Filipino families or about 25 million Filipinos enrolled. He intends to enroll more people in this program.

2. His administration was able to push through two landmark legislation: The tobacco and Alcohol Excise Tax Reform Act of 2012 and the Responsible Parenthood and Reproductive Health Act of 2012.

3. Would like to widely implement the partnership or Adopt a Hospital program that we all discussed in Chicago last...
October and try to develop partnerships with Provincial Hospitals that the Department of Health so designate as recipient.

Regardless of our politics, all the above are definitely worthwhile to support and I hope that many more of our Pil-Am Physician colleagues including leaders of various Pil-Am organizations will participate in supporting the above programs specially the partnership program where all of us can play a major role. Please share this information to our friends. With kind regards,

HERNAN M REYES MD

As you may read below, I was designated to arrange for a venue where our Secretary of Health Ike Ona can have a dialogue with Pil-Am physicians in the DC area. I will include folks that are earnestly lobbying for US medicare in Philippines. Dr Hernan Reyes is the founding president of the Society of Philippine Surgeons in America in 1972.

Dr Ona is our mutual friend colleague and Fellow of the American College of Surgeons.

Dr Ona will be in DC April 16, 17 & 18, 2013 and then to Atlanta. He would like for this dialogue to happen on the 17th late afternoon. I would therefore respectfully ask for your permission for us to use the Romulo Hall from 4:00 to 5:30 pm on Wednesday, April 17th.

We appreciate your kind consideration.

JUAN M MONTERO II MD

Good day from DC.
Ambassador Cuisia is now in Manila for a couple of weeks.

With regard to your email below, the Embassy’s Romulo Hall may certainly be made use of for the proposed dialogue between Health Secretary E Ona and the Pilipino American doctors on April 17, 2012, from 4:00 to 5.30 pm. Please provide us with the guests who will be in attendance and the name of the person from your group who will emcee/act as moderator.

It would also be appreciated if you can advise us of the nature of Dr Ona’s visit to the United States for the information of the Embassy’s Deputy Chief of Mission.

EMIL T FERNANDEZ
First Secretary & Consul
Embassy of the Philippines

Thanks for including me in your email contacts. I am a 1956 UEHS graduate, way before UERMMS opened. Noting my continued interest in UE affairs, my longtime friend Dave Roble included me in your alumni contacts. I had been doing volunteer medical/surgical work in PH ever since I graduated from UST in 1964.

Just a short introduction.

I am sure you feel as I do. It is great to have all those talks. In fact Pil-Am surgeons met with Dr E Ona in Chicago last October before he was conferred honorary membership by the American College of Surgeons.

Don’t you think it is time for action? We are all getting older. Most of us are developing age-related issues. So far, the government of our Mother Country has failed to tap an enormous work force of retired Pilipino doctors, nurses and health care providers worldwide. Many of us only ask for acceptance by our colleagues back home. We are not competitors. Our desire is to serve. We wish to work side-by-side in providing health needs of our kababayans. We are fully trained and experienced practitioners. We need an official title such as consultants, adjunct or senior hospital staff. We don’t ask for stipend. Free board and lodging are sufficient. We have sources for hospital equipments. Make it easier for donated items to go thru the PH Customs.

I am sure Secretary Ona is aware that almost all provincial hospitals sorely need doctors and equipment. Some of our volunteers are brought to tears when they see old equipment or the lack of it. It is so sad that much talent and ingenuity in the Philippines and abroad are left untapped. Talks are great, but action would be better for the health needs of 25 million Filipinos. Enough said.

Maraming Salamat po.

CESAR Y CO MD
President-Philippine American Surgery Missions Foundation

I do not personally know Dr Cesar Co nor Dr Benching Tan, but this e-mail is very telling of the universal sentiment of Pil-Am expatriates --- not being utilized by our motherland. I propose that all DOH-controlled hospitals (over 70?) from different provinces should be given a list of their physician expatriate sons and daughters and to invite them to come visit these hospitals and let them volunteer their services as needed. This is a tremendous PR for the country and good for the economy. I am also addressing indirectly here,
Secretary Domingo of DTI and Secretary Jimenez of Tourism.

We, expatriates from the 1960s and 1970s migration are a vanishing breed as you are aware, so time is critical. We commend you on your herculean task of accomplishing a universal healthcare coverage for our people and the vanishing breed expatriates are there to help at this juncture, if and when asked, and with facilitation of the process from the government. That is all they are asking. We wholeheartedly support your Adopt a Hospital program, which could be the best venue for expatriate volunteerism.

We look forward to Wednesday's dialogue at the PH Embassy.

JUAN M MONTERO II MD

I agree with Drs JM Monteyro, C Co and D Alvear. I am an otolaryngologist- head & neck surgeon from Harrisonburg VA, who has been doing medical/ dental/ surgical missions in the Philippines since 1989, mostly at the Ifugao General hospital in Lagawe, Ifugao Province and Good News Mission Hospital in Banaue, Ifugao Province through net-working with Filipino US-trained anesthesiologist, surgeons and surgical specialists, we have established good working relationship with the Ifugao governors, DHOs and local MDs and surgeons over the years.

We are not supported by any organization and pay our own way, donate medicines, supplies equipment to the hospitals.

Although I retired last year, with God’s help, I will continue to organize and lead a surgical mission team to the Philippines, the land of my birth.

CONRAD R ZAPANTA MD

What testimonials here to bring to our upcoming dialogue with Health Secretary E Ona on Wednesday. From my vantage point as moderator, I believe the ultimate solution is a government initiative to create an agency, sub-cabinet level authority or what not to act as a clearinghouse/ sounding board, whose only job description is to facilitate the process of expatriates' giving back journey to its motherland ---our beloved Philippines. Details can always be worked out. We are not asking for a cabinet level authority like what the OFWs have, but for the long overdue facilitator whether it be an individual or agency that understands the expat healthcare professionals' predicaments they invariably encounter when and in giving back.

Welcome to a potentially exciting dialogue with us, Mr Secretary. You are our last hope.

JUAN M MONTERO II MD

Not sure if I am getting ahead of myself and your suggestion of a subcabinet level authority to oversee the diaspora engagements of overseas Filipinos but Commission for Filipinos Overseas has been approved for a three-year project we call balikbayan which is a one-stop portal for overseas Filipinos specifically for their diaspora engagements. We could send you a video which explains very briefly the project. CFO has started to implement this project starting this march and we hope to present the most basic and significant features to the public by June 12, 2013.

For your information, our partner agencies here are dti, dost, da, denr, dar, dot and doh once we have a signed MOA with the latter.

MELY NICOLAS
Secretary, Commission for Filipinos Overseas

Thank God for modern technology, this Breaking News could have not been possible, to break the ice at the Wednesday Dialogue. A most welcome development from an angel in you, Madame Secretary Mely Nicolas! This is a game-changer and it will certainly shorten the banging of heads. The pertinent question then to ask is if and...
when Secretary E. Ona will sign the MOA with your office. Amazing what Bcc can do. I cannot wait for the video. Many thanks indeed Mely.

JUAN M. MONTERO II MD

TRIBUTE TO continued from page 2
Philippines, I had the privilege of listening to reports by colleagues during the first meeting of the Asia Pacific Academy of Ophthalmology in Manila in 1961. I then presented the results of modified surgical technique for glaucoma.

Dr. Tamesis at that time was making a name worldwide with early reports of success following his placental implantation on scores of patients with macular degeneration. But this fame did not last long. Ultimately, disconcerting remarks were soon received from a few who had tried his method, but failed to reproduce Jess’ earlier results or success. What amazed me was his calm reaction when Dr. Geminiano Ocampo, chief of the Eye Department in Philippine General Hospital, confronted him during a private meeting about his claim of successful results. He expressed frankly that many of the patients undergoing this procedure appeared to benefit from the procedure: It appeared to halt further progression of the degenerative process.

Nonetheless, at the advice of Dr. Ocampo, he stopped publicizing the procedure. I could feel his keen disappointment. Despite the aforementioned questions, I did not lose my confidence in his honesty and integrity.

One Personal Testimony. I will never forget Jess’ backing my honest advice for a patient to undergo a peripheral iridectomy after doing a gonioscopic examination (to confirm the presence of a narrow angle) and controlling the elevated pressure in the left eye with diamox and miotics. This patient went to consult with Dr. Tamesis, who then found his intraocular pressure to be within normal limits — no glaucoma. This led the patient to report me to the Board of Medical Examiners.

When I was summoned by the said Board, I sent Jess a letter of explanation why I had advised the patient to undergo peripheral iridectomy. He agreed with my diagnosis and management and explained to the Board his finding of normal pressure as the result of my treating the patient with diamox and miotics. He also pointed out the advantages for performing a peripheral iridectomy on patients suffering from narrow-angle glaucoma. Consequently, I was exonerated from the patient’s claim of malpractice.

I found out later that the patient, for obvious reasons, did not disclose to Jess that he had consulted with me.

Running for PMA Presidency. During the Philippine Medical Association (PMA) convention in Davao, 1963, Jess campaigned hard to win the position by a dozen votes over Dr. Jose Galvez. As PMA President, 1963-64, he established the MARIA project—Medical Aid to Rural Indigent Areas. Not long after, he won the Presidency of the World Medical Association (WMA), bringing honor to his homeland. In 1966, the Philippines hosted the WMA Convention. At that time, delegates were given a chance to observe the Maria Project. I had the opportunity of seeing personally the project in Rizal province. In 1967, a total of 547,000 people had been served in 23 Maria projects throughout the country. When it was my turn to lead out in the PMA, I complemented the MARIA project with the San Juan Project — specialists to join urban areas in need. The PMA raised funds to encourage five specialists to practice their specialty in needy areas of the country, like the southernmost town of Palawan.

First PMA Con Con. In 1964, the first PMA constitutional convention (Con Con) was held in Makati, Rizal, during the term of President Buenaventura Angtuaco. Jess was then elected Chairman, and I was appointed Secretary. I had the opportunity of working with him several evenings till past midnight to make the PMA document relevant to the needs of the country and of the medical profession. The job could not be finished at Makati. It had to be continued during the next national convention in Cebu City. The constitution and by-laws were meticulously reviewed and amended to meet
the needs of country. Jess’ full confidence in my secretarial expertise inspired me to go the second mile with him. We developed such working relationship that he supported, though quietly, my candidacy for the PMA presidency thereafter. When I finally won the position, I appointed him to the chair the MARIA project.

**Working together in the Task Force and PMC Commission.** It was my pleasure working with him in the government task force on health, together with Drs Ricardo Alfonso, Jose Denoga, and the Secretary of Health Clemente Gatmaitan, who chaired the said Task Force. This special body was assigned the task of preparing the ground work for the Philippine Medical Care (PMC) Commission. I will never forget Jess’ acting timely as peace-maker when Ric and Joe had a heated argument during one meeting. Jess’ composure and humility made him well-respected and easy to get along with.

Two years later, we crossed paths in the Philippine Medical Care Commission (PMC) of which he was a member. (As secretary, I then represented the Philippine Hospital Association in numerous occasions, the PHA president living out of town.) Jess’ great concern for the poor and needy was evident during PMCC deliberations.

**Health Problems.** Together with Drs Fe del Mundo and Francisco Pascual, we actively participated in the discussions on medical care and health education during the WMA convention in Paris in 1970.

During that time, one evening, Jess suffered a mild attack of angina. Being well-versed with the French language, I accompanied him to buy some emergency medicine at a nearby drug store. Two years later, Dr Amadeo Cruz, Department of Health secretary, and I visited him at Lourdes Hospital, where he had been admitted following a severe heart attack. How grateful and cheerful he was to see us! Now, I can live longer! he managed to say.

**Paternal Influence.** During one out-of-town meeting of PMA in Cabanatuan, Nueva Ecija, I relished the joy of watching his loving care for his two children while teaching them to swim. Both later followed their father’s footsteps, becoming capable eye specialists and leaders themselves. When I was elected president of the Association of Philippine Ophthalmologists in America (APOA) in 2000, Pearl being then president of the Philippine Academy of Ophthalmology (PAO), cooperated with me in fostering medical mission in far-flung areas of the country. Two dialogues were held in the Philippines to thresh out problems between APOA and PAO. It was also my pleasure to deliver to Pearl, during the 2000 annual PAO convention, the APOA plaque of honor and recognition for PAO’s second successful hosting of the Asia-Pacific Academy of Ophthalmology (APAO) regional meeting in 1999, when Dr Romeo Fajardo was president.

**Final Visit at APOA.** Not long before joining the innumerable caravan (in the words of great American poet William Cullen Bryant) in the mid-1990s, Jess paid a surprise visit to USA to attend the APOA annual dinner meeting. His inspirational talk fired us to work together harmoniously with our colleagues in the Philippines.

**Concluding Thought.** I thank God for using Dr Jesus Tamesis to inspire me become an ophthalmologist like him. He truly and humbly served God and fellowmen.

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**GROWING UP In**

became General Commanding Officer of the Philippine Air Force, most other members of the Blue Diamond team attained General status and retired.

Part of the introduction was a tour of the base. Lined up on the taxiway were a dozen or so Mustang P-51’s. For me it was the only real War Bird and love the lines even better than the Sabre’s. In the hangar, there were about six P-51’s in varying stages of disrepair. Many had bullet holes in the wings, tails and fuselages. They were veterans of Huk insurgency and Muslim separatist led by Hadji Kamlon. (later Kamlon surrendered to President Ramon Magsaysay).

I wondered if they were repaired as spare parts were...
hard to come by. Some heavily damaged aircraft were cannibalized for parts, a common practice in many of the world’s forces. Units beyond repair were melted down for metal.

Today, a Mustang P-51 is the most coveted airplane among air racers. A flyable specimen goes for over $2.5 millions. Several of them are flown in annual air races in Reno NV.

After the tour, we were scheduled for a physical examination the next day. The orderly jokingly told the candidates to take a good shower before coming. Those who pass will need to have blood, urine and stool tests. I was confident I will pass the exam. They always said that the eyes are the most important part. I was silently proud of having acute vision of better than 20/20. My mind went beyond the physical examination. I figured if we can march 25 kilometers with 18-kilogram pack (of rocks), helmet and rifle in the FEU-ROTC bivouacs, the Air Force boot camp will be a piece of cake.

The day of the physical was the bombshell that busted my bubble. I flunked because of a hearing loss in my right ear. I always thought I did not have any problem as I can hear well. Given a sharp left ear, I appreciated classical music, wary of pronunciations, even learned a few languages, foreign and local. I never paid attention why I had difficulty in locating where sounds are coming even if I heard them well.

That night I asked Mama how it happened. She related that when we returned to Manila from Apalit, Pampanga, war was not over yet. Sometime in early February 1945, in the middle of shelling and shooting, a cannon shell went through the South West corner of our house, crossed the street exploded and pulverized the house in front of ours, killing the whole family. As a scared boy of almost five, I dug solace in Mama’s cool presence. The left side of my face was buried in Mama’s chest but my right ear was exposed to the blast some 40-45 yards away. Fortunately, the shrapnel landed on the walls and nobody was hurt. We never knew the fate of our neighbor until a few hours after the shelling. Mama said I did not look injured but she noticed about a teaspoon of clear liquid flowed from my ear. We all survived and grew up normally.

Decades later, when I was practicing medicine, I took more time checking hearing loss of children, particularly those with monaural loss. In the past several years, fortunately, newborns are tested electronically before discharge.

A few months later, a second bubble busted when we (the ROTC shooting team) lost the chance to get into Rome Olympics at a stroke of presidential pen. These disappointments had toughened my character, remained competitive and sublimated my frustrations in tackling the medical books and learned not to make hasty decisions.
he will never be anything but a baby brother, and go seek his fortune in the world. The story of the Prodigal Son is so today that it is hard to remember that the boy in the parable is not from Manila or Chicago, or Los Angeles. The younger son did what young men are born to do, leave home to seek fame and fortune. He may have hurt his father in the process, but his father understood. The difference was that the father continued to prosper and the son did not. The son falls short of the proverbial American dream. He returns home to beg his father’s forgiveness which is given even before he asks. The way that a modern Christian preacher tells it, the whole story would be about our individual relationship with God. When we decide to return to him and say we are sorry, we too can be sure that a banquet awaits us – a grand feast given in our honor was everything – the name, the history, the family standing in the community. There are also other things that may not be familiar to us anymore such as the sacred honor owed to the patriarch of a clan. The head of the family did not plead with their children. They told their children what to do. They followed a sacred code according to ancient words often heard from the rabbis: 

three cry out and are not answered: he who has money and lends it without witnesses; he who acquires a master; he who transfers his property to his children in his lifetime.

Told in this kind of culture, today’s parable becomes the parable of a dysfunctional family – a story about a soft-hearted patriarch with two rebellious sons he is unable to control, willing to sacrifice his honor to keep his family together. It is a reunion story, not a repentance story. It is about the high cost of reconciliation. For the Patriarch, the restoration of relationship means more to him than family standing in the community. His younger son’s salvation is worth the fortune that the boy squandered.

In this context, this is how Jesus illustrates the depth and breadth of God’s grace. Many things did not really make sense in the story of the prodigal son. How could the father violate a code of family honor by so easily giving in to the young son without pre-conditions? How could a son place a burden on his family by taking half the family fortune? Who could blame the older brother for being angry at the younger brother and the father? How could a father be so outwardly joyful in welcoming the reckless younger son and at the same time be so tolerant of the self-centered, self-righteous older one?

Common sense conditioned by our modern social values and practices make it difficult to decipher the message that Jesus was sending to his listeners in those days, particularly to the Pharisees. If we go back to what triggered the telling of these parables, we come up with the message that God is merciful beyond all human comprehension. God’s love cannot be measured from a human point of view. God’s love is one that weeps at the thought of losing even one soul. This love is also one that springs into action to actively seek those that are lost. For the lost, the parable shows the way towards redemption. For the children of God who are already enjoying the fullness of God’s grace, the parable of the prodigal teaches an understanding of the extent, the inclusivity of God’s grace.

The depth of God’s love for us is incomprehensible and immeasurable from a human point of view. It is not for us to decide who falls within God’s grace, nor who should be excluded from his mercy. A message of absolute reconciliation is in the heart of the Parable of the Prodigal Son. It is the kind of reconciliation that does not weigh our merits but simply pardons our offenses. It is the kind of reconciliation that demands only that we surrender
to God’s mercy. It is the kind of reconciliation that starts with a heartfelt confession such as that of the prodigal son who says: Father, I have sinned against heaven and before you; I am not worthy of your favor. It is a reconciliation that comes from an expectation, an assurance of unconditional forgiveness from our Father in heaven.

**PRESIDENT’s Message continued from page1**

revised Robert’s Rules of Order.

As far as qualifications of persons assigned to these duties at this point will probably be played by ears. The Board Trustees will not be as strict and rigid compared with the required qualifications of a Swiss Guard at the Vatican City.

The criteria for the most outstanding alumnus, alumna or alumni award has been submitted to the ECTOPIC MURMURS for publication.

Up to the time of the March 2013 Board meeting, only two alumni have pre-registered for the Chicago 34th annual summer reunion. We need to register as soon as possible to take avail of the discounted price. Again, I suggest to our fellow trustees and alumni not to waste time by registering as soon as possible.

My congratulations again to our Philippine medical board examination topnotchers. I wonder about the good performance of Our Lady of Fatima medical school. Six or seven spots in the top ten belong to them. But overall performance is only in the 40% bracket, much lower than our top 80% overall performance.

Some committees and some names had been inadvertently omitted in the final listing. But this can happen. We are not perfect. I have complaints that their names were not included in the different committees. Please indicate your preference if you have any but sometimes we would not know what a person is thinking.

The proverbial Memorandum of Agreement between the FEU-NRMF Medical Alumni Society in West Fairview QC and the FEUDNRSMAF Alumni Foundation was not discussed. I would have to discuss the same with our Board Chairman, Dr Hernani Tansuche, since there are items that were added but not mentioned in the original MOA.

On the other topic, we finally tried the well advertised economy comfort of Delta Airlines. It is not really that roomy specially the three middle seats of the plane. If you happen to get AB and FG seats, then it makes sense; but of course it is still not as comfortable as the business/first class seats. The price is also quite prohibitive but we do not have much choice since we have to travel by flying.

I enjoin our Board Trustees to please help the July annual reunion by advertising in the Souvenir Program. Please attend the July reunion in Chicago.

I sincerely thank all of those who attended the March 2013 meeting in Las Vegas.

**NOLI GUINIGUNDO MD**

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of loyalty and dedication to my Alma Mater and therefore after all the infirmities I have had, now I feel exquisitely happy to be part of the assembly meeting of the FEUDNRSMAF Alumni Foundation on March 16, 2013, at the Monte Carlo Hotel and Casino, Las Vegas NV.

I wish to thank the Chairman Dr Hernani Tansuche President Dr Noli Guinigundo for recognizing me back. I will be the first to say, indeed, the meeting was on time with impressive and excellent strict observations of the pleasurable parliamentary proceedings by the chair, fair and orderly, making everyone on the same footing and speaking the same language.

My perspective: Chairman *emeritus* (advisory council)

One main subject in this meeting was the position of Chairman *emeritus*. In the FEUDNRSMAF, *emeritus* is apropos. It has a significant meaning; in Wikipedia --- the free encyclopedia on-line defines it as a *Latin past participle that means having served one’s time* or having merited one’s discharge by service. It is also commonly used in business and nonprofit organizations to denote perpetual status of the founder of an organization or individuals who moved the organization to new heights as a

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**NOLI GUINIGUNDO MD**

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**CESAR D CANDARI MD**
called an advisory committee or council--and the nonprofit’s staff and governing board is authority. To interpret, the BOT has the authority and no one else.

Our Alumni Foundation as nonprofit has struck a lucky deal when the Chairmen emeritus became the advisory council. In my opinion they are extremely worthwhile, experienced past chairmen of the Board and it is worth the effort to take this form position and have these individuals identified in our Alumni Foundation.

This position has a good meaning and absolutely excellent impact in our Alumni Foundation.

Without question I view them as an asset to the Board of Trustees, to the chairperson and to our Alumni Foundation.

The advisory board is a way to involve these people who have the skills and knowledge that are of extreme value. As they are past chairmen, it is a perfect place for them who want to volunteer in terms of their understanding of issues and the development of the advance-ment of the Alumni Foundation whose primary mission is to support our Alma Mater.

This does not mean it is a just a list of people whose names appear on the stationery and who are not involved in the organization. This approach is senseless and has the potential to damage the reputation of the organization. When a person is listed as being affiliated with an organization and he is then asked a question about the agency’s purposes or services and answers, I was asked to lend my name as sign of support. This response can lead to questioning the credibility of an organization.

Here’s my opinion. An advisory board should be encouraged to develop a statement of purpose; encourage an agenda; a schedule of meetings within themselves; establish their own consensus of counseling; much better, materials should be prepared in advance and send to the chairperson or Board of Trustees so they know what is expected of them at the meeting; to be clear about the group’s status in the organization. I am impressed and commend the open letter of Dr Daniel Fabito, Chairman emeritus to the leaders of the Board of Trustees posted in the ECTOPIC MURMURS. As you might have all read in the ECTOPIC MURMURS, I responded wholeheartedly positive of that open letter.

There are limitations on the role of the advisory. Advisory boards generally do not make policy decisions or become involved in the governance of the organization. The name advisory captures the true purpose, to provide advice and counsel to the organization through the board of directors, and possibly, the chairperson of the Board. The advisory board is one that can enhance not only the standing of our Foundation through the valuable guidance and counsel they are providing--and of course when it is done right. I repeat, when it is done right, it is well worth it.

There are times when all members of the advisory board put on show hyperbolic display of discourse and that it becomes a more unwieldy assembly.
when many are in actual participatory deliberations of issues, more so when the observance of order and decorum are not enforced with transgression of the rules of the assembly. To emphasize, no rules will take the place of tact and common sense on the part of any speaker as an advisory council; be familiar with parliamentary usage, and set the example of strict conformity thereto, and should not be a man that portends the executive role, capable of controlling the assembly, get excited and perceived as troublesome. The chairperson with tact and knowledge of parliamentary law can control all of these.

In my personal experience, there have always been issues/tensions between Boards and other governing bodies in an organization. Add to that as Filipinos, I have seen this dynamic, taking control, fiery and thus leading to tension. It should not be. I was not present in the previous Board meeting in July 2012 therefore I could say more.

From one advisory member, he said, a controlling person (no names) has the points- in Spanish, punta de tierra - the headland- but what is most important for one to have an acceptable assembly performance is the tactfulness, common sense, respect and decorum.

Let us make it clear that all members of the advisory board should feel free to express their positions within the parliamentary confines of friendliness and proper decorum. Let us not be on a slippery slope going downhill in our Alumni Foundation.

May 14th CME
continued from page 1
clinico-pathologic conference case on hyperparathyroidism and will lecture on inpatient management of hyperglycemia.

He will be complemented by Marlon D Garcia MD⁰⁷, a PG3 in internal medicine at the Cook County Stroger Hospital in Chicago, as the internist, and Cesar V Reyes MD⁶⁸ as pathologist and CPC moderator.

Other CME speakers during the scientific exercise are Lourdes Mella Hilao MB⁶⁷, attending physician at the Department of Health of Chicago, on heaven and hell and STD (sexually transmitted disease); Gladell P Paner MD, assistant professor of pathology and urology at the University of Chicago, on unwinding common overlapping patterns in genitourinary tumors; and Gerardo Guzman MD⁶³, a 2013 Gold Jubilarian and family medicine specialist in West Chicago, on a lifetime of medical practice.

The CME course meets the criteria for 4.0 credit hours in Category 1 of the Physician’s Recognition Award of the American Medical Association.

In addition, if you are interested to establish a Professorial Chair Fund in your name or of someone you wish to honor, please inquire with the above contact person.
Fundraising Raffle
Drawing will be held on May 4, 2013
Hilton Rosemont/ Chicago O’Hare
First prize: 25% of total sales
Second – fourth prizes: 25% of the total sales divided into three
Proceeds to benefit medical surgical mission to Cavite, Philippines, and project education for street children
Only 2,000 tickets will be sold. Need not be present to win.
$10 per ticket  $50 per six tickets
MACCHU PICCHU Tour/ CME
October 4 - 11, 2013

Itinerary: Lima, Cusco, Sacred Valley, Machu Picchu, Lake Titicaca, and a special added Galapagos Island tour

Total trip cost per person, including international flights $2194

Not included in the price are Cusco city tour $75 per person
Meals not specified in the itinerary (additional 3 lunches and 3 dinners $125
Tips Survival Travel Kit for guidance)

For further information, please call NIDA BLANKAS HERNAEZ MD
at 847-668-7385 or email ednida888@gmail.com
Please join the
PHILIPPINE MEDICAL ASSOCIATION in CHICAGO
PMAC Auxiliary
PMAC & Auxiliary Medical Foundation
in a fund-raising luncheon to benefit the medical surgical missions to the Philippines and in live OLIVER, one of the classics of all time, based on the Charles Dickens novel.

Wednesday, April 24, 2013,
at 11:30 am, show at 1:30 pm
Drury Lane Oakbrook Terrace
100 Drury Lane Oakbrook Terrace, IL 60181
(630) 530-8300

Limited Tickets - $65
Choice of entree: roast sirloin, baked salmon, or chicken marsala

Please RSVP by April 20, 2013, with
Marylyn A. Lopez marylynl18@sbcglobal.net 815.355.5511
Clarita Mangubat luismangubat@att.net 847.963.040
Nancy Castro gjj091211@aol.com 815.954.0094

OLIVER!

One of the most beloved classics of all time, OLIVER! is the wildly successful British musical based on the Charles Dickens novel. After a successful opening run in the West End in 1960, OLIVER! has brought Dickens’ ageless characters to life, enjoying numerous critically acclaimed runs and revivals in the United States and England. Audiences will follow orphan Oliver Twist as he embarks on a life-threatening adventure through the dismal streets of nineteenth-century England. The sensational score includes Food Glorious Food, Consider Yourself, You’ve Got to Pick-a-Pocket or Two, I’d Do Anything, As Long As He Needs Me and many more.
You are cordially invited to attend a non-CME speaker program:

**Surveillance for Hepatocellular Carcinoma in the At-Risk Population**

*Wednesday, April 24, 2013*
*Start Time: 6:00 PM*

**Location:** Gibsons
2105 Spring Road
Oak Brook, IL, 60523
630-954-0000

**Featured Speaker(s):** David Hoffman Van Thiel, MD
Rush University Chicago

This program is not affiliated with or endorsed by any Physician Network.

To RSVP for this program, go to www.BHC-RSVP.com and enter Program Code PRF2375, or contact the Onyx Pharmaceuticals Representative, Jeri Constantine at 847-732-8566 or jconstantine@onyx.com

*All medical professionals are welcome, MD, RN, PharmD, etc.; however, we cannot accommodate any non-medical professionals such as spouses or guests.*

Certain HCPs and similarly licensed individuals may be prohibited from participating in this event due to local, state, or federal laws and/or institutional or academic restrictions. Please comply with any and all applicable laws governing the receipt of meals or other items.

**Massachusetts Attendees:** If you are a Massachusetts-licensed HCP, you may not attend a Speaker Program held in any state, unless the Speaker Program is held at your hospital or office setting.

**Vermont Attendees:** If you are a Vermont-licensed HCP, you may not attend a Speaker Program held in any state nor accept a meal or gift.

**Minnesota Attendees:** If you are a Minnesota-licensed practitioner, you may attend a Speaker Program; however, you may not accept a gift/meal.

**Veterans Affairs/Executive Officers/Federal Employee Attendees:** If you are an employee of the Department of Veterans Affairs or of the federal government, you may attend a Speaker Program, but you will be responsible for your meal.

Starting January 1, 2013, portions of this program may be reportable under the Payment to Physicians Sunshine Act.

Program brought to you by Bayer HealthCare and Onyx Pharmaceuticals
Philippine WWII Novel Hot Off the Press

The historical novel, **I Shall Return**, by Cosme R Cagas MD is hot and has just gotten off the press. Set in WWII Philippines and the Pacific, it is of interest to all history, romance, religious and adventure buffs but especially to Pilipinos and Americans who share a common history.

With the overarching theme of patriotism and a Christian underpinning, *I Shall Return* is less about war and more about the Filipino and American people—their faith, love, struggles, and their willingness to give their lives for country, family and friends. It relates the sacrifices and martyrdom of unheralded heroes some who occupied the highest positions before the war. The story takes the reader to many towns and provinces; to the dark dungeons of Fort Santiago in Manila; to Bataan where prisoners are forced to march in scorching heat without food or water; to the swamps of Candaba where guerrillas snatch escapees from certain death; to a Spanish *casa* where seven sisters outsmart their guards in a dramatic escape; and to Manchuria where POWs dig graves for their frozen comrades.

Woven into the plot are intertwined love stories: childhood sweethearts torn apart by the war—last seen at the dreaded Death March, can he fulfill his promise to return and how? A poor boy in love with a rich girl—we follow him as he makes himself worthy and become a hero. An American lieutenant smitten by a beautiful *mestiza*—can he overcome prejudice, being black and protestant?

With historical introductions, photographs, and rich imagery, the characters and places of *I Shall Return* come alive vividly and beautifully in a novel of deep dimension.

This historical novel complements books on WWII Philippines published in recent years such as *The Great Raid* by William Breuer, *Escape from Davao* by John D. Lukacs and *Lost in Shangri-La* by Mitchell Zuckoff.

The book is available at [www.outskirtspress.com/ishallreturn](http://www.outskirtspress.com/ishallreturn), amazon.com, Barnes and Noble and other retail outlets.

From the author: Those interested in the book, the buyer writes a check (payable to **Christ Philippine Missions**) for the cost of the book: **paperback $22.95**, or **hardback $32.95**

The buyer writes FEUMAANI or PMA Con the check memo; and a signed book(s) will be sent to the addresses in the check, by the author, and the **Christ Philippine Missions** treasurer donates part of the proceeds ($10 for hard cover and $7 for paperback) to either **FEUMAANI** or **PMAC**.
HONOREES
Class 58 (Emerald Jubilee)
Class 63 (Golden Jubilee)
Class 88 (Silver Jubilee)
Class 68 (Sapphire Jubilee)
Class 73 (Ruby Jubilee)
Class 78 (Coral Jubilee)
Class 83 (Pearl Jubilee)
Class 93 (20th Anniversary)
Class 98 (15th Anniversary)
Class 03 (10th Anniversary)

CLINICAL PRACTICE ADVANCES 2013
ACCME accreditation provided by
the PHILIPPINE MEDICAL ASSOCIATION in CHICAGO
July 17 - 21, 2013
Intercontinental Hotel Magnificent Mile Downtown Chicago
505 N Michigan Avenue, Chicago, IL
(800) 948-0424    (312) 944-4100

The link below will allow guest to book, modify and cancel their reservations online. Additionally, guest can book their reservation by calling our Hotel directly at 1-800-628-2112 (312-944-4100 for international callers) and identify themselves as participants of the Far Eastern University room block (or group code CHE). Please note that your group rate is available until June 26, 2013. Any reservations requested after this date will be based on availability and at the Hotel's prevailing rate. Please let me know if you wish to receive weekly reports reflecting your current pick up once the registration opens.

http://goo.gl/QqCHi
REUNION REGISTRATION

Name ________________________________ Spouse __________________________
Address ____________________________________________________________________ Practice __________________________ Class _____
Telephone __________________________ Email __________________________________

REGISTRATION FEES

<table>
<thead>
<tr>
<th>Event</th>
<th>Before June 25th</th>
<th>After June 25th</th>
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<tr>
<td>CME registration only [paid membership required]</td>
<td>$150</td>
<td>$200</td>
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<tr>
<td>Hawaiian Welcome Reception (WR)</td>
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<td>50</td>
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<tr>
<td>Alumni Filipiniana Night Dinner Dance [per person]</td>
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<td>140</td>
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<tr>
<td>General Membership Luncheon (L) meeting [per person]</td>
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<tr>
<td>34th Annual Grand Reunion Dinner Dance [per person]</td>
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<td>160</td>
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<tr>
<td>Annual membership (Am)</td>
<td>free</td>
<td>60</td>
</tr>
</tbody>
</table>

(Am required to attend the Welcome reception, general membership luncheon, and dinner events!)

TOTAL ............................................................... $______ $_____

To qualify for the discounted rate, register on or before Saturday, June 30, 2013. Mail this form and your check payable to FEUDNRSM Alumni Foundation.

Pete Florescio MD, Executive Vice President/ Executive Director
337 Elmhurst Place, Fullerton, CA 92835
Telephone 1-714-423-8811 Email pflorescioofla@sbcglobal.net

CME registration fee is waived to alumni who are in training or waiting for training program, 50% discount for alumni retired from medical practice. Please present documentation for waiver or send letter from your program director. A service charge for $50 will be billed for checks not honored by the bank. A service charge of $50 will also be withheld for refunds/withdrawals. All refund requests must be made in writing on or before June 30, 2013.

The above-mentioned registration fees are required for everyone, including the Jubilarians and other Class honorees. Only the CME speakers and presenters are exempted from the CME registration.

Visit our website http://www.feu-alumni.com

Intercontinental Hotel Magnificent Mile Downtown Chicago
Hotel room rate $185 per night
505 N Michigan Avenue, Chicago, IL (800) 628-2112 (312) 944-4100

A link allows guests to book, modify and cancel their reservations online. Guest can book their reservation by calling the hotel at 1-800-628-2112 or (312-944-4100) as Far Eastern University alumni (or group code CHE). http://goo.gl/QqCHi

Group rate is available until June 30, 2013.

Parking available at the hotel $23 per day with two entries allowed each day.