

# the Alumni Newsletter

**Pre-Convention Issue** 

Marshfield, Wisconsin

January 2006

# **Houston: Mission Accomplished!**

# Jubilarians come from far and wide

The 17<sup>th</sup> Annual Reunion and Convention of the UERMMMC-MAAA and Alumni Foundation USA Inc, was held August 4-7, 2005 at the JW Marriott Galleria in Houston Texas. The local Chapter's Organizing Committee assembled a program that was hectic, enjoyable and thoroughly enlightening.

A golf tournament kicked off Thursday's activities, which culminated in the Fellowship night and Welcome dinner in the Grand Ballroom. The motif was "western" so guests arrived clad in boots, blue jeans and ten gallon hats. An invocation by Fr Jerry Bongcawil, '70 was followed by welcome remarks from Joe Tandoc'65(convention co-chair), and Manny Blas'67(president of the alumni association). Jun Nasser, '68 handed out the golf tourney awards. The Tropical Rhythms dance group performed while dinner was served, then karaoke and dancing completed the evening.

Friday's highlight was the CME Session, featuring a host of distinguished speakers. Elma F. Abella, MD,'80 gave an "Introduction to Positive Emission Tomography", followed by Senen V. Siasoco, MD,'75 with a roadmap to Medical Information on the Internet. Grace Kuo, PhD expounded on Herbal Medications then David Paraiso Jr. talked on "HIPAA in a Managed Care Environment"

Dr. Erlinda V. Valdellon, '63 delivered the Dr Jose Cuyegkeng Memorial Luncheon Lecture. After an introduction by Dr. Angelina T. Tantengco, Dr. Valdellon outlined a Strategic Plan to fight Liver Cancer and HBV Infection in the Philippines.

The afternoon session featured Dr. Romergryko G. Geocadin's ('92) take on the diagnosis and continued on page 2

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The Silver Jubilarians, Class 1980 (Left to right)Back row: Setsuo Ogawa, Mely Co-Lim, Miguel Hizon, David Palmore, Charlene Miranda-Sojico, Bienvenido Manzanero. Front row: Jocelyn Robredo-Austria, Rowena Francisco, Marietta Luayon-Pacana, Elma Abella-Columna.

## **UERM@50: A Celebration**

The Medical team then flies back to Manila for Clinics at the UERM hospital from the 14th to the 16th. Participants will perform surgery, treat patients, and interact with students and residents of the Medical Center.

A CME Conference is scheduled for Friday, February 17 at the Crowne Plaza Galleria Manila Hotel, located in the booming Megamall commercial complex by EDSA and Ortigas Ave. A full slate of lectures by distinguished alumni begins with Dr. Erlinda V. Valdellon's "HBV Infection in the Philippines: A Strategic Plan to Fight Liver Cancer" followed by Dr. Adrian C. Pena's "Infective Endocarditis and Update on the 2005 American Heart Association Guidelines" After a brief coffee break and visit to the exhibits, Dr. Ernesto L. Chua delivers a "Cardiology Update 2006, Focus on Atrial Fibrillation, Oral Anticoagulants, Dyslipidemias, CV Biomarkers and Antioxidants"

Lunch will be served then the afternoon sessions commence with Dr. Ida M. Tiongco's "Dermatological Medical Management in the New Millennium" Dr. Joven Cuanang talks on "Cost-Effective Work-up of Persistent Headache" After a break, Dr. Benjamin Rigor concludes the p.m. session with "Human Errors in Medicine/Medical Care"

There will be some free time before dinner then the conference ends with Dr. Romeo Divinagracia's "Successful Cardiovascular Therapy: Blood Pressure Control and Beyond" Registration fee is \$100 and includes course material, coffee breaks, lunch and dinner. The meeting rate for the Crown Holiday Inn is \$83/night (P4500), reserve online: jm.vitug@holiday-inn.galleria-mla.com or have your Manila kin book it direct for you at the "local's" rate of P2500 (thanks, Dr. Rigor for this tip). The nearby Holiday Inn-Galleria nightly rate is \$63(P3400). The program meets the criteria for 8 hours in category I of the Physician Recognition Award of the American Medical Association and is jointly sponsored by the Philippine Medical Association (PMA) of Chicago (which is accredited by the Accreditation Council for Continuing Medical Education). Details, forms available on the UERM Alum Association website: http://groups.yahoo.com/group/uermmmcmaaa/

		MAAA, INC	ention and l	Reunion	USA	
INCOME		INCOME S	TATEMEN	T		
A. Cash Received						
Initial Deposit			\$2,500.00			
Seed Money			\$5,000.00			
Membership Dues Annual	(158x50)	\$7,900.00	\$16,900.00			
LTM	(11x500)	\$5,500.00				
PLTM	(14x250)	\$3,500.00				
Registration	*** ****	*** *** **	\$74,200.00			
LTM Annual	(91x550) (29x500)	\$50,050.00				
Retired	(11x450)	\$4,950.00				
Non-Practicing	(6x300)	\$1,800.00				
Individual			\$52,480.00			
Breakfast CME		\$400.00				
Cuyegkeng		\$1,000.00				
Welcome		\$5,580.00				
Jubilarian		\$5,040.00				
Gala		\$24,750.00				
Golf Sponsors		\$3,750.00				
Tour		\$260.00				
Ads & Sponsors			\$20,930.00			
Exhibits			\$7,350.00			
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Scholarship Room			\$2,000.00			
Class '72			\$1,000.00			
TOTAL INCOME					\$184,419.00	
EXPENSES						
Welcome Night				\$9,255,0		
Dinner		\$8,805.03		37,2330		
Band		\$450.00				
CME				\$3,460.36		
Breakfast & Cot		\$1,902.73				
PMA Chicago (		\$600.00				
Airfare, Lecture Audio Visual		\$222.97				
Copies (Lecture	)		\$224.76			
Cuyegkeng Lect	ture				\$5,520.51	
Lunch		\$4,209.16				
Airfare, Lecture Audio Visual		\$1,148.00				
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Flowers & Docors	(3Nights)			\$1,200.00		
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## **Second Opinion**

By Senen V. Siasoco, M.D.

The temp outside is creeping below 32°F, the relentless drizzle is changing to sleet and beginning to glaze the streets- what is this FlipDoc doing in the middle of the frozen tundra?

Twenty three years ago, this northern exodus (way, way, way north) seemed like a perfectly good idea. The pay was good, the hours decent, the stress levels just right, and my colleagues gracious, affable and welcoming. Though much has changed, re, technology and medical knowledge- the basics are unaltered. My vocation remains enjoyable, intellectually stimulating and emotionally satisfying. In what other profession are you allowed such profound influence in other people's lives? It is a pleasure waking up early each day knowing you have diseases to conquer, pain and misery to alleviate. And to top it off, the remuneration has improved, and semi-retirement has made the work hours more bearable.

Tis a pity no palm trees grow in Marshfield (to quote an orthopod buddy of mine). More snow is predicted for tonight yet I'm strangely looking forward to shoveling the driveway....

This issue comes to you a couple of months late. I pestered Class 80 to please chronicle their Reunion Experiences, and all I came up with is the class picture from **Jo Austria**. Attention: **Class 81**, we know you're out there, **Class 81**- you are hereby forewarned to warm up your word processors (typewriters seem so dated, *ano?*).

The previous issue came with an insert from Class "72 that was printed in microscopic 10 pt type and was "difficult to read" to a few of you. My sincerest apologies to the myopics out there- I found the enthusiasm of that class so compelling I just had to publish their foibles (despite Moonyeen and Benching's missing my deadline/space restrictions). Warm up your microscopes cause more stories in this issue are in infinitesimal print!

It's déjà vu all over again when you peruse the plea from a Junior Intern (and **Dr. Ampil**'s reply) that was posted on the Alum website last fall. Visit the website, **www.uermmmc.net** to sense the passion his hapless story stirred among our *compadres*! And while you're there, click on the links to other related sites such as Your Alum Association and Ye Olde School).

My thanks to Dr. Bayani Elma for the story on Drs. Rabe and Alonso- you too can have your success (andlor failure) stories broadcast to your co-grads by emailing me at uermalumnewsletter@yahoo.com Deadline May (2006!). Send photos.

Mark your calendars, the upcoming Reunion/Convention will be at the JW Marriott Summerlin Suites near Las Vegas, the first weekend of August. Next year's Meeting will be in Orlando (also the first August weekend).

A huge favor please. We are trying to streamline our mailing list, save a couple of pennies. If you receive two copies, or live in the same address as someone who is already receiving this, or have changed your name (ladies get married, hyphenate, divorce), relocate or retire or depart the planet-please email me at the above address.

Rene-Edgar Mendoza's narrative on Aging comes to you courtesy of the Mediscope, the Med Center's publication. There will be a quiz to see how many of our old Profs you can recall.

Final Question: which Philippine Medical School was first to emerge on the Web? A free dip in the Dario River to the first guy to respond!

# Jubilarians continued from page 1

treatment of Severe Headaches, then Dr. Abenaa Brewster gave an update on Breast Cancer management. The final speaker, Robert E. Lampert PhD, discussed the care of Persons with Life Threatening Diseases from a spiritual viewpoint.

Jubilarian Night was hosted by Class'65. The Grand Ballroom was transformed into Planet Houston, aka Star Wars, complete with spaceships and glitter. Dancing and hobnobbing lasted well into the night.

Saturday's general assembly meeting agenda concerned amendments to the constitution and bylaws but got bogged down in parliamentary minutiae. A full report by group secretary Dr. Dekiam Ong, '67, is on page 6 of this newsletter.

New to the convention was the Medical Education Symposium, aimed at recruiting physician-wannabes to the Philippine Medical School system. Dean Georgina Paredes, '72 showcased the fine qualities of the Sta Mesa Campus. Dr. Andy Borromeo, '72, stole the show with his PowerPoint photos and ad lib comments on student life (circa 2005).

High point of the event was the Gala Night. Silver Jubilarian Class '80 only had ten representatives (a new record low?) but acquitted themselves with a splendidly choreographed song and dance number. A lively Fil-am band performed classics and old standbys, and had the well-dressed crowd boogying the night away.

The curtain is closed on Houston 2005; the stage is set for Las Vegas 2006. Seeya this August.

### So you want to be in office?

Alumni who want to run for office should send their Letter of Intent NO LATER than July 6, 2006 to Joseph Rastrollo, M.D., Chairman of the Nominations Committee, and to Manuel Blas, M.D., President of the UERMMMC Medical Alumni Association of America, Inc. Only alumni who are lifetime members, or who have paid their 2006 Annual dues no later than August 4, 2006 will be allowed to vote. Alumni are urged to pre-register for the Las Vegas Convention and Reunion prior to August 4, 2006 for your ballots to be valid. The 2006 Las Vegas Convention Committee will soon be mailing the Registration Forms and other information about the Convention and Reunion to be held on August 4-6, 2006.

#### NOMINATIONS AND ELECTIONS POLICY

- J. The Nomination Committee shall consist of three members including the Chairperson. The Chairperson shall be the immediate Past-President. One member from the Executive Board and one from the membership at-large shall be appointed by the President.
- The Election Committee shall consist of three members including the Chairperson. The Chairperson is the President-Elect. One member from the Executive Council and one from the membership at-large, and shall be appointed by the President.
- It shall be the duty of the Nominating Committee to receive applications from nominees and to nominate candidates whose consent has been obtained for the offices to be filled.
- Only paid members in good standing are eligible for nominations. Nominees must be duly qualified to hold office in accordance with the provisions of these By-Lause
- 5. The candidates for all elective offices shall submit their intent of candidacy no less than 30 days prior to the date of election, to the Chairman of the Nominating Committee via postal or electronic mail. A copy of intent of candidacy shall be mailed (postal or electronic) also to the President and President-Elect as Election Committee Chairman by the aspiring candidate.
- 6. NO nominations shall be accepted from the floor on the day of the election.
- Voting members of the official biennial elections of officers are limited to Lifetime members and regular members who have paid their current membership dues prior to election date. New members should have paid their membership dues 48 hours prior to election.
- 8. Roster of voting members shall be furnished by the treasurer 48 hours prior to the election. The list shall be submitted to the President and the Chairman of the Election Committee. This roster shall be the official list of voters that shall be used by the Election Committee on the day of the election.
- 9. The Election Committee shall prepare the ballots with the names of candidates printed no later than 15 days prior to the date of elections. The ballots shall be numbered and checked by the Chairman of the Nominating Committee and attested and signed by the Chairman of the Election Committee.
- 10. There shall be no voting by absentia or by proxy. Official Ballots shall be distributed to members in good standing 48 hrs prior to day of election. Members must bring their ballots on Election day and must sign the election roster on election day.
- 11. Elections shall be held from 8:00 a.m. to 10:00 a.m. during the biennial General Meeting. No ballots will be accepted after 10:00 a.m. The Election Committee shall be responsible for counting and verification of votes. Results shall be announced prior at end of General Meeting.
- 12. A protest on the proceedings, conduct, and results of the election shall be submitted in writing within 4 hours post-announcement of the official election results to the Chairman of the Election Committee. The written protest shall be submitted to the Executive Committee for final decision before induction commences.
- 13. Elected Officers shall be inducted on the night of the election except in the event that an outstanding protest has been submitted to the Election Committee. The special induction to assume office will then be held by no later than September 15 of the subsequent month of the same year or the date designated by the Incoming President but, no more than 60 days past election.
- 14. Any elected or appointed officer may be removed from office by three-fourths vote of the Executive Committee at any duly called meeting and provided that at such meeting shall first find such officer has not performed his duties in the best interest of the Association, and provided that at such meeting the officer in question shall have been given opportunity to respond upon written notice of at least thirty days to show cause and appeal, why he/she should not be removed from office.
- 15. Term of Office. The term of office for elected officers or appointed members of the Executive Board or chairpersons of the Committee shall be for two years, starting August first and ending July 31st of the second year. No officer shall be elected for more than two consecutive terms in the same office.

## 2, 2 Tango + Fellow

By Bayani Elma, M.D.

As members of the wave of UERM alumni who came to the United States during the 1960s, Drs. Adolfo (Gerry) Alonso, '65 and Josefina (Jojie) De Castro-Alonso, '66 have their own unique and out-of-the-box ideas on how to spend their coming retirement years. Together with their three sons, this husband and wife team opened GARDEL'S – a gourmet restaurant, bar, lounge, and dance studio under one roof in September, 2004

When you walk into Gardel's Argentinean Supper Club, you will be staring with mouths open at the extravagant interior: bare wood floors, dark-red walls, sixteen-foot ceilings, metal pillars and a sweeping grand iron staircase. Art glass light fixtures glow over the banquettes and above the dance floor are metal hangings that twirl and glitter as they catch the light. And most likely, you'll want to dance the tango. Tango dancers from Philadelphia, New York and Washington have been



descending on Gardel for tango dances or "milongas." The Alonso's have been dancing this seductive music for 10 years and they've gone at it with gusto befriending actor and tango lover Robert Duvall. According to Jojie, "tango music is so beautiful; it is the most romantic and personal music in the world." The establishment takes its name from Carlos Gardel, a French-born composer credited with popularizing tango in Latin America. A large portrait of him hangs in the staircase.

While Gardel prides itself as an Argentinean Dance Club, the cuisine is superb. While there is seafood in the menu, Gardel's strength is its meat dishes. Examples are pork loin cooked to smoky perfection over the apple wood fire and served juicy and tender with sweet chard, a puree of sweet potatoes and plantains, and crisp fried onions; rare slices of flank steak with complex flavors of espresso marinade balanced by their bland plantain gnocchi; or veal short ribs and lamb shish kebabs and even rigatoni Bolognese made with ground veal! Desserts are where the kitchen's fantasies take full flight: bread studded with bits of mango pudding and bittersweet chocolate and sponge roll filled with guava paste. And to knock your socks off, grilled pineapple with coconut sorbet!

However, this fancy establishment does not consume Gerry and Jojie. By day, Gerry continues to practice surgery. as the head of the Division of Plastic Surgery at St. Agnes Hospital in Baltimore, Maryland while Jojie attends to her bustling pediatric practice.

Gardel's is an entertaining addition to Baltimore's nightlife scene and a proud tribute to these enterprising UERM alumni.



Dr. Milagros B. Rabe, '86 was chosen as a Fellow to the Foundation for Advancement of International Medical Education and Research (FAIMER) Institute 2005. This fellowship in medical education is awarded to deserving applicants from Asia, Central/South America and Sub-Saharan Africa by the Educational Commission for Foreign Medical Graduates in Philadelphia, Pennsylvania.

This fellowship involves a two year project that is expected to enhance the capacity of UERM faculty members to be able to develop instructional materials and assessment tools for e-learning. It comprises of two periods of coursework at the

FAIMER Institute in Philadelphia, PA (one month each year) and the interim periods conducted in the home institution. The project will impact medical education at the UERMMMC as it envisions the development of e-learning and the training of the faculty to provide this learning environment.

Dr. Rabe was the first faculty member of the UERMMMMC and the only alumnus of the College to obtain a Fulbright Hays Fellowship to complete a Master of Science and a Ph.D. in Physiology. She graduated in the top 20% of her class and has been a member of the Department of Physiology for 17 years. She has been a recipient of multiple Best Teacher and Outstanding Teacher in Basic Sciences Awards.

At present, as Chair of the Medical Education Unit, she directs the activities of the Unit that is responsible for teacher training, curriculum development and medical education research in addition to her teaching responsibilities in Physiology and administrative duties for the College as College Secretary.

The Medical Center has

something new to be

about:

# An "Old" Thought

By Rene-Edgar R. Mendoza, M.D.

(Mediscope, 4th Quarter, 2004, p. 25)

I read an article recently on growing old, and I realized how I myself felt now that I am already there. And, I recognized how those who grow old experience the feeling of isolation, loneliness, lack of respect, and above all, virtual disenfranchisement from the society they have been responsible for building. All I know is that we must not be a part of those who undervalue those who are older.

Do we really need to he reminded that everyone gets old, especially with the improvements in technology? As someone has rightly said, we look forward to receiving respect, dignity, and recognition due us. We want to be assured that someone will care for us and treat us the way they would want to he treated.

Many years ago, our mentors, without any exception, and those who played and were playing a major role in our medical center were invited during large gatherings to recognize them as they have contributed very much to building the very same institution we are now enjoying. Those who gave of themselves through their medical practice, through their contributions to the body of knowledge we learn from, whose theories we reconfirm the best methods so that we may be better at what we are doing, to validate their continuing contributions to the world of the UERM, to what we are, and with any luck, to what we will be.

I salute those who are still in the Medical Center and those who are retired but still around like Dr Romulo B. Guevara Jr (Medicine), Dr Presentacion C. Peralta (Preventive Medicine), Dr Gonzalo F. Austria (Medicine), Drs Esperanza C. Lansang and Felix V Lectura (Anatomy), Drs. Clarita Z. Zaballero and Rolinda G. Alcazaren (Physiology), Dr. Elena I. Cuyegkeng (Pharmacology), Dr Patria V. Rivera (Biochemistry), Drs. Domingo R. Paulino and Angelina T Tantengco (Pathology), Dr Fernando S. Sanchez Jr (Preventive Medicine), Drs. Fernando G. Piedad and Juanita E. Arcilla (Medicine), Drs. Cesar A. Millar , Constante Firme, Crisostomo A. Arcilla Sr., Virgilio Basilio,

Enrique Lim ,Jose P Caedo Jr, Vicente O. Arguelles, Teresita L. Tongson Jose S. Ramirez (Surgery), Dr Jose C. Acosta (Anesthesia), Drs. Ramon T. Batungbacal and Tim Jimenez (Opthalmology), Dr Ariston G. Bautista (ENT), Drs. Aquilino B. Esguerra ,Gloria G. Habalo , Felipe B. Sese (ObGyn), the Pediatricians -Dr Simeona C. Alikpala, Perpetua S. Lacson, Natividad Pangan De Guzman, Virginia C. De Leon, Felicisima G.Paz, Wilberto Lopez, Paciencia C. Diaz. Let us not forget Dr Juan A. Alcazaren who founded the College of Physical Therapy and Dean Emeritus Evangeline Dumlao of the College of Nursing and Mr. Generoso A. Magdaleno, Registrar. My sincere apologies to those whose names I have missed, the passage of the years have dimmed my memory

Due recognition should be given to them. They have earned the qualities of wisdom, which is little recognized in this age of cybertechnology and information. Wisdom is knowing beyond information and scientific data. Wisdom, if I may borrow definitions from a group of German psychologists, integrates past, present and future: it mingles insight and judgment involving complex and uncertain matters of the human condition. Wisdom involves a fine-tuned coordination of cognition, motivation and emotion.

If I may add, speaking as an ophthalmologist, wisdom sees beyond eyesight. Those who have it care for the person beyond the symptoms and the personal trappings.

During these sometimes uncertain times, we need to stay connected with people, linked with people we care about and joined with people who have made a difference in our lives. Old age is not the end of a linear progression or regression. It is part of a circle of living. Cheers to all our mentors, to those who shaped our medical center, to our wiser colleagues and to all of us.

As French President Jacques Chirac said."

Qu'il n'est pas d' avenir sans memoire"

(There can be no future without memories).

# Philippine Happenings

exultant



Dr. Michael Arden Perdon



Dr. Jane Francisco



Dr. Demuel Berto



Dr. Benjamin



Dr. Karen Nielsen

February 2005 Medical Licensure Examination yielded four board topnotchers. Drs. Michael Arden G. Perdon and Jane O. Francisco placed 9th and 10th, and were awarded P25, 000 by the school during a testimonial dinner at a OC restaurant. Drs. Demuel Berto and Benjamin G. Francisco were the 14th and 20th placers and were given P15, 000 each. They were given also lifetime memberships to Alumni Association. The Medical Center vielded 98 new physicians- a 72% overall passing rate that was considerably higher than the national average of 54%. The success comes on the heels of another triumph. Karen L. Nielsen, M.D., valedictorian, Class 2003 topped the August 2004

Medical Boards with a score of 84.42%. Only 1,183 examinees passed, from a total of 2,301 (a 51% national rate). 138 of the new docs were UERM grads (passing stats for these class unavailable at press time). Dr. Nielsen is presently a surgical resident at the Makati Medical Center. She was awarded P75, 000 by the university and Dr. Divinagracia.

Commencement exercises for 273 members of Class

Continued on page 5

### Philippine Happenings

(continued)

2005 were held April 28 at the Reception Hall of the Philippine International Convention Center (PICC). This marked the first time the ceremonies were conducted outside the school quadrangle. Also notable was the fact that for the first time the commencement speaker was an alumnus. Dr. Rolando Puno, '79 is a world renowned spine surgeon, the current Medical Director of the Orthopedic Bioengineering Laboratory of the University of Louisville in Kentucky and an innovator in spinal instrumentation (most particularly, the eponymous *Puno-Winter-Byrd* prototype).

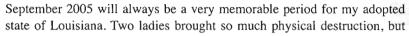
Completed infrastructure projects for the second quarter of 2005 included the following: ultrasound complex at the second floor of the Pay Hospital; repair of the anatomy amphitheater; repair and refurbishing of the college auditorium; repainting of the exterior wall and facade of the North wing of the Pay Hospital; installation of lighted signage of the Hospital

The Medical Alumni Association (in the Philippines) hosted their First Regional Assembly and Scientific Meeting Saturday, March 18, 2005 at the Holiday Inn in Clark, Pampanga. In attendance were alumni from the central Luzon areas of San Fernando, Angeles City, Cabanatuan, Tarlac and Bulacan. Speakers included: Atty Raul Rodriguez (Investment Opportunities for Physicians), Dr Adrian Pena (Practice Guidelines in Infectious Disease), and UERM President Dr. Romeo Divinagracia (Optimal Hypertension Management). A Second Regional Assembly was scheduled June 18, 2005 at the L'Fisher Hotel in Bacolod. The meeting's goal is to establish links and strengthen ties with alumni in all regions of the country.

The 35<sup>th</sup> Alumni Homecoming was held from December 14- 17, 2005 in various venues and culminated with the Grand Fellowship Night at the Mandarin Oriental's Ballroom in Makati, December 16.

## **Executive Director's Corner**

By Irene Ibanez-Manlapaz, M.D.





they also brought out the human spirit and kindness of an entire nation. Our heartfelt gratitude to all alumni and friends who helped with our fundraising for the Hurricane Katrina & Rita Relief Fund. The City of Houston is now well-loved by everybody because of its compassion to the displaced citizens of the Gulf States. Houston is also very memorable to many alumni who attended the last convention and reunion on August 4-6, 2005 Classmates and friends enjoyed the camaraderie and the different convention events. Let us all thank the Houston Convention Committee headed by Drs. Tom Lumicao ('75) and Joe Tandoc ('65) for the tremendous effort in making the convention and reunion successful. The Convention has also raised the target \$50,000 for the Drug Assistance Program (DAP)/Indigent Fund.

Another milestone also occurred in Houston last August 5, 2005 The General Membership voted (58 yes vs. 22 no) to have the Alumni Association change its status from IRS 501 (c) (6) to 501 (c) (3). With the change of status the Alumni Association's applications for sales tax exemption in the different states where our annual convention and reunion are held will be in compliant to the IRS rules and regulations. Donations, sponsorships, etc, given to the Alumni Association can also be tax-exempt.

Because of some technicality the general membership has to ratify on August 5, 2006 the amendments to the nomination and election passed by the Executive Committee in its last meeting in Houston, Texas on April 30, 2005 For the meantime these amendments will be the "Nomination and Election Policies" that will be used for the forthcoming election in Las Vegas on August 5, 2006.

The 2 most important provisions of the "Nomination and Election Policies" are (1) "The candidates for all elective offices shall submit their intent of candidacy 30 days prior to the election to the Chairman of the Nominating Committee via postal or electronic mail. A copy of intent shall be mailed (postal or electronic) also to the President by the candidate." and (2) "No nominations shall be accepted from the floor on the day of the election."

In conjunction with the 50th anniversary of our College of Medicine the UERMMMC-MAAA, Inc and the Northeast Chapter will hold the 2nd Medical/Surgical Mission at UERM Charity Hospital on February 14-16, 2006 followed by the Post-Graduate Medical Update Course on February 17, 2006. We will also honor the jubilarians (class 1965, 1970, 1975 and 1980) and the 2006 graduating class at the Fellowship dinner/dance after the CME lectures. For more information please contact Fely Quines at EQFQ@aol.com or Irene Manlapaz at imanlapaz@hotmail.com.

As the end of my tenure as your executive director approaches, my thoughts turn to those who have made the progress we had with the Alumni Association possible. I wish to express my deep appreciation to the goodwill of these dedicated alumni- the very foundation of the business success we have in managing the Association for the last 4 years.

(Editor's note. In May 21, 2005, our very own Dra Ibanez was awarded a Master of Business Administration degree by the University of Massachusetts in Amherst. She joins an exclusive group of only 475 physician-graduates of this program that is offered in cooperation with the American College of Physician Executives.)

#### **EXECUTIVE COMMITTEE MEETING MINUTES**

Date: August 6, 2005

Place: J.W. Marriott Hotell, Houston, Texas

Present: Officers Drs, Manuel Blas (President), Irene Ibanez-Manlapaz (Executive Director), Edgar Banez (President-Elect), Susan Perez-Suntay (Executive Vice-President), DeKiam Ong (Secretary), and Sonia Rico-Todd (Treasurer). Chapter Presidents - Drs. Ananias Ebilane (Northern California), Gregorio Carpio (Midwest), and Elizer De Leon (Michigan). Advisors & Foundation Trustees - Drs. Bayani Elma, Elmer Gilo, Conrad Miranda IV, Renato Querubin, Renato Raymundo, Joseph Rastrollo, and Benjamin Rigor. Alumni Newsletter Chief Editor Dr. Senen Siasoco, Dr. Marie Elma, Mrs. Odette Blas and Mrs. Esther Querubin of the Alilance and Friends. Guests from the Philippines - Dr. Romeo Divinagracia (President of the Medical Center), Dean Georgina Paredes (College of Medicine), Dean Carmelita Divinagracia (College of Nursing), Dr. Erlinda Valdellon (Ex-Dean, College of Medicine) and Dr. Susan Lazaga (President of the UERMMMC Medical Alumni Association of the Philippines).

I. Call to Order

Dr. Blas called the meeting to order at 2:00 P.M. He welcomed the guests from the Philippines and thanked the audio-visual technical support for the symposium from Mr. Jun Mejia and Dr. Mia Dajoyag-Mejia (class 95).

II. Minutes of Executive Committee Meeting on April 30, 2005

The report was approved unanimously after it was moved for approval by Dr. Banez and seconded by Dr. Blas. It was presented by Dr. Perez-Suntay, who took the minutes of the meeting.

III. Executive Director Report

Dr. Ibanez-Manlapaz summarized the activities of the Association for the year 2004-2005.

A. Lifetime membership increased to over 150. The fees are being put back into their own fund to replenish some of the expenditures for projects in the past.

B. First surgical mission was done on February 2005. The success was credited to the alumni participants as well as the coordination efforts of both Drs. Divinagracia and Andy Boromeo, Chairman of the Department of Surgery. The second mission is scheduled for Feb. 14-16, 2006 in conjunction with the USA Northeast alumni chapter. This will be followed by the first post-graduate CME course on Feb. 17 and a fellowship gala night and fundraising. The Philippine Alumni Association will collaborate with the CME Course. Income from the fundraising will be used for Academic Scholarships and other projects.

Dr. Lazaga will work on reaching more alumni to attend the homecoming celebration as well as establishing alumni chapter associations in regions outside Luzon.

Dr. Rigor recommended that the US alumni who will participate in the mission maintain a low key attitude when working with the Philippine alumni with regards to medical equipment. He suggested "just work with the system."

IV Convention Committee Report

Dr. Perez-Suntay, Convention Commissioner, gave the report.

A. Important factor for a convention site to be selected is the sponsorship of an alumni chapter in correlation with the national chapter. The early booking of future sites with lock-in rates will give the Association great savings and better hotel room rates for our attendees. For 2006 the convention site will be Las Vegas, hosted by the Southern California chapter. The site for 2007 hopefully will be hosted by the MARVA-DC chapter at either Washington DC or Baltimore. The site for 2008 will be Oakland (San Francisco is not available) and hosted by the Northern California chapter plus the assistance from the Silver Jubilarians (class \$1\$).

As site visits have to be done beforehand and expenses will be needed, Dr. Querubin made a motion for a budget of \$1000.00 to be allocated annually. It was seconded by Dr. Rigor and approved unanimously.

V Treasurer Report

Dr. Sonia Rico-Todd distributed and summarized the annual financial report. In detail she covered incomes (from membership dues, gala and registration fees), expenses, balance of account as well as expenditure estimate for 2005-2006. A convention lock box was opened to facilitate collection of convention income. Some highlights were:

A. Balance of \$43,900.00.

B. Lifetime membership dues had reached a total of \$60,400.00.

C. \$50,000.00 was earmarked for DAP.

D. Total assets were \$189,900.00 (cash and equipment).

Motion for the approval of the full report (on file with Dr. Rico-Todd) was made and seconded and approved unanimously.

VI. Alumni Newsletter Editor-in-Chief Report

Dr. Senen Siasoco aimed to get more alumni contribution of articles and hold down the printing cost. One existing problem was that some alumni's addresses were out of date. An alumni directory was compiled by Dr. Manlapaz, and it was included in the registration packet.

VII. Standing Committees Reports

Dr. Joseph Rastrollo, Chairman of the Nomination and Election Committee discussed the amendments made in 1992. It has been brought to the attention of the Officers that due to technicality, the Nomination and Election Amendments have to be brought up again at the General Meeting in Las Vegas on August 5, 2006 for ratification by the general membership. For the meantime the Nomination and Election amendments approved by the Executive Committee on April 30, 2005 will be used as the Nomination and Election policies for the election of officers on August 5, 2006.

VIII. Chapter President Report

A. Midwest Chapter

Dr. Carpio reported that the chapter had sponsored four scholarships with a fund of \$25,000.

B. Southern California Chapter

Dr. Ebilane reported that the chapter had given \$15,000 to the Alumni Foundation to be used for DAP and also the chapter will host the 2006 Annual Convention in Las Vegas.

C. Michigan Chapter

Dr. De Leon reported that the newest chapter will be having its inauguration in September and that all alumni are invited to attend and celebrate.

D. No reports from the Northern California, MARVA-DC and Northeast chapters. Florida chapter also had no report since it is still in the process of merging with several southern states to form the Southeast Chapter.

IX. Friends and Alliance

Mrs. Blas reported that \$3000,00 will be donated to the Alumni Foundation. The check was given from her to Dr. Elma, Chairman of the Foundation.

X. Other Business

A. UERMMMC Medical Center

Dr. Divinagracia reported the State of the Medical Center. 1. Einrollment in the Colleges of Medicine and Physical Therapy was down but that in the College of Nursing was up. 2. College of Medicine level II was accredited for a period of three years. Colleges of Nursing and Physical Therapy level III were accredited for the second time. 3. International Networking was established with hospital (St. John Episcopal in NY) and university (Farleigh Dickinson University in NI) in the US and also Europe (University Hospital of the University of Maastricht in the Netherlands). 4. Passing of Licensure Examinations. Dr. Karen Nielsen (class 03) topped the August 2004 Medical Examination. College of Nursing achieved a 98% passing rate in the June 04 examination and 100% in the December 04 examination. College of Physical Therapy had a 73% passing rate in 04 compared to the national rate of 40% and 75% in July 05 compared to the national 37%. Two graduates landed the 8th and 12th places in the August 04 examination. 5. Graduate school enrollment of 10 in Nursing and 14 in Internal Medicine. 6. Improvement of the Center's financial status. 7. Establishing the Office of Alumni Relation with emphasis on website revitatization, and a committee will be formed from the three colleges to be responsible for gathering information and monthly news updating. 8. Reorganization of the Registrar's office to facilitate requests of records from the alumni. Lastly Dr. Divinagracia thanked the donations to the Colleges from the USA alumni.

B. College of Medicine

Dean Paredes outlined the monthly celebration activities for the 50th golden anniversary of the College of Medicine in 2006, starting from January and ending in July. She also expressed appreciation of the Medical Center and the College of Medicine for the continuous support from the Alumni Association and the Alumni Foundation.

XI. Adjournment

Meeting was adjourned at 3:00 P.M. Submitted by:DeKiam Ong, M.D., Secretary

## MINUTES OF GENERAL MEMBERSHIP MEETING

Date:

August 6, 2005

Place:

J.W. Marriott Hotel, Houston, Texas

Call to Order

Dr. Manuel Blas, President of the Alumni Association, called the meeting to order at 8:35 A.M.

He was encouraged by the increase in attendance of the younger alumni to this convention. He also thanked the assistance of the preparation of the convention from the Association's Executive Director Dr. Irene Ibanez-Manlapaz, the Executive Vice-President Dr. Susan Perez-Suntay and the Treasurer Dr. Sonia Rico-Todd.

#### Constitution and Bylaw Amendments

Dr. Blas gave a short history of the last amendments of the CBL which was done in the 1992's annual alumni convention/reunion. And the most recent amendments that were approved by the executive committee meeting held in Houston, Texas on April 30, 2005. The amendments pertain to the change of the alumni association from a 501 (c) (6) to a 501 (c) (3) status. The latter status is tax exempt non-profit. As a 501 (c) (6) organization now, the association is not in compliance with the IRS rules and regulation with regards to application of sales tax exemption in the state where the convention will be held. Exemption of sales tax is an important issue in the financial management as it saves the association several thousand dollars that can be used for other needs/projects. As a 501 (c) (3) status, application for sales tax exemption is compliant to the IRS. In the past such application involved the alumni foundation, and the relationship of the two organizations is like a "straddle" relationship which was not entirely legal and can be perceived as a non-compliant practice of the alumni association and can also lead to audit by the IRS. Other advantages of a 501 (c) (3) organization include but are not limited to 1. Simplification of the IRS documents and 2. Donations, sponsorships, etc, given to the alumni association tax-exempt. The questions/answers/discussions was opened and participated in by several alumni to voice out in the allotted time set by Dr. Blas. The changing of the status was then put to a vote. Votes for the change were 58 and against were 22. Legal experts engaged by the association will file for the change from 501 (c) (6) to 501 (c) (3).

#### Election of Officers

The Amendments to Article VII of the CBL: Nominations and Elections approved by the Executive Committee on April 30, 2005 were presented to the general membership for ratification. It was put into motion to table the ratification of the amendments because of some heated discussions from several alumni. The general membership voted in majority not to table the ratification of the Amendments. Dr. Blas announced to the general membership that the Amendments to Article VII: Nominations and Elections have been approved by the majority of alumni present. There was no dissent voiced out on the floor to the announcement of Dr. Blas.

### Funding for "Wish List" Projects in UERMMMC

Dr. Ibanez-Manlapaz presented the list of the projects given by Dean Paredes. About half of the projects were funded by donations given by the alumni. The completed list of projects/donors will be given by Dr. Ong to Dr. Gilo, the treasurer of the alumni foundation. Dr. Gilo will do the follow-up of the donations.

The meeting was adjourned at 11:20 P.M. in order for the alumni to attend the" Medical Education Symposium" that was scheduled to start at 11:00 A.M.

Submitted by: De Kiam Ong, M.D., Secretary

# A JI's Plea

To the Alumni Association:

We accidentally discovered this forum and we learned that some of you will be coming over soon. We will be more than willing to attend a meeting with you. Please notify the administration so that we can be excused from our posts on that day. We all love UERM and we hate seeing it crumble down into pieces. We really do not know what actually is happening, but things are really getting worse. The current system sucks and students are negatively affected.

Our batch, for example, is really having a hard time with our internship. Everybody is going through 34hour-every-other-day-duties. We really don't get the chance to study anymore since everybody's tired by the time we get home. The only chance we get to study is in between our monitoring. I don't even think the wards, the lunggas or the nurses' stations are conducive for studying. We'd rather sleep than do anything else at home. By the time we wake up, it's another duty day. Fortunately, some of our residents and consultants are willing to teach us and answer our questions during rounds and conferences. It's been more than six months of that kind of a system and a lot of us are really getting exhausted. A few even already quit and some went on LOA. We have requested for a "from-status" after a 24 hour duty. However, something has yet to happen. You should also see the conditions of our quarters and our "lunggas" when you visit soon. A few are extremely horrible. We don't even have our own rest rooms in the lunngas. The interns also spend their own money for bond papers, printer inks, photocopies of discharge summaries, and drinking water. Things we wish the medical center can provide for us since most of these stuffare used for the patients and not for ourselves.

We've been interacting with other interns from other medical schools during our outside rotations. Sad

to say, we pay around the same amount of school fees, but their conditions are definitely far better than what we have. We can say that they are well taken cared of by their schools. We doubt if we can say the same thing for ourselves.

However, we still feel proud that we're from UERM, because UE interns ALWAYS manage to perform better in terms of clinical skills and patient-doctor relationship. It's just really puzzling why

they do better in the board exams. Maybe, that's something you can help us find out really soon. Hopefully, the medical center and our batch can discover what should be done to tighten loose screws before August 2007.

There are still a lot of things you should know. There's something

about the limited library hours, the poorly constructed exams, the old fashioned records sections, etc. Please do something about. Maybe, just maybe, you have that kind of voice that the administration will listen to. We think our voices are too small and too soft because we don't believe they hear us... Or maybe, just maybe, they just refuse to listen.

Thank you. God bless UERMMMC!

JUNIOR INTERN (Med 2006)

# A Riposte

I'm Dave Ampil, batch 84, presently the Chief of Clinics at UERM. A copy of the email of the junior intern (JI) who wrote to all of you, that was unsigned & unidentified, was given to me by Dr. Divinagracia last week. He told me to send you this reaction to that email for possible dissemination.

On the issue of 34 hour every other day duties, the basic reality is that there has been a drastic drop in the number (and even quality) of applicants to the College of Medicine and this is a nationwide phenomenon that is expected to worsen. From around 270 JIs last year, the number has dropped to around 150 this year. Naturally, therefore, if the frequencies of duty days remain constant, there will be times when only I II is on duty to take care of all patients in a given unit; worse, there may even be days when there will be no II on duty in a given unit at a given time. This is an impossible situation especially for surgical rotations. Imagine a setting wherein there are emergency surgeries and very sick patients in the wards and only 1 JI is on duty. The same scenario would be worse if they would have a "post-duty off" status. Since the post-duty IIs would be off duty at 7AM, the incoming JIs on duty would have to take care of all the patients for the entire 24hrs instead of just 14 hours. These are the reasons why to prevent such situations; the frequency of duty days was increased to every other day instead of every 3days. At least, with this set-up, there will be more IIs on duty at a given time and they will not be as "toxic" as when there are fewer IIs on duty. I do realize that one result of this might be an increase in the number of errors on the part of interns. However, recent studies have also shown that decreasing the number of duty hours have not really decreased the error rate and in some instances, even increased it due to the need for more frequen endorsing of patients by the "from duty" personnel to those "on duty" Furthermore, a comparison of the error rates in our own institution has not shown

an increase in error rates with more frequent duties. Nevertheless, this problem has already been identified a few months ago and we are still funding solutions that will be acceptable to all parties concerned.

Let me, however, give my own view of how the interns are being trained. It is clear from the mission statement of the UERM Memorial Medical Center that we aim to "produce quality graduates who are skillful, compassionate, ethical and committed to lifelong education and learning" Producing graduates who are "skillful" is easy enough but to imbibe the skillful graduate with compassion. ethical values and commitment to learning requires something more than just "basic" teaching. The student can only learn these by force of habit, by

experience and role-modeling.
You can teach an intern basic knowledge through lectures, you can teach an intern the skills needed by demonstrations and hands-on sessions, but for you to make them imbibe an attitude required of them when they start to treat actual patients, you have to make them experience what they will have to go through. As consultants in practice, even if you are "toxic" the night before, probably because of emergencies that you had to see, you must still wake up in time for your clinic hours the next day, do rounds of all your patients, and if you are in a teaching hospital, hold classes and give exams. How do you teach your interns to do this? They must experience this first hand by reporting to the hospital even during holidays if they are on duty, by seeing patients even if they had little or no sleep the night before, by studying even if the atmosphere is not conducive to doing so. Interns must be made to realize, not just lectured to, that when they do become licensed physicians, they have an obligation to their patients that they cannot avoid by just quitting or passing on these responsibilities to others. Nevertheless, we have also become more lenient to the JIs now re. this matter. Often, we now allow "post-duty off" status and "skeleton force" during long holidays and on Sundays, something virtually unheard of before.

Ruel pointed out in his email that there is a caste system in UERM. I think what Mia pointed out, that there is a Hierarchy in UERM is more appropriate. But this, to me, is inevitable, because medical practice, at least in the Phil, involves a hierarchy. The JI is basically taught how to handle individual patients which is why each JI is assigned individual patients as the JIIC (Junior intern in charge). This is the necessary first step before he progresses to senior internship (PGI) where, armed w/ the knowledge and skill of dealing with individual patients, he is now taught how to handle groups of patients. He then progresses to residency where, armed w/ previously gained knowledge and expertise, first as a II and then as an PGI, he is now trained how to handle all patients in a given specialty. Even when he ultimately becomes a consultant, he is first a junior consultant, then a senior consultant, before he can achieve the competence and stature to become someone like President Divinagracia.

This is also the reason why I will find it unfair to let PGIs do the job of the JI (since one postulated solution to the problem was to let the senior intern carry some of the burden of the II's work). For each hierarchy, there are distinct soles and responsibilities unique to each position.

Let me say categorically, however, that a caste system is no longer in place. Gone are the days when a resident even borrowed the car of a II to use on hi date (but this is still being done in some government hospitals) or made a JI do some things that you would not even dare order your son or daughter to do. In fact, residents and consultants are far more lenient today than ever before. A House Staff Manual that clearly defines the duties, responsibilities and corresponding disciplinary actions for offenses has helped a lot in curbing these former practices. Quarterly meetings are held with the interns through the II Coordinator to identify and thresh out

problems. This, in fact, is one reason why we were surprised with the email of the anonymous JI. There are systems in place and functioning, for these problems and complaints. I showed the email to the II batch president and he assured me that the complaints do not generally reflect the sentiments of the majority of the present As except for the issue of the "34 hour every other day" duties which has already been pre-identified in a quarterly meeting with the JI Coordinator a few months ago, and to which (as mentioned previously) we are still trying to find a solution to, at present

If the JI claims that he has no time to study, I doubt if he will indeed study if he is not on duty. He will either sleep when he is post-duty or relax with his friends or family when he is pre-duty. Most of us would probably do the same thing. To me, the best time to study is when one is on duty, yes, even between monitorings because one can correlate the things that he is reading with the patients that he is monitoring and taking care of. It is not what one has read that is important in passing the board exams, but what one has retained from his readings. And the best way to retain what one has read is when he has been able to correlate this with actual patients that he is handling. He thus needs maximal patient exposure.

The JI also says that the wards, lunggas and nurses stations are not conducive for studying. First of all, I doubt if he can name a place which is indeed conducive to studying. If the study place is too comfortable, you tend to relax and sleep anyway. If it is too uncomfortable, at least you cannot sleep and you might try to study. I hasten to add, however, that the said places in the hospital are far from being "a hellish place on earth" The Interns quarters today are far better than we used to have during our time. It is fully air-conditioned, with a waiting area, several beds with mattresses, lockers, shower rooms and toilets. It is not perfect but I dare say that it is still better than those in other hospitals in the country. As for the lunggas, which are areas in the wards where interns can stay when they are on duty, I do not think a JI should expect that these will have rest rooms. A lungga is just a "call room", not a quarters or a hedroom. Even with the limited space in the charity hospital, all service wards now have allotted spaces for the lunggas, a far cry from the situation before. I also do not think the interns should expect a lungga in the pay floors. With the present set-up, there is limited space for patients' rooms and I doubt if even large hospitals abroad routinely have these for their junior interns.

In short, I believe that the "conduciveness of studying" is a function of

attitude and drive rather than physical atmosphere. If there is one thing I agree with in the email, it is the fact that JIs still spend their own money for bond papers, printer inks, photocopies and the like despite my instructions to residents regarding these matters. All clinical depts. now have computers for paperwork that the JIs are required to do, with



corresponding office supplies. Either the budgeted supplies are lacking or the IIs cannot wait for the arrival of replenished supplies. This is a problem I will further

The JI claims that the current system sucks and students are negatively affected. I agree to a certain extent that the current system sucks but I would like to believe that it is still the best that we can provide at present, given the circumstances and the realities of the situation. If, as he claims, the "students are negatively affected". I wonder why for the 1st time in recent years, more than 80% of all JIs in his batch have listed UERM as their 1st choice in their application for senior internship. Despite the progressive decrease in the board ssing rate of UE and the decrease in the number of enrollees to the College of Medicine, our graduates continue to be in great demand in other hospitals, including UP-PGH and other top-notch medical centers that prefer our graduates because of their clinical skills, capacity for hard work and academic competence. For our Senior Interns, the passing rate is still close to 90% and for our Residents and Fellows, the passing rate for specialty and in-service training exams is close to 100%, with at least 50% of them placing in the top 10.

I am not in a position to comment on the limited library hours, poorly-constructed exams, records section, etc. but I am also aware based onmy personal experience that: 1. all units of the medical center are now interconnected through an

intraweb; 2, we now have a computer center for students where one can search

Internet for journals and download them free of charge; 3. all faculty members now undergo and attend regular seminar workshops on test construction and evaluation before being accepted to the faculty; 4. the Hospital is now studying how to computerize the Records Section; 5. A Virtual computer library & resource center is due to be set up in the hospital in the near future; 6. All UERM alumni can now avail of visiting

privileges in the hospital and can hold clinics, as long as they are board-certified; 7, there is now a steady source of funding for indigent patients in place which has increased charity patient census by at least 10%; 3, there are plans to renovate and expand the Operating Room;

9. the Emergency Room is due to be renovated. 10. UERM is now offering masters level courses; Ill. The College of Medicine continues to upgrade the present medical

Let me also take this opportunity to ask for the continuing help of the alumni in supporting the medical center. You all know that we still lack finances and need your support. What I am personally dreaming about (but may not necessarily reflect the views of my superiors) are: increased financial support for indigent patients, esp. rare and interesting cases; funds for advertisements and media campaigns aimed at marketing the services that UERM can offer; funds for upgrading & purchase of state of the art equipment, especially facilities for radiation therapy.

Very truly yours Isaac David Ampil II, MD, FPCS Class 84

## **UERM@50:** Golden Jubilee Schedule

2006 marks the fiftieth anniversary of the founding of the medical center and a full slate of activities has been scheduled. Festivities commence with a Golden Jubilee Convocation on January 18. Featured guest speaker will be none other than the scion of the Center's namesake, Senator Ramon B. Magsaysay, *Jr* 

In February, a medical mission and CME postgraduate conference will be featured (details elsewhere in this newsletter). In March, an art exhibition will be held on campus, featuring works by alumni, faculty, and students. For April, another conference is slated, "International Scientific Session on Cardiovascular Diseases "(venue to be announced), followed by the commencement exercises for the 50th graduating class,

to be held at the Philippine International Convention Center (PICC).

Faculty Workshops will be conducted throughout the entire month of May. Major activities will take place during the designated Golden Jubilee Week, June 7 to the 10th. On tap are the Opening Exercises and Recognition Day, to be followed by a Student Fair on the 8th. June 9 is Foundation Day, thanksgiving services will be held, followed by the unveiling of the Golden Jubilee Marker and a Variety Show The highlight of the week will be a Gala Dinner, Recognition Night and Book Launching on June 10 (location also to be announced). December is reserved for the traditional Alumni Homecoming. Stay tuned for further details.

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