



# PMAC News

Volume 50

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June 2011

An Official Publication of the PHILIPPINE MEDICAL ASSOCIATION in Chicago

The opinions and articles published herein are those of the authors and do not necessarily reflect that of the PMAC

## JUNE 26 is our 51<sup>st</sup> annual picnic

The PHILIPPINE MEDICAL ASSOCIATION in CHICAGO (PMAC), PMAC AUXILIARY (PMACA), PMAC Foundation, CIM alumni, FEU alumni, MCU alumni, SWU alumni, UE alumni, UP alumni, UST alumni, other Philippine medical alumni groups, and 2<sup>nd</sup> generation Filipino physicians will hold their annual picnic on Sunday, June 26, 2011, from 11:00 a.m. to sundown, at the Oak Brook Park District Shelter, 1450 Forest Gate Road, telephone (630) 990-4592.

The PMAC and PMACA will also hold elections of board governors.

An 11:30-am mass will be celebrated.

As it has been traditional for 51 years, the occasion is a fellowship day, a reunion. Friendship will be renewed. There will be fun, food galore and games for the kids, spouses and guests. Because it is always a special Day, bring your children to help us celebrate this special new day. We will also recognize the fathers, grandparents and their grandkids.

The inter-medical school softball competition, basketball, football, soccer, card games will be available.

Bring your family and invite a friend or two. Do not forget to share a sample of your cooking with others.

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### MESSAGE from the President



EMMA YEE SALAZAR MD

Welcome to the revival of the PMAC News, thank you Dr Edward Hernaez for requesting, and Dr Cesar V Reyes for undertaking the project. But, at the same time, it is somehow ironic that I will be giving my valedictory address.

One year ago, I accepted the gavel of Presidency of PMAC from Dr Jun Baladad. It was with honor and humility that I did so, as I am more of a follower than a leader. I had some doubts about

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### Message from the PRESIDENT-ELECT

First of all, let me acknowledge with gratitude all the members and officers of PMAC and its auxiliary for their hard work, commitment and dedication to the organization for the past several years.



EDWARD HERNAEZ MD

As an incoming president, I am humbled to lead our organization for its goal and commitment to serve our community and continue the yearly medical and surgical mission to the Philippines.

Lastly, I want to ask all members and friends of PMAC for their support, generosity and cooperation to fulfill the goals and mission of our organization.

EDWARD HERNAEZ MD FAFP

### 2011-2012 PMAC Schedule

**Sunday, June 26, 2011**, 51<sup>st</sup> annual picnic, Oak Brook Park District, 10:00 am mass

**Saturday, September 25, 2011**, 51<sup>st</sup> anniversary induction, at the Hyatt Regency Hotel O'Hare, CME seminar 8:00 am – 12:00 noon, dinner dance at 6:00 pm

**January 18-21, 2012** Medical-Surgical Mission for 4 days: January 17<sup>th</sup> bus ride to Vigan, January 22<sup>nd</sup> bus ride return to Manila. Presidential courtesy call tentatively scheduled for Monday, January 23<sup>rd</sup>.

**Saturday, April 20, 2012** Inter-medical school musical program

### THE RIZAL DREAM

RAMON LOPEZ MD

I am a great grand-nephew of Dr. Jose Rizal through the Paciano and Narcisa branches of the Rizal family tree.

My father is Edmundo Rizal Lopez,



RAMON LOPEZ MD

grandson of General Paciano and Severina Decena. He is also a grandson of Narcisa Rizal and Antonino Lopez. Two separate branches of the Rizal tree bore my father's parents: Emiliana

Rizal from Paciano's branch, and Antonio Lopez from Narcisa's. My father's parents were first cousins.

As we approach the sesquicentennial birthday commemoration of our national hero, my intention is not to lecture you on the innumerable merits of his life, which is probably the most documented of any Asian in the 19<sup>th</sup> century, but to recollect with you his dreams and passion, along with their contemporary relevance.

These were dreams and passion that had their early beginnings in the Islands, with *Lapu-Lapu* at Mactan, with *Dagohoy* in Bohol, with *Malong...* with Diego and Gabriela Silang, and with Sumoroy.

His were dreams and passion spawned by the 1872 Cavite martyrs, secular Fathers Gomez, Zamora, and Burgos, who were publicly garroted for championing Filipino sovereignty and nationalism, and whose deaths left an indelible imprint in his mind.

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## SUMMER FUN, OUTING TO SHAKE OFF RUST, STRESS-LESS GOLF

A golf tournament will be held on Sunday, August 7, 2011, at the Countryside Golf Course, 20800 W Hawley St Mundelein IL 60060, telephone (847) 968-3100.

Registration starts at 11:00 am. The tee time will be 12:00 noon sharp.

The fee of \$100 will cover the green cost, golf cart, and drinks.

Individual prizes for events, such as *closes to the pin*, *longest putt*, and *longest drive* and a school competition trophy will be awarded during the PMAC 51<sup>th</sup> anniversary induction ball on Saturday, September 24, 2011, to be held at the Hyatt Regency Hotel O'Hare.

Funds raised and proceeds will benefit the January 18-21 2012 PMAC medical surgical mission in Vigan, Ilocos Sur.

Patrons for the following are invited: Registration sponsorship hole \$50; Beverage cart sponsor \$50; Snack sponsor \$50; and Golfer's name \$100.

Teams of foursome are now solicited.

Please make your donation check payable to *Philippine Medical Association in Chicago*.

For further information, please contact **LITO FAJARDO MD** 1635 Princeton Road, Flossmoor IL 60422 [litofajardo@sbcglobal.net](mailto:litofajardo@sbcglobal.net) (708) 957-2295 or 491-8751, fax (708) 957-3994, or **LUIS MANGUBAT MD** [luisangubat@att.net](mailto:luisangubat@att.net) (847) 063-0408 or (224) 579-1823

## UERMMMC- Midwest Chapter Hosts 23<sup>rd</sup> Annual National Confab Reunion

The theme of the clinical conference, jointly sponsored with the Philippine Medical Association in Chicago, will revolve around obesity and cardio-metabolic syndrome, to be held on Friday, July 22, 2011, at the Marriott downtown.

Class reunions, however, will commence on July 20<sup>th</sup> through July 24<sup>th</sup>.

The host Chapter headed by Zosimo R Herrera has been tasked to take care of all the preparations as well as spearhead all fund raising efforts.

The fund raising is to support the UERM Medical Center that was devastated by Typhoon Ondoy in September 2009. The flood rose up to the 2<sup>nd</sup> floor of our hospital and medical center buildings, and destroyed the emergency department, psychiatry, pediatrics, and administrative areas.

The good news is that the center has been back in operations and has been showing progress in its rebuilding process.

The *soup kitchen* which was started after the flood has continued to feed many indigent and displaced families. It has also developed into a nutrition and medical education program in the surrounding community.

All these endeavors need our support.

Solicitation for advertisements and sponsorships from our fellow alumni, patrons, families, and friends who may wish to support us with our charitable projects, including our scholarship projects.]

The Chicago Chapter also enjoins everyone to attend this special occasion with us in the Windy City of Chicago.

The scientific program topics and lecturers are, as follows:

***Obesity in the Pediatric Population***

**Susan Pena-Almazan MD;**

***Obesity in Diabetes Mellitus***

**Jacqueline FGamiao MD;**

***Neurohumoral Mechanisms in***

***Obesity Associated with Hypertension***

**Emmanuel L Bravo MD;**

***Obesity and Lipid Problems***

**Ernesto Chua MD;**

***Obstructive Sleep Apnea and***

***Respiratory Problems in Obesity***

**Michael Gamiao MD;**

***Dr Jose Cuyegkeng Memorial Lecture***

**Rogelio Lucas MD<sup>61</sup>;**

***Pharmacotherapy and Behavioral***

***Modifications in Obesity***

**Ishmael Lee Chuy MD;**

***The Impact of Obesity and the***

***Metabolic Syndrome on Cardiovascular***

***Risks*** Nelson Bernardo MD; and

***Bariatric Surgery*** Michael Ujiki MD.

Another highlight of the assembly will be the UERM Young Alumni Development Program to be sponsored by the MarVADC Chapter.

For further information, please contact Dr Herrera at email [gadzherrera@aol.com](mailto:gadzherrera@aol.com).

## MY FATHER

### CELSO DEL MUNDO MD

The memories when I was young, barely in my early teens.



CELSO DEL  
MUNDO MD

Still are clear and  
vivid deep seated  
in my brain  
The shadow of my  
father, I could see  
him in my dreams,  
And his commanding  
voice sometimes  
was echoing.

I remembered his footsteps quite early in morning dusk  
It signaled days beginning, a day of endless task,  
With his gamecock on one hand while waiting for breakfast,  
We begun our routine works, I thought it would never last..

My father was a teacher who molded young mind,  
Who nurtured them with knowledge, moral values of all kind,  
He taught them to appreciate the simple way of life,  
And guided them solve life's problem when complex things arrived.

I was baffled by my father, in those days, I thought he was cold,  
He appeared so distant, his true emotion never showed,  
But his action of love and care spoke louder than his voice  
And it was only in later years, that his feelings we understood.

# KIDDIE SPORT IMAGES

ROLANDO SOLIS MD\*



*Little league baseball*



*\*Dr Solis of Baylor University was the cardiologist to the late Senator Benigno Aquino II.*



*Ice hockey*



*Soccer*

CESAR V REYES MD

EDITORIAL

Welcome to the revival of the renamed Philippine Medical Association in Chicago (PMAC) newsletter.

The mission of the **PMAC News** will reflect the PMAC constitution and by-laws, and includes educational, charitable, humanitarian, community and civic services and endeavors.

The **PMAC News** will publicize all its component alumni organizations, namely: the PMAC Auxiliary, PMAC Foundation, Cebu Institute of Medicine alumni, Far Eastern University medical alumni, Manila Central University medical alumni, Southwestern University medical alumni, University of the East medical alumni, University of the Philippines medical alumni, University of Santo Tomas medical alumni, other Philippine medical alumni groups, and 2nd generation Filipino physicians.

It will print commentary, editorial pieces, medical and non-medical news releases, and letters to the editor from members and non-members. It will also consider column proposals and even scientific manuscripts for publication as pages and internet byte e-mailing allow. As noted in page 13 of the current issue, e-mail submission, including figures or pictures, is preferred.

*The opinions and articles published herein are those of the authors and do not necessarily reflect that of the PMAC, noted in the front heading, is a re-statement of facts and will be adhered to by the editorial staff. Controversial and potentially litigious articles will not be published.*

The **PMAC News** will be strictly an e-newsletter; therefore, it is also budgetless. Its circulation will be worldwide to some 5,000 email addresses on file.

Looking for a platform to print your writing? The **PMAC News** is the medium.

## COMMENTARY

ANTONIO Q CHAN MD, MBA,  
FACC, FAHA, RPSGT

**HEADLINE.** 3.5 minutes of terror: Air France AF447 crash dropped at 10,000 feet a minute. Passengers on an Air France flight plunged for three and a half minutes before crashing into the Atlantic, killing all 228 on board, after it lost speed and stalled while the main pilot was resting, the first evidence from black boxes has found.



ANTONIO  
Q CHAN MD

Airline pilots have very high incidence of obstructive sleep apnea hypopnea (OSAH). Their circadian sleep rhythm is often confounded by frequent changes in time zones within hours. Their dark cockpits lend to melatonin release, a strong trigger to excessive sleepiness, hypersomnolence and frequent *micro sleep*, and confusional states.

The black box retrieved in the bottom of the Atlantic Ocean finally revealed what happened to the main pilot that caused one of the worst air crash in history.

Hence, every time we fly specially long distance with 5 or more time zone changes heighten the risk of airline accidents and fatalities.

Ways to minimize airline crashes and fatalities:

1. Airplane cockpits should be well lighted, at least 10,000 lux to suppress melatonin release, maintain histamine release and wakefulness.

2. Long distance haul pilots must sleep at least 6 hours with CPAP (if proved to have OSAH) before the flight.

**Thomas Sowell on Government meddling is the problem.** For those who are not familiar with Tom Sowell, he is black and a well-known scholar at Stanford's Hoover Institution. Unlike that guy sitting in the White House who is uneducated in real world economics with no experience in running an enterprise much less America!

That is why we are in such a mess that America is now a *paper tiger*.

It is incredulous why some of our peers continue to think that the guy in the White House is the greatest since slice bread and he is the savior of America.

Does it really matter that we are now *poorer* than 4 years ago?

That your kid(s) have a hard time keeping or maintaining a job or career?

That Medicine as we know it as a profession is destroyed? Medicare and Social Security will be insolvent soon because that guy just passed an unconstitutional law that robs Medicare (our money) of \$500 billion in the next 10 years?

Are we blind? Or just plain uninformed or refuse to see the light?

In a nutshell, elected politicians / legislators behave and make decision not on what is best for the country; but what is best to get them reelected.

Damn the citizens and all the consequences including economic collapse of the US and all the wealth destructions and sufferings of all.

Not that the President and Congress play by a different set of rules. They have their own healthcare insurance, lavish pensions; retirement benefits for life that we ordinary citizens do not have.

Everything else equal, I would elect conservative Americans and go back to the founding fathers' principles of smaller government, low taxes and strong family unit and moral values.

Tom Sewell uses plain English and the lesson of history; yet some of our friends and peers seem to have difficulty understanding the basic principles of economics and human behavior....and seeing beyond the trees....

We are physicians and are suppose to be logical.

What happened?

***Dr Chan is a cardiologist, sleep expert from Chanwell Clinic Institute for Heart & Sleep Disorders, and an adjunct clinical professor of medicine at the Stanford University School of Medicine, cell telephone 408 667-8538.***

## JUNE QUOTE

**My flesh and my heart may fail,  
but God is the strength of my heart  
and my portion forever.**

**Psalm 73:26**

## WHAT'S YOUR DIAGNOSIS?

CESAR V REYES MD

A 56-year old man was brought in to the hospital for not feeling well. The patient began to have irregular, purple-blue, mottled, fishnet discoloration of his extremities (Figure 1) associated with leg pain and difficulty walking one month prior to



CESAR V  
REYES MD

admission, along with muscle aches and tactile fevers one week earlier, and some non-bloody loose stools for a few days. At the emergency room, he sounded short of breath and had chest pain that resolved spontaneously after 10 minutes.

Past medical history was significant for a percutaneous transluminal angioplasty of right coronary artery two years earlier at another hospital. He did not, however, follow up regularly with his physician and denied paroxysmal orthopnea, diabetes and hypertension. Medications on admission were alka-seltzer and blue colored OTC pill for leg cramps. He was single, lived alone, worked as truck driver, and practiced active protected sex with one partner. There was history of smoking 50-pack-year tobacco and heavy alcohol use but quit both five year earlier.

There was no known drug allergy. Except for the skin rashes, the physical evaluation was within normal. Pertinent laboratory results were hemoglobin 23



**Figure 1 – The left lower leg and medial and lateral dorsum of foot show irregular mottled fishnet erythematous skin rashes.**

gm/dL, hematocrit 98%, platelets 90,000/ul, moderate spherocytosis, INR 2.2, PTT 65 seconds, D-dimer 1-2 ng/ml, fibrin split products 30 mg/dL, fibrinogen 389 mg/dL, CK 639 U/L with MB fraction 15.6% and troponin 0.89 ng/ml, normal amylase and lipase, normal erythropoietin level, normal dilute Russell's viper venom time (dRVvt), negative circulating inhibitor screen, weakly positive anti-cardiolipin [aCL] IgM, negative cryoglobulins, negative cold agglutinins, negative anti-nuclear antibody test, non-reactive RPR (rapid plasma reagin), and normal serum protein electrophoresis.

EKG tracing revealed sinus tachycardia, heart rate 130 per minute, and no ischemic changes. Echocardiography displayed mild to moderate left ventricular

enlargement, moderate left ventricular dysfunction with posterior and septal akinesia, ejection fraction 25%, structurally normal heart valves, and small moderate pericardial effusion. Ventilation/perfusion scan was interpreted of low probability and the Dopplers negative.

The patient was admitted to the medical intensive care unit with the following problem lists of blue mottled dermatosis, thrombocytopenia, pre-renal failure due to presumed dehydration, possible disseminated intravascular coagulopathy, and tachypnea secondary to metabolic acidosis and hypoxia.

What are the differential diagnoses?

**LIVEDO RETICULARIS.** Livedo reticularis, aka livedo racemosa and pamfiniform livedo, refers to a cyanotic mottled discoloration of the skin with a characteristic fishnet pattern commonly occurring in the lower extremities, but upper limbs and trunk may be affected. It may be associated with tingling and numbness of the skin, especially following exposure to cold. The latter also intensifies the severity of cyanotic discoloration.

In defining livedo reticularis, cryoglobulins are evaluated to rule out cryoglobulinemia, cold agglutinins to rule out cold agglutinins-related diseases, anti-nuclear antibodies to rule out connective tissue diseases, amylase and lipase to rule out pancreatitis, RPR to rule out syphilis, and serum protein electrophoresis to rule out lymphoproliferative disorders

The condition may also be secondary to intravascular obstruction (stasis, paralysis, heart failure, antiphospholipid syndrome),

embolism (from cholesterol, atrial myxoma, and endocarditis), vessel wall disease (atherosclerosis or arteritis of polyarteritis nodosa, systemic lupus erythematosus, and rheumatoid arthritis), or dermatomyositis, hyperparathyroidism, hypercalcemia, lymphoma, pancreatitis, tuberculosis, syphilis, and paraproteinemia.

**ANTIPHOSPHOLIPID SYNDROME (APS).** is a major differential consideration in this patient and encompasses a set of conditions that may be highlighted by vascular thrombosis and/or, in female patients, recurrent miscarriages. It may manifest half of the time as a skin disease in the form of livedo reticularis and/or chronic leg ulcers. Early recognition of these cutaneous lesions may enable health providers to forestall a primary thrombotic event or miscarriage.

APS is usually associated with persistent antiphospholipid antibody, either lupus anticoagulant or anti-cardiolipin antibody. It is a difficult diagnosis because of the protean manifestation and limited abnormal laboratory findings. Arterial or venous thrombosis most commonly affects the cerebral vessels along with visceral, coronary, retinal and peripheral arteries/veins and leg deep veins, the latter involvement being most common. Thrombocytopenia is occasionally present.

While primary APS presents with deep vein thrombosis, thrombotic stroke, abacterial endocarditis with embolism, and recurrent miscarriages, secondary APS usually occurs with connective tissue

diseases (systemic lupus erythematosus, rheumatoid arthritis, systemic sclerosis, TA, and Sjogren syndrome), and infections (HIV, varicella, hepatitis-C virus, syphilis, malaria, etc.).

In the index patient, the clinical and laboratory findings are compatible but not diagnostic of APS.

**CHOLESTEROL EMBOLISM SYNDROME.** The other major consideration in this patient is cholesterol embolism syndrome (CES) which was confirmed on skin biopsy (Figures 2 and 3).

CES is defined as embolization of atheromatous material from ulcerated atherosclerotic plaques in aorta and its major branches to microcirculation causing distal ischemia.

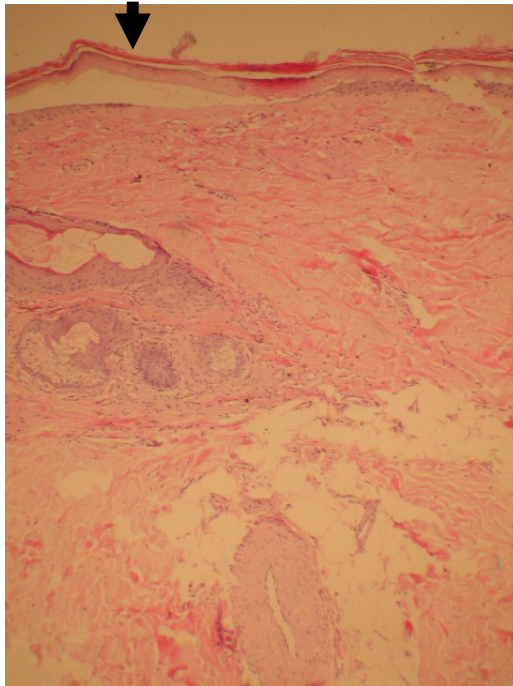
While the risk factors include atherosclerosis, advanced age, male gender, hypertension, diabetes mellitus, and tobacco use, the predisposing factors are the following:

- invasive procedures, e.g., vascular surgeries, angiograms,
- anticoagulant treatment with coumadin,
- heparin therapy which interferes with the stabilization of cholesterol crystals within atheromatous plaques by platelet-fibrin thrombi,
- thrombolysis with *streptokinase* t-PA, and
- occasionally the cholesterol embolism is spontaneous.

Patient characteristics at presentation are mean age of 66 years, a male:female ratio of 3:1, commonly hypertensive, a

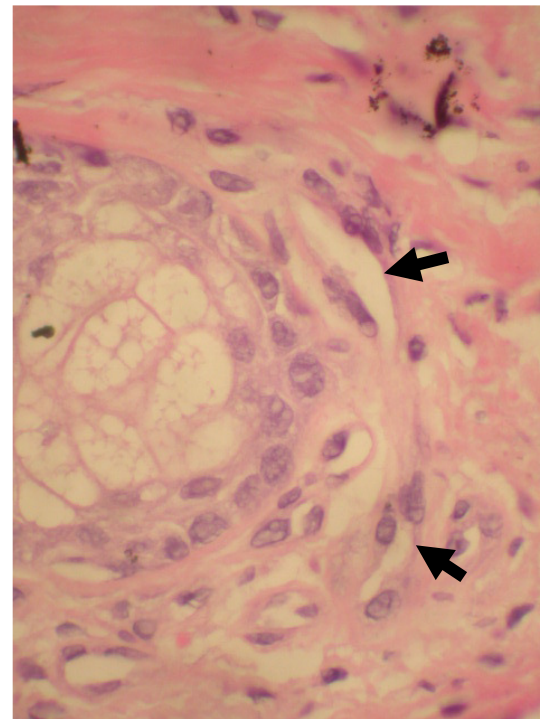
third with atherosclerotic disease and/or renal failure, and a fourth with aortic aneurysm. In one series, 68 patients had at least one precipitant for developing CES, but the other 153 patients did not.

The manifestations of CES can be insidious and chronic, with most patients being asymptomatic until late in the disease, including calf pain, gastrointestinal bleeding/ abdominal pain, constitutional symptoms of fever, weight loss, myalgias, along with neurologic complaints of transient ischemic attack, amaurosis fugax, and paralysis.



**Figure 2 – The skin (A) displays partially necrotic epidermis, subepidermal bulla (arrow), and cleft-like empty space of cholesterol emboli within the lumen of capillaries, venules, arterioles and even medium size arteries [HE stain, x100].**

Physical signs of CES are a) cutaneous lesions usually in lower extremities, trunk or upper extremities 33%; b) most commonly livedo reticularis due to obstructed small arteries in deep dermis; c) purple or blue toes syndrome; d) gangrene, ulcers, nodules, purpura, and petechiae; and e) non-oliguric renal failure. These are usually chronic and correlate with worsening hypertension due to increased renin-angiotensin activity (versus dye-induced nephropathy which occurs a few days after an angiogram. Pedal pulses may



**Figure 3 highlights the empty cleft-like distended capillary lumen with cholesterol embolism (arrows), located next to a pilosebaceous structure. Dermal and perivascular inflammation is minimal to negligible [HE stain, x400].**

be palpable despite a clinical picture that suggests vascular disease. Hollenhorst plaques in retina are noted in 10-25% of patients and appear bright and shiny yellow spots at the retinal arteriolar bifurcation.

A triad of leg and foot pain, livedo reticularis and intact peripheral pulses is pathognomonic for CES.

Laboratory data usually reflect end-organ damage, e.g., increased creatinine in 80% of patients that is usually irreversible; hemograms of normocytic anemia, leukocytosis, and eosinophilia (25-75% of patients); hypocomplementemia; increased ESR of greater than 100; hyperamylasemia; elevated CPK; and abnormal liver enzymes.

CES also seems to be under diagnosed because of the myth that it is seen only after difficult invasive procedure, associated with atypical symptoms, often unreported by the patient, and missed by the physician.

The only reliable means of establishing diagnosis is by biopsy which often is not performed; and even when done, it does not always reveal the diagnosis. Moreover, it seems that in only 30% of CES cases the diagnosis is made pre-mortem. If, however, cutaneous manifestations are present, biopsies of the affected site are almost generally diagnostic in 90% of cases. A negative biopsy does not rule out the diagnosis of CES, and frequently, multiple serial sections may be needed before the affected vessel is demonstrated.

Treatment of CES is mostly supportive. Anticoagulant(s) are discontinued.

Steroids and antiplatelets are often not effective. The use of pentoxifylline and cholesterol lowering agents is still under scrutiny and the final word is yet to come. LDL (low density lipoprotein) apheresis has also been utilized on possible mechanism to induce blood/plasma viscosity and generation of vasodilatory agents. Bradykinin, nitric oxide, and prostaglandins once or twice a week over two months for total 10 treatments may improve livedo reticularis, extremity pain, and mental status changes, without affecting the renal failure because collateral arteries often develop in skin and brain, but not in kidneys.

Prognosis data underline a 60-80% mortality rate in multiple organ embolism, especially when the kidneys are involved.

Recovery appears to occur over several months for the renal function in the damaged but viable glomeruli, and with discontinuing hemodialysis. Subclinical cases are more common when CES is limited to lower limbs and relatively benign syndrome.

**OUTCOME.** The index patient was hydrated with IV normal saline. Hematocrit dropped from 98 to 64 in five hours. He was phlebotomized of a unit blood for presumed relative polycythemia. He also developed acute hypotension and respiratory distress that required intubation. Repeat hematocrit was 42 the following day. A significant hematocrit drop associated with findings of coagulopathy prompted an abdominal computer tomographic scan which ruled out retroperitoneal bleeding. He was

## JUNE 26 is our 51<sup>st</sup> annual picnic

*continued from page 1*

The park is bounded by 22nd Street (Cermak Road) on the north, 31st Street (Oak Brook Road) on the south, Route 83 (Kingery Highway) on the west, and Jorie Boulevard on the east. Entrance to the Park is through Forest Gate Road (left turn from Jorie Boulevard, just north of 31<sup>st</sup> Street). Westward on Forest Gate Rd, turn right on the first street going north all the way to the end which is The Shelter.

Please join us!

## THE RIZAL DREAM

*continued from page 2*

Indigenously, the cabal of autocratic civil and clerical government spared no one— not the *Indios*, the Creoles, Insulares, or the *Ilustrados*.

Blessed with keen intellect and an inquisitive mind, and nurtured by the love and attention of his family, the prodigious young Rizal very early in life crystallized in his mind his mission for his country.

At the tender age of eight, he concluded that the synthesis of language and nationalism was needed in order to bring his people and country out of subjugation.

Thus, he wrote in his Tagalog poem: *Our tongue was like those of others, having alphabet and letters of its own; but these like a small lake craft exposed to the*

*monsoon's fury, were wrecked long ago in the night of time.*

Here, we can see, feel, and almost palpably touch his overflowing love for his native country and personal commitment to his life's cause.

Though young Jose's upbringing was set in the brilliance of the tropic sun, most everything else in his native soil was veiled in the darkness of the Middle Ages.

Many a time as a boy, he wondered if across the waves of Laguna de Bay on the other shore, people had better lives, better opportunities, and better tomorrows.

His country and his people were in the pall of gloom and had to be illuminated. For change to occur, there had to be first an *Enlightenment*, and enlightenment could only be attained through knowledge - that is, through education. This, he presciently espoused at the age of twelve in his poem, *Por La Educacion Recibe Lustre La Patria* (Through Education, the Fatherland Acquires Glory). In it, he said, *Show me the schools of a people, and I shall tell you what the people are.*

Indeed, education, self-help, and self-improvement were passions for Dr. Jose Rizal. Through intense self-discipline and sacrifice, his scholastic achievements abounded early in life, as well as in his later formative years. His family was always a constant source of inspiration and encouragement.

His elder brother Paciano, ten years his senior, was his moral partner and compass. They intuitively understood each other's mission. Early on, they had been first-hand

sample recipients of the ills and abuses that plagued their country – from young Jose being unjustly flogged for failing to recognize in the darkness of the night and give submissive greetings to an *alférez*, to Paciano's scholastic persecution because he was the *inferior indio* and had been a friend of the martyred Father Jose Burgos.

At the age of ten, young Jose witnessed the humiliation heaped upon his mother Teodora when she was made to walk twenty miles on her way to her prison sentence for unfounded charges of her apparent complicity in a family/domestic quarrel.

After outgrowing what Calamba and Binan could offer in his educational quest, Jose at age sixteen traveled to Manila to enroll at the Dominican *Universidad de Santo Tomas* to study medicine.

It is speculated that he chose this profession since his beloved mother's eyesight had deteriorated from cataracts.

Concomitantly, he took extra courses in philosophy, literature, and surveying at the Jesuit school of Ateneo.

In 1879, at age eighteen, in a prize-winning nationalistic poem addressed to the Filipino youth entitled, *A la Juventud Filipina*, Rizal called upon them as *the fair hope of the Fatherland*, challenging them to higher aspirations, and to unshackle their chains in order to build nationhood.

As the legendary historian and nationalist Dr. Rafael Palma noted about Dr. Jose Rizal, *This is the new inspiration that was to burn in his soul all his life.*

## COMMENTS

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

Email submission, including  
figures or pictures, is preferred.

# PMAC News

Deadline for the July 2011  
issue: July 15, 2011

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

In the nascent years of his higher learning, it became evident that for the emancipation of his people and to satisfy his intellectual yearnings, he had to leave the Philippines for the academic and cultural centers of Europe.

In his first article *El Amor Patrio (Love of Country)*, sent to the Philippines from Spain, he again enunciated his patriotism.

I enjoin you to listen to what Dr. Jose Rizal said in his letter to Mariano Ponce from London in 1888 about *Patriotism*:

*The principal thing that should be demanded from a Filipino of our generation is not to be a literary man but to be a good man, a good citizen who would help his country to progress with his head, his heart, and need be, with his arms.*

*With the head and the heart we ought to work always; with the arms when the time comes.*

*Now, the principal instrument of the heart and the head is the pen.*

*Others prefer the brush, others the chisel; I prefer the pen.*

*Now, it does not seem to us that the instrument is a primordial object.*

*Sometimes, with a poor one great works can be produced; let the Philippine bolo speak.*

*Sometimes, in poor literature great truths can be said.*

Dr Rizal in his book *El Filibusterismo*, through Simoun's conversation with Basilio, spoke of the formation of a Filipino nation:

*You ask for equal rights with the Spaniards, the hispanization of your*

*customs, and you do not see that what you are begging for is suicide, the destruction of your nationality, the annihilation of your fatherland, the consecration of tyranny!*

*What will you be in the future?*

*A people without character, a nation without liberty - everything you have will be borrowed, even your very defects!*

*Are they unwilling that you be assimilated with the Spanish people?*

*Good enough! Distinguish yourself then by revealing yourselves in your own character, try to lay the foundations of the Philippine fatherland!*

The decade of 1860 to 1870 saw the births of Eastern nationalist leaders such as Rabindranath Tagore, Dr Sun Yat-sen, and Mohandas Karamchand Gandhi, but in its pantheon of greatness, Dr Rizal stood the tallest as the first exponent of Asian nationalism. It was in Barcelona, Madrid, Paris, Berlin, Leitmeritz, Heidelberg, Wilhelmsfeld, and London that his genius for intellectual inquiry, research, and professional growth fully bloomed.

In the spirit of nationalism and historiographic veracity, he published his treatises: the *Noli Me Tangere* in 1887 in Berlin, the Tagalog orthography and the annotations of Morga's *Sucesos de Las Islas Filipinas* in 1890 in Paris, and the *El Filibusterismo* in 1891 in Ghent.

His two novels achieved him immortality in the eyes of his people and compatriots, but made him a target of ecclesiastical vengeance.

His initial observation in Barcelona and Madrid was the seeming lack of focus

from most of the Filipino students. Their academic, patriotic, and moral apathy bothered him. Whereas at age nineteen as a third-year medical student in Manila, the young Jose formed a university fraternity called *El Companerismo* to promote civic and patriotic education, mutual aid, and cooperation, so he again did this time, in Madrid, stoke the spirit of patriotism and sense of pride and purpose in his Filipino co-students.

The elegant and inspirational toasting speech he gave on June 25, 1884, to honor the triumphs at the Madrid Exposition of painters Juan Luna and Felix Resurreccion Hidalgo was his clarion call. He beckoned the dimmed spirits of the Filipino students to transform themselves from a flicker of light to an illumined beam... to shine and give warmth to a nation cold with neglect and wanting nourishment from its lifeblood... its youth!

He wanted his *kababayans* to be aware, to be engaged, and to be involved in the events happening in the Fatherland. His clarion call then still resounds now.

Dr Rizal had unerring faith and optimism in the capacity of all peoples. Love of God precedes love of man, each ennobling the other. It is in this milieu of dialectic union of faith and reason that Dr Rizal rooted his humanity and humanism.

He was never anti-God, nor anti-church. He was anti-clerical to those who abused their mission and hid behind their pretentious cloak of religiosity. He knew there were those who practiced religion, but did not worship God.

His 1889 letter entitled *To the Young Women of Malolos* captured that faith and optimism. With praise and admonitions, he congratulated them for their exceptional courage and forbearance. He extolled their gentle manners, excessive goodness, humility, and perhaps ignorance, but lamented their deference and submission to the words and caprices to those who called themselves *spiritual fathers*.

Since women are the first to influence the conscience of man, he encouraged their education as a prime requisite in their noble calling. He said, *Ignorance is bondage because like mind, like man. A man without a will of his own is a man without personality. The blind who follows another's opinion is like a beast led by a halter.*

The four years of exile of Dr Rizal to Dapitan, a little port in northern Mindanao, were a microcosm of his hectic, pulsating, but productive, short-lived existence of 35 years.

I would like to believe that in this period of time, he was more contented than unhappy, for he turned a personal down-turn into a success story in the practice of social humanism.

It was an opportunity for him to *catch his breath*. He was, for a time, out of politics. His family had visited him. For him, in the eyes of God, he had a consecrated marriage.

He and Josephine were parents to a son, though he sadly passed. Amusingly enough, he even had a winning lottery ticket! But most importantly, Dr Rizal was



able to serve the *common tao*, the common people.

He was of many roles to the people of Dapitan, as they had never before been exposed to someone with such boundless creative and inspirational energy. To mention just a few notables:

He helped construct an aqueduct to provide potable water to the community.

He undertook the drainage of swamps to control malaria.

As part of the beautification program of the community, he constructed in the town plaza a relief map of Mindanao.

With his lottery prize, he provided the town with a street-lighting system using coconut oil in designed receptacles.

He was also their resident-inventor:

He helped design a machine that could produce 6,000 masonry bricks per day.

He discovered a formula for making *bakhaw* paste or *masilla* used for construction and woodwork.

He introduced a hemp-stripping machine.

Additionally, he was their rural doctor, but at the same time their world-class ophthalmic specialist and surgeon—a rare breed then, who could do cataract surgery for he had been under the tutelage of the renowned in France and Germany.

Most importantly, however, as a commitment to the future of the community, he also was an educator, establishing a school with traditional subjects in its curriculum, but innovative in its approach to solidify the moral,

physical, and character development of his students.

These were the intellectual and social dimensions of the humanism of our national hero.

On December 30, 1896, at 7:03 am, he was brought to immortality in a fusillade of bullets.

He is a true son to his country. He is the *First Filipino!*

To use the evocation of the late Philippine Senator Camilo Osias, this was the *Moral Grandeur* of Dr Rizal—the moral grandeur that was being vilified even as he was being walked to martyrdom in the fields of Bagumbayan, with the announcement of the specious retraction of his work and beliefs... of his moral grandeur being relegated to impiety, when it was proclaimed that 170 passages in the *Noli Me Tangere* and 50 passages in the *El Filibusterismo* were heretical and would bring the wrath of sin and canonical sanctions if the literature were read, kept, or distributed... the moral grandeur given to calumny as the relevance of his heroism was being questioned.

It was *veneration without understanding*, they said.

But as we sit and ponder, we will come to know that the towering pillars of his legacy will always be *MORAL* and *GRAND*. That of:

*Patriotism*

*Education*

*Service to the Country and Its People*

These were the dreams and passion of our martyred hero.

These are now the dreams and passion that need to be fulfilled for 92 million Filipinos.

His clarion call resounds for the 23 million impoverished Filipinos subsisting in less than two US dollars per day.

His clarion call resounds for the poorest of the poor. For the estimated 1.2 million of the Philippines' street children, 50,000 to 70,000 alone are roaming the streets of Manila—children born into poverty and hopelessly mired in poverty.

In my mind, if Dr Rizal were still alive today, he would be a very active and progressive liberal, always looking for reforms, and always cognizant of opportunities to improve the lot of his people.

He would espouse issues for human capital development, for gender equality, for social protection, and for agrarian reform.

He would work for the economic stability and progress of the Philippines in order to attract back its expatriates.

He would demand for an honest, effective, and transparent governance of the country.

He would be for the Jeffersonian philosophy of *wall of separation* between church and state.

Knowing his humanism, he would support an effective, sustainable *Responsible Parenthood and Reproductive Health* bill.

Dr Rizal would be a national and international leader...

But he would refuse to be President.

Instead, what I see is him standing at the world podium, proclaiming what the Roman orator and statesman Marcus Tullius Cicero said in 63 BC, and what was repeated by President John F. Kennedy in his inaugural address:

*Ask not what your country can do for you, but rather what you can do for your country.*

We all have met Dr Rizal in the corridors of history.

He now beckons and summons us to continue his work... not only for ourselves, but for our children, and for generations to come.

This is the Rizal dream.

*Non Omnis Moriar.*

## Message from the PRESIDENT

*continued from page 1*

accomplishing anything, but as the year prove, I did something and will leave my mark.

As the 50<sup>th</sup> president, ushering in the golden anniversary of PMAC, I conceived the idea of having the induction of officers and board of governors at the Chicago Hilton. At first, it seemed ostentatious in view of the present economy, but since it was the 50<sup>th</sup> year I thought it was proper to celebrate again at the Hilton, as it was way back in the younger days of the PMAC.

We might not have a chance again! At first, I only discussed this to a few members of the board, who liked it and said why not. So with them behind me, I presented this at the board meeting, and the motion was carried.

To make the event more significant, it was decided to invite all the previous presidents, the majority of who supported the event by coming and/or making donations.

We were honored to have the 1<sup>st</sup> president, Dr Isaias Sunga, who came all the way from the Philippines.

I can say with pride that the affair was a success. There was a scientific meeting in the morning, and the evening was just so elegant with the beautiful ladies in their finest *Filipiniana* dresses and the gentlemen in their *Barong Tagalog*.

To top it all, we were able to raise funds for the medical mission to Bantayan Island, Cebu (in the towns of Santa Fe, Bantayan and Madrideojos, my hometown).

I can say one reason I accepted the presidency of the PMAC was also to fulfill a dream, to help my fellow *Bantayanons*, thru medical mission work. I hope this will inspire others in the community to do so. My people are very grateful for all that the missionaries did for them, medical and /or surgical services, and free eyeglasses.

They are already asking when we are coming back!

I want to leave a legacy: thru these years, the PMAC has never been a federal tax exempt organization, I am proud to say *the PMAC is now a (501) (c) public charitable organization*. A few months

into my term, I presented a motion to the board of governors, that was carried, to pursue our application. With the help of Mr Clyde Ramos, after many months of waiting and several correspondences back and forth with the IRS our request was granted. It took more work than usual, but it was done and worth it.

For the first time in many, many years, I, together with Eugene, Drs Anita and Meneleo Avila, Dr Perla Hankins and Dr Naty dela Fuente, joined in the Philippine Week parade on June 12, thru the Philippine Independence Week Celebration.

I have wondered how come the PMAC does not participate anymore in these celebrations. Should not we be there, supporting as a group? We could hold a small medical mission. I leave that for our discussion.

By the way, PMAC is donating to the American Red Cross for the Japan Tsunami victims.

So, with a little sadness, but with a sigh of relief, I say goodbye and step down from the presidency of PMAC.

I had a VERY GOOD YEAR.

I want to thank everyone who has helped me and the PMAC throughout this past year, from those who gave me encouragement to pursue with the induction at the Hilton, to the donors and benefactors for both the induction and medical mission, to the CEO of St. Anthony Hospital, and to those who joined the mission.

My special thanks and gratitude goes to the members of the PMAC, members of

the Auxiliary especially Dr dela Fuente, members of the PMAC Foundation especially Dr Roger Cave.

Lastly, I want to thank Eugene who had some misgivings about my being a President, for his love, support, tolerance and understanding.

Kitsi, we did it!

However, all of these would not have been possible without God's blessing, thank you Lord for giving me a chance to accomplish what I did.

We move on to the future, and let us congratulate our in-coming President, Dr Ed Hernaez. Ed, the baton is in your hands and you will have our support.

Graciously,

**EMMA YEE SALAZAR MD**  
**PMAC President 2010-2011**

**FEUMAANI**  
**GOLF OUTING**  
**Sunday, August 18, 2011**  
**Arboretum Golf Course**  
**Buffalo Grove IL**

Reserve with  
**Angelito Fernandez MD**  
**litoeagle18@hotmail.com**  
or **Roy Espino**  
**espino5734@comcast.net**

## MEMBERSHIP REGISTRATION

*Yes, I would like to invest in the future of the PHILIPPINE MEDICAL ASSOCIATION in CHICAGO. Herewith below is my membership registration/ renewal for 2011-2012.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Membership dues is \$65 (physician in training, \$25). Please make you check payable to "PMAC" and mail the same with this registration to:

**PHILIPPINE MEDICAL ASSOCIATION in CHICAGO**

**6530 Dunham Road, Downers Grove, IL 60516**

**Telephone (630) 971-1356**

**Email [acvrear@aol.com](mailto:acvrear@aol.com)**

**Joint**  
**19TH USTMAAA Grand ReUnion & Medical convention**  
**& the 25TH USTMAA MidweST IndUcTion Ball**

Lincolnshire Marriott Resort IL | July 1 - 4, 2011

**Dear Fellow Thomasians:**

Whoa fellow Thomasians! Many of us have recently returned from the Philippines and are not quite recovered from the hangover from the intoxicating celebration of the Quadricentennial Anniversary of our alma mater. Yes my friends, it was just the beginning of a yearlong festivities! We still have the rest of the year to go till the concluding ceremonies on January 27, 2012. So hang on!

For those of you, lucky ones, who attended the series of Grand Reunions from January 22-28, 2011, you probably are still wondering how to track all the wonderful experiences that you had enjoyed during that hectic but exhilarating week and whether you have enough pictures and souvenirs to keep the fervor of that once in a lifetime experience going...Do not worry. We are planning another gathering on July 1-4, 2011 in the northern suburb of Chicago, IL, at the Lincolnshire Marriott Resort, to be hosted by the **USTMAA Midwest**. You will have a chance to view all the photos and videos taken and perhaps even buy the picture that the pro took but you failed to get for one reason or another. You can take delivery on souvenir items like Swatch Quadricentennial watches, P200 bills, coins, and t-shirts that were hard to get or went out of stock. We will also honor the 2011 Jubilarians in their own Quadricentennial Jubilee Year.

And for you, 2012 Jubilarians, aren't you the luckiest ones! You will get a chance to clean up the celebration come January, 2012 and experience for yourself what everybody is talking about. To get you better prepared for your trip to the Philippines, we invite you to join us in Chicago this summer and gather your classmates and join the "dress rehearsal" that will catapult you to the climax of a party without equal, as the previous jubilarians will attest to. See what they had done and learn from them by viewing the pictures and videos and consulting with the **USTMAAA** staff, and create your experience of a lifetime with even better preparation.

*Remember, July 1-4, 2011, at the Marriott's Lincolnshire Resort, in the northern suburb of Chicago, Illinois. Make plans and register ASAP!*

**PRIMO A ANDRES MD FACC**  
Convention Chairman, **USTMAAA** Executive Director

**FEUMAANI**  
**20.5<sup>th</sup> Biennial Anniversary**  
**Speakers, Product Promotional**  
**& CME Seminar**  
**Drury Lane Oakbrook**

**Saturday, July 30, 2011**

8:00 am - 12:00 noon

**What is New in Lipids Treatment**

**ERNESTO RIVERA MD**

*Medical Director*

*Amarillo Heart Research Institute TX*

**Cardiology Update Topics**

**BENJAMIN LUMICAO MD**

*Assistant Professor of Medicine*

*Northwestern University*

**Endocrinology Update Topics**

**NUNILO G RUBIO MD**

*Clinical Assoc Professor of Medicine*

*Loyola University of Chicago*

**Resistant Hypertension**

**MANUEL MALICAY MD**

*Assistant Professor of Medicine*

*Rush University College of Medicine*

**Radiation Oncology Update**

**GREG TOLENTINO MD**

*Radiation Oncologist, Chicago South*

6:30 pm - 12:00 midnight

**Recognition & Appreciation of the**  
**2011 Medical Surgical Missionaries,**  
**FEUMAANI Choral Group, and**  
**2009 - 2011 FEUMAANI Officers**  
**Lexington House, Hickory Hills**

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For further details, inquire with:

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