FAITH MANAGEMENT AND HEALTHY LIVING

A Global Journey

RUFINO L. MACAGBA, JR. MD, MPH

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Book Reviews

Dr. Rufi's autobiography brought me back to that first time we met when, after saying our goodbyes, I asked myself what made this interesting man tick. His autobiography is one substantial storytelling that offers a front seat to the nuanced and textured narration of the evolution of the dignified medical doctor, sought-after hospital management educator and practitioner, author, world health policy influencer, and dedicated family man. I'm a believer of the concept that good leadership starts with personal leadership based on integrity and other values. The autobiography clearly shows that what Lorma espouses as central to its culture—love of God, respect for the individual, and continuous improvement mirror the personal values and leadership foundation of Dr. Rufi. It was evident in the book that God was placed in the center of Dr. Rufi's life and every milestone he always attributed to the Lord's grace. The autobiography is therefore such a blessing to readers who want to be inspired by how God works his miracles on a man destined to lead and inspire.

—Noel M. Cortez, PhD
Former Associate Dean, Asian Institute of Management

Congratulations on your new book, your memoir which should be an enduring legacy to the world. Just browsing through it, it is an inspiring story of passion, compassion, simplicity, filial piety, faith in others, and—most of all—faith in God.

—Rene T. Domingo
Associate Professor, Asian Institute of Management

Godly Heritage + Well-Lived and Carefully-Stewarded Life = Empowering Legacy. Throw in a good dose of curiosity and humility, and that's the equation for "healthy living" that I walk away with after reading *Faith, Management, and Healthy Living: A Global Journey* by Dr. Rufi Macagba. Having worked together with Rufi during the 1990s when we both served with Food for the Hungry International, this equation rings true for me. And having now completed this richly detail-filled autobiography, I have an even greater appreciation for Rufi's friendship and for being one of the many beneficiaries of his long and fruitful life. If you're wondering where all the well-lived lives have gone, look no further. This book is for you!

—Dave Conner
Director of Talent Development, Duke University, Durham, North Carolina

It has been my pleasure and privilege to have been a friend and professional colleague of Dr. Rufi for four decades. From our earliest days together at World Vision, I have seen and experienced his passion for the sustainable health and well-being of all human kind in every region of the world. We have collaborated on many global health initiatives and grant efforts from strengthening health services in less developed countries, to providing biomedical safety and laboratory equipment training, to the planting and utilization of high nutrition crops which accelerate wellness and provide sustainable income for the community. Dr. Macagba leads the highly acclaimed Lorma Medical Center, now part of the Mount Grace Hospital network, as well as a leading edge and innovative educational center from elementary through college. Like these institutions, *everything* Dr. Macagba engages in is done with excellence, a faith-centered commitment, and a laser focus to make our world a healthier and better place. I highly commend his latest book, *Faith, Management, and Health Living: A Global Journey*. It is both inspirational and informative. Dr. Rufi, with your dear wife Dr. Vicki, thank you for making us all better practitioners of healthy living!

—Ralph E. Plumb, PhD
Philanthropy Advisor, www.drralphplumb.com

Through the years, I learned from him that he traveled a bit here and there doing some kind of health-related study and training. I leaned that he had connections with some Christian organizations with which I was familiar. But until I read this manuscript, I had no idea that he is a person who has had a worldwide seminal impact on health service management and delivery, hospital development, and educational advancement for half a century. A short man like myself, he stands tallest among the tall. I am now humbled in his presence. I knew so little of the real Rufi until now.

This book is a remarkable record of the transforming impact that one person can have on the lives of hundreds of thousands of people, most of whom have very little of this world's benefits. At the core of his life is his genuine Christian commitment, doing what he does as a servant of the Savior, putting a human face on God's compassion for the neediest among us.

Read the book. Then thank God for empowering this remarkable man!

—Rev. Van C. Elliott
San Diego, California

I dedicate this book:

First, to God, for His many blessings that opened doors for me around the world.

To my parents, Dr. Rufino N. Macagba Sr. and Dr. Crispina Lorenzana-Macagba, who inspired me by the example of their life of faithfulness to the Lord and help to people in need.

To my father who inspired me to become a surgeon from my teenage years to my collegiate years when he let me assist him in his major operations. His experiences as a working student in the US taught me the dignity of labor.

To my wife, Dr. Victoria Reyes-Macagba, my classmate in medical school, whose skills as the first anesthesiologist in our home province of La Union enabled me to perform operations with endotracheal anesthesia never done before in the province. Her leadership skills organized the award-winning community outreach program of Lorma Hospital. Her patience gave loving support and parental care to our four teenaged children as I was away quite often for twenty years traveling the world to visit the community projects of World Vision International followed by Food for the Hungry International.

To our children, Carol Lynn, Rufino III (JJ), Jonathan, and Michelle. To Carol, the first third-generation family member who became my successor as president of Lorma Colleges in 2019; to JJ, who leads the computer technology and purchasing departments of Lorma Colleges.

To my sisters—Lillian, Florence, Josephine, Gena, and Emma—who gave me their full confidence and support while leading our

family-owned Lorma Hospital until its present size of two hundred beds.

To the late Bishop Onofre G. Fonceca from our church and Rev. Rene Ramientos whose recommendations enabled my wife and me to be awarded free full scholarships to study in the US to obtain our master's degrees in health administration and international health, which also enabled our children to experience studying in US schools.

To the leaders of World Vision International, especially President Stanley Mooneyham, Executive Vice President Dr. Ted Engstrom, Col. Hal Barber, Dr. Don Warner, Col. Bob Ainsworth, Dr. Bob Pickett, WVRD Executive Director Paul Thompson, International training department head Bill Snyder, and others who enabled me to do so many things and appointed me as the most senior consultant for health care programs worldwide. They had me trained in instructional design and management workshop development and delivery. They supported my efforts to write publications in English, Spanish, and French for project managers on how to improve the health of children.

To World Vision MARC Director Dr. Ed Dayton for pointers on how to improve my writing and publish my first book on *Healthcare Guidelines for Use in Developing Countries* in English, Spanish, and French, and my cartoon booklet on "How to Have a Healthy Family," of which eleven other country versions and translations were made.

To the management training team of World Relief International (former assistant secretary of state Cleo Shook and US army management trainer Col. Jim Schmook) who invited me and trained me to join their team to lead workshops on management of community development programs for pastors in developing countries (Jamaica, Bolivia, India, and the Philippines).

To the late Director General Miles Hardie of the International Hospital Federation (IHF) who obtained $25,000 from the WK Kellogg Foundation for me to conduct the first definitive global study on hospital involvement in Primary Health Care. His wife, Melissa Hardie, edited my three-hundred-page report into one hundred pages. IHF published it and marketed it for ten years in their official publication.

To Dr. Eric de Roodenbeke, director general of the IHF, for his encouragement in writing my second book on hospital management and including it in the monthly newsletter of the IHF.

To Dr. Ferdinand Siem Tjam of WHO in Geneva who first invited me to join various meetings at the WHO headquarters on health system support for Primary Health Care, the District Health System, and the management of district hospitals.

To the leaders of Food for the Hungry International, especially President Dr. Ted Yamamori, Vice President Robin Shell, future president Randy Hoag, and Katie Smith (Milway), who supported my efforts as international health program consultant and management trainer for all their offices in Africa, Latin America, and Asia.

To Ms. Annetta Torre, a nurse missionary in China, and Mr. John Cao, from China, who shouldered all the expenses for my five workshops on hospital management in China. He funded all the Chinese interpreters and the five visits of Chinese hospital presidents from various regions in China to Lorma Medical Center before each workshop. John had my workshop workbook translated into Chinese.

To Ms. Laura Hawken, capacity building officer of the WHO Western Pacific Regional Office (WPRO), who invited me to lead my five-day hospital management workshop in Nadi, Fiji, with several WPRO executives. Hospital leaders from five South Pacific countries in the South Pacific attended the workshop.

To the pioneer doctors of Lorma Hospital: Dr. Beatriz Garcia, the first physician when we came to Lorma; my sister, Dr. Florence Macagba-Tadiar; Dr. Juan V. Komiya, US-trained surgeon who worked with me for many years and took over as medical director during our absence for twenty-five years; and Dr. Emil Joven, a surgeon who worked with me and Dr. Komiya for many years.

To the past and present leaders, doctors, and staff of Lorma Medical Center and Lorma Colleges who garnered various awards

with their innovations, with special mention of Mr. Robert F. Kaiser who took over the leadership of the hospital and the college during the twenty-five years that my wife and I were away in California.

To Lorma Medical Center executives: Dr. Raymond Espinosa; Dr. Jei Gaerlan; Dr. Richard Cacho; Dr. Roger Macusi; Dr. Mario Bautista; Mr. Ismael Caasi; Ms. Emily Gacad, PhD; Ms. Terri Klug, MBA; nursing director Ms. Glory Mayo; and Dr. Hilde Santos, the first chair of our Family Medicine Program.

To the leaders of Mount Grace Hospitals, Inc., our hospital's corporate partner, namely: board member Mr. Mariano John L. Tan, President Carlos "Do" Ejercito, COO Rhais Gamboa, and former associate AIM dean, Prof. Noel Cortez, for their masterful management advice and counsel.

Contents

Foreword

I will always be grateful to God for allowing me to meet Rufi and to learn from him very important and useful lessons for my life. I consider it a great privilege to be among Rufi's long-term friends.

I met Rufi for the first time around 1991 when I was serving as country director for Food for the Hungry International (FHI) in the Dominican Republic. Rufi was serving at that time as program management consultant for FHI. He contacted me to help to translate and contextualize his training module on program management to be imparted in Latin America. We completed that task and implemented the training modules in Guatemala (including the Dominican Republic staff), Peru, and Bolivia.

After Rufi completed his service with FHI, he went on to lead an MBA program at Pacific Christian University in California, where he invited me to teach a course on international development. Later on, I worked with Rufi again on the translation and implementation of a training module on hospital management, which we conducted in Antigua, Guatemala. In 1998, I had the opportunity to visit Rufi at his hometown of San Fernando, La Union, in the Philippines. I have great memories from that trip.

Rufi is the most versatile, skillful, and resourceful person I have ever known. The diversity of gifts and talents he developed makes him a kind of human encyclopedia and a technical reference manual. Rufi is a surgeon, hospital manager, public health consultant, international development consultant, business management consultant, hospital management writer and trainer, business management professor, and corporate leader. It would take a long time and writing

space to list all the things I learned from Rufi and how these things have impacted and modeled my life.

The two most important knowledge and techniques I learned from Rufi are related to his models for program management and for the art of management. The scheme for program management—based on results, methods, resources, and review—is a simple formula that I have used to design all kinds of programs since then. The other technique is the model to conceptualize management as the synergy of planning, organizing, leading, and controlling. These two techniques have served me as two useful professional gadgets.

Other things that I also learned from Rufi are:

1. How to use a laptop computer. He gave me his old laptop as a gift, a gray, monochromatic screen Zenith laptop. I loved that gift. It encouraged me to learn touch typing.
2. How to travel light, using the least amount of clothing and developing techniques to wash and dry clothing on the go. I'm still trying to perfect those tricks.
3. The importance of caring for your health using micronutrients and vitamins, especially the use of high doses of vitamin C to counteract the effect of the stress.
4. To be curious to learn new things and be precise in the conceptualization of ideas and techniques.
5. About the love of family and honoring parents. The story about Rufi's father as a pioneer doctor highly impacted me.
6. How you should live a modest and frugal life, regardless of the value of your financial assets.
7. The pleasure of enjoying a good meal in a good restaurant having a good conversation with a good friend.
8. To have a deep commitment to the Lord Jesus Christ in a gentle and non-fanatic way.
9. To like technology gadgets, including BMW cars.

10. In summary, I learned from Rufi how sustainable life could be when lived in a holistic way.

Shalom.

Luis A. Sena
March 2020

(Luis A. Sena was the former country director of the Dominican Republic of Food for the Hungry International. He also served as FHI's regional director for the Caribbean and was a member of the international training team.)

Preface

This autobiography relates how—fueled by faith in God, a lifetime study of management, and travel to seventy-six countries around the world—I developed the personal mission of my life to promote healthy living in the general population. In addition, I am committed to a lifetime of efforts to ensure sustainability and continuing progress of Lorma Hospital, now Lorma Medical Center, founded by my parents in northern Philippines in 1934, and its sister institution, Lorma Colleges.

It recalls how I survived from being too protected from germs in my first year of life and barely surviving a severe bout of bacillary dysentery because my immune system was too weak. It goes on to trace my childhood in the hospital of my parents, getting through the ordeals of World War II in the Philippines, getting educated as a surgeon, marrying my classmate in medical school, managing a hospital together, and having a spiritual experience that gave us blessing after blessing for more than sixty years until today.

It goes on to a lifetime of nontraditional learning of hospital management and an unbelievable forty years of international work visiting over seventy-five countries as a community health development consultant and management trainer for major international humanitarian, health, and hospital organizations.

It relates the many lessons I have learned from world authorities in community health development that led me to believe in the importance of going beyond healing the sick to promote the living of a healthy life. For what is the use of being healed when people go back to the lifestyles and environments that made them sick in the first place?

At eighty-seven years of age, my vision is to see the institution founded by my parents in 1934 continue into the future with a corporate partner for many generations to come—healing the sick and rehabilitating the disabled with modern medicine and prayer and showing them how to lead healthy lives.

My personal vision is to share the management innovations I learned and developed with hospital leaders in less developed countries so they can be more effective in their work. Above all, I want to encourage health organizations wherever they are to show people how they and their families can live healthy lives.

Acknowledgments

First of all, I am grateful to my editor, Ms. Coylee Gamboa, for her expert guidance in the writing and production of my autobiography, as well as doing some research on details that enhance the descriptions in the book.

My gratitude also goes to the following for contributing portions of this autobiography: my daughter, Dr. Carol Macagba, president of Lorma Colleges, and Dr. Manoj Varghese, PhD, senior director of strategy and partnership of Higher Education Digest, and the college staff for contributing parts of the Lorma College chapter in this book.

I thank Lorma executives Ms. Emily Gacad, PhD, director of human resources, engineering and marketing, and Ms. Terri Klug, MBA, for contributing descriptions of innovations and social outreach programs of Lorma Medical Center.

I also thank my wife Vicky for contributing to the chapter on Lorma's outreach and my daughter Carol and my sons Rufino R. Macagba III and Jonathan R. Macagba for contributing parts of the chapter on my family and for Jonathan's help in formatting and designing the cover of the book.

Last but not least, I am grateful to Mr. Luis A. Sena from the Dominican Republic, my partner in several training workshops in Latin America, for writing the Foreword. His reflections recall the yesteryears.

Part 1

Preparation in the Philippines

My parents, Dr. Crispina and Dr. Rufino Macagba Sr.

Chapter 1

The Early Years (1933–1941)

I was born to doctors Rufino Nisperos Macagba Sr. and Crispina Lorenzana Macagba in Bethany Mission Hospital, in San Fernando, La Union, in northern Philippines on February 3, 1933. My father, a doctor, attended my birth. Naturally, I have no recollection of what transpired on that fateful day, although I have my father's avowal that he brought me into this world, as he later did for four of my five sisters. My mother also kept a detailed account of my first year. She recorded that my father exclaimed, "My junior!" as he held me up right after birth.

As my parents were both doctors, they were very protective of me being their firstborn. To prevent my getting sick, they did not allow others to touch me without first disinfecting their hands with alcohol. No one could hold me without wearing a surgical mask. My folks were just being careful about me picking up germs.

My infancy coincided with a pivotal time for my parents. Three months after my birth, my father resigned from Bethany Hospital in his hometown, San Fernando, La Union, in northern Philippines to explore new possibilities with my mother. They explored the possibility of setting up a practice in Cagayan Province, way up in the northeastern tip of the big island of Luzon, where my mother's father owned lands and had lumber concessions. Cagayan was a remote place then and quite difficult to reach by land. The most practical way to go there was by sailboat of Filipino design, called *Viray*, going

around the tip of Luzon to Aparri, a township at the mouth of the mighty Cagayan River.

Aparri, a former galleon trading post, had only one doctor, and he wasn't a surgeon, so my father thought it would be a good place for our family to settle. My parents were all set to go to Aparri, but the ship that was supposed to take them there did not arrive for six months. While waiting in my father's home, in Carlatan, a rural barrio one kilometer from his hometown of San Fernando, in La Union province, more and more patients started to come for consultation. This made my parents think that it was probably best for them to stay put.

The Birth of Lorma Hospital

My father built an annex to his family home for a consultation clinic. As more patients came, he added more rooms using his trade school training years before, and that was the beginning of the hospital, which first admitted patients on May 12, 1934.

They named it Lorma Hospital, a combination of the first syllables of their surnames, Lorenzana and Macagba, and a symbol of what would be their lifelong union and professional partnership. My father was the first US-trained surgeon in the province of La Union, while my mother was the first and, at that time, only woman doctor in the province. She practiced what is known today as family medicine.

Lesson on Being Too Protected

Both my parents were busy doctors who spent most of their time at Lorma, so a maid took care of me. One day, when the maid wasn't looking, I picked up a small local fruit left on the floor and swallowed it. I contracted severe dysentery which reduced me to skin and bones. My near-death episode had one beneficial result; thereafter, my parents let my five younger sisters play in the dirt, and

not one of them contracted a life-threatening illness in infancy. Of course, I remembered none of that.

The lesson from that experience was too much protection is not good as resistance needs to be developed by exposure to germs.

Today, many people die in hospitals from medical mistakes and hospital-acquired infections because, like me in my first year of life, their resistance to germs has become very weak. They suffer from lack of exposure to germs on their skins or in their mouths because of the use of antibacterial soaps and mouthwashes.

The sale of antibacterial soaps and mouthwashes is aggressively promoted on TV and in shops on the mistaken notion those germs on our skins or in our mouths should be killed. But it is not possible to eradicate all them. Those germs that survive become increasingly resistant until finally they are not affected by antibiotics. In the US, surveys report that as many as 250,000 people, or 1.5 percent of admitted patients, die each year in hospitals from medical mistakes and infection caused by antibiotic-resistant bacteria. Consequently, antibacterial soaps are now banned in the US but not in many other countries like the Philippines.

Millions, even billions, of germs are normal inhabitants on our skin and in our lower intestines and, in fewer numbers, in our mouths. When we try to kill them, the survivors become increasingly resistant to antibiotics.

Childhood Memories

My memories of my childhood start when I was being driven to the barrio school one kilometer away from the hospital. I would kneel beside the driver and take control of the steering wheel without touching the gearshift or the pedals below. It was a big thing for me at age five and gave me the feeling of being in charge.

I was the smallest in our class because my classmates were six or seven years old already. Invariably, about 10:00 a.m., I would see a head peeking at the door of our first-grade classroom. My mother always sent me a glass of milk every morning. It could have been

embarrassing, but no one dared laugh at me. So dutifully, I drank the milk.

One of the things that linger from my childhood is the feeling of being very secure in our home. Initially, Lorma Hospital was set up in an annex to my father's ancestral home. My father, who went to trade school before he became a doctor, just kept building and building to accommodate more patients. By the time I became aware of my surroundings, our family was living in a house that was about a three-minute walk behind the hospital. I can only surmise my father had built it to give our family a little bit of privacy.

Our split-level abode had a roof of cogon grass, *sawali* (woven split bamboo) walls, and wooden floors. This structure kept the house cool during the day. The wooden first floor housed the living-dining area and the kitchen, and a wooden staircase led up to the higher level where five bedrooms were located. On the other side of the living-dining room area was the chapel, also roofed with cogon grass. Outside, a concrete pathway led to the hospital, which was about two hundred feet away.

My sisters and I spent the early part of our childhood in that house, playing together or by ourselves. We were happy there. I was a happy child, pragmatic, self-regulating, and self-sufficient. Never a dependent type of person, I did not hanker for my parents' company or attention. I understood they were busy and that was that.

I had the ability to become engrossed in my activities, and I amused myself. I had some playmates among the neighbors' kids with whom I fenced using bamboo swords or collected spiders that we pitted against each other on a stick. Often, I played with Modesto Eusebio, the son of a carpenter who was always doing something around the hospital or the house.

Sometimes, my sister Lilian (who came after me) and I would take a raft out in the fishpond behind our house. We plucked oysters from the bamboo poles that were planted in the muddy bottom of the pond, and we ate them fresh with cooked leftover rice that we brought from our kitchen. Florence, Josephine, and Gena were too

young to join us, and Emma was not yet born. The point is, I did not lack playmates or company when I was growing up.

My childhood was fun, albeit very protected. I was not allowed to go camping with friends at the beach five kilometers away. I did not chafe at that restriction. It was just the way things were.

First Exposure to Medical Advice

I was welcome to go to my father's clinic. Noticed or unnoticed, I would play while he saw his patients. One time, I overheard him giving advice to a mother whose child had sores all over his legs. I can still hear him telling her, "I'd like you to get tincture of iodine and clean water in a white bowl. Add drops of tincture of iodine to the water until it looks like weak tea and wash the leg with that. Let it dry. That's it. Do it every night until his leg is well."

Things like that stuck in my mind and would influence some of my actions as a young doctor later on.

At that early age of five or six, I did not yet aspire to become a doctor, and my parents didn't push me to follow in their footsteps, just as they did not preach about the values that they wanted my sisters and me to imbibe. Words were not necessary because they lived out their moral philosophy and their faith, and we saw them in action.

Father's Self-Care Book

My father wrote a self-care book in the local language entitled *Ania ti Aramidem?* (*What Will You Do?*) Using simple words, the book identified common health situations and emergencies and explained what people could do about them. The book was well appreciated by those who obtained copies of it more so because medical literature for the general population was not widely available at that time.

Legacy of Faith and Helping Others

My parents, both Protestants, were devout believers in God. Their faith in Him was strong and vibrant, and they were both very active in church. I remember that we would gather every night after dinner. In the middle of the living room, we would stand in a circle facing one another. My mother would ask each of us to say a prayer. That would mold anyone's childhood. I admit, however, that I was not too interested in church back then.

Helping others was one of the things my parents modeled. There was no big fuss about doing good to others. It was just there in the background, some things that they did while we were growing up. For example, we always had houseboys and housemaids from the mountains. My parents paid for their schooling, and in return, they did housework for us. Many of them went on to become successful professionals in their home provinces.

Chapter 2

"I Want to Be a Surgeon" (1941)

I was eight years old when war came to the Philippines. One afternoon before it began, my mother, who believed that war was not just inevitable but imminent, went to the market and stocked up on food and supplies. The next morning, the Japanese invaded the Philippines.

That fateful day, December 8, 1941, about 7:00 a.m., my father and I were standing by the fishpond behind our house when we heard and saw airplanes crossing high overhead. The planes were headed south toward Baguio and Manila. I did not know what those airplanes signified, but my mother did, and she hastened to the market to buy more food and other supplies in case we had to flee to the mountains.

Early Days of the War

On December 22, the Fourteenth Army of the Japanese Imperial Forces landed in Lingayen Gulf, in Pangasinan, a neighboring province south of La Union. Immediately, the Japanese troops began marching south to Manila, which they would enter on January 2. Along the way, they had skirmishes with Filipino troops.

The day after the invasion, imperial troops coming in from the north reached Barrio Baroro, thirteen kilometers north of the hospital. We heard that they had landed near the town of Vigan, Ilocos Sur, 86 km north of our hospital.

Filipino troops mounted a vigorous defense at the bridge over the Baroro River in the township of Bacnotan, but the battle did not go well for the defenders. They were massacred, and their bodies were left to decompose where they had fallen because no one dared claim them. The Japanese invaders, having tasted their first victory, felt the blood lust and were primed to fight and kill.

First Evacuation

Ten days later, war came very close to our home. A solitary Japanese bomber strafed the Tabacalera tobacco warehouse near the hospital and our house in Carlatan. That very afternoon, we fled to the hills two kilometers east of Lorma. The hospital nurses came along with us. My mom brought all the supplies she had purchased. It was the first of three evacuations that we would do in the course of the war.

In the hills, we stayed with a family whose hospitality I remember to this day! They made room for us in their home so that we could be accommodated for a while.

Leg Amputation under a Tree

One morning, while we were there, a woman who lived near Lorma arrived on a makeshift stretcher. Shrapnel from a Japanese bomb had injured her leg, and her foot had turned gangrenous. My father said he would have to amputate her leg to save her life, but he could not operate without instruments and supplies. He disclosed that, just before our evacuation, he had hidden sterile surgical packs wrapped in linen in the hospital's attic. Unfortunately, the hospital grounds were crawling with enemy soldiers.

That night, despite the danger, the injured woman's relatives—in James Bond fashion but without high-tech gadgets—crept in the shadows, reached the hospital attic, retrieved the surgical packs, and brought them back to our hideaway.

The following morning, my father did the operation outdoors. They laid the patient on a kitchen table, which was borrowed from the house and placed under a tall tamarind tree nearby. My cousin, *Manang* Moding, Lorma's operating room nurse, assisted him. My father gave the patient spinal anesthesia and then performed the amputation. I was told the patient felt no pain. She survived the amputation and eventually the war.

Perched at the kitchen window, my sisters and I watched the proceedings from above. That operation, the first I witnessed, made an impression on me. Henceforth, whenever people asked me what I wanted to be, I would say, "I want to be a surgeon."

Second Evacuation

After a while, the Japanese occupying forces encouraged the people to return to their homes and most did. My parents did not have the confidence that it was safe for us to return to the hospital. They brought us instead to our farm, which was two towns to the north in the barrio of Mabanengbeng in the town of Bacnotan, which was two kilometers from the main highway. We were assured of rice there because our farmhands had just harvested the crop before the invasion.

To get to the farm, we rode in a *karitela*, a horse-drawn carriage that could accommodate nine passengers in three rows. It was the only conveyance available since the Japanese had commandeered all motor vehicles. That was our second evacuation.

The Japanese promised not to harm the people, so cautiously, Filipinos returned from their hideaways to the towns and cities. We went back to Carlatan in San Fernando, and my parents reopened Lorma Hospital.

Once again, we lived in our house behind the hospital. We were unmolested yet always under the watchful eyes of the invaders. I was too young to be aware of the threat that continually loomed over us, yet I was old enough to sense that war had changed our lives.

Chapter 3

Surviving the War (1942–1943)

Sometime in April 1942, I was playing in front of our house when I saw a very ragged-looking man walking from the highway toward me. It turned out that he was my uncle, Sostenes Lorenzana, one of my mother's younger brothers. He had escaped from the infamous Death March and had walked several days to reach our place.

With the fall of Bataan and Corregidor, about seventy-five thousand Filipino and American troops surrendered to the Japanese on April 8, 1942. Swamped by the number of captives, the Japanese marched them to San Fernando, Pampanga, and herded them into trains bound for Capas, Tarlac, for internment in Camp O'Donnell. With no food or water, about 2,500 Filipinos and 500 Americans died during the enforced Death March. Subsequently, 27,500 Filipinos and Americans died in that infamous camp.

My uncle was dirty and tired, but he was okay. After cleaning up and resting a few days, he continued his journey to their family residence in Tagudin, five towns to the north in Ilocos Sur. I didn't understand all these as a child, but later on, with the help of historical accounts, I pieced together the events behind my memories of those years.

Beginning of the Japanese Occupation

After the initial hostilities, the Japanese invaders tried to win the Filipinos over by promoting the Greater East Asia Co-Prosperity

Sphere. They purported to free Asian nations from Western domination while imposing Japanese rule. The rulers and the ruled would benefit mutually, they claimed. The reality was that resource-poor Japan wanted to harness our rich natural resources for its purposes.

While the Japanese were wooing the Filipinos, there was relative peace in the country. Life was almost normal. Many prominent families, believing they would be safer in Manila, relocated to the capital and stayed there until food became scarce. My parents, however, had a hospital to run, so they remained in our province.

However, in late 1942, Filipino guerillas attacked a Japanese garrison in Aringay, La Union, about twenty-five kilometers away, and the Japanese retaliated by executing two hundred prominent men of Aringay. Rumors had it that they would execute fifty more in San Fernando. That's when my parents decided that we should go to Manila.

The Japanese had isolated the Ilocos provinces along the northwest coastal region from the rest of Luzon, and no Filipino could travel beyond the southernmost town of Rosario without clearance. My dad approached a Japanese who was a close friend from the prewar days. He was a high-ranking officer in the Imperial Army and an interpreter for the Kempetai, the military police. My dad's friend vouched for him, and we were allowed to travel to Manila in October 1942. We went by train.

Move to Manila

My grandfather owned two large houses on Oregon Street in Paco, Manila, and we went there. Some of my mom's siblings and their families were already in residence by the time we arrived.

My mother was pregnant with my youngest sister, who was born on November 4, 1942, in Emmanuel Hospital in Manila. Emma was the only one of us that my father did not deliver. My other sisters were all born in Lorma before the war: Lillian (1934), Florence (1936), Josephine (1937), and Gena (1939). Emma was

born prematurely and was so tiny she had to be fed with a dropper, but she survived and grew strong.

After the travel ban to the northern provinces was lifted, we all returned to San Fernando, La Union. Shortly after we got back, a Filipino schoolteacher was shot and critically wounded. He was brought to Lorma Hospital, and my father attended to him.

Unfortunately, the teacher died of his wounds, and the Japanese questioned my dad on suspicion that he was working with the guerillas and killing Filipinos who collaborated with them. Ironically, the guerillas suspected my father of collaborating with the Japanese.

Father Is Interrogated

My dad was taken to the office of a Japanese doctor with whom he was acquainted and to whom he had lent some medical books. The Japanese doctor was kind to my dad and even reprimanded the interrogating officer for hitting him with a ruler.

After being questioned for two hours, my father was finally released. As he walked away, the doctor called him back and gave him a gun for his protection against the guerillas. My father thought it prudent to accept the gun then, but he returned it to the good doctor when he left for a short trip to Manila.

Japanese Set Up the KALIBAPI

In those days, the big news was the setting up of the KALIBAPI or *Kapisanan ng Paglilingkod sa Bagong Pilipinas* (Association for Service to the New Philippines). It was the only political party allowed by the Japanese conquerors and was a key instrument for promoting their new order in East Asia. The KALIBAPI was inaugurated on December 30, 1942, with Benigno Aquino Sr. (Ninoy Aquino's father) as its first director general.

KALIBAPI initially recruited Filipinos into the party and claimed that its membership ran into the hundreds of thousands. In mid-1943, its role shifted. It wrote a new constitution and established a new National Assembly in preparation for Philippine independence from Japan. All these were part of the Japanese propaganda about the Greater East Asia Co-Prosperity Sphere.

Father Is Appointed Assemblyman

The first fifty-four members of the National Assembly were all appointed. The Japanese appointed my father assemblyman and his good friend, Bonifacio Tadiar, governor of the province of La Union, which has twenty towns. (Many years into the future, Governor Tadiar's son Alfredo, a lawyer, would marry my sister Florence, a doctor.)

I learned later that Bonifacio Tadiar, an educator and a devout Christian, felt duty bound to accept the appointment as governor to prevent more Filipinos from being killed. Similarly, my father accepted his appointment because it enabled him to continue saving lives at Lorma Hospital.

As an assemblyman, my father had duties in Congress, and every few months, he journeyed to Manila, 240 kilometers away, to fulfill those duties. On one such occasion, his trip coincided with my mother's visit to her father in her hometown, Tagudin, in Ilocos Sur province.

My parents asked Dr. Pablo Raval, who was married to my mother's youngest sister, to relieve them in the hospital and to watch over us kids. Dr. Raval was from the town of Laoag in Ilocos Norte, two provinces to the north.

Lightning Strikes Our House

My parents' bedroom was in the eastern part our house, next to a fishpond, and we, the children, were in bedrooms in the western part. My uncle was supposed to sleep in my parents' room, but he changed his mind and slept in another room.

In the middle of the night, it started to rain very hard. My cousin, *Manang* Ruth, got up and went over to my parents' room

to close the sliding doors to the balcony overlooking the fishpond because the rain was coming in. (*Manang*, meaning older sister, is a polite form of address.)

Manang Ruth was returning to her bed when a lightning bolt struck the house, and the force threw her to the floor. She looked up and saw a ring of fire where the light bulb used to be—right above my parents' bed, where my uncle would have been sleeping that night if he hadn't chosen another room! The bolt reached down to the earth, and where it touched the ground, the concrete cracked.

My Sister Is Rescued from Burning Bed

The lightning bolt traveled through the wiring network, and the whole house was ablaze in minutes. We were roused from our sleep and herded to the hospital. When we got there, one of my five sisters was missing. Someone hurried back to get her. Her mosquito net was already in flames when her rescuer pulled her out. From the porch of the hospital, we watched our house burn. I can still remember how fiercely the blaze glowed.

One of the things they saved from the inferno was a very heavy German piano. A few men carried it to the hospital in the middle of night, amid the torrential downpour, while the fire was still burning. I think adrenalin enabled them to do it. When adrenalin kicks in, you can do almost anything.

By morning, the fire had died down. All our clothes were wet, so a seamstress had to make something in a hurry for all six of us. The only material available was the green-and-yellow-striped curtains of the hospital. My sisters and I all wore striped green and yellow clothes for a while.

When the embers cooled, we went back to the house, which had been razed to the ground. I suppose that if we dug through the debris, we would have found some valuables or useful items, but the helpers and the hospital staff said it was bad luck for us to pick up things from rubble.

In the afternoon, we went to the train station to meet my father who returned hurriedly from Manila. From the bridge before the hospital, we used to be able to see our house, but now it was gone. My father bowed his head low between his arms and grieved for the loss of our house. It was never rebuilt. Thereafter, we lived in a section of the hospital.

My parents had their own bedroom, while all of us six children and *Manang* Ruth slept on woven mats on the floor of a large room. I do not remember being uncomfortable sleeping on a mat on the wooden floor, although we each used to have a bed with a mattress in the old house.

Japanese Set up a Philippine Republic

On October 14, 1943, the Second Philippine Republic was inaugurated in Manila with Jose P. Laurel as president. A declaration of independence from Japan was read, but the whole event was just a *zarzuela* (a musical comedy), for the Philippines was still very much under Japanese rule.

Chapter 4

My Dad's War (1944–1945)

In mid-1944, all the assemblymen were sent home to their provinces to participate in a pacifying campaign because the resistance against the Japanese had escalated. To curb the growth of the resistance, the Japanese executed Filipinos suspected of aiding the guerillas. My dad knew the Japanese in San Fernando were watching him closely.

Dad Interrogated Again

Later that year, the Japanese raided the guerilla hospital in Lon-oy, La Union, and they found a list of names of people who were contributing to the hospital. My father's name was on that list.

A relative warned my dad that his connection to the guerillas had been discovered. Immediately, my father asked the Philippine Constabulary for an armed guard, ostensibly to protect him from the guerillas, and this became part of his cover story. The following day, when the Japanese came to interrogate him, my father admitted to helping the guerillas. He said he had no choice because they threatened to kill him. He added that, since he became an assemblyman and was protected by the PC, the guerillas stopped visiting him. Satisfied by his answer, the Japanese interrogators left.

Third Evacuation

In September 1944, the Americans started bombing Japanese planes in San Fernando and ships in Poro, the port of San Fernando. Incurring casualties, the Japanese commandeered Lorma Hospital for their use. My parents took us to the farm in Mabanengbeng again—our third evacuation. Mabanengbeng was strategically located. To the west, a mile (1.6 km) away from the house was a highway, and to the east, also a mile away, was another highway. Despite its accessibility, somehow, the Japanese never attempted to go Mabanengbeng.

Dad Joins Guerrillas

During this evacuation, my father was commanded by the guerilla leaders to join their field hospital hidden deep in the mountains east of La Union. The executive officer of the 121st Infantry, one of five infantries of the USAFIP-NL guerilla operating in Northern Luzon, sent him a letter ordering him to report to the 121st Infantry's headquarters, Camp 944-C, in the mountains of San Gabriel, La Union. The USAFIP—the United States Armed Forces in the Philippines—was a military and guerilla organization that became active during the Japanese occupation. It was made up of US Army, Commonwealth Army soldiers, reservists, and civilians.

Because of his asthmatic condition, my dad had to be carried in a hammock to that camp, which was high up in the mountains. But he acclimatized himself and exercised so that his asthma no longer bothered him whenever he had to climb or descend the mountain.

Bamboo House Built for Our Family

Sometime after he joined the army, my father had the *bolo* men build a house for us in Mabanengbeng. The *bolo* men were guerillas who carried *bolos* instead of guns. A *bolo* was a large Filipino knife, similar to the machete in Latin America. The *bolo* men, using their

blades to cut bamboo and wood, built a two-story house for our family and several other families to stay in.

In that house, we all slept on mats spread on the bamboo floor. About forty people lived there, including a Protestant pastor, Onofre Fonceca, and his wife Leona, who had evacuated with us. We had worship services every Sunday.

We were still there at Christmastime. To simulate snow, hospital cotton wadding rolls were placed on the highest branches of a large avocado tree with lighted candles on top. That night, US planes bombed San Fernando, which was just two towns away. The reverberation from the explosions caused one of the candles to fall, and suddenly, our Christmas tree was on fire!

During our six-month stay, Pastor Fonceca and his wife preached the gospel to the villagers, mostly farm tenants of my parents. Years later, Pastor Fonceca became a bishop of the United Church of Christ in the Philippines, which unified five Protestant denominations when it was established in 1948. Today, there is an active dynamic church standing where our two-story bamboo house used to be.

Strategic Move

Toward the end of the six months we spent in Mabanengbeng, my father, worried that we were too near the highways, made a strategic decision. He had the *bolo* men build another house for us in the barrio of Malmalanting, about a mile away from our house in Mabanengbeng. The distance was short, but the difference was Malmalanting was surrounded on all sides by a mountain and was therefore safer for us.

Mountain Hospital with Piped-In Water

My dad was assigned as the junior officer of the Lon-oy Base Hospital of the guerrillas, deep in the mountains. He had finished trade school, including a course called construction, before going to

the US to study medicine. His knowledge in construction proved handy and providential, as he was able to innovate and brought piped-in water to every room in the hospital.

The wood-and-bamboo hospital was situated on a slope. From the small waterfall above the hospital, my father built a network of descending pipes, made of hollowed-out bamboos, to carry water to the hospital buildings. The network of pipes passed outside each room of the hospital.

Outside each room, a short bamboo tube with a hole on top was attached to the pipeline. When people wanted water, they turned the short bamboo tube so that the hole faced their room. Water flowed from the hole into a smaller private bamboo extension that brought water into their room. The water drained onto the sloping ground below through the slotted bamboo floor. The floor was fixed in place with strips of twisted bamboo rope.

With piped-in water, people could wash their hands and their faces and even take a bath in their rooms. It was such a convenience to have running water in every room in the hospital. My dad's innovative approach made an impression on me and taught me to be creative in my approach to running a hospital later on.

President's Son Wants Best Doctor for Pregnant Wife

After completing the hospital and other quarters, my father was ordered to build a house for Sergio "Serging" Osmeña Jr. and his family. My dad built the Osmeñas a bamboo house beside the new hospital and also provided it with piped-in water.

Serging was the son of then President Sergio Osmeña, who succeeded the late Manuel L. Quezon as president of the Commonwealth of the Philippines. Serging's wife, Lourdes de la Rama Osmeña, was due to deliver their second child. He wanted the best surgeon to attend to his wife and put out the word. My dad happened to be the only US-trained surgeon in northern Philippines at the time, so they brought Mrs. Osmeña down from Baguio City many miles away to the hospital camp in the mountains.

Let me put the events in their historical context. President Quezon, who established a government in exile in the United States during the Japanese occupation, died there on August 1, 1944. Sergio Osmeña, who served a vice president in Quezon's wartime Cabinet, succeeded him. President Osmeña returned to the Philippines with Gen. Douglas MacArthur, landing in Palo, Leyte, on October 20, 1944, for the liberation of the Philippines.

Visiting My Father in the Guerrilla Base Hospital

Worried about my father, my mother decided to visit him in the Lon-oy Camp. She brought my sister Lillian and me along. Our other sisters, being too young for the climb, stayed with our relatives in Malmalanting. Our guides carried my mother in a hammock because the trip on foot would have been too rigorous for her. My sister and I walked, following the guides on the narrow forest trails that disappeared into the undergrowth. We walked for a day and a half and crossed two mountains to reach the hospital. My muscles hurt—oh, the pain is etched in memory—and we groaned whenever we descended a mountain. It was more painful going down than going up.

But there were perks like eating ripe guavas plucked straight off the branches of the trees and sightings of colorful great hornbills high up in the trees. It was a beautiful trek in the deep forest but a surreal one because the war was never far from us. We could hear the distant explosion of bombs from the direction of Baguio, a mile-high city not too far away. The liberation forces would reach Baguio City only on February 21, 1945, so it must have been the Japanese bombing the city on their way out.

Exploring the Camp

Like any young boy, I explored my surroundings in the camp and even went for a swim with my father in a pool fed by a small stream coming from the waterfalls. The water was icy. I jumped in,

and suddenly, I could not move or swim. I froze and began to sink because of the cold. My father rescued me and saved me from possibly drowning.

Another event that I remember was the dinner that Serging Osmeña and his very pregnant wife hosted. Our family was invited to dine with them in the house built by my father and the *bolo* men.

I was free to roam around the camp and quickly picked up information without having to be told much. I learned the senior officer was Major Eduardo Borje, commander of the First Battalion of USAFIP-NL. Borje would later be recognized as one of the heroes of last battle of Bessang Pass after which General Yamashita eventually surrendered. That battle was waged from February to June 1945.

In retrospect, I realized that my dad's war vastly different from Borje's war. Borje fought to dislodge the Japanese soldiers who were defending General Yamashita's stronghold in Northern Luzon. Dad fought to save the lives of Filipino soldiers taken to the hospitals that he set up in guerrilla camps. His war was waged on operating tables in makeshift operating theaters.

Guerrilla Hospital in Padang

On the night of January 4, my father received orders to go down the mountain at once to Padang in San Gabriel, La Union, and build a hospital there. Dad had to go immediately. My mother Lily and I were left behind. He assembled a team of nurses and nursing aides, and escorted by four soldiers, they departed just before midnight. By then, Father had conquered his asthma and did not need to be carried in a hammock.

Padang was halfway down the mountain. As they descended, Father saw lights on the sea stretching far into the night. The lights were from US warships that had come to liberate the Philippines. My father and his team arrived in Padang at daybreak and immediately set up the hospital using the existing houses of residents. They worked with a sense of urgency because the 121st Infantry launched

an offensive that morning and the injured were brought in that very afternoon.

The Birth of Minnie Osmeña

A week later, my father was called back to the mountaintop camp because Mrs. Osmeña's time had come. My mother assisted him in the delivery.

The Osmeñas named their baby girl Minnie because of the waterfall in front of the house (where I almost drowned). My father recalled that Minnie's name was inspired by Minnehaha (Laughing Water), a character in Longfellow's poem, "The Song of Hiawatha." Her birth in mid-January 1945 was a celebration of life amid the war.

After Minnie's birth, Father returned to Padang, and this time, he took us with him. To avoid detection, we traveled by night, walking on narrow mountain paths that were lit only by the moonlight. I remember noticing a big snake alongside the path. It the dim light of the moon, I could see it coiled there, paler than the grass around it. It seemed to be sleeping, so we just kept on walking.

Bamboo House Built in Eight Hours

The *bolo* men made swift work of building a house for us in Padang. It was made of bamboo and wood with a cogon grass roof. They started about 7:00 a.m. and finished in time for us to sleep in it that night. The house was elevated on posts that they embedded in a ginger field. If you liked the smell of crushed ginger, it was a fragrant place to be.

I cannot forget the time when a daughter of Governor Tadiar came up to the small porch of our house. The guerillas had accused Tadiar of sympathizing with the Japanese because the invaders had appointed him governor. Tadiar had accepted the posting to save the lives of Filipinos, but the guerillas did not believe his alibi, so they killed him.

The guerillas also captured his daughter, Adela. I don't know what they did to her, but the memory of how she looked then haunts me until now. I was barely twelve, but I knew she had suffered. She came under the protection of my parents, and I was glad for that.

Many years later, my wife and I visited *Manang* Adela in the US. By that time, she was already married. She was so hospitable that she gave up the master bedroom for us to sleep in.

In the course of our conversations, I mentioned the time she came to our porch in the mountain cottage, and she fell completely silent. I never brought it up again. But, after all these years, the memory of her pain still brings tears to my eyes.

Guerrilla Hospital in Sapilang

We stayed in Padang only for a few weeks. On January 30, my father was ordered to go down to Sapilang, in Bacnotan, La Union, to set up another hospital there. That's where the Mariano Marcos State University-Sapilang Campus is located today.

By January 1945, the battlefront had shifted to our hometown. In all San Fernando, only three buildings remained intact—the concrete Bethany Mission Hospital in town and the Tabacalera warehouse and Lorma Hospital in Carlatan. At war's end, only Bethany Hospital and Lorma Hospital were still standing. It was grace indeed from God.

Still Another Hospital in Pandan

On March 2, my father was ordered to go further west to Pandan, Bacnotan. Pandan was a barrio by the sea, and we could see several US military landing craft resting on the beach with their noses open. My dad became the commanding officer of Barilla Hospital there and performed a lot of operations under large mosquito nets rescued from the Tabacalera warehouse before it burned down. The mosquito nets kept the flies away.

My Father Promoted to Captain, Transferred to Darigayos

My father was promoted from lieutenant to captain on March 9, 1945. Long after the war ended, he joked that he never became a major because his commanding officer, a major, never promoted himself. The major's son and I became friends. Romy was just a bit older than I, but he carried a real pistol in a holster on his side. He was proud to be sporting a real gun.

Upon his promotion to captain, my dad was transferred to a new base hospital at Camp Spencer about five miles (8 km) further north in Darigayos, La Union. Camp Spencer was the new headquarters of the USAFIP-NL. Dad was appointed chief of the surgical service. As the only surgeon in the hospital, he performed a lot of surgeries on the injured from various battlefields. Exhausted from working day and night, he became ill and was sent to recuperate in the US Army's station hospital in San Fabian, Pangasinan. After a week, he returned to the base hospital in Camp Spencer.

The war in the north was so fierce now and the casualties so many that my father was ordered to move nearer Bessang Pass where a fierce battle was being waged. General Yamashita, the Tiger of the North, was making his last stand in the Cordilleras.

Commanding Officer of Base Hospital in Tagudin

My father was instructed to relocate the base hospital to Tagudin, four towns to the north. Tagudin was my mother's hometown. He brought us there, and we stayed in my mother's ancestral home—a large house with a commanding view of the town plaza.

All the buildings and houses around the plaza were commandeered for a hospital for the wounded. Some of the wounded were housed in a Catholic school and a convent by the plaza. Hospital doctors, nurses, and personnel stayed in private houses. There were about a thousand beds for casualties, and the war filled them all.

The Japanese controlled the mountain peaks, particularly Bessang Pass. The guerrilla forces were pinned below and were

mowed down relentlessly by Japanese artillery. Every day, without let up, the wounded arrived. Some days were worse than others. The medical teams operated under giant mosquito nets that kept the flies away. My father operated on the ones he could help, as well those who needed miracles to survive. I was told that the official tally for the battle of Bessang Pass and its environs was 3,375 casualties with 900 deaths. A good number of the injured were tended at the guerilla base hospital in Tagudin, and many of them survived. Later on, I learned Yamashita's forces had sustained heavy casualties too.

I remember that there was a cage by the road, a room with bars, where they confined the soldiers with cerebral malaria. They were crazy, and their skin was yellow from the Atabrin tablets used to treat them. I remember this distinctly because I contracted malaria myself while we were in Tagudin—classical *vivax malaria*. I had chills and fever every other day, right on schedule, as the timetable for the disease described. I survived, thanks to Quinine and Atabrin, and the prayers of my parents.

We didn't have electricity in the house of my grandparents, but we had *carburo* lamps. The *carburo* (calcium carbide) reacted with water to produce acetylene gas, which was flammable. The light it produced was very bright, and the brightness could be increased or decreased by the size of the flame.

I resumed my schooling toward the end of the war. I was in grade 4 when the Japanese arrived. In Tagudin, I was placed in grade 5 and then promoted to grade 6.

End of the War

Toward the end of WWII, in the Pacific, Japan continued to fight a war that it could not win. General Yamashita, the Tiger of Malaya, who had scored a swift and decisive victory in Singapore in 1941, was expected to work the same magic in the Philippines where the guerrilla resistance was delaying Japan's timetable. Yamashita arrived in the Philippines on October 5, 1944, just fifteen days

before Gen. Douglas MacArthur returned to begin the liberation of the country.

Abandoning Manila in early 1945, Yamashita pushed north to make his last stand in the Cordilleras. He continued fighting despite Germany's surrender to the Allies on May 7, the bombing of Hiroshima and Nagasaki on August 6 and 9. Emperor Hirohito announced Japan's unconditional surrender in a radio broadcast on August 15.

Yamashita fought until September 2 when Japan formally surrendered aboard the battleship Missouri in Tokyo Bay. With no reason to continue to fight, Yamashita left his refuge on Mt. Napulawan and surrendered to Filipino guerilla forces in Kiangan, Ifugao. The next day, he formally surrendered to the Americans in Camp John Hay, Baguio City. The war in the Philippines was officially over.

Lorma Hospital Reopens

Our last move was back to Carlatan in San Fernando, La Union. My parents reopened the hospital, and things became okay again for us as the war drew to a close.

War had changed many things, but some things remained unchanged. So it was with our piano, which had been rescued from the fire in our home and placed in the lobby of the hospital. When everyone evacuated, the Japanese made the hospital their headquarters and played their pieces on that piano. The guerrillas took back San Fernando from the Japanese, and they played on that piano too. Then the Americans arrived, and the Red Cross nurses stayed in the hospital. Likewise, they played on the piano (and shared "fresh" biscuits with the nurses—that is, biscuits from a freshly opened tin). Finally, when the war ended, it was our turn to play our pieces on that piano. The piano survives to this day. With a little refurbishment and tuning, it can be revived.

So life continued. My parents stayed at the hospital again. During the days when he was a politician, my father had acquired a piece of property by the town plaza, and my parents built a house

there. We, the children, lived on the second floor of that edifice because it was within walking distance of our school. The ground floor housed the Philippine National Bank in front and my mother's clinic right behind it.

Chapter 5

Higher Education (1946–1952)

In our new house downtown, all my sisters were crammed into one bedroom while I enjoyed the privilege of having one room all to myself. I was the domineering oldest brother, although I don't quite remember why I merited that notoriety. I guess, when one of the girls cried, who else was blamed? *Manong* Junior! (I had the same name as my dad, so I was his junior.)

I remember one incident when my sisters had to call my parents to come and rescue them because I was holding a knife. My parents lived a kilometer away in Carlatan so they could be near the hospital.

Back then, I had an army locker (*baul* in Ilocano) in which I kept some personal stuff. It was known as junior's *baul*. No one could touch it, and I guarded it ever so fiercely. I probably grabbed the knife to make a point. In my defense, I never raised my hand against them nor did I threaten to use the knife on them.

In my view, I wasn't really a bad kid. Although I never studied and didn't do my homework, my grades were somehow fine. However, after that incident with the knife, I was severely censured to the point that I reflected, "You hold a knife once, and you're considered a bad boy." That offense led to my exile to Silliman University, far away in the Visayan Islands.

Silliman University

My parents heard about Silliman from good friends of the family. The chief proponent was La Union Governor Doroteo Aguila. A Protestant, like the members of my family, he extolled the virtues of Silliman where he had been sending his children to school. He told my parents about this Protestant university in Dumaguete City that developed not only academic competence but also character and faith in its students. If memory serves me, I think he even said they sent "problem" boys there.

Silliman University is located in the middle of the country, in the Island of Negros Oriental in the Visayan Islands, an overnight boat's ride south from Manila. I don't know how Silliman gained that hint of unwarranted notoriety. Founded in 1901 by Protestant missionaries, it began its existence as a boy's school. In 1910, it was recognized by the government and gained the right to grant degrees. In 1921, a Bible school was established on campus, which later became the School of Divinity.

In the Philippine Commonwealth Period, Silliman became the first school outside Manila to be granted university status. During WWII, the Japanese used the campus as a garrison. Classes resumed after Liberation, and in the 1950s, the moves to Filipinize the administration began. But, when I was there in '48 to '51, many Americans were still in the administration and the faculty. Silliman was ranked among the top five universities of the country.

Silliman had very large campus with spread-out buildings and lots of space in between. It had lots of trees and was noticeably quiet despite the fact that it was near the seaside boulevard and just on the edge of downtown Dumaguete, whose people were very hospitable. Silliman was near the sea, and when a strong breeze wafted in from the water, I could smell the salt or seaweed in the air. Someone told me that, during a strong typhoon, I would be able to hear the furious pounding of the waves on the shore, but no such storm struck while I was there.

First Time Away from Home

Up to my third year in high school, my childhood was so guarded that I was not even allowed to bivouac overnight with other Boy Scouts in a campsite by the beach just a few miles from the hospital. Suddenly, there I was in faraway Silliman University, sent by my parents for my final year in high school! For the first time in my young life, I was far from home and family. It turned out to be a maturing experience for me as I became more independent and more self-reliant.

I stayed with the family of Mr. Lorenzo Bernardez, who was the dean of men. They had a big house with several rooms; many students were boarders there. I shared a room with two other guys, Ricardo "Carding" Zarco and a Visayan lad who kept dried squid in a box under his bed. His name escapes me, but I remember the squid because, at night, when the campus was silent and still, my roommates and I would go down to the street and toast the squid over a small fire. We really enjoyed our midnight snack. Fast-food outlets were unheard of then.

Carding comes to mind more vividly because of the toilet paper incident. One day, he came back to our dorm visibly upset.

"My girlfriend and I broke up," he announced.

I thought, *Lucky you to have a girlfriend to break up with! I don't even know how to court a girl!*

Carding blurted out, "She wrote me a letter on toilet paper!" He showed me the last line. "Paper slightly used."

Cultural Differences

At Silliman, I encountered geographical differences in the meaning of words. The high school principal hosted a dinner, and as one of the students fortunate enough to be invited, I was really looking forward to a good meal that evening.

To my dismay, the principal, my teacher in the first subject after lunch, greeted me with the words, "We were waiting for you."

"Sir," I replied, "I thought the invitation was for dinner tonight."

"No," he corrected me, "lunch is dinner."

Foxhole Radio

I had lots of time on my hands in Silliman, so I decided to build a foxhole radio that didn't need batteries. Back in San Fernando during Liberation Time, a GI had taught me how to build a foxhole radio, and I made one using some wires, a coil, an antenna, a ground, a blue Gillette razor (it had to be the one made of blue steel), and a safety pin. When I finished it, eager to try my new device, I got the two bare ends of the wire and put them in my ears. Nothing! I didn't know I needed earphones! I was so disappointed and considered it my first failed experiment in building my own radio.

Now, in Silliman, I assembled the materials for my foxhole radio. This time, I knew better and got earphones, and instead of a razor blade, I bought a diode. I built it into a matchbox, and it worked without batteries—just as the GI said it would. I could listen to the Silliman radio station's broadcast. I was delighted! It gave me many hours of entertainment.

Rubber Band-Powered Model Planes

I was very curious about making mechanical things back then. I built my own model airplane from scratch (there were no modelers' kits back then). I used fine split bamboo and thin Japanese paper that I stuck on with liquid glue made from bananas. The plane had a rubber-band engine. I wound the propeller, storing energy in the rubber band with each twist. In the air, the rubber band would unwind, powering the airplane's flight. I had a flight time of about one minute for each toss. I flew my planes in the athletic field behind my boarding house.

Another gadget that I was fond of was my flashlight that worked without batteries. I cranked it up by squeezing it, and the light would

go on. I enjoyed using it to find my seat in the movie house, and I kept it by my bed and grabbed it whenever I got up at night.

My High School Graduation

I was still lackadaisical about my studies in high school. I had a Bible class (a requirement for students at Silliman) at 11:00 a.m., just after recess. The problem was that, when I went home for recess, it was just too tempting not return to school until lunch break was over. I yielded to that temptation so many times.

Finally, high school was over, and my dad and his operating room nurse—my favorite cousin, *Manang* Moding (the only person I allowed to clean my ears)—arrived for my graduation ceremony. I was a bit apprehensive. I didn't know if I would be allowed to march because I had been skipping Bible class. Fortunately, someone had pity on me and let me graduate with my batch. I don't know if my father ever found out that I had regularly cut Bible class.

Puppy Love

One final story about high school. There was a beautiful girl in my class whose name I remember up to now. She was Otilia, the muse of my puppy love. All year long, I admired her from afar because I didn't know how to approach a girl. After our graduation ceremony, when we were all going our separate ways, I saw her in their car. On the spur of the moment, I approached her to say something, anything to reveal my hidden crush. Alas, all I could come up with was, "Will you be my Valentine?" It didn't mean a thing because she was already going away. That was my romantic episode in high school—all three seconds of it! Then I went home for my summer break.

Assisting in Major Operations

As he had done several times in the past, my father asked me to assist in his major operations. He did this whenever he needed

an extra pair of hands to keep the incision open so that he could see what he was doing. Assisting him fueled my ambition to become a surgeon and gave me valuable experience that put me ahead of most of my contemporaries in med school later on.

First Two Years in College

I returned to Silliman the following year to take up premed. By that time, I was serious about my studies because I wanted to become a doctor. I decided that I would attend the best medical school in the country, the University of the Philippines College of Medicine, from which my mother had graduated in 1931. I studied hard and obtained very high grades.

Complementing my academics, I got into weight lifting. Professor Dioscoro Rabor—who would later become a world-renowned biologist and would be acknowledged as the Father of Philippine Wildlife Conservation—was a weightlifter, and he had a group that met regularly in his house. I joined them. Lifting weights added muscle to my scrawny frame. I looked better, became stronger, and could lift heavy objects without injuring my back.

Also in that weight-lifting group was my new college roommate, Alfredo Tadiar, my future brother-in-law. Fred was the only son of Governor Tadiar to survive WWII. Like their father, all his brothers had been killed by guerillas for allegedly collaborating with the Japanese. Fred eventually married my sister Florence and became part of our family.

I finished two years of premed with a final grade of 1.7 and applied to the UP College of Medicine. Alas, the admissions committee had a calibration scale that added 0.8 to my grade as a non-UP applicant, so I didn't make the cut in 1951.

Starting College in Manila

I was determined to get into the UP College of Medicine, so I went to UP Diliman where I was admitted as a third-year BS zoology

student. I stayed in a Quonset hut, a carryover from the American military barracks during WWII. Five of us shared a room.

My best friend then was Ben Marte, whose dad was a doctor and a classmate of my mom in med school. Ben and I often went around the Diliman campus together. I remember that we were both interested in a nice-looking girl whom we nicknamed Haywire because of her hairstyle, but neither of us made an attempt to develop a relationship with her. I admired her from a distance because I still didn't know how to court a girl.

With no distractions, I focused on my studies and got good grades, which got me into the UP College of Medicine in 1952. Ben Marte got in the following year.

Chapter 6

Serendipity and Destiny (1952–1957)

As I entered the registration area of the UP College of Medicine, I caught sight of her, Victoria Dagsi Reyes, the girl who would become my wife. What would you call that? Serendipity? Had I been admitted to med school a year earlier, Vicky might have ended up marrying somebody else. But, because I enrolled in 1952 instead of 1951, we met, became friends and sweethearts, and eventually got married. Now, in 2020, we've been married sixty-three years, so it must have been destiny.

In UP med school, if you don't study every night until midnight, you get kicked out. I was determined to become a doctor, so I studied hard and even became a college scholar in my first year. I didn't have time to sit at the piano anymore and play "Moonlight Sonata" for my own enjoyment, so with help from *Popular Mechanics* magazine, I built my own hi-fi system. I got the parts from a local electronics store and soldered them together. Viola! I had my "sounds," as the youngsters today would say.

My classical music drove the laundrywoman crazy as she washed clothes downstairs outside my boarding house window maybe because I had only three records—Beethoven's *Fifth* and *Ninth Symphony* and Shubert's *Unfinished Symphony*. My sounds filtered down to the laundry area and apparently grew on her. After a year, she declared she loved classical music! I was, of course, oblivious to all these.

I had my nose in my books every day and studied past midnight every night. One night, I brought home a skull to study. I placed

it beside my head and looked at the mirror. Inexplicably, I became dizzy, so I put it down. Needless to say, I didn't do that again.

Luckily, my roommate, Vedasto Samonte, who hailed from Laoag up north, was not easily spooked. Vedasto, who was also my classmate, later became a resident physician in Lorma Hospital for a couple of years. Back in the 1950s, we were both just trying to get through med school.

During internship, I had another roommate, Emilio Macias III, who came from a political family in Dumaguete. We both trained in surgery after our internship. Although he became a doctor, he always wanted to go into politics in his father's footsteps, and eventually, he did, serving as governor and a congressman of Negros Oriental for several terms. Emilio married one of our classmates, Dr. Melba P. Lopez, who became an obstetrician.

I don't recall having a favorite subject, except perhaps Anatomy. My mother, who had been through the rigors of the college of medicine, gave me her colored atlas anatomy of the human body. Many of the anatomical parts were in German. Fortunately, I had taken up German in premed in Silliman, so I often topped the anatomy exams.

Vicky and I went steady in our second year in med school. The only time when we were not together was in laboratory when the class was divided into two, A–M and N–Z. The rest of the time, we sat together, our elbows touching.

We were both busy medical students, so our dates were simple and not too often. We would have meals at Ma Mon Luk Restaurant in Quiapo—often *siopao* (pork bun) and *mami* (noodle soup)—and then see a movie. Then I would take her home.

She lived with her sister's family in a rented house in Singalong, two jeepney rides away from the college of medicine. (The jeepney, a vehicle unique to the Philippines, is a modified US Army jeep that can accommodate sixteen passengers. A passenger enters the back, using a step, and handles on both sides. It is the only passenger vehicle in the world that can be boarded or left safely while it is running.)

I visited Vicky as often as I could. In our last year in medicine, I saw her practically every day.

I stayed two blocks from Philippine General Hospital (PGH) in the boardinghouse of my mom's sister, Auntie Minang, who was an achondroplastic dwarf. When seated, Auntie looked as tall as an adult, but her arms and legs were short. Nonetheless, she was as capable as any normal person. She was intelligent, cheerful, self-supporting, and mobile. Her income came from the boarders, including many medical students, some of whom were my classmates. Auntie also hosted several *mahjong* tables from which she collected *tong*, a portion of the winnings. She made a good living and put some grandnephews and grandnieces through school. She even traveled around the world alone. I remember her as a very jolly person.

Unlike in the US, Filipino parents in the Philippines pay for their children's education. My parents supported me through med school. Later, they supported Vicky and me when we were newly married and were doing specialty training at PGH. Their support enabled us to focus on our studies.

My mother visited me each month to give me my allowance. Her favorite closing remark was "*Hijo* (Son), buy only what you need, not what you want." As a dutiful son, I followed her advice. To this day, Vicky and I live very simple lives. Although we like to travel, we are not extravagant in any sense.

Vicky Graduates with Her Own Name

One day, late in our medical internship year, when my mother brought my allowance, she said, "You're visiting your girlfriend every day. Why don't you just get married?"

I would have happily done that then and there, but Vicky wanted to wait. As a tribute to her parents who put her through med school, she wanted to graduate as Victoria Dagsi Reyes, not as Victoria Reyes-Macagba. (Dagsi was her mom's maiden family name.) Our compromise was that we would get married twenty-four hours after graduation.

Being a full-time student and even a soon-to-be doctor, I had no money for anything. A week before our wedding, my mother brought me to Escolta (then Manila's elite commercial district), and we bought wedding rings and a diamond engagement ring for Vicky. My relatives on my father's side prepared everything for the wedding and reception. Vicky and I did not have to do anything except finish med school. Oh, I almost forgot. Of course, Vicky had to fit her wedding gown.

Graduation and Wedding

We graduated on April 9, 1957, and marched with our class. We got married the following day, on April 10, about the same time, in the Central United Methodist Church on T.M. Kalaw Street facing Luneta. Four bishops and one American pastor officiated at our wedding: Bishop Onofre Fonceca, Bishop Enrique Sobrepeña, and Bishop Jesus Alvarez of the United Church of Christ in the Philippines, Bishop Jose Valencia of the Methodist Church, and Rev. Charles Mosebroke of the Central Methodist Church. I don't know if that had something to do with the longevity of our marriage, but we've been together for sixty-three years and are still very much in love.

We held our wedding reception in Aristocrat restaurant by Manila Bay, which was famous for its sunsets. We were both giddy at that time and hardly knew what was going on. Now we're sixty-three years married and counting. My parents, who married late, clocked fifty-seven years together. My dad died at the age of 91, my mom at 101.

During our sixtieth anniversary in 2017, Vicky and I decided to have a thanksgiving celebration in Central Church in Manila, where we were married. We invited forty close family members. Our daughter, Dr. Carol Lynn, was present. Her three children—Adrien, Kevin, and Elysa—could not come from the US. Our second son Rufino III, aka JJ, came with his wife Stef and their sons Quade and Josh. Our third son Jonathan flew in from France with his wife Rosanne

and daughters Eleanor and Olivia. Our youngest Michelle and her husband Ken Thomas were unable to come because Ken could not leave his work in San Diego. We missed them.

During the anniversary ceremony at Central Church, the pastor asked me, "Sixty years, what's the secret?" I replied, "Well, what I can say is, every day, I tell her she is beautiful." Our grandchildren loved my answer and put it on Facebook.

It's true. Every day, I find ways to tell my wife she is beautiful. I do it because I really think so, and I believe in the positive and in positive reinforcement. Moreover, I'm a believer in not taking it for granted that people know you love them. I don't assume things; I ensure things. That's me. In return, I have been blessed with a loving wife and so many wonderful years together.

Incidentally, one of our guests at our sixtieth anniversary went looking for us at Aristocrat and found us at the Manila Hotel. "Yes, an upgrade," I said with a smile as he came up to greet me.

Who would have thought that things would work out so well for Vicky and me? I count this as one of the blessings of my life. Another one was the support of my parents when Vicky and I did our residencies in anesthesia and surgery respectively.

Chapter 7

Residency at PGH (1957–1960)

Vicky and I had our specialty training in anesthesiology and surgery at PGH (Philippine General Hospital, the one-thousand-bed training hospital of the UP College of Medicine). My parents paid for the rental of our two-bedroom apartment one block away and also gave us an allowance.

As a resident in surgery, I received from PGH the paltry sum of P8 ($2) a month as a laundry allowance. Vicky, who finished her residency in a year, became chief resident in anesthesia and was paid a princely (by comparison) sum of P820 ($205) a month. We would not have survived without financial assistance from my parents, especially when the children started coming.

Our Firstborn

Our first child, Michael Rufino, was born in 1959 when my wife was chief resident in anesthesia. PGH was a busy medical center with scores of operations taking place daily. In the course of her work, Vicky kept inhaling some of the anesthetic she administered to her patients, and this wasn't good for the child in her womb.

Michael Rufino was born with a congenital heart defect, a major one called Tetralogy of Fallot. He was a small baby, and at the age of two months, he developed pneumonia and, shortly after that, died in the hospital.

We wanted to bring him home to San Fernando, La Union, but there was an archaic law that required us to obtain—from every town along the way—a permit allowing the dead person to pass through. Instead of doing that, I borrowed the car of my uncle Fred (the brother of my mom). My wife and I sat in the back seat for the five-hour journey, and I carried my son on my lap as if he were still alive. Thus, we brought our baby home and buried him in the family plot.

Our second baby was born in 1960, also at PGH. By that time, Vicky had finished her residency and was no longer inhaling anesthesia every day. Our little girl was delivered by no less than the chairperson of the department of obstetrics, Dr. Gloria Aragon. In those days, family members were not allowed to attend the birthing, so I watched through the glass panel of the swinging door of the delivery room. We named our little girl Carol Lynn, and she became a doctor and an educator.

Nurse Stabbed by Patient

There were many dramatic moments that we lived through at PGH. One that left an indelible memory was the stabbing of a nurse right there in the hospital. A patient's husband got mad at a nurse and stabbed her in the abdomen just twenty meters from the operating room. I was in the area when the nurse was brought into the OR. She was unconscious and bleeding profusely from a liver wound.

Seconds counted. They placed the patient on the operating table. Someone started an IV of plasma expanders. The anesthesiologist inserted an endotracheal, a tube to help her breathe. Someone else swabbed the patient's abdomen with antiseptic and draped her. A fellow resident and I donned masks and gloves. We opened her abdomen without waiting. The liver was bleeding profusely. We sutured the liver wound to stop the bleeding and then closed the abdomen. Everything happened rapidly and simultaneously, and she was saved. I learned then that, in extreme cases, there was no need for tests, anesthesia, preparation, or ceremony.

First Solo Operation at Lorma

I performed my first solo operation at Lorma Hospital while I was still a resident at PGH. I had been assisting my father in major operations since high school, but this time, he was too ill from asthma to operate on a patient who had an inflated abdomen due to an intestinal obstruction. The patient needed urgent surgery, so my mom sent a car for Vicky and me. Vicky's presence was crucial as she was a trained anesthesiologist, the only one in La Union Province at that time. She administered the anesthesia, and I performed the surgery to correct the obstruction.

My mother disclosed in her autobiographical book, *The Power of Prayer*, that she was on her knees in the chapel, interceding for us while the operation was going on. I was not surprised to learn this because she was a praying mother and I knew she got together with a group of friends one afternoon every week to pray for their families' concerns and for our patients.

The surgery was successful. Usually, the doctor monitors the patient's progress over the next twelve hours, but Vicky and I had to return to PGH because of our duties there. We left the patient in the care of Lorma's only resident physician, Dr. Betty Garcia, my classmate in high school and the valedictorian of our batch. Under her care, the patient recovered.

Training Years at PGH

At PGH, we residents took care of twenty to thirty beds in pairs and rotated every six months to a new service—general surgery I and II, orthopedic surgery, urology, thoracic surgery, plastic and reconstructive surgery, and neurosurgery (which I did not finish for a reason to be disclosed shortly).

In thoracic surgery, I assisted in two operations for a stab wound of the heart. The patients survived, and I gained valuable experience.

We had to go on ambulance duty once a week. It was thrilling to be in the ambulance with sirens screaming and going through red

lights to get to our patients or bring them to the hospital. Sometimes, we were called to slum areas to attend to patients there. I learned a lot about the needs of patients who called an ambulance.

Every few days, we also had to go on twenty-four-hour duty, including emergency duty in the ER. PGH was a one-thousand-bed hospital that was often very crowded. The emergency room was always busy. Patients came in with stab wounds, gunshot wounds, injuries from accidents, and various medical emergencies. Inevitably, some of my patients went to court, and I was called upon as an expert witness. I became comfortable about being in court, which was helpful later on in Lorma.

We were mentored by senior surgeons who generously shared wisdom from their vast experience. I recall such an experience in urology while I was doing a kidney operation. The wound for a kidney operation tended to be very long with many bleeders, which had to be clamped individually to stop the bleeding. Following standard procedure, I put about fifteen clamps in place and was about to tie them all.

The chief of the department, Dr. Luis Torres, who was standing behind me, spoke up, "You have a choice. You can tie all the bleeders or remove all the clamps and tie only those that persist in bleeding." I opted to remove all the clamps and tied only those that continued to bleed. That bit of wisdom saved me a lot of time then and in other major operations later on.

A Lesson on What Patients Appreciate

There were nonsurgical lessons too. For instance, I noticed that Dr. Andy Andaya, my chief resident in urology, went home every afternoon laden with gifts from the patients.

"Andy," I asked, "why are you receiving all those gifts and I don't have any?"

He said he learned that, when he made a second round in the afternoon, the relatives of the patients were usually there. Grateful for the doctor's care, they insisted on giving him gifts. So I tried it. I

made a second round in the afternoon and got to meet the relatives of our patients. Before long, gifts were coming my way as well.

(Years later in Lorma Hospital, I adopted this practice of making second rounds not for the gifts but to establish rapport with the patients and their relatives.)

As I rotated through the departments in PGH, I got a well-rounded training. The only specialty I didn't finish was neurosurgery, though I assisted in several emergency brain surgeries when patients had a trauma to the skull.

Need for Public Speaking Skills

My residency in surgery was going well, but there was one area where I needed a lot of training, and that was public speaking. It was my waterloo.

One time, there was a *despedida* (send-off party) for my parents who were about to go on a vacation to the US. Toward the end of the evening, I was asked to say something. It could have been as simple as wishing my folks a bon voyage, but I had no experience in public speaking. Overcome by stage fright, I could not utter a single word! People were waiting for me to say something, and nothing came out. I was so embarrassed that I wanted to sink below the ground. I don't know if I was red, blue, or purple in the face. I just sat down, wishing I could disappear. People were polite and said nothing. Mercifully, the party ended and guests just faded away. No one mentioned it to me.

I, however, did not forget the incident. One afternoon, when Vicky and I were walking home from PGH, I saw a sign that said Manila Speech Clinic and decided to enroll. There were seven of us in our class. We practiced talking in front of our classmates. Our first assignment was to memorize the "Friends, Romans, and Countrymen" monologue from Shakespeare's play, *Julius Caesar*. The speech clinic was part 1 of my training in public speaking.

Part 2 came a few years later when we were already in Lorma. I saw an ad in *The Manila Times* newspaper about a Dale Carnegie

course on effective speaking and enrolled in it. I drove five hours to Manila once a week for fifteen weeks because I was determined to be a better speaker.

Each person had three minutes to say something, the rationale being that, if you had something to say, you should be able to say it in three minutes. The first lesson was to speak about yourself, the principle being you knew more about yourself than anybody else did. The second session was called the "getting out of your shell" session, which was literally about that. With a folded newspaper in hand, each one of us had to talk about something we hated. To emphasize a point, we had to hit the table hard with the newspaper. The rationale was that, if you could get mad in front of an audience, you would get over your stage fright. That Dale Carnegie course made me a better speaker and was invaluable later on in my career as hospital director and an international trainer.

Filipinos and Germs

One of my greatest mentors in surgery was my father naturally. He trained me in surgery and taught me a lot about the details of doing major surgery without antibiotics and how to guard against an infection of the wound.

I remember him saying, "Filipinos and germs are friends." He had this particular case of a farmer who had been gored by his carabao (water buffalo). The farmer's intestines were completely out and were resting on his abdomen when he was brought in. Fortunately, his intestines were not ruptured. We had no antibiotics then, so my father carefully rinsed the patient's intestines in a sterile saline solution, enlarged the wound, and put the intestines back in place. Then he closed the wound. Discussing this case as he operated, my father told me that in America, the patient would die, but this patient would survive (and did survive) even without antibiotics. He concluded that it was because Filipinos and germs were friends.

New Direction for Lorma

During my third year of residency, my father's asthma worsened. Sometimes, it was so bad that my mother would call the pastor to come in the middle of the night. My father had *asthmador*, a mixture of fine powders that was intended to be burned like incense and the smoke inhaled to clear the respiratory system, but it was not effective in cases of severe asthma.

Weakened by frequent asthma attacks, my father felt he could not continue to run Lorma Hospital. He considered giving it to the Lutherans of Baguio City because they had given him his first break and wrote them to that effect. However, they responded that they would accept the hospital only if all his children agreed to the donation in writing. When he broached the subject to us, none of us agreed to the donation. I said, "Don't give it away. Vicky and I are coming home."

Normally, it took five years of residency to be fully trained as a surgeon, but with what I had learned in three years at PGH and several years of training at my father's side since high school, I was confident enough to take over Lorma Hospital, so I left PGH. Vicky, who had long completed her training, went home with me.

That was 1960.

Chapter 8

Taking Over Lorma (1960–1962)

My parents had run Lorma Hospital for twenty-six years from its humble beginning in 1934 to 1960. My father, a US-trained doctor and surgeon, was noted for his fine surgery, and my mother's touch was personalized service. Their patient-centered care was amplified by their generosity. They treated patients immediately even if the patients could not pay. My father led the operating team in prayer before starting any major operation, asking the Lord to prevent any complications. My mother had a small prayer group of friends, and they gathered in the hospital chapel once a week to pray for the patients and their personal concerns. That was the way things were when Vicky and I returned home.

Compared to my parents, Vicky and I were new and relatively unknown. When my parents decided to go to the US for six months after we took over, they literally left us alone with one resident physician to take care of the hospital and our staff of thirty people. We focused then learning the ropes and preventing the hospital from going under. The big question was, would Lorma Hospital still be standing when they returned?

Vicky and I had our qualifications in our specialties: anesthesia and general surgery respectively. She was the first trained anesthesiologist in all La Union, and I was the first trained surgeon, after my father, in the province. In a sense, we were pioneers. Together, we did major operations that had never been done before in La Union. Vicky's anesthesia expertise made this possible because I could open

the chest to operate on the lungs as she breathed for the patient using an endotracheal tube. But we had to gain the trust and confidence of patients.

Applying Practical Wisdom

Not surprisingly, at first, I had only a few patients and a lot of free time, which I used to do a lot of reading. I reviewed the basic books in medicine like *Pharmacology*, paying special attention to the uses of classical drugs like atropine, caffeine, calcium, and iodine that are applicable even today, as well as publications on herbal medicine like the use of papaya as a proteolytic to dissolve dead tissue-like scabs that prevent the healing of ulcers.

Atropine came from the belladonna plant which also produced the tincture of belladonna—*bella* meaning woman and *donna* meaning beautiful. European women used to drop belladonna in their eyes to enlarge their pupils and make them look more alluring. I read that atropine (from belladonna) combined with caffeine could help brain tissue survive despite some damage.

This information was useful to me in one case of a coconut dropping on a young boy's head. The boy, aged ten, was unconscious when they brought him in. He remained in a coma week after week, but I refused to give up on him. Every four hours, caffeine and atropine in ampules were injected intramuscularly, along with IV fluids to sustain him. After one month, he woke up, and he was okay.

I also read that calcium causes non-responsible uterine muscles to contract. Even today, obstetricians sometimes have to remove a young woman's uterus after doing a cesarean when they cannot stop the bleeding. As a result, the young woman will not be able to bear children anymore. I learned that an injection of calcium through the intravenous fluid would cause the uterus that would not contract before to now contract. Thank God that, because of this bit of knowledge, I never had to do a cesarean hysterectomy, enabling the patient to have additional pregnancies if desired.

Many doctors that I meet today do not know this nugget about calcium. I shared it with a professor from Chicago in 2017, and he pointed out that studies show injecting calcium doesn't always work. I replied that it has always worked for me. Our conclusion was that it was always successful probably because I prayed before every operation.

The other thing I learned was that tincture of iodine—*tinctura de yodo*—killed not only bacteria but also viruses and fungi, unlike antibiotics that only prevented them from propagating. So back in the 1960s, at Lorma, we used highly diluted iodine solution instead of commercial antiseptics for the wound after surgery, and it was effective in preventing or even controlling infection.

In fact, I remember a time from my childhood when I overheard my father telling the mother of a boy with scabies to dilute tincture of iodine in water until it was the color of weak tea, use it to wash the affected area, and let it dry. As instructed, she would do this once a day at night, and the boy got healed.

That nugget of information about highly diluted iodine solutions proved useful for treating patients with urinary tract infection or UTI. I thought, *Why not use it also to irrigate the patients' bladder with a catheter?* Infusing iodine solution controlled the UTI at an extremely low cost. The alternative would have been to use antibiotics, which were expensive.

Then there was the case of a patient with a collapsed lung with pus surrounding it. She needed an operation to remove the coating preventing the lung from expanding. I told her relatives that we needed a lot of blood before I could do the operation. While waiting for them to find blood donors, I mused, *Why don't I flush the infected chest cavity with very diluted iodine solution once a day?* I did this through the chest tube that I had inserted to drain the pus. After a few weeks, the lung abscess was completely resolved, and the patient did not need an operation anymore.

God First and Good Medicine

While practicing good medicine, Vicky and I continued to give importance to God, as my father and mother had in their time. This tenet of putting God first is the first policy and core value of Lorma.

The long and short of it was our efforts paid off, and patients started coming to us. So, when my parents returned after six months, they saw that the hospital was still standing and said, "Okay. Carry on." And we did.

My father was only sixty-four when he retired completely in 1960. I had a classmate who was a surgeon like me who married another doctor who was an anesthesiologist like Vicky. His father had founded a hospital in their home province. When my classmate returned to their hospital, his father did not retire. Inevitably, father and son had differences about running the hospital. My classmate and his wife decided to leave the hospital and migrated to the States. They never returned. The hospital died a natural death after his father passed away.

If my father did not retire at the young age of sixty-four and my mother also, it was likely that Vicky and I would have migrated to the US too. Retiring early was a very wise and God-led decision on my parents' part, and it preserved our relationship and the hospital.

Eventually, I became my father's doctor for his asthma. I had read all the available literature about asthma. I reasoned that a small daily dose of a cortisone type drug would reinforce what was lacking in his body and actually prevent or minimize asthmatic attacks. My strategy worked, and he did not have any severe asthmatic attack for many years. At the age of ninety-one, he died of a stroke (as his three brothers did). My mother was 101 years old when she passed on.

As a testament to our early success, patients kept coming, and thirty beds were no longer enough. We started setting up beds in the hallways to accommodate inpatients, and this became our indicator for expansion. Whenever we had patients in the hallways most of the time, my father, being a trade school graduate and Lorma's self-appointed architect, simply built the next phase of the hospital.

From thirty beds, Lorma grew to fifty beds. When we had patients in the hallways again, Lorma became seventy-five beds. Then Lorma expanded to one hundred beds.

Amid all that we were doing, I never thought our life as doctors was demanding. I enjoyed what I did. For recreation, I enjoyed going to see a movie at night, sometimes alone, sometimes with my wife. Invariably, I passed by the hospital on my way home. Many times, the patients I had operated on needed some adjustment for a medical concern that could have worsened if I hadn't made that extra visit. Those night visits to the hospital saved many patients and prevented complications. It reinforced my belief in the importance of follow-up after major surgery.

Chapter 9

Our Study Tour (1962)

In 1962, two years after we took over the hospital, Vicky and I decided we needed more training. While we had our early successes, we never felt we had established ourselves. We decided to observe what the best hospitals in the world were doing in the fields of surgery and anesthesia.

We took out a bank loan of twenty thousand pesos ($10,000 then) and went on leave for six months. By then, my father had sufficiently recovered from asthma. He and my mother agreed to take over the reins of the hospital while we were gone. They also looked after our two children, Carol, aged one and a half, and Rufino III, three months old.

"You're brave to leave our children when they're so young," someone said to us. We felt impelled to make that sacrifice so we could learn more and bring Lorma into the modern era. So many advances in medicine had been taking place since World War II. Lacking the modern conveniences of the Internet, online libraries, and video presentations, the only way we could earn then was to go to the source and personally observe what was going on. That was just the way things were in the 1960s.

We communicated ahead of time with: the Mayo Clinic in Rochester, Minnesota; Johns Hopkins Hospital in Baltimore, Maryland; the Cancer Memorial Hospital in New York City; St. Bartholomew's Hospital and St. Mark's Hospital in London; and

the University Hospital in Vienna, Austria. All the hospitals that we wrote to graciously allowed us to be observers.

Travel in the 1960s was not yet as efficient as it is today with our direct flights and long-haul aircraft. Our trip then was full of stopovers, and we took advantage of the breaks to do some sightseeing. First, we went to Hong Kong, where I had my first taste of blue cheese, which I thought was spoiled. Then we went to Japan and saw how clean and neat everything was. From there, we flew on to Los Angeles, where we visited relatives.

Our First Car

As we traveled in the United States, I thought it would be apropos to buy our first car in the heart of the automobile world. We picked a two-year-old olive-green Chevrolet Corvair in a used car lot in Detroit. The city itself was a disappointment as many streets were rough, with cracks and potholes, but we were happy with our car. The Corvair was such a fun car to drive, and in three months, we logged more than seven thousand miles as we toured the Midwest and the Eastern States.

The Mayo Clinic, Rochester

In our study tour, our most memorable visit was to the world famous Mayo Clinic in Rochester, Minnesota, founded by the Mayo brothers in 1863. By 1962, it had seventeen operating rooms in two hospitals. It is recognized as one of the great medical centers in the world. Mayo Clinic had always generously shared knowledge with visiting surgeons and medical practitioners.

In 1962, it already had a full-time reception office to welcome and assist visiting surgeons and doctors of various specialties. The office had a list of all the scheduled operations for the following day, and the staff made arrangements for visiting surgeons to observe any of the listed procedures.

Inside each operating room was a viewing deck. The visiting surgeon, in appropriate attire, stood behind a simple railing on deck about seven feet away from the patient. While the patient was being prepared, a surgical resident recited the relevant facts of the case. As the operation progressed, the operating surgeon explained what he was doing. In this particular case, surgery was required in two areas of the body—the abdomen and the anal region. To my big surprise, when it was time to work on the anal region, they turned the patient around so that I could have a detailed view of that part of the operation!

One morning, while we were observing a simple biopsy of a growth in the patient's neck, the patient died while under general anesthesia. We realized that anesthesia accidents also occurred in the US.

Johns Hopkins Hospital, Baltimore

In Baltimore, Maryland, we observed surgery at Johns Hopkins Hospital. Founded in 1889, it is also widely regarded as one of the world's greatest medical centers.

While we were there, the Cuban Missile Crisis occurred. US President John Kennedy faced off with Soviet Premier Nikita Khrushchev about the installation of nuclear-armed Soviet missiles in Cuba, just ninety miles from US shores. Kennedy warned that the US would use force if necessary to neutralize the threat.

War with Cuba and Russia seemed imminent, so Vicky and I decided to drive up north, away from what we deemed was the danger zone. Soon after we left Baltimore, we experienced our first snowfall.

Snow began to fall at midafternoon. We saw cars sliding into the ditch on either side of the road. I figured that if people who were used to driving there could not control their cars with snow on the ground, we better get off the road too. We checked into a motel for the night.

The next morning, we drove north and stopped at Buffalo, New York, to visit Dr. Rod Casino and his family. Rod was a classmate from med school. He had a son named Wenkory, which was New York in reverse. The boy's name was so unusual that it stuck in my mind.

After that delightful visit, we went on to Niagara Falls. It was, of course, grand and romantic—a real treat for any couple, whether young or young at heart.

Vicky and I were relieved that the Cuban missile crisis did not escalate into war for the sake of the American people and ours too as we were able to resume our study tour.

Sloan Kettering Cancer Memorial Hospital, New York

New York City was our last stop in the US, and a relative who lived in Brooklyn graciously hosted us. I parked our Corvair on the street overnight. The following morning, I saw to my chagrin a dent on one of the door panels. Apparently, another vehicle had sideswiped it during the night. Knowing it would be cheaper to have the dent fixed back home, we shipped the Corvair with the dent to the Philippines from the Port of New York.

In New York, we observed cancer surgery at the famous Sloan Kettering Cancer Memorial Hospital. As we watched a radical neck operation, I thought the technique used was no better than the way it was done in the Philippines.

London, Zurich, and Vienna

It was already November when Vicky and I reached London. We observed surgery at the venerable St. Bartholomew's Hospital, a world-renowned teaching hospital.

St. Bart, which is familiarly called Barts, was established way back in 1123 and was expanded in 1546 by King Henry VIII. It still occupies its original site. It was there that I first heard about surgeon's spirit, which was really alcohol used to sterilize the skin.

In Switzerland, we observed surgery in a hospital in Zurich and then visited a rural hospital in Affoltern Am Albis, high up in the mountains. The director of the rural hospital was Dr. Hans Meili, whom we met at the Mayo Clinic in the US. More than half a century later, I can still remember his name because the trip was memorable for us. Dr. Meili graciously invited us to stay in his home. We experienced Swiss hospitality and caught a glimpse of European living. At dinnertime, we were served by a maid from Italy and Mrs. Meili commented that it was getting more and more difficult to get maids in Switzerland. Her predicament is quite familiar to us today in the Philippines.

The following day, Dr. Meili took us on a round of his hospital. The operating room had a C-arm X-ray machine, which, in 1962, was not yet common in the Philippines. We stopped by a room of a patient with multiple fractures, with cables and pulleys. When Dr. Meili mentioned that the patient was a champion skier, my intention to try skiing flew out of the window!

In Vienna, Austria, we observed surgery at the Vienna University Hospital, which shared the site with the Medical University of Vienna. Later, Vicky and I saw the famous Giant Ferris Wheel, which had gondolas almost as large as railroad cars, but we did not have the occasion to ride it.

Greece and *Sinigang na Isda*

We went on to Athens, Greece. Thea (Aunt) Marika, the aunt of Peter Nicolaus Toundjis (the husband of my sister Lillian), met us and became our guide. We went to visit Peter's relatives in Salonica (Thessalonica in the Bible) and Serres in northern Greece. In Salonica, we had our first taste of sole served whole, a flat fish with both eyes on one side.

We were supposed to travel for three months, but eating fish in Greece made me homesick because I had been raised beside fishponds. Suddenly, I longed for *sinigang na isda*, a Filipino sour soup made with fresh seafood, like French bouillabaisse. My wife scolded

me, "You don't say you miss your children. You say that you miss the *sinigang*!" So I was jokingly depicted as a coldhearted *sinigang* lover. Of course, I missed our children but probably not enough to cut our trip short by one month. (I'm joking!)

Homesick, we decided to skip India and Thailand and headed home. We arrived in the Philippines in December, five months after we began our journey.

Back in the Philippines

Back in the Philippines, we were on the train bound for San Fernando, La Union, when I remembered what happened to one of my patients, an older man whom I had operated on for hernia. He was recuperating in his hospital room when his son suddenly appeared at the doorway with no prior notice that he was coming home from abroad. My patient had a heart attack and died before help could arrive.

Mindful of the effect of surprises on the elderly, I called up my parents from the railroad station in San Fernando to tell them we had returned home ahead of schedule.

We were eager to see our children again. Rufino III or JJ for short was eight months old and barely knew us. Carol, who was almost two, was a little bit distant. We were told that she would shout at any plane flying overhead, "I hate you, Daddy! I hate you, Mommy!" Apparently, there were some negative effects despite the fact that our children were well cared for by my parents and the household help in our absence.

Through the years, Vicky and I continued to expand our knowledge by joining medical conferences in the Philippines and abroad. In the 1960s, we attended conferences in Japan, Taiwan, and Australia. As I sat in the audience then, I had no inkling that I would someday be leading health and management seminars in various countries. How little we knew then about what God had in store for us!

Australia

Our first trip to Australia was particularly memorable. Vicky was a delegate to an anesthesiology conference in Sydney, and I accompanied her. After the sessions, we wanted to go shopping, but the stores closed at 5:00 p.m., which was rather inconvenient for us. Other than driving on the left side, another oddity was the driver's window, which was outfitted with a curved plastic shield. That contraption enabled him to keep the window open, reduce the noise of the wind, and keep the rain out in a downpour.

Also in Sydney, we learned about the large Greek community, which published its own Greek newspaper. We dined in the revolving restaurant at the top of the fifty-story Australia Square, which (oddly enough) was actually round.

In Melbourne, we enjoyed riding the trams of the city and got in touch with a contact there—the city health officer who had visited Lorma's community outreach program that Vicky headed.

On our second trip to Australia, we attended a regional conference of the International Hospital Federation in Sydney. I was privileged to lead one of the group sessions and deliver a summary of the proceedings of that session.

New Zealand

After the conference, Vicky and I made a side trip to New Zealand, visiting both the north and the south islands. New Zealand was one of the most beautiful countries we toured, especially the South Island with its wide expanse of rolling green land and the dramatic Franz Josef twin glaciers near the south end.

We visited a hospital in Auckland, the capital of New Zealand. I was struck by a low-cost innovation in their operating room. It was a waist-high wall at the patient's entrance to the operating room. Staff wheeled the patient in a gurney to the wall and transferred him across the wall to the OR stretcher on the other side. The wall prevented the wheels of the gurney from contaminating the operating room

area. We adopted the use of this low wall in Lorma as we picked best practices from hospitals around the world.

Australian Hospitality

After four days in New Zealand, Vicky and I returned to Sydney where we had a most unusual experience of being special guests of the large Royal North Shore Hospital. I had met the hospital director, Dr. Roger Vanderfield, at the Sydney conference, and he invited us to visit his hospital. He gave us the royal treatment, putting us up in their guest apartment and providing us with a car and driver. The driver, hailing from one of the regions of England, had a most unusual accent that was not easy to understand, but we got by. We enjoyed our four-day visit to the hospital and appreciated the color-coded bands on the floor that directed us where to go.

Chapter 10

Practicing Good Medicine (1960–1974)

We were busy with our medical practice at Lorma. With Vicky giving anesthesia, I did operations that had not been done before in La Union and could not be done without an anesthesiologist breathing for the patient.

Vicky delivered the anesthesia usually through an intravenous line in the patient's arm. When the patient was asleep, she inserted a tube through the mouth down into the trachea or windpipe. The endotracheal tube was connected with the anesthesia machine. Oxygen and an anesthetic gas went to the patient, controlled by a balloon which she squeezed to breathe for the patient. Because of this, I was able to do surgeries that had never been performed before in La Union.

I remember two cases, some years apart, of men who were both stabbed in the heart. Vicky gave the anesthesia, and I operated on them. Both survived the operation. One went on to become a carpenter, while the other died after a few days from brain damage because he was left in a roadside canal too long before they found him. The heart operation was successful, but his damaged brain gave up weeks later, and he died.

There were at least three major operations that I performed for the first time at Lorma that were landmark surgeries in La Union. One was for cancer of the rectum, the second was for cancer of the jaw, and the third was for thyroid cancer.

I performed an abdominoperineal resection in the cancer of the rectum case. I removed a large part of the bottom, including the anus, the rectum, and the sigmoid colon, and I made a stoma or new anus on the abdomen. There was a gaping wound in the patient's bottom, but I didn't have to suture it because it would heal by itself and it did.

In the cancer of the jaw case, I removed part of the patient's lower jaw, part of his tongue, and a big chunk of his neck. The patient survived and lived for several years then died eventually from additional spreading of the cancer.

In the thyroid cancer case, I did a radical neck operation on a former classmate in grade school. He lived for many years and died only recently, according to his daughter, from another type of cancer.

Vicky Administers Anesthesia after Childbirth

There were other operations that required heroic measures. One story that I often tell is about Vicky's sacrificial effort that saved a man's life.

My wife had just given birth to our third child, Jonathan, early in the morning. That evening, a patient with a stab wound of the chest and lung was brought in. He needed surgery immediately, or he would bleed to death.

I told Vicky about the patient's predicament, and she selflessly agreed to help. She was carried on a chair from her hospital room to the operating room. She administered the anesthesia, enabling me to perform the surgery. After the operation, she was carried back to her hospital room. The patient survived.

Operating on My Daughter

I remember one time I was telling a friend about how emotions could not be allowed to get in the way, especially when doing a surgical procedure. I said, "Fortunately, we are not emotional persons. I

delivered our three youngest children at Lorma. And Vicky gave the anesthesia to Carol when I removed her appendix."

Vicky amplified, "Carol had acute appendicitis. Some doctors won't do the operation on their family member because they can get emotional."

"We're not emotional persons," I added.

"I have emotions. I don't know about you," Vicky quipped to a peal of laughter.

"I'm from another planet," I said drolly to another round of laughter.

The truth is I am completely emotionless when I do an operation, just like my father was. I have the same personality he had. You could explode a bomb nearby, and I would not be agitated. That is something you cannot learn. It is really your own nature.

I thank the Lord that I never had a single death as a result of an operation I performed. I learned well from my father who prayed before every major operation. So, in my time, before starting an operation, I also led the team in prayer. My father told me that he never had any postoperative death.

In my prayer, leading the team, I asked God to guide me and prevent any complication. It was a simple, direct prayer, asking for divine help to prevent any complications because while we can do the operation, we don't always have control over the complications.

It is my belief that, all through those years, our prayers lifted and continued to lift our services from the mundane to the extraordinary.

Chapter 11

A Moment of Grace (1968)

Until their retirement, my parents, who were strong Christians, frequently had missionaries visiting our house. When Vicky and I took over Lorma, we continued to receive missionaries as guests. Since we were invariably hospitable and I regularly attended church with Vicky, a firm believer, the elders assumed I was also a devout Christian. But I was not. I had my doubts because I saw the discord I saw among our local church leaders and I did not approve of their actions. I had questions like: "Do I leave our church?" and "How do I know what God's will is for me?" No one could answer those questions to my satisfaction.

One day, I received a letter from our bishop. He invited me to be part of the Philippine delegation to the First Asia-South Pacific Congress on Evangelism in Singapore in November 1968. I accepted the invitation, and I went to Singapore, but I brought my doubts along with me. By then, I was down to one question: "How do I know what God's will is for me?"

Reading the Bible

In Singapore, no one also could answer my question to my satisfaction. But I had time to read the Bible after the congress sessions. I started reading it in search of an answer. My roommate in the hotel was Rev. Greg Tingson, the famous evangelist from Negros Occidental.

I had a surgeon's plan for reading the Bible. First, I wanted to know what Jesus's best friend wrote, so I read the Gospel according to St. John. Next, I wanted to know what a doctor said, so I read Luke, who was a doctor following St. Paul in his travels. Then I was curious about what happened after the resurrection, so I read Acts, followed by Romans, Paul's letter to the intellectuals of that age. Finally, I wanted to know what would happen in the future, so I read Revelations.

Asking the Lord to Come into My Life

Alone in my hotel room, I came to one conclusion that I had to kneel and ask God for forgiveness for my unbelief and invite Him into my life. I knelt down and prayed. After my prayer, I knew somehow that the Holy Spirit came into my life at that moment. There were no fireworks or anything. I just knew.

I believe that the Holy Spirit fused with my own raw spirit and He was now in me. At that instant, a new creature was born as the Bible states. So there really was a spiritual rebirth. The Bible says, "Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here" (2 Cor. 5:17 NIV).

How do I know that the Holy Spirit came inside me? How do you know that you love someone? You just know.

There are certain things in life that you know to be true because you can feel it. But that's just a feeling, you might say. There's evidence, there's physical proof, and there have been many such proofs.

A Lifetime of Miracles

After my rebirth, miracles started to happen in my life. I became the most awarded Rotary Club president in our Rotary district. Then, in 1979, our hospital received an award from the Philippine Hospital Association as the most outstanding hospital for community service in the community outreach program which I organized and which Vicky led. Miracles have not stopped since that year, including my

eventually visiting over seventy-five countries in my international work, without spending personal funds.

As a person, I have never been outstanding in my life. I have always been just a regular guy. So getting all those awards, those positions at World Vision, Food for the Hungry International, Hope International University, the US National Council for International Health, the International Hospital Federation (IHF), the World Health Organization, and Health Development International, including a letter from the IHF Director General Miles Hardie sending $25,000 to do a global study on hospital community outreach programs—those were tangible manifestations in my life of merit that I could not have deserved on my own.

The Lord has given me enough blessings—more than enough blessings. At eighty-seven years of age now, I've been around long enough to know that some people will not believe what I say. That's okay. Many people did not believe Jesus when He was here, and they even killed Him. So it's a common reaction, and their disbelief doesn't disturb me. But this is what I believe—that the miracles happening in our lives more than prove the reality that God is alive and is able to help those who love Him.

Chapter 12

Learning Hospital Management (1960–1974)

In the midsixties, a few years after we took over management of the hospital, I realized that Lorma Hospital would not survive beyond my lifetime if I did not know management, so I decided to start learning it. I began reading hospital management literature, but I did not find them useful. Then I started to read books from business and industry, and these I found useful. Thus, I ignored conventional teachings on hospital management and adopted practices from other industries that were more useful or relevant.

One of those was the Louis Allen Profession of Management Seminar, which I consider the most important management education event that I attended after med school. In 1969, Louis A. Allen, a management consultant in the US, published *The Management Profession*. This book became the basis of the management seminar that he offered in several countries, including the Philippines. The seminar, intended for heads of companies, was advertised in *The Manila Times*, and I signed up for it. Of the twenty participants, I was the only person in health.

The Louis Allen seminar focused on the work of a manager, which was composed of four main functions—planning, organizing, leading, and controlling. Under these four functions are twenty-two management activities that a manager does to be successful. Unlike today's seminars with PowerPoint presentations, small group and breakout sessions, that seminar was pure lecture using key phrases on

a flannel board, punctuated by stories, from 8:00 a.m. to 5:00 p.m. for five days. I drank it all in.

Back at Lorma, I applied what I learned, not bit by bit but all of it. And I did it immediately. I had been doing some of it already, but the framework of management functions and activities that I learned clarified what I needed to do as a manager. I used this management framework and added to it as I learned more about management in succeeding years.

Adopting the Louis Allen Management Framework

As I said earlier, I implemented all of it because management, according to Louis Allen, is a framework. You plan, you organize people and functions, provide leadership and training, you inspire people, and you implement a review or control system. You cannot be at the front lines every day providing guidance, so you must set policies in place to be followed when certain situations arose.

We also had procedures to be followed for consistency. Whenever we hired somebody, we taught them our procedures. We had step-by-step procedures, for example, in the administration of medicine, the application for employment, and the review of performance.

All these were standard activities of a manager, but I did not know it before I took Louis Allen's course. He told me, "What does a manager do? You plan and these are the things you do under planning. You organize, meaning you divide the work, and this is how you do it. There's such a thing as having a person in charge of too many responsibilities so you limit the scope of his job. How many persons can an individual supervise? The higher you are, the fewer the persons. The lower you are, you can supervise many more. Then you provide leadership."

I added one thing—in the Philippines, because of the Filipino culture, people are afraid to initiate things—so the manager must initiate things when necessary, when people are not moving. Motivation is another thing under leadership. To motivate, you need to appreciate one another. Communication is important so they know what's

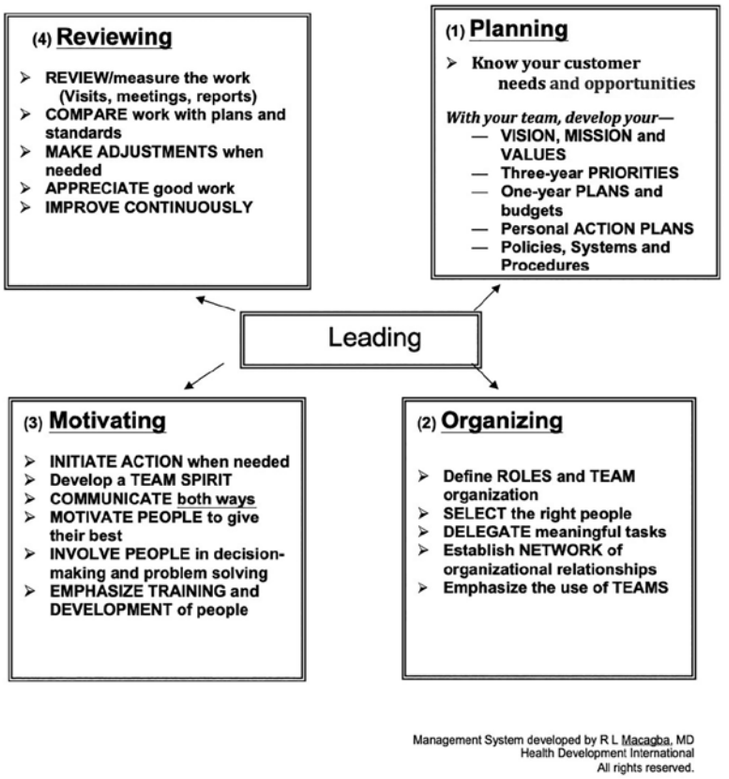
going on, and problem-solving skills are necessary and a continuing effort to develop staff so that they know what they are doing and they are professionals in what they do.

"Then you must have management control. Monitoring is just part of it. It starts with performance standards," he added.

For example, a pastor employed a janitor and said to him, "I want you to clean the church every Saturday for the Sunday services." The janitor accepted and started working. The following Saturday, the pastor went to the church and asked how it was going. The janitor replied that he had finished his work. The pastor ran his hand along the window sill, and it was dirty. He forgot to tell the janitor that it needed to be cleaned too. The standards must be known to the ones who are working.

I realized that it's not a bit-by-bit thing. It has to be everything. You have to do it all. You need a plan so people will know what they have to achieve, an organization so they know their assigned part of the work, leadership so they will be motivated, and then you need management control; otherwise, the plan will not be achieved well. Control includes setting standards, follow-up, which means visiting, reporting, talking in the corridor, and asking for reports, stats, and narratives. Whatever is done, if it's good, appreciate it. If not, modify the plan so that it will be corrected.

Management Tasks and Activities



The Lorma Management System

The Lorma management team and I envisioned where we wanted Lorma to be and developed a plan on how to get there. Then we streamlined our organization, dividing the work, clarifying roles and procedures to follow, and setting policies to for recurrent situations. Leadership included initiating new ideas, motivation of people, more effective communication, and problem-solving. An important

component of leadership was creating opportunities for the continuing development of the staff.

Finally, we implemented management control procedures to set standards of performance, follow-up progress and results, getting feedback, appreciating people, and correcting what needed to be fixed. We came up with three core values, to which we added a fourth later on.

Three Cardinal Principles of Management at Lorma

We articulated the three cardinal principles that we upheld and still do.

1. Honor God in everything.
2. Treat everyone with respect.
3. Improve continuously.

As we applied these principles, Lorma continued to improve through the years, eventually reaching two hundred beds and winning national and international awards.

Personalized Service

One other thing was continuing the personalized service that my mother had devised right after the war when Lorma was still a small hospital. My father performed the operations, and my mother handled the medical side, particularly obstetrics and pediatrics. When she did her rounds, my mother asked the family or the patient what they liked to eat. She would then instruct the cook to serve what the patients asked for. The hospital became famous for personalized service as the patients got to eat what they asked for. No other hospital that I knew of catered to the patients that way.

The Lorma Smile

When the hospital started to grow, we could not serve patients the personalized meals anymore that my mother used to do, so I had to come up with an equivalent. I thought of a smile. A smile works faster than an injection or a pill. And it produces instant gratification.

Thus, I made the Lorma Smile an official policy, and I put it in writing: "It is the policy of Lorma for everyone employed to smile whenever they talk to a patient or visitor."

The Lorma smile has become part of the Lorma brand and ambiance. Many years later, former Lorma nurses, whom we happened to meet overseas, would say, "Oh, Doctor, we still do the Lorma smile."

So, in summary, we visited our patients twice a day, met weekly with a management committee of seven members, practiced medicine as we learned from the UP College of Medicine and PGH, put on the Lorma smile, and added another component—community service—which differentiated us from most other hospitals.

Reaching out to the Community

Our foray into community service began sometime after Lorma joined the Inter-Church Commission on Medical Care (ICCMC) in the mid-1960s. It was an association of Philippine Christian hospitals organized by Mr. James McGilvray, an American hospital administrator, who later retired and went to Geneva to lead the Christian Medical Commission (CMC). CMC produced a very important newsletter (CONTACT) on Primary Health Care or health care for people in the villages and slums.

Mr. McGilvray attended the landmark Conference on Primary Health Care in Alma-Ata, Kazakhstan, in 1978 where the decline in health status of people in communities was presented and discussed. The need to reach out to the communities gave birth to the concept of Primary Health Care (PHC) emphasizing the training and deployment of Community Health Workers (CHWs) to provide basic health services to families in their villages.

Mr. McGilvray returned to Manila one time to speak at the annual meeting of ICCM, which he had founded many years before. In his speech, he talked about a new role of hospitals, and what he said touched me deeply. "A hospital worthy of its name is one that reaches out to the people that it serves—even those who do not go to it," he said.

I returned from that conference all fired up. I told Vicky we needed to create a new division in the hospital and we will call it the Lorma Outreach Program. "I want to be the leader of that," she said.

The Lorma Outreach Program

Vicky established her one-doctor medical mission in the late sixties. Even without a budget, one day a week, she went out in the ambulance with a nurse and a laboratory technician. She held consultations in a different barrio each week. Before long, she realized the people had real unmet medical needs, so she decided to train a first-aider in every barrio.

The municipal health officials (MHOs) resented her efforts to do health work in the barrios because she was a private physician from a private hospital, not a government doctor. They objected because they said she was doing their work.

Vicky decided to visit Dr. Rodolfo Pinzon, the provincial health officer, about the problem. Dr. Pinzon said, "I'll take care of it." He directed the MHOs to cooperate with the Lorma Outreach Program, and the problem disappeared.

Vicky wrote to all the barrio captains in La Union province and offered a free three-day training program on first aid. She urged them to send at least one representative from their barrio to attend the training. It turned out they were eager to take part. Unlike the government seminars where participants were paid to attend, these barrio representatives were not paid to come to the Lorma seminar. Yet three hundred of them showed up, some even traveling two days to reach Lorma. Vicky called them "barrio health assistants."

Vicky taught them the basics of first aid and to discern when to bring the patient to the health center or the hospital. She also gave them sample medicine that they could dispense to the people as needed. "We were gradually able to reach out to many barrios in La Union," she shared.

Inspired to do more, Vicky flew to Chicago to attend a family planning seminar conducted by the renowned Dr. Donald J. Bogue, an expert on population programs and family planning. Then she visited Family Planning International Assistance (FPIA) in New York and obtained funding for a three-year family planning program, which included visits to the barrio health assistants and a daily radio program.

With FPIA funding, she set up a team of barrio health visitors to go out daily and meet with barrio health assistants. The work was expedited when USAID in Manila donated three vehicles to Lorma specifically for the outreach program—a jeep, an ambulance, and something in between. Lorma was not a nonprofit hospital, but USAID gave us the vehicles anyway. From that experience, we learned about the value of personal relationships and being close to God.

It was a busy time for Vicky. She continued to administer anesthesia in operations, except on Mondays when the outreach team members reported on their activities the previous week. She trained one of our resident physicians to give anesthesia to patients for surgery.

Eventually, FPIA sent Dr. Martin Gorosh, an international health professor at Columbia University, to evaluate the Lorma outreach program. Dr. Gorosh noted in his report that the Philippine government, influenced by Lorma's outreach program, had begun holding seminars without paying the participants to attend. That our outreach program had such an effect on government municipal health offices was encouraging for us.

National Award

Even more encouraging was the 1970 award that Lorma received from the Philippine Hospital Association. For its outreach program, Lorma was named the most outstanding hospital in the Philippines for community service.

Chapter 13

Lorma School of Nursing and National Contacts (Late 1960s to 1974)

In 1969, nine years after we started leading the hospital, I woke up one morning with the realization that the hospital already had one hundred beds, which meant that we could establish a school of nursing. With it, we would have a steady supply of nurses for our growing hospital and also contribute to nursing in the Philippines, which was the higher goal.

I was quite gung ho about it, so I asked around for a possible dean. I interviewed Mrs. Encarnita Macaroy, RN, who had a very good background, coming from the nursing school of the Iloilo Mission Hospital in Iloilo City located in the Visayas in the middle of the Philippine archipelago. I spoke with Mrs. Macaroy for thirty minutes and was satisfied with what she was saying, so I said, "Okay. Why don't you give us a school of nursing?"

I let her have a free hand in putting it together, and she did a good job. In 1970, the Lorma School of Nursing was born, and Mrs. Macaroy served as its principal for many years and worked successfully for its accreditation. The school of nursing was the seed of what would become Lorma Colleges, a conglomerate of twelve schools with more than four thousand students in two campuses.

GN and BSN

At that time, I was very close to the leaders of nursing in the Philippines, led by Dean Julita V. Sotejo, my contemporary at the University of the Philippines. Dr. Sotejo was the dean of the UP College of Nursing and was in the forefront of improving nursing education in the country. Her group was trying to raise the recognition of nurses and the standard of professionalism of nurses in the Philippines.

From the 1960s until the mid-1970s, the Philippines produced GNs or graduates of nursing who went on to take the board exam for nurses in order to become RNs or registered nurses. Depending on the institution, the GN course took three or four years to complete. In the University of the Philippines College of Nursing during Dean Sotejo's time, GN was a three-year course. The UP College of Nursing also offered a baccalaureate degree called bachelor of science in nursing or BSN—a higher professional level whose graduates also took the same board exam to become RNs.

Dean Sotejo's group wanted to elevate nursing to a professional level equal in standing to engineering or medicine. Her group petitioned the government to shut down the GN course and have schools offer only BSN. I supported Dean Sotejo's efforts and became active in her group. To her audience, which was nationwide, she introduced me as "a friend of nurses." After I left for the US, Lorma Colleges shut down its GN course and offered BSN, a five-year course. For students who could not afford to spend five years taking up nursing, Lorma offered midwifery—a three-year course.

However, in 1977, the Ministry of Education, Culture, and Sports issued a directive to schools to shorten the BSN course to just four years to make it more affordable for students. That set the stage for our country to become a major source of professional nurses for hospitals and health care facilities around the world.

Relationship with Philippine Hospital Leaders

In the early seventies, I also became friends with a Batangueño (from the province of Batangas), Dr. Pedro Mayuga, the director of medical services of the Department of Health (then called Ministry of Health). Dr. Mayuga saw many things in Lorma that he liked, and he brought high-level hospital officials from France and Australia to visit Lorma. Those visits opened a new chapter in my life and put Lorma on the path to becoming an internationally known hospital.

I also became very close to Dr. Eliodoro Congco, who served as president of the Philippine Hospital Association from 1962 to 1973. Dr. Congco worked for the PHA to gain national stature and succeeded in bringing it at par with leading professional organizations in the health-care industry.

The three of them—Dean Sotejo, Dr. Mayuga, and Dr. Congco—were my close friends, and I made it a point to visit them often. Those visits kept me abreast of developments in the medical field in the Philippines.

ICCMC

As previously mentioned, Lorma Hospital was also an associate member of Inter-Church Commission on Medical Care (ICCMC), an association of Christian hospitals. ICCMC had linkages with the United Church Board for World Ministries in New York, which was a source of donated medical supplies of member hospitals. The ICCMC annual conference was held in a different city each year, hosted by the member hospital in that city. As members, we would visit different hospitals around the country in these annual conferences. I learned a lot from innovations in those member hospitals.

Notable among hospitals we visited was Bacolod Sanitarium Hospital (now Bacolod Adventist Medical Center). Medical equipment was expensive, and Bacolod Sanitarium found a way to cut costs by producing their own suction machines. They bought inexpensive paint sprayers and exchanged the pressure and suction con-

nections, turning them into inexpensive medical suction machines. With two bottles and the inverted connections, they had a portable suction machine for the fraction of the cost of a store-bought one. I thought this was a very good idea, and subsequently, we made our own suction machines at Lorma. We started to save money by doing more with less.

Bacolod Sanitarium also had a very important innovation that we copied in Lorma. They bought electric and other power tools and used these to fabricate and repair many things in the hospital.

Part 2

Beginning of a Global Service in Health Care Management

Chapter 14

Decision to Serve as Medical Missionaries (1973–1974)

In 1973, Vicky and I felt this strong urge to live abroad with our four children, then aged nine to fourteen. We wanted to experience life in other countries but not as mere tourists. We wanted to be medical missionaries.

It was a good time for us to go. We had put in fourteen years of busy hospital work, and Lorma was doing well. It had expanded into a one-hundred-bed hospital with a school of nursing and was becoming well-known. The Lorma School of Nursing had taken off and was doing well. Moreover, my parents were still around.

We had another surgeon, Dr. Juan V. Komiya, who had trained in New York and who joined Lorma in the midsixties. I remember he was sitting at the basement of their big house in Agoo (four towns to the south of San Fernando) when I first went to visit him. I invited him to be my partner, and he accepted. When we moved to the US, Dr. Komiya took over as chief surgeon and became the medical director of Lorma. He served for more than forty years in our hospital and was also the president of the Philippine Private Hospitals Association from 1985 to 1987.

My brother-in-law, Bob Kaiser, a former financial analyst from New York, followed my sister to the Philippines, and they got married in the late sixties. He joined Lorma as business manager in the early seventies and eventually became executive vice president.

With all them on board, we were confident that we would leave the hospital in good hands.

Need for Further Studies

While Vicky and I wanted to be medical missionaries, we felt we did not have enough knowledge to just plunge into it. We thought of going to the US first to study public health, but we didn't have the money for that.

We shared the promptings of our heart with Bishop Onofre G. Fonceca of our home church, and he obtained a two-year scholarship grant for us from the Inter-Church Commission on Medical Care in New York City. The ICCMC was part of the United Church Board for World Ministries.

While that scholarship would cover the cost of our education, it did not provide funds for our living expenses as a family of six. That came from another source—the Singapore connection. Rev. Nene Ramientos, a Filipino evangelist I met in Singapore, told me that Dr. Stanley Mooneyham, president of World Vision, was visiting Manila the following month. Dr. Mooneyham might be interested in funding our US studies, the reverend said.

World Vision

World Vision is an international Christian humanitarian organization that evangelist Dr. Bob Pierce founded in 1950. In 1947, Dr. Pierce was a Youth for Christ missionary in China where thousands were converted as he preached.

When he was on a mission to Gulangyu Island, a female missionary carried an injured child to him. White Jade, the child, had been beaten and thrown out by her father for converting to Christianity. The missionary asked Dr. Pierce, "What are you going to do about it?" He gave her his last $5 and sent more for White Jade each month until the communists took over in 1949 and China closed its doors. At that point, the missionary left China and lost contact with White Jade.

In 1950, Dr. Pierce went to Korea and saw a great destitution with thousands of children orphaned by the war. Good at taking

photos and moving pictures, he showed his photographs and films to Christian churches in the US and asked for money to help the children. An avalanche of funds came in. As the story goes, he became afraid of handling so much money that he set up World Vision to do it. In 1974, World Vision was involved mainly in child sponsorship projects in poor countries, starting in Asia and spreading to other parts of the world.

US Scholarship

Rev. Nene Ramientos arranged a meeting for Vicky and me with Dr. Stanley Mooneyham. I knew him from the Singapore Congress (he was a member of the leadership group), but we did not become personally acquainted at that time.

In late 1973, Vicky and I met Dr. Mooneyham at the lobby of the old Hyatt Hotel in Manila, and we shared our desire to study abroad before applying to become medical missionaries. Dr. Mooneyham said that World Vision was building a pediatric hospital in Cambodia and that we could serve there after completing our studies in the US. World Vision would provide the funds we needed to live in the US to complete our studies, he added.

Before long, we received a letter from Dr. Ted Engstrom, executive vice president of World Vision International. Engstrom said that World Vision would pay for living expenses for our family of six plus our university and school expenses in the US for two years. All we needed were funds for our transportation to go to the US, and we covered that from our savings.

Vicky and I applied for admission to two US universities: Duke University in North Carolina and Washington State University in Seattle, Washington State. I was admitted to the master of public health degree program in health services management and Vicky to the master of public health program in international health in both universities. We took and passed the examinations required for graduate study in the US: the Test of English as a Foreign Language

(TOEFL) and the Graduate Record Examination (GRE). We chose Washington State University in Seattle because of its milder climate.

Invitation to World Congress of Evangelism

We were all set to go when I received an invitation to attend the World Congress on Evangelism in Lausanne, Switzerland, from July 16 to 25, 1974. The same people behind the Singapore conference were the organizers of the Lausanne Congress, so they invited me. It was perfect. I would go Lausanne for the conference, and Vicky and the children would follow. We would see a bit of Europe before going off to the US for our studies.

In Lausanne, I met leaders of World Vision who informed me that they had gotten Vicky and me into the School of Public Health at the University of California in Los Angeles (UCLA) because World Vision's international headquarters was just an hour's drive away. I was told that, although enrollment had already closed, Dr. Don Warner, a senior executive of World Vision, knocked on doors to have us both admitted. We were scholars of World Vision, so I accepted the change readily.

Lausanne World Congress

On my first day in Lausanne, Dr. Don Warner, as senior World Vision executive, invited me to attend a private dinner in honor of Dr. Bob Pierce, the evangelist who founded World Vision. Dr. Pierce was greeting guests at the door of the reserved dining room. When we were introduced, Dr. Pierce suddenly hugged me tightly and prayed for me. Whispering in my ear, he dedicated me to the Lord. It was a shocking but wonderful experience.

That night, I met the key leaders of World Vision: Dr. Ted Engstrom, who had written me; Dr. Ed Dayton, head of Missions Advanced Research and Communications; and Col. Hal Barber, head of the new Relief and Development Division. There were just ten of us at that dinner.

More than 2,300 evangelical leaders, from 150 countries, attended the congress in Lausanne. Evangelist Juan Carlos Ortiz from Latin America made a strong impression on me when he said, "Let the grass grow so tall around our churches so that we cannot see the fences." Lausanne turned out to be a landmark conference for unity in evangelical mission.

Chapter 15

My Family's First International Adventure (1974)

Vicky, our four children, and my cousin *Manang* Moding, my dad's first operating room nurse, embarked on their journey to meet up with me in Switzerland so that we could all go together to the US. With several pieces of luggage for our move to the US, they flew to Bangkok and visited the tourist sites before going on to Athens, Greece.

The travel agent said they didn't need a visa for Greece because they were only going to be there for two days. However, as transients, they had to leave their passports at the airport, which they did.

Greece-Cyprus War

A nephew of my bother-in-law, Peter Nicolaus Toundjis, Lillian's husband, met them at the airport and took them to their hotel. When they woke up the next morning, Vicky and the children found themselves in the midst of the Greece-Cyprus War of 1974.

Although the fighting was taking place in Cyprus, which Greece had invaded, life in Athens was also disrupted. Vicky noticed that only a few vehicles were on the road and that women were crying in the streets. Their guide said the women were worried their husbands and sons would be sent off to war. Similarly, their guide was worried that he would be drafted. A cloud of uncertainly hung over Greece.

Vicky decided the best thing to do was to leave the country. But their passports were in the airport, and it was closed! Since the

Philippines didn't have an embassy in Athens, she went to the US Embassy for assistance. There she saw a long line of Americans seeking help and knew it would take forever to process them.

Instead of waiting, Vicky inquired if there was another way to get out of Greece. She was told that, from the Port of Patras, boats regularly crossed to Brindisi, Italy. However, they would need their passports.

Wartime Experience of My Family

Determined to retrieve their travel documents, Vicky asked how she could get to the airport. By then, their guide had disappeared. Helpful people told them what bus to take and where to board it. Leaving the younger kids with *Manang* Moding in the hotel, Vicky and Carol Lynn, aged fourteen, took a bus to the airport. Most of the passengers were soldiers.

At the airport gate, the bus stopped, and a soldier got on it. Speaking in Greek, he ordered all the civilians to disembark. Vicky and Carol Lynn stayed in their seats. Speaking in English, Vicky kept repeating that she had to go to the airport to get their passports. The soldier couldn't understand her, and she didn't understand him. Vicky was adamant about not getting off the bus.

Tension was mounting when, from the back of the bus, an officer who spoke English came up and commanded the soldier to allow Vicky and Carol Lynn to carry on. They were the only civilians left on the bus and were let off at the immigration building.

The airport was virtually deserted. Vicky found the person in charge and told him that they needed their passports. Without a fuss, he opened the vault and retrieved their documents. Vicky and Carol Lynn took a bus back to town.

Vicky asked a travel agency how they could get to Patras, which was 210 kilometers to the north. The agent said that, with six people and all their luggage, Vicky needed to rent a van for $200. That was expensive in 1974 and not in the budget. However, they had to go to

Patras to cross the sea to Italy, so Vicky agreed to the price. She also booked a cabin on a vessel that was leaving that day.

After nearly three hours on the road, they arrived in Patras late in the afternoon only to find that the ship they were expecting to board had been requisitioned by the military. Vicky was advised to return to Athens.

She didn't give up. Instead, she asked to speak to the manager and explained to him that she had four children with her and that her husband was waiting for the family in Switzerland. The manager, taking pity on her, disclosed that there was another ship leaving in the wee hours, and he booked a cabin for them on it. Vicky asked if they had to wait at the wharf, but he told them they could check into a nearby hotel.

Vicky later recalled that she couldn't sleep because they had to get up very early and get the children ready. Before sunrise, they walked to the pier with all their luggage and saw that here was a large crowd of people waiting to board the ship.

"The ship could accommodate maybe five hundred people, but there were about a thousand people hoping to get on it," she recounted. "I was exhausted and crying already. Then a miracle happened. Some Americans, backpackers mostly, saw us and took pity on us. It was like the parting of the Red Sea as we made it to the side of the ship."

What she saw gave her a pang of dismay. Passengers were climbing a rope ladder with narrow steps to reach the deck. There was no way Vicky and *Manang* Moding could climb that ladder with the children and their heavy suitcases, but Vicky was prepared to lose everything just to get the family on board.

Just when she thought they would lose their belongings, the miracle continued. People told them to climb up and their suitcases would follow. Indeed, all their suitcases reached their cabin.

Without incident, they crossed the Ionian Sea to Brindisi, Italy, arriving seven or eight hours later. At Brindisi, they boarded a train bound for Rome, which was 293 miles away. They had just loaded their suitcases on the train when they learned that it was going to

split. Both ends were going in opposite directions, and they were on the wrong end! Somehow, they mustered the energy to move their suitcases to the part of the train that was going to Rome.

At the train station in Rome, Vicky sent me a telegram in Switzerland that they were okay and were going on to Geneva. There was no sightseeing for them in Rome as they barely had enough time to make it the airport in a taxi.

Much later, Carol Lynn shared that it was her mother who had gotten them through the ordeal. She said, "I was very amazed at how strong my mother was—going to the airport, getting our tickets, getting us through to that boat. She did everything methodically and with determination. She was very strong and courageous, dragging four children and all our luggage. It was basically an emigration to the States." Sometime after that, Carol Lynn wrote her mother that she was her heroine.

Back in Switzerland

Meanwhile, when the Greece-Cyprus War broke out, I was concerned about the family, but I had no way of reaching them, and the airline was not giving out information, so I just stayed put at the conference.

Finally, I got Vicky's telegram. I was relieved that my family was safe. Immediately, I got us a booking for the following day at the Hotel du Rhône in Geneva, along the Rhine River, and then I went shopping. I bought a ten-by-ten-foot waterproof tent and rented a van that could carry seven people plus all our luggage.

The next day, I met my family at Geneva International Airport, forty minutes from Lausanne, and took them back to our hotel. They just collapsed into their beds for a well-deserved rest.

Camping along the River Rhine

When they had sufficiently recovered, we began our journey from Switzerland to Germany and then to Brussels. We drove up to

the border of Switzerland and Germany and followed the Rhine River all the way to Cologne. For five days, we camped in places along the river, using our little tent, with the Swiss flag waving atop it. To this day, I still have that tent in the garage of our home in Santee in San Diego, Southern California. That tent has been with us unopened in the four homes we stayed in the past forty-four years. I'm thinking we may even have a little ceremony when we open it again.

Back then, in 1974, one of our memorable stops in Europe was the City of Heidelberg where Dr. Jose Rizal, national hero of the Philippines, lived as a student. We went to Rizal Strasse, a street named after Dr. Jose Rizal, who had studied in the famous University of Heidelberg.

Eventually, we reached the City of Cologne in Northern Germany and contacted some Filipino nurses who used to work at Lorma Hospital. They were excited to see us and made room for us in their apartment. They even cooked Filipino food for us.

The following day, we drove a few hours to our last stop in Europe, the City of Brussels in Belgium, where we boarded an SAS plane to New York City.

Chapter 16

Graduate School in the US (1974–1975)

We landed in New York on August 1, 1974. Little did we know then that the United States would become our permanent home because that was still in the future. For the moment, we were just visitors and soon-to-be students.

My sister Emma and her husband Bob Kaiser were our hosts, and our squad of seven invaded their apartment in Jackson Heights in Queens, one of the boroughs of New York. The next day, Bob drove me to his home city of Albany in Upstate New York to pick up a Ford Econoline van that I had ordered and paid for while we were still in the Philippines. It could carry eight adults with room enough behind the rear seats for our luggage.

From East Coast to West Coast

Our children christened the van the Green Giant, and the name stuck. Decades later, our eldest daughter, Carol Lynn, recalled that we had many memorable trips in the US in the Green Giant and that she still had the sleeping bags we used in Europe and on our trips in the US.

That first evening, we went shopping for new suitcases to replace our battered ones. The salesperson overcharged us quite a lot, but fortunately, my wife noticed it, and we complained. The department store recomputed the bill, and we paid the right amount.

The following day, we began our westward trek. It took us eleven days to cross the United States, instead of the usual five, because of all our stops. We visited friends, relatives, and tourist sites, and we didn't travel in a straight line.

DC, Texas, New Mexico, Arizona

We stopped first in Washington, DC, to see the nation's capital. We stayed with Doctors Alex and Tecs Matas in their big house in a Washington suburb. Alex and Tecs were our classmates in med school seventeen years earlier, and it was good to reconnect with them.

From DC, we cut down to Abilene, Texas, where we stayed with Vicky's brother Cesar Reyes and his wife Kay, who hailed from Oklahoma City. We were delighted to see Cesar, who had left the Philippines many years earlier, and we enjoyed meeting Kay for the first time.

Texas always looked so big on the map, and it was the same in real life. During one of our forays, we went inside a Tom Thumb grocery store. I was amazed—it was the biggest grocery store I had ever seen!

Proceeding westward, we stopped at the Carlsbad Caverns National Park in New Mexico and marveled at its gigantic underground caverns.

We drove on to the Petrified Forest National Park in northeastern Arizona where we saw beautiful petrified remains of an ancient forest. Petrified wood is literally wood turned into stone. In layman's terms, it is a cast made of stone created by a process called "permineralization." In this process, mineralized water fills the pores and tissues of trees and plants. As the water evaporates, minerals are deposited on the cells and cell structures. The minerals harden, creating a three-dimensional fossil record, sometimes with astounding detail.

LA at Last!

We reached the outskirts of Los Angeles in the early evening. As we descended from the mountains in the east, we were greeted by a magnificent sight: the city of Los Angeles and its surrounding boroughs gleaming like bright jewels in the velvet night.

Dr. Don Warner of World Vision helped us find an apartment to rent in Santa Monica, a beachfront city in western Los Angeles County. The apartment was ten blocks from the Pacific Ocean and only twenty minutes by bus from UCLA, where Vicky and I were enrolled at the Graduate School of Public Health.

The apartment had only two bedrooms. Vicky and I occupied the smaller room and gave the bigger room to our four children. Putting my surgical skills to good use, I built a freestanding divider with plywood and screws to bisect their space. I created alternating desks for the kids, who slept in folding cots along the sides of the room.

In College Again

September came around, and the fall term began. It was odd (in the sense of being different) that all of us were students. Certainly, Vicky and I found some humor in being in school again seventeen years after medical school. She took up international health while I studied health administration. Since we were already doctors, it took us both only one year to obtain our master's degrees.

It was a new experience for all of us, going to a US university for Vicky and me and going to a California grade school and junior high school for our four children. Although Vicky and I had the Ford van, we usually took the bus. The UCLA campus was big, and we had to walk a lot, going from one building to another. The classes were similar to university classes in the Philippines, so we adjusted easily to our academic routine.

Out of curiosity, I took a class in calculus. I armed myself with a calculator and a slide rule that I purchased at the university book-

store. Three days later, to my chagrin, I found out that the electronic calculator I bought for $20 went on sale for only $10!

My class in community health was taught by a professor who had gained international experience from a project in Africa. In that project, he had set up a community health group and a control group in an African village and was monitoring the results. A year later, we learned that his project was a failure.

Vicky's Class

In international health, Vicky submitted a description of her award-winning hospital outreach project at Lorma Hospital. Her professor wanted to have it published in an international journal, but Vicky withdrew her paper when she found out she would have to pay the journal to have it published.

Our Children in US Schools

Our children—Carol Lynn, JJ, Jonathan, and Michelle—had their own experiences in the local schools that they attended. Our boys were mistaken for Chinese or Japanese youths by some bullies. Providentially, they had taken karate lessons in the Philippines before leaving for the States, so they were not easily fazed. On one occasion, our younger son Jonathan assumed a karate stance when threatened by a bully. With all those movies about *kung fu* and *ninjas*, the bully backed off and did not pick on Jonathan again. JJ, our older son, was bigger and was not threatened or harmed.

Final Month

I spent my final month observing the way things were at Kaiser Permanente Medical Center in San Fernando Valley where the nursing director told me that Filipino nurses were the favorites of the patients.

I found the Kaiser setup very interesting. Three Kaiser organizations shared the compound: Kaiser Foundation Health Plans, Kaiser Foundation Hospitals, and Kaiser Permanente Medical Group.

Kaiser Foundation Health Plans provided prepaid, comprehensive health care services for individuals and groups exclusively. Kaiser Foundation Hospitals owned and operated community hospitals in California, Oregon, and Hawaii and outpatient facilities in several states. It also provided or arranged hospital services and sponsored charitable, educational, and research activities. The Permanente Medical Groups were partnerships or professional corporations of physicians. They were represented nationally by the Permanente Federation, which had an exclusive contract with Kaiser Foundation Health Plans to provide or arrange medical services for members and patients.

In addition to the three groups, an internal organization known as National Functions helped coordinate national efforts and provided administrative and corporate services within Kaiser Permanente. National Functions had two subgroups: Kaiser Permanente Information Technology (the IT group) and Corporate.

My month-long observation at the Kaiser hospital made me aware of the existence of three related but independent groups in one hospital location.

Chapter 17

Change of Direction (1975)

Vicky and I were banking on Dr. Mooneyham's offer for us to work in the National Pediatric Hospital that World Vision built in Phnom Penh but events in Cambodia put a period to that plan.

According to its website, World Vision entered Cambodia in 1970 in response to the Cambodian government's international appeal for assistance. Dr. Mooneyham himself led a convoy of trucks with medicines and supplies from Saigon to Phnom Penh. Over the next five years, World Vision carried out relief and development activities in Cambodia, including building the pediatric hospital, schools, and housing units for refugees and even airlifting food to Phnom Penh in April 1975. That month, Pol Pot's communist Khmer Rouge, which had gained control of the countryside, laid siege to Phnom Penh and massive killings took place.

While the siege was underway, World Vision evacuated its expatriates and local staff members. All World Vision programs in Cambodia ended, and the plan to have us work there evaporated.

Graduation

Vicky and I graduated from UCLA in June 1975 without an alternative plan for employment. But we were not worried. With our experience as doctors and administrators of Lorma, plus our new master's degrees, we were certain that we would find employment soon enough. The opportunity came sooner than expected.

New Direction

I wrote a letter to Dr. Engstrom, the EVP who had corresponded with me, to say thank you for World Vision's financial support for Vicky and me to obtain our master's degrees in public health. "Before we consider other options," I wrote, "is there anything we can do for World Vision?"

Dr. Engstrom wrote back quickly and asked me to come to the World Vision headquarters in Monrovia the following Monday. Monrovia was just forty miles from where we lived.

As a backgrounder, let me say that, in 1975, World Vision had child sponsorship projects in about thirty-five countries and had emergency relief projects in Cambodia and Vietnam. Sponsors in the US and other industrialized counties were asked to donate $18 a month to help war orphans and other children in poor countries. About fifteen thousand letters arrived daily, most of them with checks from donors for child sponsorship projects. World Vision had an automated letter opener that was fed a stack of envelopes which would feed them one at a time to an operator. First, it slit the top edge of the envelope then opened it so an operator could easily reach for the letter and the check. World Vision used the donations to provide nutrition and education for the youngsters. Bible studies were included in each project's activities.

That Monday in Monrovia, I got reacquainted with Col. Hal Barber, director of WV's Relief and Development Division, whom I had first met at the World Vision dinner in Lausanne the previous year. Now Colonel Barber explained that USAID had given World Vision a grant of US $800,000 to begin a new direction in its work—that of being involved in relief operations and community development work globally.

The USAID grant enabled WV to form a headquarters team of specialists in health, agriculture, disaster relief and rehabilitation, and to have regional program coordinators for Asia and Africa. Two positions for technical program support worldwide, one in health care and the other in agriculture, were open.

Colonel Barber offered me the health position, which came with the title associate director for Health Care Delivery Systems. He told me I would work for the World Vision Relief and Development (WVRD) division under him and my role would be to provide technical advice and guidance on the health aspects of WV's relief, development, and child sponsorship programs abroad. I saw that surgery, which I hadn't practiced in over a year, would take a back seat to this advisory role. Having no other plan, I readily accepted the post.

One month later, Dr. Penelope Key, World Vision's star doctor in Cambodia before the Khmer Rouge invasion, came to its headquarters in Monrovia to say that she was ready to accept the health position. She was told it had already been given to me. That was just one of many blessings that I received after that singular moment of grace when I invited Christ into my life in Singapore eight years earlier.

World Vision returned to Cambodia (Kampuchea) in 1979 after the Khmer Rouge regime was overthrown. By that time, Vicky and I were already traveling down another path, and it was clear to us that we would no longer be medical missionaries. In 1980, however, as a hospital consultant, I visited the Phnom Penh hospital facility, which was built and supported by World Vision. I designed the strategy for its reopening.

Our First House in the US

Meanwhile, back in 1975, Vicky and I decided to buy a house instead of renting one. We considered it an investment for the future. With installment payments available for fifteen to thirty years, we figured we could afford a modest house. We looked for one near World Vision in Monrovia, but the houses in there were out of our reach at $60,000 or more.

Filipino friends invited us to have dinner in their home in Claremont, a suburb east of Monrovia where World Vision was located. We liked the city. It was quiet and picturesque, with trees on every sidewalk, and it had good schools. Best of all, it was only a

thirty-minute drive away from WV's headquarters. We found a suitable house in a peaceful neighborhood. The three-bedroom house came with a front lawn, a backyard patio, lots of trees, and a large heated pool. Later on, we added two more bedrooms, which served as a guest room and a home office.

We enrolled our children, then aged ten to fifteen, in local schools and started the practice of sending one child at a time to study for a year in the Philippines to get reacquainted with our culture.

Daughter Studies in the Philippines

Carol Lynn, our eldest child, recalled that she was keen to go because she wanted to graduate from high school at sixteen in the Philippines. Had she stayed in Santa Monica, she would have had to go through the eleventh and twelfth grades because the US was on the K-to-12 system. So three of our four children went back to the Philippines, one at a time, to study for a year.

Another Miracle

Vicky used to have a very busy practice in the Philippines and wasn't accustomed to staying at home, so she volunteered in a local health center. However, she wasn't allowed to touch a patient, not even to extract blood, because she wasn't licensed to practice medicine in California.

With the kids in school and nothing much for her to do at home, Vicky reviewed for the California Medical Licensure Exam and passed it. The next hurdle she faced as a foreigner was getting a permit to work in the US. An American immigration lawyer known to World Vision filed for a work permit on her behalf, but the petition was denied.

Vicky's hopes languished until the Christmas season when we visited a Filipino pastor, his wife, and their children (they had several) in Los Angeles to cheer them up. In the course of our conversation, Vicky's need for a work permit came up.

The pastor said he knew a lawyer who used to work with California's Immigration and Naturalization Service. We told him we had already consulted World Vision's lawyer and the petition had been denied. The pastor suggested we try his lawyer friend anyway.

With nothing to lose and everything to gain, we did. The lawyer looked a Vicky's papers. After a few minutes, he declared, "You can start working tomorrow!" A foreigner who gets a master's degree in the US can obtain a work permit, he explained.

Vicky worked first with Pomona Health Services in the next city in Los Angeles County. Before long, a doctor in Claremont decided to sell his practice, and Vicky bought it. The clinic was a freestanding building in a shopping complex that was across the street from a pharmacy and only two blocks from our house. The location was very good, so Vicky set up her private practice in family medicine there.

We bought a second vehicle, a Ford Maverick sedan, and I drove it to work each day.

Chapter 18

At World Vision (1975–1980)

As World Vision's international adviser on health programs, one of my roles was to develop the organization's global strategy for primary health care (PHC). By God's grace, I was placed in a position to influence the outlook of the leadership of World Vision. I did this through our discussions and the papers I presented to the senior leadership and field offices of the organization.

Role in World Vision

The first paper I prepared was titled "A Global Health Care Strategy for World Vision International," and it was for the first WV International Conference on Relief and Development, held in Nairobi, Kenya, in East Africa in 1975. This conference was followed by World Vision's First Child Care Conference also held in Kenya in 1976. I presented WV's strategy for child and community health at the conference, which was attended by officials from our headquarters and our field leaders from around the world.

My other major role was to provide guidance to our field offices on how to keep the children and families in those communities healthy. I needed to be aware of international trends in community and child health programs and had to cascade these to our field offices.

In 1985, this role would expand to training our overseas staff in the design and management of community health development

programs. But, in the preceding ten years, I monitored and evaluated health programs for poor communities and occasionally got involved in fundraising and writing project proposals.

I visited our projects systematically, making a trip to Africa, Latin America, and Asia every year. About twenty-five percent of my time was spent traveling outside the United States. Whenever I flew to a region, I maximized my trip by going to three countries. In each country, I visited more than one of our projects. Quite often, I traveled inland by small aircraft of Mission Aviation Fellowship (MAF), which had bases in many developing countries—missionary planes, they were called. There were times when it was just the pilot and me flying to some remote location. The pilot dropped me off on his outward run and picked me up a day or two later on his return trip.

World Vision gave assistance to three kinds of projects: communities where we had disaster relief projects like hospitals; regular communities where we paid for two full-time social workers to help children and their families have a better life; and special projects like caring for the children orphaned by AIDS and the civil war in Uganda.

A regular project community was made up of 150 children and their families. A doctor and one or two nurses would visit them regularly to provide health services and nutrition education. World Vision hired two full-time social workers to handle activities like education of the children, feeding programs (if needed), vocational training for the mothers, and general development like well-digging or providing agricultural advice and assistance.

Focus on Improving Health in WV Project Communities

In community health, there were two basic things I looked into to improve the health of the people: food and vaccination.

The no. 1 requirement in order to improve the health of the people was to have sufficient food on the table. World Vision served poor communities where malnutrition was rampant. "Don't even

talk about nutrition and carbohydrates. Just have enough food on the table," I told our field workers.

I pondered the experience of the Eskimos who lived in the middle of the frozen Artic landscape. What did the Eskimos eat? Only seals and fat. They had no vegetables and fruits, but they were okay as long as they had enough food.

Whenever I visited a country for the first time, I always checked out the community and the marketplace. I wanted to know what was available and what food each family could grow. Invariably, I would make suggestions about planting fruit trees and *Moringa oleifera* (our commonly grown *malunggay* tree in the Philippines) to provide ongoing nutritious food for the children and their families.

Moringa trees can grow as tall as twelve meters. Its leaves are oval paper-thin green discs attached to petioles that fan out from many slender branches. Like the moringa pods containing the seeds, the dime-sized leaves are harvested for their nutrients. Known as the miracle vegetable, the leaves are known as the most nutritious in the world. They can be incorporated into a salad or boiled in a soup. Vitamin-rich moringa is used as a remedy for common ailments and as a booster for health.

The second thing to improve people's health was to get them vaccinated. Vaccines save lives and produce unquantifiable benefits for poor communities, I told World Vision workers and local health officials. I pointed out that healthy children could attend school and grow up to be productive citizens. Parents of healthy children would not incur huge medical expenses that could push them into extreme poverty. We had seen it so many times—the mother of a sick child stopping work to care for the child, the father borrowing money for medicines. Before long, they were in extreme poverty—a situation that could have been prevented by vaccination.

We collaborated with local health officials to get the people to accept the vaccines. I visited these officials in local government clinics and hospitals. Sometimes, I met with national health officials. As I went about my work, I casually observed what was going on in their hospitals. Having been involved in the administration of Lorma for

many years, I didn't need to ask any questions to know the challenges they were facing.

Later, I learned a third approach to child health was to give a high dose of vitamin A twice a year. UNICEF sponsored this program of giving a high dose (fifty thousand international units) vitamin A once every six months. Vitamin A from soft capsules was squeezed into the mouths of children under five years old. It protected the linings of their lungs and intestines, making them more resistant to respiratory and diarrheal infections, which were the major killers of small children in poor communities. It was a good program, so I included it in my talks.

Two other important requirements for better health were safe water to drink and improved sanitary conditions. In many arid communities, clean drinking water was scarce, and villagers had to walk for hours to fetch it. This chore took children away from school or prevented adults from earning more for their families.

When talking to our field officers, I asked them about sanitation in homes and suggested that communities be taught about sanitary measures. It was important to get them to install and use toilets so that human waste could be safely disposed of. Unsafe water and unsanitary conditions often led to diarrhea, the second-biggest cause of death for young children.

From the 1976 to 1995, when I was in the field for World Vision, Food for the Hungry, and other relief agencies, wars and disasters in various parts of the globe produced countless refugees. Many of the international relief agencies were Christian organizations, yet their work cut across religions, cultures, and political orientations. It was, at its simplest level, a response to humanity in their direst need.

I did not work directly with the refugees but with the people who worked with them. My task was to enable our field officers to become more effective in managing their relief operations and to help them guard and improve the health of the refugees. In community health, I focused on what could be done—growing vegetables and nutritious plants even in small spaces so they could have more

food on the table and having them accept vaccines to lessen the outbreaks of preventable diseases and their negative impact on families.

My First Book

As early as my first year with World Vision, I started writing guidelines on how to take care of children in WV programs. Those guidelines were sent to our staff in the field countries with World Vision projects. Eventually, I wrote my first book, which was aptly called *Healthcare Guidelines for Use in Developing Countries*. I used to joke that it was my magnum opus. It was published in English by World Vision in 1977 and was translated into Spanish and French some years later.

Back in the Philippines, in the late sixties, an international consultant who visited our hospital outreach program said to me, "If you want to make an impact in a field, write a book and people you will never meet will have an opportunity to read it."

Years after my first book was published, I encountered people from various parts of the world who told me, "Oh, I read your book." That one sentence was enough encouragement for me to continue to write more books.

Lost in Translation

Healthcare Guidelines in French was the output of a Peace Corps volunteer who served two years in a French-speaking country in Africa. It was a valiant attempt to translate the workbook that I used for my workshops.

One day, I was giving a three-day seminar on health in the Gambia when a French doctor from Switzerland, who was working as a missionary there, told me, "Dr. Rufi, I read your book in French. The words are correct, but when you put them together, they don't mean a thing."

That was when I found out that the French version wasn't up to par. *C'est la vie!*

World Vision's Entry into Management Training

Around 1997, Stan Mooneyham, the president of World Vision, wanted to have our national and foreign staff in various countries trained in management. World Vision scoured the US and England for possible training programs, but there were no short-term courses for management. Schools offered MBA courses, and management subjects were covered in entire semesters.

I suggested, "Why don't you try Louis Allen Management Consulting Group? They give workshops, one of which I took back in 1969."

The president of Louis Allen came down to Monrovia from Palo Alto and had a one-on-one meeting with Pres. Stan Mooneyham for two whole days. He liked the Louis Allen management program, and World Vision adopted it in toto.

Comic Book

In 1978, I followed my magnum opus with a comic book, *How to Have a Healthy Family*, which was published in English by World Vision International. It was a thirty-two-page comic book on what a family can do to protect its own health.

In my travels, I found out that lecturers held most of the health education materials and brought them home. If they ever left any literature behind, it was mostly words, and people had to know how to read to understand them. So I thought, *Why not a comic book with 80 percent to 90 percent of drawings on each page, only 10 percent to 20 percent in words?*

While those ideas germinated in my mind, I got in touch with a very good friend, Danny Aguila, a famous artist from the Philippines and the son of a former governor of La Union. He used to be a political cartoonist in the Philippines but was now living in the States.

"Hey, *Manong* Danny," I said, "let's do a project." (I addressed him as *manong*, meaning older brother, as a sign of respect.) After I explained the project, he agreed to do the illustrations. The first part,

"Food for the Family," was basically about how to eat well. The second part was about "Germs and Worms."

The comic book was very successful, *and thirteen country versions of it were made*. People from around the world wrote me, seeking permission to publish their own version. It came out in Chinese, Korean, Spanish, Portuguese, Filipino, etc.

African Version of Comic Book

There was no African version of the comic book until an agency asked me to go to Sierra Leone to sell the idea to the health secretary, Dr. Moira Brown. I did and they made the first African version, albeit with a cultural difference. Many kinds of worms were eaten in parts of Africa as staple food or delicacies, so they had to change "Germs and Worms" to "Germs and Insects."

In Sierra Leone, I had lunch with the country's chief nutritionist in a hotel by the sea. I spotted moringa trees there and told her that moringa leaves were nutritious and good for the health. She did not know that they were beneficial. We returned to her office, and she brought out the *World Atlas of Nutritious Plants*. There it was—*Moringa oleifera*, the most nutritious tree in the world. Sometimes, my work was as simple as that, providing an insight to help improve the health of a community.

Approach to Giving Advice

I had seen so many efforts to improve health at the village level and had become familiar with many variations of doing it. When I visited a project, the project staff would tell me the problems they were encountering about health. I would say, "Oh, when I was in that country last month, they had a similar problem, and this is how they solved it."

I began to call myself a self-appointed *ambassador of possibilities*, which, in a way, was correct. I did not tell the project officers what to do. I simply recounted what happened in another place and how

they solved that problem. Telling stories turned out to be a better way of helping them than dictating what they should do.

Inspired to Learn How to Teach Management

As I worked with the project staff, I noticed that the doctors did not know how to plan and manage their projects. They knew how to diagnose and treat common ailments, and the nurses knew how to assist the doctors. But organizing themselves into a team to run their projects effectively had not been part of their training. Clearly, they needed instruction on how to better manage their projects.

Because my time with them was brief, just hours or a few days at most, I said to myself, "I want to learn how to teach management over a cup of coffee or under a tree." A few years down the line, I trained to become a management trainer in order to teach them management.

US National Position

While I was at World Vision, from 1978 to 1980, I served as a board member of the US National Council for International Health. Our annual meetings were held in Washington, DC, where I met many other people working in community health activities in various parts of the world.

My work with World Vision and Food for the Hungry took me to over seventy-five countries in all continents of the world. I was crisscrossing the globe, in addition to attending other meetings in the United States.

After five years of grueling schedules, I got tired—all that traveling can get to you after a while—and I resigned. I needed to rest. The year was 1980.

Chapter 19

World Relief's Management Training Team (1980–1982)

I had just resigned from World Vision when another international agency named World Relief invited me to join its American team of trainers who were leading workshops on the management of community development projects. I jumped at the chance to work with them pro bono because I wanted to learn about training others in management. Until that time, I had not participated in a management workshop. It was also a chance for me to give back, to contribute from the fund of knowledge that God has enabled me to accumulate previously in my work.

World Relief, the development arm of the National Association of Evangelicals, worked with local churches around the world on initiatives like disaster response, health and child development, refugee and immigration services, economic development, and peace building. Its workshops were funded by USAID.

My Teammates

I think World Relief invited me because I was from a developing country and I had valuable experience, having done a lot of international travel for World Vision. Our team included Cleo Shook, formerly the US undersecretary of Foreign Affairs for Asia, and Jim Schmook, a management trainer with the US Army. My first trip

with the team was to Jamaica, a country I had not traveled to before. I was merely an observer then, learning what I could about the seminar. I would participate in the next country, I was told.

While the seminar was going on, I went out of the room to the street to stretch my legs. I saw a sign by the roadside that said sleeping policeman. I looked around. No one was sleeping, and there was no policeman either. I pointed to the sign, and the bystanders pointed to a speed bump that was meant to slow drivers down. I chuckled at the imagery in my mind. A sleeping policeman on duty for twenty-four hours!

After Jamaica, we did two workshops in Bolivia. One was in La Paz, the seat of government, and the other was in Santa Cruz, the largest city. I began participating in La Paz and recall being encouraged by the more-experienced trainers to go faster.

Management Lessons Learned

I learned a lot from the two of them. Jim Schmook talked about a study on successful executives who made good decisions through OMR. It was an acronym for outcome, methods, and resources. The executives started by visualizing a successful outcome (what would success look like?). Next, they listed the methods or activities needed to achieve the desired outcome. Finally, they listed the resources such as people, money, materials, and time needed to achieve the desired outcome.

Later on, when I developed my own workshops, I added one more R for review, making it OMRR for outcome, methods, resources, and review. I contended that a review or follow-up system was essential to the success of the program to enable adjustments to be made when needed. One example can be, "Let us meet every Monday morning to review how the implementation is going on."

From Cleo Shook, I learned the blind man game. The participants were divided into pairs, and one partner was blindfolded. The blind ones walked around the room, navigating with directions from the seeing partners. The blind ones were asked how they felt when

guided by a talkative or a silent partner. It was a lesson on the importance of leaders sharing what was going on in the company with their team, instead of not sharing at all.

Workshop in India

After Bolivia, our team led a similar workshop in New Delhi, India, to teach pastors how to manage development projects. "It's not enough to do development projects. You have to manage them too." We emphasized and gave them pointers how to do it.

The pastors, who were from the villages outside New Delhi, told me a very sad story. In certain parts of India, when a baby girl was born, they said, villagers killed her because, when the time came for her to get married, the family would have to pay a substantial dowry to the groom's family. If they couldn't pay a dowry, they would be socially ostracized. If they did come up with a dowry, they would become poorer. So, rather than lose their property or money or stature in society, they killed their baby girl.

That boggled my mind! Why do you have to pay the groom to marry your daughter? Didn't that degrade the value of a woman? What about female infanticide? The practice was appalling to me. Fortunately, today, the government is cracking down on female infanticide.

Workshop in the Philippines

From India, I went on to the Philippines to lead the workshop by myself for pastors in Mindanao. I was unable to join our team in Pakistan because I was still holding a Filipino passport at that time and I didn't have a visa to enter the country. My colleagues with US passports had no problem entering many countries around the world. Eventually, I would get a US passport too.

In the Philippines, I conducted the same workshop for twenty pastors in Surigao in eastern Mindanao. By that time, I was already comfortable leading the workshop by myself. It turned out to be the last one I did for World Relief.

Chapter 20

The International Hospital Federation and the World Health Organization (1981–1983)

In 1981, I received an aerogram that I dubbed the $25,000 letter. It was another of those miraculous incidents in my life.

How I Got the $25,000 Letter

I had met Miles Hardie, director general of the International Hospital Federation (IHF), some years ago in a conference at the Philippine International Convention Center in Manila. He was walking across the PICC lobby with my friend, Dr. Jose Caedo, a Filipino surgeon who had married a renowned beauty, Cristina Galang, Miss Philippines of 1953. Dr. Caedo was a member of the IHF International Board and my former colleague on the national board of the Philippine Hospital Association.

Dr. Caedo introduced me to Mr. Hardie. We exchanged greetings, but it was a very brief encounter because I was on my way to give a talk on "A New Role of the Hospital." While I was on the podium, I was unaware that Mr. Hardie had elected to attend my presentation and was there in the audience.

After that conference, we exchanged friendly letters. I wrote from my base in California, and he corresponded from the IHF headquarters in London. In one of my letters, I told him I was stepping down from World Vision to rest from my travels. Without asking for my permission, Miles got me a $25,000 grant from the WK Kellogg Foundation to do the global study that he felt I should be doing—hospital involvement in primary health care. He knew that I had long been interested in the topic and now the IHF wanted a study done on it.

A Hospital Worthy of Its Name

As I mentioned earlier, I first heard about this inspiring topic from Mr. James McGilvray, executive director of the Christian Medical Commission in Geneva, who said that, "A hospital worthy of its name is one that reaches out to the communities around it and does something about their unmet health needs—even those that do not go to it."

Prior to his work in Geneva, Mr. McGilvray had spent several years in the Philippines and had founded ICCMC (Inter-Church Commission on Medical Care), an association of Christian hospitals in the Philippines. The ICCMC held its annual meetings at member hospitals and changed location every year. That practice taught me the value of visiting other hospitals and learning from them.

Global Study and IHF Traveling Fellow

To facilitate my IHF study, I bought an electronic memory typewriter for the form letters that I needed to send to the hospitals. From Miles, I learned how to write form letters that didn't look like form letters.

My salutation was in longhand, and so was my signature. Below that, I penned a phrase or a sentence that was personal and appropriate. These three things in longhand gave the form letter a personal touch.

I communicated with hospitals around the world. I said that we (the IHF) would like to know if they were reaching out to the communities around them and that we would like the world to know about their experience and learn from their work. The idea of their

experience being known across the world was a strong motivating factor for them to answer, I thought. More than four hundred hospitals from over a hundred countries responded. Based on the data they supplied, I produced a 272-page report.

In 1984, shortly after I finished the report, Vicky and I visited Miles Hardie and his wife, Melissa, an American from Texas, in their home in London. We were their houseguests.

Melissa, who was a nurse and an editor, said to me, "Rufi, I volunteer to edit your work because a book of three hundred pages is too long. People will not read it." She trimmed my manuscript down to one hundred pages. My book, *Hospitals and Primary Healthcare*, was published in London by the International Hospital Federation in December 1984. The IHF marketed my book for ten years, referring to it in each issue of the IHF Journal.

While I was doing that study, I was appointed an IHF traveling fellow and a Kellogg fellow in hospitals and primary health care.

WHO in Geneva

The World Health Organization got wind of my project. I believe Miles Hardie wrote to WHO and requested that its regional directors be advised of my study. Dr. David Tejada de Rivero of Peru, then deputy director general of WHO, sent out a memo to all the regional WHO directors, informing them about my study and urging them to give me their full cooperation. Dr. Tejada's path and mine never converged, but I met most of the six regional directors and had excellent collaboration from them.

Prior to all these, Miles Hardie apparently opened another door for me. I believe it was he who suggested that I be invited to join World Health meetings in Geneva as an expert on hospitals and primary health care.

I had no contacts in the World Health Organization, so I was surprised to receive a call from Geneva. I was visiting a World Vision project in Cavite Province in the Philippines and was in the middle

of a field when a WV staff member hailed me, saying I had a call from Switzerland.

Dr. Ferdinand Siem Tjam, former health minister of Suriname, who had joined WHO in Geneva, was on the line, and he conveyed the invitation to attend a meeting at the WHO headquarters. Ferdie eventually became my close friend and my contact at WHO for many years.

Meetings in WHO Headquarters

The informal meeting (the official term for a small consultation meeting) in 1980 was attended by four experts from Asia, Europe, Latin America, and myself. Dr. Siem Tjam acted as the host and convener. Over four days, we discussed the topic "Health System Support for Primary Health Care" or how local health establishments can assist and help sustain trained village health workers in doing basic health work in the villages. The term primary health care (PHC) was coined during the Alma-Ata Conference in 1978, which identified PHC as the key to attaining the goal of health for all.

We discussed how to train and field village health workers in various countries as the WHO was realizing that, for village health workers to be effective, they needed support in training and supplies from existing health system establishments. The report from the first meeting was titled "Health System Support for Primary Health Care."

So there I was in 1980, in the global headquarters of the World Health Organization, not knowing anyone except my new acquaintance, Dr. Siem Tjam. Later on, I became part of the WHO secretariat for the expert committee meeting on hospitals and primary health care. How could I, who was virtually unknown to WHO, become part of the secretariat? I believe it was really the hand of God at work.

In 1983, in our second meeting in Geneva, I was part of a larger group discussing PHC and hospitals. Back in 1978, when the Alma-Ata Declaration on Primary Health Care was drafted, the conference concluded that (in my own words) "hospitals were bad because they

spent the most amount of money in health care and the health of the people in the communities was deteriorating. Aid agencies needed to support community health efforts. Never mind the hospitals, they spend too much money." Consequently, hospitals were neglected, and global funding agencies' assistance to them was reduced.

By 1983, World Health officials had reversed their view. They realized that hospitals were needed to support PHC at the village level. Primary health care workers needed professional support from a local establishment like a hospital or a clinic. Village level health care assistance was not permanent, while hospitals were permanent members of the community. The meeting report was titled "The Role of Hospitals at the First Referral Level."

Finally, at the third meeting in 1985, World Health officials thought that to be more effective, health officials should think not only in terms of the hospital and the village but also in terms of a district health system. That's how the structure we have today developed. We have a district hospital, rural health units, and village health workers. The report of our 1985 meeting was titled "The District Health System."

I was part of the Geneva group from the very beginning, participating in discussions about these topics. I was asked for my views as an expert, having traveled so much, knowing the nature of hospitals, and knowing the nature of developing countries. I'm happy to have contributed to the thinking and outlook of experts at the World Health Organization.

Chapter 21

World Vision's International Training Office (1982–1984)

In 1981, I rejoined World Vision with the intention to become a management trainer. One of my most significant observations about the childcare and community development projects that WV supported worldwide was that project leaders were often not equipped with basic management expertise to run them effectively.

Often, the heads of the projects lacked management training. For instance, how could a small project staff of six run the child sponsorship program for a refugee camp of two thousand people? Effective management was the key, and the background of the project leaders usually did not include management training. I had the knowledge from my World Vision travels, the experience of running Lorma Hospital, and the training from the Louis Allen course that I took back in 1969, but I was not a trainer. Being a management trainer required a different set of skills from the ones I had, although I gained useful experience from my time with World Relief management training team. World Vision spent money to have me trained to be a management trainer.

Within the World Vision organization, I left my post as an international health program adviser and joined the new international training office led by Bill Snyder, an American management trainer. He and I worked together to create and implement management training workshops in WV offices worldwide.

Courses I Took

To increase my fund of knowledge and improve my skills as a trainer, I took up several courses from different organizations.

In 1982, I enrolled in the executive management trainer training course of Louis Allen Associates in Palo Alto, California. I took a private instructional design training course at the Barbizette Workshop on instructional design in Los Angeles, followed by a workshop by Practical Management Associates also in Los Angeles, and then another one by Courseware in San Diego, California.

By 1984, I was well equipped to train our overseas staff in the design and management of community health and development programs. I wrote a paper titled "A Management Training Strategy for World Vision International" for WV's training department.

Training Expert

Being a subject matter expert is different from being a training expert. I learned about instruction design, that there was a knowledge expert, a training design expert, and a training workshop implementer. You don't have to be an expert yourself. You get a knowledge expert to work with you. You design the training. You don't have to be the one to do the workshop. Instead of having three persons, I became all three, except for the international disaster relief workshop. I did not have that skill, so they got an expert from one of the World Vision relief project countries to work with me, and together, we developed the workshop that I conducted later on.

Chapter 22

Work and Life in Indonesia (1984–1985)

By 1984, I had put in nine years at World Vision's headquarters. Although my work took me all over the globe, up to that point, my family and I had lived only in the Philippines and the US. A part of me still hankered to experience living overseas.

The opportunity came that year when I got the no. 2 position in World Vision Indonesia. My friend, Fram Jejangir, was the country director. Fram used to be the worldwide coordinator for Childcare Ministries at WV headquarters. He and his Chinese wife Nancy were originally from Hong Kong. Fram was a direct descendant of the maharajah who built the Taj Mahal in India.

Nancy didn't look Chinese at all, although by upbringing she was. She told us that, in Hong Kong, it was common for a Chinese man to have four wives. Wife no. 1 always chose the other three. So, in her family, when it was time for wife no. 1 to choose wife no. 4, she went to Vietnam and found a Vietnamese girl to be the fourth wife of her husband. She was Nancy's mother.

Vicky and I were a team, and we always did things together. When the opportunity to live in Indonesia came up, she sold her medical practice in California to come with me, although she had to return home a few times when the children had problems. In her absence, I learned to cook my meals with help of a cookbook on preparing Filipino meals. I remember cooking *adobo* (a favorite Filipino dish of chicken and pork cooked in vinegar and soy sauce flavored by bay leaves), enough for several days, or buying food from local

restaurants, also enough for several days. I froze or refrigerated the extra food and just heated a portion whenever I wanted to eat.

Our year in Indonesia was a special and memorable time of working and living in another country. We were stationed in Jakarta, where we rented a comfortable apartment that was one unit of a duplex. The owner lived in the other unit.

Life in Jakarta

I was assigned a Toyota Corolla and learned to drive on the left side of the road, which was so unlike driving on the right in the US or the Philippines. Fram told me to "always go to the left curb" no matter how many turns I took, and it worked for me.

One morning, I went to our carport and got into the Corolla to drive to the office. As I eased into the driver's seat, I noticed something odd. There was a gaping hole in front of me, and I could see way down to the engine! My entire dashboard was missing—stolen!

It was a holiday season, and I was told this was a way for thieves to make some money without stealing the whole car. The thief was very courteous; he left the four screws that he had removed in a small neat pile on the floorboard. The replacement of the dashboard cost $800, which probably gave the thief and his family enough money to celebrate the holidays.

Another day, it was raining when I arrived home. I got out to open the gate, and the car door closed behind me. The key was in the ignition, and the engine was running, and I was outside in the rain! Vicky was back in California then, so there was no one to open the door for me. I rang the doorbell of the owner's unit, and he called a locksmith to come and open my car door.

My Work in Indonesia

As head of the planning, development, and training division, my job was to develop a health-care strategy for childcare and community development programs and to provide technical support for

World Vision's health and development programs in the country. I also used my previous training in California to design and lead management and supervision workshops for our department and section heads.

Previously, in my international travels, I had visited an excellent center for innovations in Appropriate Technology in Nairobi, Kenya. So, when I was supervising the setting up of a training center for development workers in Indonesia, I sent two key executives—the head of Development Projects and the head of Appropriate Technology—to Nairobi to learn what they could at the center. That was a little boost I gave to developing leadership in Indonesia.

The head of Appropriate Technology, Rus Alit, an Indonesian pastor, was a mechanical genius who could assemble a ram jet pump from locally available parts. A ram jet pump could propel water upward as high two hundred feet continuously, without using any fuel or electricity, as long as there was a flow of water occurring at the source. Using materials from a local hardware store, Rus built those pumps in the mountains of Indonesia.

Many years later, I asked Rus Alit to come to Lorma in the Philippines to demonstrate how to build a ram jet pump. He did and he also taught us how to build a large water tank in a few days, using simple ferro-cement technology. To this day, those pumps and tanks are still used by people in La Union province.

Looking back, I would characterize our year in Indonesia as a cultural immersion. We couldn't escape it. Every night at midnight, a loudspeaker somewhere went full blast, broadcasting the Muslims' nightly prayer. I got used to it and eventually slept through their night and dawn prayers. But a newcomer, a European expat in Jakarta, was so upset that a man was shouting over the loudspeaker at midnight. He shouted back and told the man to shut up. The very next day, the European was deported from Indonesia. Fortunately, I never experienced such a problem as I learned to be sensitive to other people's cultures.

Visit to Irian Jaya

I visited many of our Indonesian projects, going as far as Irian Jaya, Papua Province, on the western side of the island of New Guinea, which is shaped like a big bird. The waist below is Papua New Guinea; above it is Indonesia's Irian Jaya province.

World Vision supported a mission clinic high up in the mountains where the Dani tribe, who were once headhunters, lived. The mountains were impassable to vehicles as they had craggy peaks, thick jungles, and no roads. The only way to reach the clinic was by airplane. We flew there first on a commercial flight from Jakarta to Sentani, a town on the eastern coast of the Irian Jaya, then on a missionary plane operated by Mission Aviation Fellowship to the mountains where the Dani people lived.

The Dani Tribe

A missionary doctor from the US and his family lived there in a western-type house with most parts brought up by plane. The Dani tribe lived in roughly cut wooden houses with thatched grass roofs.

The Dani men wore no clothes, only necklaces and a *koteka*, a dried-out gourd that covered their private organ like a sheath. The gourd was kept in place by a belt made of rope. The married men wore short fat gourds, about eight to ten inches long. The bachelors sported narrow gourds, about fifteen to eighteen inches long, facing forward and upward, with the tip of the *koteka* at the level of their chins. The women, single and married alike, wore grass skirts and necklaces, with their breasts exposed.

On my first visit to Irian Jaya, we landed on the dirt runway of a small airport. We got to the house of our host just before darkness fell. It seemed that the night descended so quickly in the mountains!

The following morning, I woke up early and went down for breakfast. From the living room, I spotted a small group of naked Dani men standing just outside the clearing behind the house. I rushed up to my room to get my camera. When I returned to my

hiding place by the window, I raised my camera to quickly snap a picture, hoping to get a good shot before they disappeared into the bush. The men saw me, and instead of running way, they stood up, posed, and smiled for the picture!

Later that day, I learned about Dani culinary practices. They cooked their food in an earthen oven, which was actually a pit in the ground. The women heated stones in a fire and lined the pit with the hot stones. Then they lowered a packet of food wrapped in banana leaves—usually pork with sweet potatoes or bananas—into the pit. They put more hot stones on top of the food packet and then covered the pit with grass to keep the steam in. After about two hours, their food would be ready. They also cooked roast pig this way. It was a delicacy served on important occasions. I didn't have a chance to try their roast pig, but I imagined it would taste like our famous lechon in the Philippines, cooked over a fire on a rotating spit.

Diseases Common to the Dani People

One of the things I noticed was the prevalence of goiter among the Dani people. Goiter is a swelling in front of the neck caused by iodine deficiency because they lived so far from the sea. The doctor was giving iodine-reinforced salt to the people for their food to help prevent goiter.

I also heard about a strange illness that occurs among the Dani. Their intestines can become gangrenous (dead for lack of blood supply), which was fatal if not operated on in time. The cause was unknown. Only early surgery could save those who contracted it.

Time to Go Back to California

After a year in Indonesia, it was time to go back to California. I resumed my work as an international adviser on health systems and led field management workshops in World Vision field offices around the world. I also became part of the international team of the relief and development office of World Vision.

Vicky's New Job

Back in California, Vicky could not set up a new practice in Claremont where we lived because of an agreement with the doctor who bought her out. She could set up her own clinic in an adjacent city, but she would have to drive back and forth daily. She didn't want to do that, so she opted to work with other doctors in their clinics.

One day, she learned of an opening in the Claremont Colleges Baxter Student Health Services, only a mile from our home. She applied for it, got it, and enjoyed her practice as a university clinic physician for the next ten years until we both retired. One of the perks of her job was that she got vacations during the Christmas, spring and other school breaks, just like the students did. This gave our family opportunities to visit national parks in the US every summer with the kids. Those were memories we all treasure to this day.

Chapter 23

Dr. Gunawan Nugroho and Dana Sehat

Dr. Gunawan "Gun" Nugroho, my best friend, was, in my humble opinion, the foremost authority in the world in community health care. He influenced my thinking about health care more than anyone did in the field of international health. When we first met in 1983, Dr. Nugroho was the primary health care officer of WHO's Western Pacific Regional Office (WPRO) with thirty-seven member countries and areas. I was doing my global study for IHF, and I visited him in his office in Manila. That was the start of our lifelong friendship.

His Background

Back in 1963, the Indonesian government assigned Dr. Nugroho and his wife Ida, also a physician, to what became the Panti Waluyo Hospital, of the Foundation for Christian Hospitals, in Solo, Central Java. At that time, the two of them were the only doctors for a million Indonesians!

Dr. Nugroho saw the need for a health program but maintained that it had to do more than just treating patients and preventing diseases. It had to promote living a healthy life. He was way ahead of his time! With no experience, literature, or experts to guide him and led only by common sense, he began to define what constitutes a community health program. First, he set the parameters. The program should be simple, inexpensive, within the capabilities of their finances, staff, and equipment, suited to local needs and integrated

within a larger program to improve other aspects of life. It should not be dependent on foreign experts and should be able to progress without external funding.

Then he began to experiment on how to get the people involved. For a community health program to succeed, the community had to be involved. They had to participate. In today's parlance, they had to own it.

It was a slow, uphill process, and health was not always the first thing that had to be dealt with. Where lack of food was an issue, food production was the imperative and activities like improving the irrigation system became the priority. If there was food on the table, clean water to drink and shelter (including clothing), then they could talk to the people about health. The basic needs had to be met first.

His Early Years

In one of our conversations, Gun told me the story of how some villagers came to him and said, "Doctor, our irrigation canals are clogged. We can't raise enough crops if we don't have enough water," they said.

Dr. Nugroho was able to get some funding from Holland (Indonesia was a former Dutch colony) and used that for the clearing of the irrigation canals. The village's food production doubled, and to Dr. Nugroho's surprise, child mortality dropped by 50 percent the following year. Successes like this paved the way for the eventual acceptance of his *Dana Sehat* (Good Health) Program.

"Food Production Is Not Health Care"

When I heard this story many years later, I suggested to the USAID Child Survival Program leaders that they should include a modest budget for food production in Child Survival Programs to help the villagers produce more food. USAID was providing millions of dollars to child survival projects, and I was personally involved in some of them. USAID, however, did not take up my suggestion,

saying, "Food production is not health care." Many agency projects folded up after five years or so, when the money ran out and, sadly, their efforts to improve child nutrition could not be sustained.

In stark contrast, the Dana Sehat Program that my friend launched is still going strong today, more than five decades after its inception.

The Dana Sehat Program

At the heart of the Dana Sehat Program is a genuine concern for the people. Dr. Nugroho called it love for one's neighbor. "Without love for one's neighbor, don't even try to go to the villages. Don't even try. In no time, you are out," he said in a YouTube interview by Robin and Meike Schleiff.

How Dana Sehat was implemented was revolutionary for its time. Five decades ago, most aid programs were executed from the top down. Funding agencies decided what a community needed and tried to get people to accept it. Instead, Dr. Nugroho reversed this process; he decided to ask the people to talk about their problems, something they were very interested to do. At the end of the day, they were asked which problem they wanted to address first. The community visitor used that as the starting point of talking about how they could solve that problem. The other extraordinary thing about Dana Sehat was that it was done without external funding. Here's how Dr. Nugroho established it.

Dr. Nugroho trained community visitors to visit communities and organize small groups of fifteen mothers each, representing fifteen households. The community visitors (usually a social worker and a midwife) had no agenda or topic in mind. They were there to spend a day with the mothers and ask them to talk about their problems. The mothers were enthusiastic about discussing their problems. Invariably, some concerns were health related.

At the end of the day, the visitor asked, "Of all the problems you discussed, is there one that we can help you with?"

The visitors connected the group with people in town who could help. Or, if the concern was diarrhea, for example, they asked the mothers to mark a scoreboard under the houses (their houses were raised on stilts) so mothers could track which child got diarrhea and how often. They gave the mothers advice on what to do for diarrhea and how to present their reports.

The other thing that mothers were asked to do was to contribute a small amount of money monthly to their own fund. They themselves decided how much to give—such as 0.5 percent of household income or about six US cents then. They pooled the money and deposited it weekly in a common bank account that they were taught to use. They kept track of their contributions and borrowings in a notebook.

If a mother could not contribute money, she was asked, "Do you eat rice every day?" The mother usually replied in the affirmative. Then she was told, "When you cook, put some uncooked rice in a container." At the end of the month, whatever she saved in rice was sold, and that was her contribution to their fund. Thus, it was possible for everyone to contribute. No one was too poor to give something.

When a family member got sick and had to visit a doctor, a mother could borrow from the fund to pay the doctor, whose fee was heavily discounted. The women could not spend all the money in their health fund. Eventually, they changed its name to Development Fund. Mothers could borrow against the development fund to do things like repair leaking roofs or buy chickens or goats for a livelihood project. Their livelihood projects further increased the money in their fund.

Results of the Dana Sehat Program

Dr. Nugroho found that a visit once a month was enough. This schedule enabled community visitors to visit several groups each month. With Dana Sehat, Dr. Nugroho aimed to provide simple, practical, and inexpensive health care and maintain adequate health

standards. Dana Sehat achieved this so that anyone who was sick could afford to seek medical care. Over the longer term, Dana Sehat raised the communities' health status. It also induced the people to take responsibility for decision-making pertaining to their health and development needs. After all, the people knew best what their communities needed. Twenty years after it began, the Dana Sehat program was serving seven million people in Indonesia.

The Dana Sehat Program made Dr. Nugroho famous. The World Health Organization eventually got wind of it and Dr. Kenneth W. Newell, director of the Division of Strengthening Health Services, whisked Dr. Nugroho off to Geneva in July 1974.

Gun joked that Ken locked him in a room until he finished the chapter "A Community Approach to Raising Health Standards in Central Java, Indonesia" for *Health by the People*, a WHO publication that Ken was editing. Gun said he got bored looking out the window in Geneva and opted to return to Asia. He became the primary health care officer for the WHO Western Pacific Regional Office (WPRO), which he was when I met him.

Dr. Gunawan Nugroho—The Person

Dr. Nugroho was a gentle and humble person, very knowledgeable, and highly respected. He taught me that the purpose of health care is so people will live a healthy life. I liked his definition and expanded it for hospitals. A hospital should function so that people will live a healthy life. It's the most important lesson I learned in my over thirty years of international work.

Dr. Nugroho was also supported the view that proper management was crucial to the success of primary health care projects. "Without proper management, proper administration, don't talk about primary health care. You cannot talk about one without the other," he said.

That topic, management of health programs, became my specialty. In so many workshops and so many countries, I talked about management to doctors and nurses who led those programs. Bearing

in mind that food shortages had to be addressed before health issues could be tackled, so I always discussed food sufficiency meaning there should be enough food on the table.

My Years with Dr. Nugroho

I saw Gun quite often when he was based in Manila because I traveled back and forth from the US. We became even closer when he and his wife Ida retired in California. They lived about thirty minutes from our house in Los Angeles.

On three occasions, I utilized Dr. Nugroho's services as a consultant for World Vision or USAID when I could not go. The first time was when Dr. Nugroho went in my place to evaluate the community health program of Albert Schweitzer Hospital in Haiti. I asked him to go there as a consultant for USAID. He spent his first day or two visiting houses outside and near the hospital. He found people suffering from tuberculosis, but the hospital didn't even know about it.

The second time was when I asked him to go in my place to Senegal where World Vision had a child survival project. Dr. Nugroho gave them valuable advice.

The third time was when I asked him to go to Bolivia in Latin America. World Vision's project there was at an elevation of twelve thousand feet (more than two times the elevation of Baguio City).

When we were both living in California, we decided to write about his experience in community health development. We met one afternoon every week for two years to document his experience in his Dana Sehat project. Together with George Dorros, PhD, his close friend and colleague in WPRO, we authored the book *Building Community Health*. The hundred-page e-book used to be available through the web page of Health Development International; however, HDI has ceased to exist. But if you send me a request, I will email you the e-book.

Good Friends

Gun and George, who had a very long career at WHO, were very good friends. Gun was the primary health care expert, and George was the management expert in WPRO. They would attend World Health meetings now and then. When things got boring, one of them would say to the other, "*Kling Karen unsen*." No one else understood what it meant unless they spoke Dutch. Gun, who thought in Dutch, not English, let me in on their secret joke. It meant "crystal clear nonsense."

George Dorros is also now my good friend. In fact, he wrote the second endorsement of my new book, *Effective Hospital Management: A Practical Management System for Hospital Managers at All Levels*.

Dr. Gunawan Nugroho died in 2016. He left a legacy of untold magnitude. No one can even begin to quantify how many lives have been uplifted because of him—all because of a simple ideal. "To serve mankind, that is my ideal. It took a great deal of patience, perseverance, sacrifice before this ideal could be realized. [For me it took] Fifty years," Dr. Nugroho said.

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Chapter 24

Management Effectiveness Workshops for World Vision (1985–1990)

From Indonesia, I went back to World Vision headquarters and focused on management training. World Vision was pouring millions of dollars into its projects around the globe, and we needed to maximize the effectiveness of our people in the field, especially since they were so few of them dealing with the needs of so many.

I had been trained in instructional design and workshop development prior to leaving for Indonesia, and I now relished the opportunity to apply what I had learned. I could literally write my own ticket anywhere in the world—anywhere that World Vision had field offices with national and international staff.

Practical Management Associates in California taught me how to design a workshop. The subject was instructional design: how to design a system that will teach others three things: KAP—knowledge, attitudes, and practice.

Then there is the cultural side. Because the work is international, people from other cultures do not necessarily accept what you say. They will always say, "We're different. We're not like the others." But everybody says the same thing. This is why I form small groups at the workshop where each group member shares what he or she thinks can be applied at work.

At first, I went with Bill Snyder, my department head, but after a few workshops, I did all them by myself—no support staff. I was

alone. World Vision paid for all of it. I did not get any fee because I was already salaried, of about seven participants each and getting the department heads and staff together.

World Vision obtained its funds from its support offices in the US, Australia, UK, and other industrialized countries. The host countries paid for my trips. All I had to do was fly in to lead the five-day workshops for our field executives.

My World Vision workshops were called Field Management Workshops. I came in ready to talk. Here's what happens in a workshop. The field office staff would have printed copies of the workshop workbook for each participant and have a computer with a projector screen ready for my PowerPoint slides and training videos.

I would talk for fifteen to thirty minutes at the beginning of each session, using stories to reinforce my main points. Then the participants break out into in small groups. The small groups elect a leader and a reporter and then talk about the subject I just discussed. Group members share what they think they can use in their own work. I don't make those decisions for them. They relate what I said to their culture, the way they understand it and what would apply to their own work. They decide and share their decisions with their group reporter who writes their feedback on a large sheet of paper. The group leader will report the decisions made in the group with the other small groups.

We tackle two topics in the morning and two topics in the afternoon. The participants decide individually then talk about it with their group and then talk about it with all the participant groups. There is a lot repetition, which is necessary to reinforce their learning.

Lunchtime is used for showing relevant training videos which are also discussed in terms of what the participants can use in their own work.

At the end of each day, the participants fill up a feedback sheet with the most important lessons that they learned the day. Then they share one thing that they wrote with the rest of the participants.

At the end of the workshop, each participant writes down a summary of what they plan to use in their own work, and each one will write an action plan on what they will do after the workshop.

Distinctive Feature

In a nutshell, I talk about how to plan the work, organize the work and the team, provide leadership and team development, and ensure success with management controls. The latter sets standards of good work and monitors and reports on the work performed and its results. These are the management steps they need to do to succeed in their projects. I guide them through the processes involved in each step. Each participant is provided with a 250-page workbook that I produced for the purpose of moving them along in the seminar. The workbook also serves as a lasting reminder they can refer to when they're back at work.

As stated above, at the end of each day, I ask them to write down and share with each other what struck them most about the day's activities and why. Through repetitions, their learning is reinforced, and their plans of action are affirmed. It is all about them and their work, which makes it interesting to them. By the time the seminar is over, they are eager to implement the measures that they came up with to be more effective in their work and projects.

I always try to get feedback from participants in my workshops. The following is an example from Dr. J. Don Scott, MBA, DCM, special representative of the international president of World Vision International:

> I count it a privilege to share my thoughts on the first-hand training experiences we shared in the past. This is very easy for me to do because of the positive impact you had upon those of us who were privileged to be participants in workshops you conducted. Even today, I find myself modeling my own training and facilitating methods after some of the things I learned from you. One of the things that impressed me and remains as a principle I try to follow is the skillful way in which you brought the participants into the discussion during your presentations. It was gratifying to see the way our colleagues were encouraged by your approach to such training activities. Your ability to demonstrate principles of management and leadership from your wide range of experience served as a clear example of the principles you were teaching.
>
> Dr. J. Don Scott, MBA, DCM
> Special Representative of the Intl. President
> World Vision International

World Bank Raises Funds for Ugandan Orphans

While I was training World Vision's field officers for management, I was also an adviser on health and special projects. One of the more memorable projects was my visit to the Ugandan capital of Kampala in 1986.

Several years after the dictatorship of Idi Amin ended, Yuweri Museveni became president. First Lady Janet Kataaha Museveni wanted to do something for the orphans whose parents had been killed in the massacres during the Idi Amin era or by the AIDS epidemic. There were so many orphans.

The first lady invited international agencies to submit proposals for funding of projects to help those children. World Vision had been in the country for several years with child sponsorship and community development projects. Other international relief and development agencies were present as well. Each agency submitted a proposal to care for the children, complete with a detailed plan and budget. Initially, our budget was for $6 million, but it became $7 million because of additional funding from aid agencies in Europe.

Most of the agencies proposed bringing the children to a camp where they would be taken care of. World Vision, being a child sponsorship organization, proposed to help the orphans by giving families money to take in one or two orphans and care for them. Through fostering, the children would be able to live in a family environment. Because of our unique perspective, our proposal was chosen and implemented. The amount of seven million dollars was a big sum of money and was the biggest proposal I had ever written. It was a very satisfying because the project was successful and helped many orphans grow up in families.

Publications

In 1987, World Vision published two guidelines that I wrote for WV project staff. One was on diarrhea, and the other was on AIDs.

A Special Drink to Treat Diarrhea, which I coauthored with Paula Rowland, was a comics-style booklet on oral rehydration for home use in an African setting. In a nutshell, it said that diarrhea kills when the loss of fluids from diarrhea exceeds critical levels and the heart does not have enough fluids to pump and the blood pressure drops to zero. A homemade mixture of water and salt can be lifesaving, it added.

"What World Vision Staff Should Know about AIDS" was another guideline that proved invaluable as the HIV/AIDS pandemic was widening. The booklet informed people that HIV, the virus that causes AIDS, is spread primarily by unprotected sex, contaminated blood transfusions, and shared hypodermic needles. It is also transmitted from mother to child during pregnancy, delivery, or breastfeeding. There was no cure or vaccine for it. However, antiretroviral treatment can slow the progression of the disease.

According to the World Health Organization, since the pandemic was identified in 1981 up to the end of 2018, HIV has infected more than seventy-five million people, and AIDS-related illnesses have killed about thirty-two million people. It said 37.9 million people were living with HIV in 2018.

Back in 1987, when my booklet was published, not much was known about HIV/AIDS, although it was already apparent that HIV infections were predominantly found in Africa. Ironically, while working on this project, I had a personal experience pertaining to this topic. One evening, at a gathering, a Ugandan woman tried to suggest intimacy with me. I was alert enough to avoid it.

Lectures in Other Agencies

As for my other activities, I lectured on Health Program Management at William Carey International University, a private faith-based university in Pasadena, California. It was founded in 1977 by Ralph D. Winter, a Presbyterian missiologist who also established the US Center for World Mission. Today, WCIU offers graduate degree programs in international development online.

I also served as a visiting lecturer on Management of Community Health Programs at Youth with a Mission's University of the Nations in Kona, Hawaii. YWAM, a Christian evangelical interdenominational, nonprofit Christian missionary organization, was founded by Loren Cunningham and his wife Darlene in 1960. I gave two days of lectures on what YWAM volunteers could do to improve health wherever they went to minister.

Another sidelight was the trip I made to Kazakhstan for Mercy Corps International, a global humanitarian organization helping people recover from crisis and rebuild their lives and communities. Mercy Corps, based in Portland, Oregon, sent me to Kazakhstan to engage in health system planning for the Ministry of Health, specifically how to spend a million US dollars earned from the sale of surplus butter oil from the US for sustainable health activities.

Time to Leave

After fourteen years with World Vision, I felt it was time to leave and do other things with my life. I also needed to rest a while from so much international travel.

Reflecting on those fourteen years, I can say I learned much from visiting so many countries on almost all the continents of the world. I had a rare opportunity to observe people of varied cultures, under various kinds of governments. I learned about their values, how they lived, and how they interacted with one another. I also learned much about their poor rural and urban communities, their towns and cities, their health systems, their clinics and hospitals, the many kinds of Christians and churches in various countries. I acquired a wealth of knowledge that came to me almost effortlessly in the course of my work. How blessed I was indeed!

Chapter 25

Food for the Hungry International (1990–1995)

Food for the Hungry International (FHI) is an international Christian relief and development organization, founded in 1971. Its founder, Dr. Larry Ward, used to be executive vice president and overseas director of World Vision. At first, it provided relief to refugees of war and natural disasters and also launched a child sponsorship program. Eventually, even without first providing relief, it began providing assistance in community development to poor and needy communities.

FHI, a smaller and more personal organization than World Vision, worked closely with churches, leaders, and families for community transformation. When I joined FHI in 1990, its approach was to address the needs of the community as a whole in order to serve the most vulnerable.

How I Joined FHI

How I joined FHI is another example of God's hand at work in my life. A few months after I left World Vision, I was in an airplane flying back to the US when I happened to be seated across the aisle from an executive from Food for the Hungry. We talked, and in the course of our conversation, I mentioned I had been doing management seminars for the field officers of World Vision.

It turned out that FHI needed somebody to do to the same thing for its global organization. FHI invited me to come on board

as a senior adviser on international health programs and as their executive management trainer. Dr. Ted Yamamori was at the helm at the time.

I was based in California, but once a month, I flew to the Food for the Hungry headquarters in Scottsdale, Arizona, and stayed there for about four days each time. I got to know the headquarters leaders and staff and planned my new role with them in providing advice in their field offices on improving community health in their projects and the management capabilities of their field staff.

Planning Workshops for FHI

I was asked to start planning to lead my five-day management workshop for their field country leaders and department heads around the world. Latin America was a new field for me, and my management workshop was translated into Spanish. Luis Sena, FHI country director for the Dominican Republic, became my partner in leading those workshops in Spanish. We worked very well together as he introduced examples that suited the local culture in Latin America.

As in my previous job, I traveled extensively, making at least three trips a year to three regions of the world and visiting three countries on each trip. I designed and led executive management workshops and disaster response workshops in countries such as: Bangladesh, Thailand, the Philippines in Asia; Bolivia, the Dominican Republic, Guatemala, and Peru in Latin America; and Ethiopia, Kenya, Mozambique, and Uganda in Africa. I also provided international technical support and supervision for their $300,000 USAID-funded child survival project in Bolivia.

Comments about My Management Workshops at FHI

During the mid-1990s, Dr. Macagba developed a five-day management training workshop for FHI's country directors and leaders. I can highly recommend management training workshops developed by Dr. Macagba. They are informative, participative, easily understood, fun, and—most importantly—effective. FHI uses concepts from these workshops to this day. I still keep the manual close to my desk. In fact, FHI's project planning formats on our international intranet still use the same system taught by Dr. Macagba. Why? It works.

Dr. Randall L. Hoag
President
Food for the Hungry International
December 3, 2003

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For a five-year period in the 1990s, while I was serving as vice president of Food for the Hungry International (FHI), I had the pleasure of working with Dr. Macagba; I was his supervisor. One of our key felt needs was to provide training and education in management for a diverse staff working in various countries throughout Latin America, Africa, Asia, as well as Europe and North America. Many staffers were working within their own cultures, but many also were working cross culturally.

Dr. Macagba designed, developed, and conducted an excellent five-day management training workshop. Although it is several years ago and I have now been working with a different organization (Habitat for Humanity) for the past five years, I keep a copy of the FHI Management Workshop that Dr. Macagba developed on my shelf in my office. In fact, I found myself referring to it just last week.

The material Dr. Macagba developed was both intellectually challenging and practically informative while being presented in ways that were stimulating and exciting and engaging for all staff participating.

One of Dr. Macagba's key skills is the ability to break down complex concepts into simple ideas and modules with appropriate illustrations. His wide cross-cultural experience over many years together with his keen insights into what makes for effective management, combined with his training skills make him uniquely qualified for this management training role.

Robin Shell Sr.
Vice President of Programs
Food for the Hungry International
October 24, 2003

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For several years in the mid-1990s, I had the honor and opportunity to collaborate as translator and assistant training facilitator for the Management Training Module developed by Dr. Macagba. I participated imparting content of this module to managerial level staff of Food for the Hungry International from Guatemala, Bolivia, Dominican Republic, and Peru.

The two main characteristics of Dr. Macagba's Management Training Module were its logical design and the simplicity of it structure. Complex concepts as management organizing or management leading were presented in such a clear and dynamic way that it was very

easy to translate them from English into Spanish without any loss.

In addition, the structure of the content was so well done that you could refresh the basic concepts just by looking at the table of contents for each section. The variety of illustrations provided by Dr. Macagba from his vast experience on managerial work and teaching experience enriched greatly the learning experience.

All these years, I have referred back to the concepts and definitions from Dr. Macagba's Management Training Module by keeping a reduced copy of its basic content on my personal notebook.

Dr. Macagba is a natural gifted trainer and designer. I am sure that any new training program he will undertake will be an excellent piece and will produce a life-lasting impact on those who will participate on a teaching-learning experience led by him.

Luis A. Sena
Regional Director for the Caribbean
Food for the Hungry International
December 15, 2003

Ringside Seat

Altogether, I spent about twenty years providing advice on health and conducting management workshops for World Vision, World Relief, and Food for the Hungry. I traveled to seventy-six countries, observed different cultures, and watched history unfold from a ringside seat that I would not have had were it not for God's interventions in my life.

Chapter 26

International Training Experience

This chapter lists the seminars I conducted over a span of thirty-nine years. Forgive me for the tabular form, which is hardly literary, I was told. But, as a writer of workshop manuals, I find tables make it easier for readers to take in the information.

Place/Year	Topic/Task	Sponsor/participants
Kenya, 1976	WV's strategy for child and community health/ Presentation at first int'l. WV childcare conference	World Vision Int'l/ HQ and field leaders
Philippines, 1977	National health program strategies/ Presentation at Field Directors' Conference.	World Vision Int'l/ HQ and field leaders
Philippines and California, 1978 Mexico, Haiti Guatemala, El Salvador Colombia, '77-79	PHC and child health/ Presentation at annual In-service training conferences.	World Vision Int'l/ HQ and field leaders

India, 1979	Hospitals and PHC/ Presentation	Indian Hospital Assn./ delegate to annual conference
Ghana, Gambia, 1979	Health project management/ 3-day workshops. Design and implementation.	World Vision West Africa/ partner agency representatives
Thailand, 1981	Developing training skills/ Presentation.	World Vision Asia/ Heads and senior staff of Regional and Field Offices.
Jamaica, Dominican Republic, Bolivia, India, Philippines, '81-82	Writing project proposals and managing development programs/ 3-day workshop conducted with 2 associates.	World Relief (AID-funded training program)/ World Relief partner agencies
California, India, Sri Lanka, Thailand, Australia, S. Pacific, Cyprus/Mid-East, '82-84	Management effectiveness /3-day workshop (designed and conducted with dept. head)	World Vision Asia/ Asia field executives
California, 82-83	Crisis management, a 3-day workshop on dealing with kidnapping and terrorist situations)/ Design and implementation with WV VP.	World Vision Int'l./ Senior WV executives
Philippines, 1983	Action planning/ 3-day workshop/ Design and implementation.	World Vision Asia/ Regional director and senior regional staff
Philippines, 1984	Trainer-training on management effectiveness/ 5 days (with 2 associates)	World Vision Asia/ Field office trainers
Kenya, 1984	Project supervision / 3-day workshop/ (with 2 associates)	World Vision Africa/ Project coordinators
Ghana, 1984	Management of a national WV health program/ 3 days/ Design and implementation.	World Vision Ghana/ National health team.
California, 1984	International relief and rehabilitation (with instructor's guide and participants' workbook) 5-day workshop/ Designed with subject matter expert.	World Vision Int'l/ Relief and rehabilitation field staff.
Indonesia, 1985	Office supervision/ 3-day workshop/ Design and implementation.	World Vision Indonesia/ Office supervisors

Indonesia, 1985	Project supervision/5 days/ workshop design	World Vision Indonesia/ Project coordinators
Zambia, 1986	Management of immunization child survival projects / Presentation.	World Vision Africa National PHC coordinators.
Zimbabwe, 1987	Child survival/ Coordination of workshop d-esign	AID, Washington, D.C. PVO project leaders, Anglophone Africa
Zimbabwe, 1988	Regional workshop/ PHC project information systems	World Vision Intl, Africa Region PHC coordinators
Pasadena, Calif., 1989	Primary Health Care program management	William Carey Inter-national Univ. students in international development
Kona, Hawaii, 1990	Primary Health Care program management	University of the Nations School of Health
Nairobi, Kenya, 1990 Japan, 1992	International Management Team Conference/ PHC program development	FHI country directors and partner entity reps. from 18 countries
Ethiopia, 1993	Field Management Workshop/ Facilitator and workshop design	Food for the Hungry, Intl. Ethiopia field executives
Bangladesh, 1993	Disaster Response Workshop/ Facilitator and workshop design	Food for the Hungry Intl. Field executives from Bangladesh, Thailand and Philippines
Guatemala, 1993	Field Management Workshop/ Coordinator and workshop design	Food for the Hungry Intl. Field executives from Dominican Republic and Guatemala
Philippines, 1994	Field Management Workshop/ Facilitator and workshop design	Food for the Hungry Intl. Field executives from 6 Asian countries
Kenya, 1994	Disaster Response Workshop/ Facilitator and workshop design	Food for the Hungry Intl. Field executives from 6 African countries
Uganda, 1994	Field Management Workshop/ Facilitator and workshop design	Food for the Hungry Intl. Field executives from 7 African countries, Canada and U.S.
Bolivia, 1994	Field Management Workshop/ Coordinator and workshop design	Food for the Hungry Intl. Field executives from Bolivia and Peru

Leader of Thirteen Hospital Management Workshops (2004–2018)

1. 2004: Dumaguete City, Philippines, hosted by Silliman Medical Center, for participants from private hospitals in the Visayas and Mindanao (and Pampanga)
2. 2005: Guatemala City, Guatemala, hosted by Guatemala Christian Hospitals, for executives of Christian hospitals in Guatemala
3. 2006: Pretoria, South Africa, hosted by International Hospital Federation, for leaders of TB hospitals in South Africa
4. 2009–2010: Five workshops in China hosted by John Cao, philanthropist: Beijing, Zhengzhou, Qiaoja (Yunnan Province), Luzhai (Xingiang Province), Xingan (Xingan Province), for hospital leaders from different provinces
5. 2013: San Fernando, La Union, Philippines, hosted by provincial government of La Union, for leaders of govern-ment hospitals in La Union
6. 2015: Nadi, Fiji, hosted by WHO Western Pacific Regional Office, for leaders of government hospitals from six South Pacific countries
7. Three more workshops in the Philippines: hosted by Lorma Medical Center, Manila Doctors Hospital, and Mount Grace Hospitals, Inc.

Chapter 27

Memories of Asia and the South Pacific (1990–1995)

Asia is home to forty-eight countries where more than half of the world's population lives. It occupies 30 percent of the world's landmass and is the world's most populous region. It is the birthplace of some of the world's major religions and the major ancient healing arts in use today. The South, North, and East Asian countries I visited as a health-care consultant and management trainer included: India, Bangladesh, Sri Lanka in South Asia; Russia and Kazakhstan in North Asia; China, Korea, Japan, and Taiwan in East Asia; Thailand, Cambodia, Singapore, Philippines, and Indonesia in Southeast Asia; and Australia, New Zealand, Vanuatu, and Fiji in the South Pacific.

I found the social, cultural, historical, and even religious diversity fascinating. I have this penchant for noticing oddities or interesting things that may or may not be mentioned in guidebooks, and those are some of the things that I have tried to capture here.

India: Birthplace of Ayurveda

India, with 1.376 billion people today, is second in population size only to China's 1.437 billion people (Worldometer). It is possibly the oldest civilization in the world. It had twenty-two dynasties and contributed elements of mathematics, science, astronomy, medicine, and metaphysics to the world, notably the Hindu-Arabic numbering system, including the number zero.

India was the birthplace of Ayurveda, a form of medical care that originated more than three thousand years ago. Its main belief is that health and wellness depend on a delicate balance between the mind, body, spirit, and environment. If the balance is upset, a person gets sick. Balance must be regained for the person to recover.

Ayurveda's main objective is to promote good health, not fight disease. It encourages lifestyle interventions, natural therapies, and meditation to maintain or regain balance. This concept helped convinced me that I was on the right track when I wanted hospitals to be centers of wellness for their communities.

Madras

On my first trip to India, I visited Madras, now called Chennai, in Southeast India. In the town of Mylapore, I was shown the hill where St. Thomas, the apostle of Christ, was martyred.

Madras, the capital of the Tamil Nadu state and on the Coromandel Coast of the Bay of Bengal, was the site of the national office of World Vision which had many child sponsorship projects in India.

Unique Road Signs in Madras

Road signs amuse me. From all over the world, I write down the unusual ones so I will not forget. From Madras, here are two: Please blow your horn slowly. Don't spit scatteredly.

Darjeeling

When I first went to India, the country director of WV invited me to accompany him to Darjeeling, which was near the Himalayan mountains in West Bengal in the north. Darjeeling district is the source of Darjeeling tea, known as the champagne of teas because of its aroma and taste. We flew to Calcutta (Kolkata) and took a taxi to the train station. Halfway there, we saw a naked Indian woman lying

in the center of the road. On both sides of the road, people walked by her as if they didn't see her and as if nothing was wrong. Their indifference shocked me. I felt so bad because we could not stop to help her as we had a train to catch.

The train we took to Darjeeling had wheels with cogs to allow it to climb without sliding backward because Darjeeling was 2,000 meters (6,500 feet) above sea level. When we got there, we visited a child sponsorship project and then attended a Rotary Club meeting at noon.

From the Rotary function room, we could see K2, the second-highest peak in the world and Pakistan's tallest mountain. K2 is called the Savage Mountain because it is the most difficult climb in world. The summit elevation is 8,612 meters (28,251 feet), and the routes to the top are steeper and more treacherous than those of Everest. The weather is also more unpredictable. One of every four climbers who summit dies on the mountain. As of 2018, a total of 367 people reached the peak, and 86 of them died.

Mumbai (Bombay)

I came upon a wedding march in Mumbai. Female members of the bridal party each carried sparklers, lending a "sparkling" ambiance to the occasion. It was a joyful occasion, but I could not help recalling what the pastors in New Delhi had told us.

Female Infanticide in the Villages

As mentioned earlier, when I was with the World Relief training team, we conducted a management workshop for pastors in New Delhi. They told us that baby girls in the villages were killed because of the dowry tradition. The parents of a future bride could become impoverished from having to pay a hefty dowry. Instead of losing their wealth, they killed their baby girls.

Hyderabad, Andra Pradesh

The World Vision project coordinator accompanied me to visit our child sponsorship projects in the ancient city of Hyderabad, now a major industrialized center and the best heritage city of the India.

From Madras, we took an overnight train to Hyderabad. It was nothing like the Pullman trains of North America with their berths and sleeping cars. We dozed on wooden beds and arrived in the inland city at dawn. The train station was littered with so many homeless people sleeping there.

Groom in a Papier-Mache Horse

It was still early when we checked into our hotel. From my hotel room, I heard music from the street below and looked out the window. I saw a wedding party passing by. Dancing girls in colorful attires led, followed by a man in fancy clothing. He appeared to be riding on a "horse." His lower torso was inside a bedecked papier-mâché steed, but his feet were on the pavement, taking him to his wedding—very interesting indeed.

The Golconda Fort

This was the former palace of the world's richest man, Nizam Mir Osman Ali, according to the Rough Guide to South India. Nizam was known for his collection of diamonds including the famous Kohoor Diamond, which is now part of the British Crown Collection.

The palace grounds were 7 km wide with several concentric fences, 8 gates, and 87 bastions. The entrance gate, known as the Clapping Portico, had several concave parts in its ceiling so that, when I clapped my hands, the sound was amplified and heard at the palace at the top of the hill.

New Delhi and the Taj Mahal

I was in New Delhi with Bill Snyder, head of training at World Vision International. We decided to visit the Taj Mahal, one of the most beautiful buildings in the world. Agra, where it was located, was just a thirty-minute train ride away from New Delhi, India's capital.

What a pleasure it was to see the famous edifice. The Taj Mahal is often described as a jewel of Muslim art in India. The Mughal emperor, Shah Jahan, built it in memory of his favorite wife. Who would have thought that a mausoleum would become a symbol of eternal love?

Bangladesh:
Country with No Stones

When the British pulled out of India in 1947, Hindu India and Muslim Pakistan were created to forestall religious conflict, according to Britannica. Pakistan had two parts, east and west, which were separated by distance (1,800 km), ethnicity, and languages. The West Pakistanis were mostly Pashtun and Punjabis, and they discriminated against the East Pakistanis, who were mostly Bengalis.

In the early 1970s, West Pakistan sent soldiers into East Pakistan to violently suppress a move for independence. The West Pakistani soldiers raped seventy-five thousand East Pakistani women and massacred many more of the locals, forcing the people to flee. They were taken into refugee camps around Asia, especially in neighboring India. Meanwhile, the Bengalis, with help from India, fought back, and that war resulted in the birth of Bangladesh in 1971.

Lactating Maidens and Men

Apart from the spawning of a nation, there were other births that arose from the pillage. These were the babies who were born without a father and were abandoned by their mother. The big question was, how to feed the newborn babies when there was no milk?

The answer was, make the single women and even the men lactate! That was the strangest thing I ever heard!

Doctors in the camp gave Thorazine to the single women (and men), made them drink a lot of water, and told them that they would lactate the following day. Thorazine is an antipsychotic drug that made them susceptible to suggestions. The combination of Thorazine, water, and the power of suggestion caused the single women and even men to produce hormones that made them lactate. Thus, they produced milk for the babies.

Demra Refugee Camp in Dhaka

My trips to Bangladesh focused on visits to community development projects and the Demra refugee camp, which was located on a small island in the middle of the Buriganga River in Dhaka. The island camp had more than 250,000 refugees and was extremely crowded. Food was insufficient, sanitation facilities were inadequate, and health conditions were far from ideal.

String Bean Vines

To supplement their diet, the people raised vegetables on very narrow strips of land, sometimes only an inch wide, between their crowded houses. The people tied a length of twine to a stake embedded in the ground beside their dwellings, and they tied the other end to the roof above. They set up several lines in a row on that narrow patch of land before planting string bean seeds in the ground.

With sufficient watering and some fertilizing, they coaxed the string bean vines all the way to the roof. In about sixty-five days, the string beans were ready for harvest.

Mary Campbell

Mary Campbell, a nurse from New Zealand, served in a clinic in the Demra camp. With 250,000 refugees on the island, the clinic was busy every day.

"Mary, maybe you can find out if there is sanitation in the huts that could be improved," I said as we discussed ways to keep the people healthy.

"How can I do it? We're so busy," she protested.

"Mary, do you ever get sick?"

"Sometimes?"

"Do you ever go to Bangkok for R&R?"

"Yes."

"Why don't you get sick once a week and use that to visit homes?" I suggested.

Mary did as I suggested and was able to implement preventive sanitary measures that improved the health of the people.

Dr. Tofayel Ahmed

I became friends with Dr. Tofayel Ahmed, then the most prominent pediatrician in Bangladesh and a driving force in Dhaka Shishu Hospital, the only children's hospital in the country. Shishu means children. Dhaka Shishu was established in March 1972, a few months after the secession of Bangladesh (formerly East Pakistan) from Pakistan.

Dr. Ahmed and I went to a number of project sites together. On one of those trips, I learned that Bangladesh was a country without stones. Three great rivers—the Ganges, the Brahmaputra, and the Meghna—flowed down from the Himalayas, depositing silt in a bay over millennia. The bay got filled up and became land. But it had no stones, which the people needed to make concrete for roads and edifices. Resourcefully, they got the mud and baked it into pottery, which they smashed into little pieces. They used these fragments as a substitute for stones and gravel. Such ingenuity born of necessity!

One time, Dr. Ahmed and I were on a boat on one of those waterways that flowed down from the snowy mountains. I saw him refill his bottle with water that was not clear at all. He drank it with no apparent ill effects. Evidently, he had a very high level of immunity from years of drinking the water. I concluded that people adapt.

They don't need very clean water all the time if they are accustomed to drinking the water as it is. Their bodies make antibodies to neutralize the pathogens in the water.

Presbyterian Commission

The Presbyterians, one of many Protestant denominations, had missions in Bangladesh. At the gate of one of them was the sign Presbyterian High Commission. The person in charge must be British, I thought. They're so fond of using the word *commission*.

Mosquito Brains

When I was with Food for the Hungry International, we were having dinner with FHI staff in a restaurant in downtown Dhaka, the capital of Bangladesh. There were many mosquitoes under the table. A Filipina staff member seated across me complained she was being eaten alive by mosquitoes.

In the US, before my trip, I saw an advertisement for an electronic mosquito repellent and bought one. The gadget was battery operated. When it was on, it produced a high-pitched buzz, the sound of the beating of the wings of a male mosquito, which most people never hear because the male mosquitoes do not sting. When the female mosquitoes hear the sound of the male, they stop biting and go looking for him.

I turned on the device, and the Filipina said, "Oh, the mosquitoes are gone!" It was effective. I put the gadget by my bed, and it worked on the first two nights. After that, the mosquitoes got wise, and they started biting again. They had brains, tiny ones, but brains nevertheless.

Sri Lanka:
Free Education and Health Care

A tear-shaped island near the southeast tip of India, Sri Lanka is a former British colony known for its elephants, great natural beauty, centuries of kingdoms before and after the birth of Christ, and people similar to those in India. Its documented history goes back 2,500 years. It is densely populated with twenty-one million people, majority of whom are poor, live in rural areas, and depend on agriculture for their livelihood.

World Vision has childcare projects in Sri Lanka, which was the reason for my visit. What impressed me most was Sri Lanka's universal and pro-poor health-care system.

Since 1934, it has been providing free health care to its citizens. This includes all preventive care and most inpatient treatments, as well as free medicine for the most common ailments, but the government cannot cover all medicines because of its limited budget. Some patients do incur out-of-pocket expenses, but they are not pushed below the poverty line as the government shoulders the bigger portion of their medical bills.

Overall, health costs are low because the salaries of doctors and nurses are quite modest and medicines are generally free. To augment their government salaries, doctors legally engage in private practice. Costs of preventive and curative care in the private sector (i.e., professional fees and inpatient treatment) remain low because the private sector has to compete with free services provided by the public sector.

Government health spending is low because of a small national budget, but Sri Lanka has been consistent in providing this level of health care for about eighty-six years and the numbers tell the story of their success.

Sri Lankans' life expectancy at birth is 77.56 years in 2020, which is almost 6 percent higher than the world average of 73.2 years (Worldometer). Its current infant mortality rate stands at 7.84 per 1,000 births (Geoba.SE). Meanwhile, its maternal mortality rate at 0.39 per 1,000 births is the lowest in South Asia, the United Nations

Population Fund reported in 2019. Every birth is attended by a skilled health practitioner.

With a literacy rate of 92 percent, Sri Lanka has one of the most literate populations among developing nations. Its youth literacy rate was 98.78 percent in 2019, computer literacy rate at 30.1 percent, and primary school enrollment rate at over 99 percent (Index Mundi, Sri Lanka Department of Census and Statistics, and World Bank).

Sri Lanka shows how a developing country can greatly improve the health status of its people through free education and health care. But it takes commitment to do this consistently.

Soviet Union:
Before the Breakup

In 1990, I had an unusual consulting assignment for Mercy Corps, which was based in Portland, Oregon. My assignment was to go to Kazakhstan to help determine the best use of US $1 million from the sale of surplus butter oil donated by the US Department of Agriculture to Kazakhstan.

A Mercy Corps executive who used to work with World Vision accompanied me. We had to fly to Moscow to connect to Kazakhstan the following day.

Moscow

It was my first time in the Soviet Union, which was still intact but already showing internal fissures. I was glad to have stepped foot in the USSR (Union of Soviet Socialist Republics) because it eventually broke up in 1991, which ended the Cold War.

We stayed in a large hotel right across the Red Square from the Kremlin. The following morning, I crossed the Red Square using an underground tunnel lined with well-dressed Russians, each selling something of value placed at their feet.

Next, I visited Lenin's tomb. Lenin was the revolutionary who used the Bolshevik Revolution to attain power. He became the first

leader of the USSR. His grand tomb reminded me of the smaller mausoleum of the late President Ferdinand Marcos in his hometown of Batac in Ilocos Norte. Marcos's remains were eventually transferred to the *Libingan ng Mga Bayani* (Heroes' Cemetery) in Metro Manila.

I walked over to a shopping arcade near the railroad station and bought a pair of simple, dangling gold earrings for my wife. I was my way of letting her know that I was thinking of her. She wore it often and still does.

Kazakhstan:
Origin of Primary Health Care in Alma-Ata

We flew on Aeroflot Airlines from Moscow to Kazakhstan, the world's largest landlocked country and the most prosperous in Central Asia.

Aeroflot is one of the oldest airlines in the world. Back in 1990, it was the flag carrier of the USSR and possibly the only one that served all the domestic routes of the former Soviet Union.

Our Russian-made jet was unusual in its design—it was beautiful and curvaceous. We walked up to the first level where we left our carry-on luggage and proceeded to the upper level where the passenger seats were located.

Despite the seeming grandeur, some basic amenities were missing. The toilets had no tissue paper. Passengers were supposed to bring their own. And, when the meal tray came, it included a can of food but no can opener. Passengers were supposed to bring their own too.

Alma-Ata

We landed in Alma-Ata, now called Almaty, in the southeastern part of the country. It was still the capital of Kazakhstan in 1990. Seven years later, the capital was transferred to Astana, which was

built on empty land in the north central part of the country just like Brasilia in Brazil.

In 1978, leaders in world health met in Alma-Ata and identified primary health care as the key to attaining health for all peoples around the globe. They formed the 1998 Alma-Ata Declaration on Primary Health Care, which neglected support for hospitals in favor of primary health care workers in the villages. As previously mentioned, I was involved in meetings at the World Health Organization in Geneva between 1985 and 1990 to correct the imbalance caused by the Alma-Ata declaration.

Elevators and Cucumbers

My knack of spotting the unusual in my trips manifested itself again in my visit to Alma-Ata. I noticed that, in our hotel, the elevator behaved strangely. It stopped only at every other floor, probably as a crime deterrent. I also noticed that sliced raw cucumbers were served with every meal. I think it was because cucumbers kept well even during the long Russian winters.

My Russian Host

My host throughout my stay in Kazakhstan was a very friendly Russian physician who talked often of his desire to visit the US to meet the American founder of iridology (examination of the iris to diagnose diseases). He recounted that, during WWII, Josef Stalin set a policy of moving Russians to various parts of the Soviet Union. Kazakhs made up the majority of the people in Kazakhstan (64 percent), and Russians were the second-largest contingent, thanks to Stalin.

We dined in a Korean restaurant in Almaty. For the official part of visit, my Russian host took me to some hospitals. I spoke with doctors about what their hospitals needed. I caught sight of several female Kazakh doctors and noticed that they had a fierce and formidable look, possibly like Genghis Khan in the movies.

The Aral Sea

Our group of three, including our Russian doctor host, chartered a plane for US$1,000 to fly us 1,600 km west to the Aral Sea. The plane was piloted by two husky Russians who said I was welcome to sit between them. I felt a little odd sitting between them, but I must admit the view was better in front.

We landed at a town named Uralsk on the north shore of the Aral Sea. There was an oppressive feeling hanging over us throughout our two-day trip. We visited a local doctor who told us about an island in the center of the sea where tests for chemical warfare were conducted regularly. He said the rate of cancer cases was quite high among residents there.

The mayor offered us the use of a helicopter, and we flew to the northern edge of the Aral Sea. The chopper could easily have accommodated eighteen passengers. It had a slow, lumbering takeoff and took a while to get off the ground. As we were taking off, I saw a spent space capsule resting on the side of the runway. I read later that Kazakhstan was one of the launching places of the space program of the USSR!

I also sat between the two helicopter pilots. They asked me where I wanted to go. "Anywhere you want," I replied. The pilots flew along the shore of the Aral Sea, which was once the world's fourth-largest inland body of water. But the water had retreated about 20 miles (32 km) because irrigation projects of the Soviets had been pumping out water continuously and forcefully for decades. What an incredible sight! Seagoing ships, tilted to one side, were stranded on the wide stretches of dry land produced by the retreating sea! Later, that area was described as an environmental disaster. Today, the Kazakhstan government is trying to reverse that disaster.

That oppressive feeling continued to hang thickly in the air throughout our stay in the area. I concluded it must have been the chemicals or radiation coming from that island in the center of the lake. The following day, we flew back to Almaty in our chartered plane.

Nuclear Testing Site

The following day, our team took another plane to Semipalatinsk Test Site in northeast Kazakhstan. Also known as the Polygon, it was the primary testing venue for the Soviet Union's nuclear weapons. The famous Chernobyl nuclear plant disaster occurred less than one hundred miles from Semipalatinsk. According to the CTBTO Preparatory Commission's report, the Soviet Union conducted 456 nuclear tests at Semipalatinsk from 1949 until 1989.

Soviet authorities conducted the tests with little regard for their effect on the local people or the environment and did not disclose the full impact of radiation exposure until the site was closed in 1991. CTBTO stands for Comprehensive Nuclear-Test-Ban Treaty Organization.

From 1996 to 2012, a secret joint operation of Kazakh, Russian, and US nuclear scientists and engineers secured the waste plutonium that had been hidden in the tunnels of the mountains. Since its closure, the STS has become the best-researched atomic testing site in the world and the only one in the world open to the public.

Local doctors drove our team around Semipalatinsk. We passed by a hospital that our hosts said contained the doctoral research papers from the studies conducted on people who had died from radiation exposure. They told us that soldiers were posted at various distances from the nuclear explosion sites, including ground zero. These soldiers were deliberately exposed to radiation and examined after they died.

Swimming in a Semipalatinsk River, Dining at a Dacha

Our doctor hosts then drove us to a *dacha* or traditional Russian summer cottage on the outskirts of the town and invited us to join them in a dip in a Semipalatinsk river. I was hesitant because of possible radiation, but I joined them anyway and had fun. The water temperature was comfortable. I imagined that we would be glowing with radioactivity after our swim.

A dozen other Semipalatinsk doctors joined us for a picnic-style dinner around a large rectangular table. Everyone had fun. It was a memorable experience.

My Recommendations

Upon my return to the US, I recommended that Mercy Corps will ask the Kazakhstan medical authorities for a list of medicines/equipment they needed and to consider publishing an easy-to-understand illustrated booklet on how to have a healthy family. I had already created such a comic book when I was in World Vision, and it was translated into eleven languages apart from English.

China:
Home of the Famous Barefoot Doctors

Working with World Vision, I went to China for the first time in the mideighties. I visited the southern city of Guangzhou (formerly Canton) in an effort to confirm rumors about children being deaf possibly from the vaccines they were given. I was not able to find any evidence of this.

I took the train from Hong Kong to Guangzhou, arriving about four hours later. I did not need a visa because I had a US passport. I checked in to a hotel and hired a local interpreter. I don't remember the name of the hotel, but the lobby was so huge that an ordinary motel in the US could fit in it. When I entered my hotel room, I turned on the TV, and I saw Imelda Marcos being interviewed in Hawaii.

I also visited a government-approved Christian church and heard of "underground" Christian churches held in people's homes.

Hot Topic

The barefoot doctors of China were a hot topic during most of my years in World Vision. The term barefoot doctor became popular

in Shanghai in the late 1960s, taking its name from farmers trained in basic health care who worked barefoot in paddy fields in South China.

After training, the local health workers continued to work alongside the people in the communal farms. This allowed them to respond quickly to those in illness-related distress. They provided first aid and immunizations and taught health education and hygiene, like handwashing prior to meals and after visiting the latrines. They referred more serious illnesses to doctors in communal health centers. By 1965, China had about one million barefoot doctors throughout the country. In the 1970s, the World Health Organization, a few developing countries, and the Soviet Union considered this program as a possible alternative to Western-styled health care. They saw this model as a cost-effective way of delivering health care to rural populations.

Unfortunately, the lack of funding from the Chinese central government led to the collapse of the barefoot program in the 1980s and 1990s. Moreover, a new system of capitalism that emerged enabled farmers to pay for their health care.

Dr. YC James Yen and Rural Development

Dr. YC James Yen was a world-renowned Chinese authority on literacy and rural development. He led a mass literacy campaign in China in 1921. He reduced the Chinese vocabulary from 40,000 characters to 1,300 commonly used characters and, with other intellectuals, established 400 schools throughout China.

After the Second World War, Dr. Yen worked in Europe for a few years. Other Chinese workers would ask him to write letters for them to their families in China. He did so for a while, but then he decided to teach them how to write in Chinese using the simplified system that he developed.

To save time and effort, he devised a three-tier method of teaching that multiplied his efforts. He would teach ten persons his simplified method of writing in Chinese if each of them they prom-

ised to teach the system to ten other persons. Then each member of the third group would also teach the system ten other persons. This system multiplied the number of people that benefitted from the teaching.

Later on, this three-tier system was applied in teaching farmers in rural areas various skills that they needed. Eventually, Dr. Yen received an award as one of ten most outstanding revolutionaries of the twentieth century.

Dr. Yen and his family moved to New York in 1949. From there, he came to the Philippines and set up the Philippine Rural Reconstruction Movement in 1952. It became the International Institute of Rural Reconstruction (IIRR) in 1960. The headquarters was established in Silang, Cavite, to run the IIRR for the next twenty-eight years and encouraged rural development in the Philippines, Southeast Asia, Central America, and Africa. His right-hand man was my friend and fellow alumnus from the UP College of Medicine, Dr. Juan Flavier. I was fascinated by the techniques Dr. Yen advanced for rural development.

South Korea: From Very Poor to Very Rich

The first country I visited in my role as World Vision's first international health adviser was South Korea in 1977. I met with Dr. Joon Leou, a bacteriologist supported by World Vision. Dr. Joon helped leprosy victims who were homeless and wandering around the city. He found a place for them to settle and learn livelihood skills.

The World Vision country director for Korea, Peter Lee, Dr. Joon Leou, and I had dinner in a traditional Korean restaurant in the old town of Seoul. We sat on cushions on the floor in front of a very low table. The Korean main dishes were served with many small side dishes, some of which were quite spicy.

South Korea embarked on a rapid economic expansion in the 1960s under the leadership of former General President Park Chung Hee. Its industrialization and modernization efforts gained

momentum in the 1980s and 1990s. In 1996, South Korea joined the Organization for Economic Cooperation and Development, the rich nation's club. Today, South Korea is an industrialized, developed economy and is home to some of the world's leading high-tech corporations. In fact, 91.8 percent of Korea's 51.3 million people use the Internet, according to Statista.

Secrets of South Korea's Rapid Rise

In three generations, South Korea rose from a war-torn country to a technology and manufacturing hub. According to Segway Tours, it did this in three stages.

New Village Movement

Stage 1 was Saemaul Undong or the New Village Movement. President Park Chung Hee launched the program in 1970 to narrow the gap between the standard of living in rich urban centers and poor villages. Photos of how people lived in poor villages were taken, and rich people in towns were asked if they would like to sponsor improvements in a village. At the town hall, a table listed the villages, their sponsors, and the improvements.

At the provincial level, a table showed the improvements in the towns, and at the national palace, a table showed the improvements in the provinces.

Competition ensued and people got excited about the program. I daresay it contributed to the Koreans' pride of place and strong nationalistic spirit. The program lost momentum, however, after Park Chung Hee's demise.

Infrastructure and Income

Stage 2 was building rural infrastructure and increasing community income. The government left bags of cement and iron rods, in the center of villages, which the villagers could use to improve their

houses or to build common facilities. If the village put the materials to good use, then more materials were delivered. The government also deployed agriculturists and other skilled trainers to show the people how to increase their agricultural production and income.

Focus on Exports

Stage 3 involved motivating major family-owned corporations to focus on exports. The government provided incentives to jump-start the economic spurt that fueled South Korea's growth to where it is today. It manufactures steel, ships, cars, and electronic goods, which are exported all over the globe.

I guess there is something to be said about immense pressure that families put on children to get a good education. Memories of the war and the constant threat from North Korea probably fueled their drive.

Japan:
Good Health Starts with Good Habits

All my readers already know a lot about Japan. What I will share are reasons why the Japanese people live longer. I collated this information from my visits to Japan, my Japanese friends, and published articles.

1. Good health starts with good habits such as positive thoughts, relaxing the body and the mind, being connected with others, eating right, and exercising. Good habits are taught early to the children.
2. Think positive thoughts and relaxing the body and the mind. Before going home from work, Japanese men stop by a place to relax with friends or soak in hot tubs. Japanese adults enjoy soaking in hot water in tubs at home or in bathhouses to relax both mind and body.

3. Be connected. Japanese adults, especially women, enjoy getting together to have fun and talk about things that interest them. This socialization creates positive bonds, and women friends become important support groups whenever problems arise.
4. Respect. The Japanese bow to one another as a sign of respect. Respect creates an atmosphere of positive mental health, where good health begins.
5. Eat small portions in their meals. It is common sense to eat small portions to avoid obesity, which puts a strain on the cardiovascular system. Japanese cuisine emphasizes quality and not quantity.
6. Eat fish and less meat. The Japanese eat more fish and seafood than meat. They also eat meat but in smaller amounts, which reduces the risk of cancer and cardiovascular disease.
7. Eat vegetables and fruits. The longevity of the Japanese people is attributed mainly to their healthy diet, which is made up largely of fish, vegetables, and fruits. Tofu is a key ingredient in the diets of the centenarians of Okinawa.
8. Drink green tea. The Japanese drink a lot of green tea, which is different from oolong or black tea. They believe drinking green tea regularly can improve their health and even extend their life. Green tea helps improve brain function; increases physical performance; helps burn fat and lowers risk of obesity; lowers risk of cancer; protects the brain in later years; improves dental health; lowers the risk of Type 2 diabetes; and may reduce the risk of cardiovascular disease, according to Organics.

My wife and I eat small portions, consume more vegetables and fish instead of meat, and cut down on carbs like rice. It makes sense in our senior years, but even in our younger days, we were always careful about what we ate. As a result, we are enjoying the benefits of our healthy diet and lifestyle.

Taiwan:
From Red to Black for Mission Hospital

A unique feature of Taiwan is the predominance of actors and actresses from the mountains in its movie industry. They are Eurasians—descendants of European missionaries and business people who opted to live in the cooler climate of the mountain areas.

In the geographical center of Taiwan is the mountain town of Puli, which is located near the famous Sun Moon Lake, a favorite place for vacations. Puli is also home to a mission hospital supported by World Vision.

When I was visiting the hospital in the 1980s to early 1990s, the hospital was run by a Norwegian missionary couple. Bjarney Giselfos, a male nurse, was the administrator, and his wife, Alfild Giselfos, was an anesthesiologist. I remember both of them fondly and recall how they loved goat cheese.

I first saw a goat-cheese knife during one of my visits there. It was a flat wide blade with a slit in the center like a carpenter's plane. When you run the knife across a bar of goat cheese (slightly bigger than a bar of butter), you get a sliver of cheese.

My Last Appendectomy

During one of my visits, a young female Norwegian missionary developed acute appendicitis. The Chinese surgeon was out of town, so Dr. Alfild asked me to do the appendectomy. She administered the anesthesia, and I performed the surgery. It was uneventful but worthy of mention because it was my last appendectomy.

Stanching the Red Ink

The hospital was losing money every month, but no one was alarmed because it was missionary work. World Vision just continued to subsidize it. When a new Chinese administrator took the helm, he told me that the hospital was in the red, so I mentored him. I told

him two things. One, it's important to know what your patients are thinking about the hospital; and, two, it's important to gather simple statistics about how the hospital is doing.

First, I showed him the hospital questionnaire that we were giving out in Lorma, which I had adapted from the questionnaire of a hotel in Tokyo. Lorma's questionnaire asked patients what they thought of the hospital, what they liked, and what they did not like. That feedback sheet was useful in adjusting some things in the hospital.

I told him, "When you know their answers, you can make changes based on what the patients want."

Second, I showed him the financial reporting format that we were using at Lorma. It had four columns. One column showed the statistics for this month; the second column, the statistics the same month last year; the third column, the statistics this year to date; and the fourth column, statistics last year to date. The numbers were simple patient and financial statistics that we collected every month.

In two years, the Puli hospital climbed out of the red into the black simply because they were tracking what the patients liked and did not like, and they were also tracking their own performance. Before that, they were just serving, not knowing whether the patients were happy or dissatisfied with their service.

Thailand:
Never Colonized by a Western Power

One day, I was talking to a group of doctors in northern Thailand, and I asked them why Thailand (Siam) had never been colonized by a foreign country. They answered, "We have learned to bend with the wind." Whenever a foreign power threatened Siam, the king sent an emissary to conclude treaties with them, granting them favored nation status as trading partners or ceding part of its territory to them. Such artful diplomacy!

I found Thailand's culture exquisite, as evidenced by their architecture and the very artistic way they arrange silverware on a table.

Thailand Refugee Camps

From 1979 through the 1980s, Thailand set up several holding centers where Cambodian and Laotian refugees could stay until they could be transferred to third countries. Every time there was a new influx of refugees, Thailand set up another temporary camp for them. International relief agencies like World Vision provided management assistance, medical needs, and food supplies to these camps. Because of the sheer number of refugees, the camps were overcrowded, and food and basic amenities were in short supply.

Visit by the Princess

My trip to a refugee camp in Aranyaprathet east of Bangkok coincided with the visit of Princess Maha Chakri Sirindhorn to see the orphan children she wanted to adopt for the Royal Orphanage. Preparing for her arrival, the NGOs put a large tarp on the ground with a tent over it. About twenty orphans waited in the center of the tent.

Princess Sirindhorn arrived in a big tourist bus owned by the royal family. She sat alone in the front on the right side, and her entourage sat behind her. She disembarked from the bus, shook all our hands, exchanged pleasantries with the camp's administrators, and then made a beeline for the orphans. Her ladies in waiting, about ten of them, trailed behind her.

According to Thai custom, the heads of her ladies in waiting could not be higher than the head of the princess. So, when she knelt down to hold an orphan, the ladies in waiting knelt down also to keep their heads below hers. When she got up to go to another orphan, they all got up as well. And then she knelt again to pick up another orphan, and they knelt again in synchronized action. It was like a wave and quite an unusual sight to behold.

Dr. Milton Amayun

Earlier that day, I met a Filipino doctor who eventually became my friend and colleague in international health programs. When I first saw him, Dr. Milton Amayun was lying on a stretcher on the floor of a clinic in Aranyaprathet in Eastern Thailand. He had a fractured forearm. He had been rushing to meet the princess but met an accident instead.

The driver of the jeep sustained critical injuries, including a puncture wound of his femoral artery. Until that moment, I had never seen a thigh beating like a heart. Every time the heart pumped, blood rushed to the thigh, and it swelled. I could see that the driver was losing a lot of blood. I felt so helpless. I could have operated on him, but I was not cleared to do so. Instead, the driver was sent to Bangkok six hours away. He died along the way.

Dr. Amayun, it turned out, had roots in Ilocos where I come from as his parents were from there. His dad was a pastor. Milton spoke fluent Spanish and French and, of course, excellent English and Ilocano. He went on to lead World Vision health programs in Ethiopia and Senegal and then obtained his master's degree in public health from Harvard. Milton was very interesting, extremely bright, and quite the cosmopolitan. I asked him to join me at World Vision, and I eventually recommended him to take my place as international health program coordinator. Later on, he worked with other international aid agencies and also served as chairman of the AIDS Committee in Europe. He became the USAID health officer for Benin, a Francophone country in West Africa, for several years.

An interesting sidelight to Milton's story was his romance. As a medical student in a medical conference in Switzerland, he met a Finnish woman named Raiya. She was also a medical student. When they met again many years later, they were both working in a refugee camp in Thailand. They got reacquainted, fell in love, and were married there in the refugee camp.

Today, Milton is the president of International Care Ministries in the Philippines.

Folk Medicine in a Refugee Camp

When refugees have to leave their country, usually due to violence, they do not leave their culture behind. In the camps, I saw evidences of their customs and traditions. For instance, in a refugee camp in northern Thailand near the border with Laos, I observed a man dancing on a short bench, with a blanket over his head, to the rhythm of his chanting. I was told he was trying to heal a boy who was a sick.

According to their belief, the boy was sick because his spirit had gone away. The shaman was trying to get the boy's spirit back. He put a blanket over his head to mirror the dark spirit world, and he made loud incantations, summoning the boy's spirit to return. It was very interesting. Alas, I never found out if the boy recovered.

Cambodia:
The Country after Pol Pot

My wife and I were originally destined to work in a World Vision-supported pediatric hospital in Phnom Penh. The hospital, which was being constructed in 1974, would take care of the babies orphaned in the civil war between the Khmer Republic (backed by the US and South Vietnam) and the Khmer Rouge (backed by North Vietnam and its communist allies).

I was finally able to visit that hospital many years later. It was not yet open. I developed a strategy for opening the hospital, which World Vision implemented.

Plumbing Lesson

One thing I found useful from the Australian-designed one-story hospital was the way plumbing was done. American plumbing designs used in the Philippines embed the pipes in the concrete floor. The Australian design installs the pipes above the ceiling, which makes maintenance and expansion much easier.

Khmer Rouge Regime

When the Cambodian Republic was in charge, international relief agencies were able to operate in the capital. But these agencies had to pull out when Phnom Penh fell to the Khmer Rouge in April 1975. The Khmer Rouge, led by Pol Pot, ruled until 1979.

According to BBC News, during Pol Pot's regime, 1.5 to 2 million Cambodians were massacred or died from starvation, disease, or overwork. About 150,000 reached refugee camps in the region, while thousands more remained along the borders or sought asylum in Thailand. Pol Pot's despotic rule ended in 1979 when Vietnam invaded Cambodia and established a socialist government. The Khmer Rouge continued to fight against the Vietnam-backed socialist government, producing more casualties, orphans, and refugees.

The new regime allowed international relief organizations back into the country. I went there for World Vision. I visited the medical school in Phnom Penh and saw the walls covered with ball pen drawings by medical students of the atrocities they had witnessed. They portrayed Pol Pot's soldiers holding children by their ankles and bashing their heads against objects and children being bludgeoned with blunt instruments—images that are still etched in my memory.

One of our guides, a young girl in her twenties, told us about the difficult times that she and her sister went through as children. After their parents were killed, they wandered from one village to another to find a safe place for the night. To eat, they begged for food or gleaned leftover grain from discarded rice stalks. There was never enough, but somehow, they survived.

Pol Pot tried to create a communist society where everyone was equal, they said, adding that anyone who looked wealthy or educated was killed. They said that, if you had a pair of eyeglasses or a ball pen, you were a target because you were richer than the others and therefore not equal. The penalty for that was death.

It was a sad and sobering view of man's inhumanity to man.

Singapore:
Best Quality of Living in Asia

I visited Singapore for the first time in the early 1960s as a member of the Philippine delegation to the First Asian Congress on Evangelism when I asked the Lord to come into my life. Miracles have not stopped happening in my life since then.

During our year with World Vision in Indonesia, Vicky and I would visit Singapore now and then as it was so close to Jakarta where I worked with the World Vision Indonesia Field Office as health program adviser and management trainer.

Singapore was a trading post as early as the fourteenth century. It became a British colony in the 1800s. During WWII, it was occupied by the Japanese but reverted to British rule after the war. It seceded from Britain and merged with Malaysia in 1963 and became an independent state in 1965.

Singapore was a country in transition when Vicky and I used to go there. It was no longer the backwater city of the mid-1960s, but it was not yet the finance, technology, and manufacturing hub that it is today.

Today, it is one of the world's most prosperous countries with a per capita GDP equal to that of leading nations of Western Europe and has a highly developed free market economy with strong international trading links (CIA). It has the best quality of living in Asia in 2020 (Mercer).

Singapore's story shows that, with political will, a nation can rise out of adversity and become one of the richest countries in the world.

The Philippines:
My Native Land

I have much to say about the Philippines, but I would like to put this out there that a place fitting the description of my native land could have been the land of Ophir in the Bible.

Possibly Ophir of Biblical Times

Ophir of King Solomon's time was a port or region famous for its wealth. According to 1 Kings 9:26–28, Solomon built a commercial fleet that brought back 420 talents of gold from Ophir. In 1 Chronicles 29:4, King David gave as a love offering from his personal fortune three thousand talents of Ophir gold for the upkeep of the temple that his son Solomon would build. In 2 Chronicles 8:18, 450 talents of gold were obtained from Ophir and brought to King Solomon.

Every three years, King Solomon received a cargo of gold, silver, sandalwood, pearls, ivory, apes, and peacocks from the Tarshish ships (1 Kings 10:22). One of the fleet's ports of calls was Ophir. The Bible refers several times to a group of many islands, a three-year journey far away in the east, where people loved to sing, where the best quality of gold was found and used in the inner parts of King Solomon's temple.

The Internet contains many references about this, including a recent two-year scholarly study of the Bible, historical records, and geography. The study refers to the Philippine General Tobacco Company's book, *General Collection of Documents Relating to the Philippine Islands*, housed in the archives of Seville, Spain. Document No. 98, dated 1519 to 1522, describes how to locate the land of Ophir and includes a navigational guide from the Cape of Good Hope in Africa to India, to Burma, to Sumatra, to Moluccas, to Borneo, to Sulu, to China, then finally to Ophir, which is said to be the Philippines, more specifically the island of Samar.

Rotary-Funded Biomedical Training

Hospitals spend millions every year for the repair and maintenance of expensive medical equipment. When Dr. Amayun was health adviser of international aid in Michigan, we submitted a project proposal to the Rotary Foundation of Rotary International. It was for funding for US and Canadian experts in biomedical engineer-

ing to train hospital maintenance staff in the Philippines on how to maintain and repair medical equipment.

The Rotary Foundation provided about US$260,000 for the three-year project. A dealer of used hospital equipment in California donated half a million dollars' worth of medical equipment, which were distributed to various hospitals in the Philippines. In addition, two Rotary Clubs—one in California and the other one was my own club in San Fernando, La Union—donated funds to enable the Rotary Foundation to approve the project. More than seventy hospitals participated. The venue for the biomedical training program was Lorma Colleges in the Philippines. International aid in the US sent the biomedical trainers one at a time to conduct training for one month each over the three-year period of the project. Each participant from the Philippines received a total of six months of training, spread out over three years.

After the project ended, two schools for biomedical training were established in the Philippines. One was a school for biomedical engineering at the University of Perpetual Help in Biñan, Laguna. The other one was a two-year program in biomedical technology in Lorma Colleges, which I lead. Lorma Colleges is located in San Fernando, La Union.

The training program was extended for another three years as the president of the American Chamber of Commerce in Manila was able to obtain new funds for the extension.

Indonesia:
Abode of the Dani Tribe

When I was working in Indonesia, I visited many of our projects, going as far as Irian Jaya, now called Papua Province, on the western side of New Guinea. It is about 1,500 miles east of Jakarta where we lived. World Vision supported a mission clinic high up in the mountains where the Dani tribe, who were once headhunters, lived. The only way to reach the clinic was by airplane from Sentani, a town on the eastern coast of the island. The terrain is full of craggy

peaks and thick forests. We flew there on a missionary plane operated by Mission Aviation Fellowship. It was quite an adventure because it was one of the most remote outreaches that I visited.

The Dani Tribe

The Dani people lived in circular wooden houses with grass roofs. The men wore only necklaces and a *koteka*, a dried-out gourd that covered their private organ like a sheath. The gourd was kept in place by a belt made of rope. The married men wore short, fat gourds, about eight to ten inches long. The bachelors sported long, narrow gourds, about fifteen to eighteen inches long, facing forward and up, with the tip of the *koteka* almost at the level of their chins. The women, single and married alike, wore grass skirts and necklaces, with their breasts exposed.

They cooked their food in a pit in the ground, which was lined the hot stones. Then they lowered a packet of food wrapped in banana leaves—usually pork with sweet potatoes or bananas—into the pit. They placed hot stones on top of the food packet and then covered the pit with grass to keep the steam in. After two hours, their food was ready. They cooked pigs this way too, and I imagined it would taste like the Philippine *lechon* (roasted pig).

Cooking dinner in Irian Jaya Indonesia

Australia:
Community Involvement of Hospitals

Vicky and I went to Australia when I was doing my global study on hospital involvement in their communities in the mid-1980s for the International Hospital Federation. At that time, I met two key hospital leaders in Australia: Mr. Royce H. Kronborg (honorary federal secretary and executive vice president of the Royale North Shore Hospital), and Dr. Errol Pickering (president of the Australian Hospital Association). I was impressed by Australian hospitals' interest in community involvement, which dovetailed with my own interest in community outreach.

As I mentioned earlier, Mr. Kronborg's brother was president of the Royal North Shore Teaching Hospital in North Sydney where Vicky and I stayed at their guest apartment for a few days and were assigned a personal driver to drive us around. Color-coded strips on the floor of the hallways guided visitors on where to find various departments they wanted to visit.

That was not our first trip to Australia. Our first visit was when Vicky attended an anesthesiology conference in Sydney in the seventies and I accompanied her. We did not know that the shops closed at 5:00 p.m. Today, shops and malls tend to close later, around 7:00 or 8:00 p.m., while some supermarkets stay open up to 9:00 p.m. or even 12 midnight on Thursdays, which is market day.

New Zealand:
Very Practical Hospital Innovation

Vicky and I first visited New Zealand for a long weekend when we went to Australia in the early seventies. New Zealand had 26.71 million sheep and only 4.9 million people in 2019 for a ratio of 5.5 sheep per person (Britannica). It has a lot of beautiful green open spaces especially on the South Island.

The most spectacular place that we visited was the Franz Josef Glacier near the south end of the South Island. We took a tourist bus to go on top of the glacier itself. On the North Island, the cultural center in Rotorua had a show that included their practice of sticking out their tongues to scare their enemies.

As I mentioned previously, Vicky and I visited a small hospital in Auckland. They had a practical way to avoid contaminating the operating room. In the OR, the patient on a gurney coming from the ward was lifted over the low wall to another gurney in the OR, preventing the wheels of the first gurney from contaminating the OR floor. It was simple, inexpensive, and very practical. We adopted this in Lorma Hospital.

Vanuatu:
Birthplace of Bungee Jumping

Vanuatu is a group of islands in the South Pacific located about 1,700 miles northeast of Australia. In the early nineties, I went to the island country of Vanuatu to write a proposal for USAID funding for a child survival project. Unfortunately, it was not funded, but at least

I got to see Port Vila, the capital. I had dinner in a restaurant where I saw an item on the menu that I had not tasted before—coconut crab. It was quite expensive but really delicious.

I heard later on that Vanuatu was the birthplace of bungee jumping, which is done now all over the world. They say it originated in Pentecost Island where the sport is called *naghol*. Legend says a woman climbed a really tall tree to escape her abusive husband and he followed her with threats. As he neared the top, she jumped and he jumped after her. But she had tied vines around her ankles, while he did not. She survived the fall; he did not. Now they say men of Vanuatu jump from towers to tell their wives they can't be tricked again.

Fiji:
Paradise in the South Pacific

The Republic of Fiji is a group of islands in the South Pacific, about 1,600 kilometers northeast of New Zealand. On the invitation of the Western Pacific Regional Office of WHO in Manila, I led a five-day workshop there on effective hospital management for hospital leaders from six South Pacific countries. The workshop was held in Nadi on the main island of Viti Levu, where Fiji's capital Suva is also located. Health management leaders of WPRO participated in the workshop, which was very well received. Subsequently, one of the participants visited Lorma Medical Center in La Union.

"Dr. Leona got so curious about Lorma that he decided to visit us. He said it was the best seminar/workshop he had attended in his entire life and it was also so for the rest of the participants." His feedback was reported by Emily Joy Gacad, PhD, our executive director for HR and engineering at Lorma Medical Center.

Chapter 28
The Americas

My work for World Vision and Food for the Hungry International (FHI) took me to some of the poorest countries Central and South America and the Caribbean in the 1980s and 1990s. My work brought me to Bolivia, Peru, and Colombia in to South America; to Mexico, Guatemala, and El Salvador in Central America; and Jamaica, Haiti, and Dominican Republic in the Caribbean. With my wife, I also visited the Dominican Republic, Brazil, and Uruguay.

As many people know, Spanish is the predominant language in that part of the world, except in Brazil where Portuguese is spoken. Severe inflation occurred in Haiti and in Jamaica at that time, and two countries had 1000 percent inflation rates: Bolivia and Peru. Some countries seemed to have periodic coups d'état and mounting debt crises. Other nations faced massive health problems, often due to inadequate food production and growing consumption of drugs like cocaine.

International aid agencies were there to try to help alleviate the situation—fighting malnutrition, doing immunizations, and teaching them sanitation. My role was to teach our field office project managers how to manage their projects better to maximize their impact and how to improve the health of the children in their project communities.

Bolivia:
Highest Places I Visited

At the time, Bolivia was the second-poorest country in the region after Haiti. World Vision and FHI worked alongside government agencies to implement food and nutrition education programs to combat malnutrition, as well as immunization and sanitation efforts to contain the spread of diseases.

My job was to help these two organizations become more efficient and effective in the management of their projects through five-day management effectiveness workshops. These workshops were given in Spanish with the help of an excellent partner and translator, Luis Sena, country director of the Dominican Republic for Food for the Hungry International. Luis had my 250-page participant's workbook translated into Spanish.

My first visit to La Paz, the capital of Bolivia, brought an unexpected hazard, one that I had never experienced before. It all had to do with the altitude of La Paz, which at 11,942 feet (3,640 meters) was more than two times higher than Baguio City in the Philippines. When I checked in the hotel, the desk man asked me if I would need oxygen in my room. I declined but I developed a headache that encircled my head.

It reminded me that there was less oxygen in the same volume of air inhaled because of the altitude. What I didn't foresee was the effect of the lower atmospheric pressure on the water in my body. Elsewhere in my body, it wasn't a problem, but in the brain, which was confined by the skull, I had a problem. With the lower atmospheric pressure outside, the pressure was higher inside my skull, giving me a headache that circumscribed my head. It took a while for the pressure inside my skull to equalize with the pressure outside. Eventually, I got acclimatized to being at 12,000 feet (3,658 meters).

Chacaltaya Peak

For my first trip to Bolivia, I was with three other executives from World Vision. One of them, who had been there before, pointed to a beautiful mountain in the distance and suggested we drive up to the highest ski resort in the world. At 17,785 feet (5,421 meters), the resort was higher than the base camp of Mt. Everest. In the winter months, it offered 660 feet (200 meters) of spectacular vertical skiing, and the rest of the year, it offered summer glacier skiing (until the glacier melted in 2009).

We hired a taxi for the 20-mile (32-kilometer) journey to the quaint ski resort, near the top, which was named Chacaltaya after the mountain it perched on. Chacaltaya means bridge of ice. The cab took us to 17,100 feet (5,212 meters). To reach the highest point, we would have to take the ski lift.

I couldn't even get out of the taxi. I had collapsed in the back seat. My nails were blue from lack of oxygen. I was conscious but too weak to sit erect. An employee of the ski lodge gave me lemon to suck on, but it failed to revive me, so we went back down immediately. As we descended, I read the elevation markers by the roadside. When we reached 12,000 feet, I was okay again and breathing easily. It was just the altitude.

Lake Titicaca

My colleagues and I visited Lake Titicaca, a large and beautiful body of water that was 12,507 feet (3,812 meters) above sea level. It was higher than the capital city of La Paz, which was 11,975 feet (3,650 meters) high.

The lake was sacred to the Incas. According to Inca mythology, the creator god Viracoca rose from Lake Titicaca to create the sun, the moon, the stars, and the first man and woman.

Before we reached the lake, we stopped by a museum with paintings of the people of Bolivia. One painting showed a group of

men with cloth sling bags descending a mountain. They were the *kallawaya*, an itinerant group of healers who lived in the Andes.

In olden days, they were the naturopathic healers of the Inca kings and were said to have performed brain surgery as early as 700 CE. The *kallawaya* were the keepers of scientific knowledge, including the healing properties of plants and minerals. They traveled on foot looking for traditional herbs and healing people who were sick.

During the construction of the Panama Canal, which would join the Pacific and Atlantic Oceans, work stopped because of a massive outbreak of malaria. News of the workers' plight reached the *kallawaya* who came down from the mountains to treat them with quinine made from the bark of the *Quinquina calisaya* tree. The *kallawaya* saved the lives of thousands of workers, and the work on the canal was able to proceed.

Cholitas

If the *kallawaya* were immortalized on canvas, the *cholitas*, the indigenous women of Bolivia, were celebrated in the streets of their villages and towns. The women preserved their culture by wearing their national dress daily. Their attire consisted of a long, pleated skirt with three or four layers of underskirts, topped by a blouse, a sweater, and a shawl—often in unmatched colors and prints. On their feet, they wore rounded flat shoes and, on their heads, bowler hats like Charlie Chaplin's.

How the English bowler hat became part of the Bolivian women's apparel is a story in itself. After bowler hats were invented in 1849 in Britain, two brothers from Manchester manufactured bowler hats to sell to British railway workers in Bolivia, but the hats were too small for the men. So the brothers concocted a story that the hats were the height of fashion in Europe and sold the idea to the *cholitas* who embraced the so-called trend, making the hat part of their national costume.

But the hats were also too small for them and squatted precariously on their heads. Later on, the position of the hats indicated the

women's status. If she wore it in the middle, she was married. If she wore it to the side, she was single or widowed; and if she wore it to the back, it was (they joked) complicated.

Stranded

In one of my trips to Bolivia, I visited one of our projects, which was several hours' drive outside La Paz. I traveled with three nurses and our driver in a double-cab pickup truck. The driver and I were seated in font. The roads were not paved, so the ride was rather bumpy. At one point, one of the tires went into a mudhole, and that was that! We were stuck in the middle of nowhere at 16,000 feet (4,877 meters)! No habitation in sight!

Fortunately, they brought sleeping bags because when night fell, so did the temperature. It was freezing. At one point, I needed to go to the restroom which was nowhere in sight. I just went out in the dark, but I did not go too far away just in case there were wild animals.

Around midnight, we heard some noises. Tall animals passed by our vehicle. We could barely see them, but I assumed they were llamas or their look-alike cousins, the ubiquitous alpacas, which traveled in droves. It was eerie being surrounded by them. Not interested in us, they disappeared into the gloom.

The following morning, we were rescued. The people we were supposed to visit came looking for us and pulled us out of the hole.

Lake of Salt

After visiting the project, we made a side trip to Uyuni Salt Flats, elevation 11,995 feet (3,656 meters). It was a lake made of solid salt and so big that you could get lost in it. There were no landmarks. We did not go far into it because it was cloudy and we could not see anything.

I was told that the Bolivians mined salt and lithium there in the summer. In the rainy season, when water accumulated on the salt bed, the lake became the world's largest mirror.

Joy amid Poverty

Bolivia had breathtaking scenic destinations that I was fortunate to visit, but it also had, amid their poverty, people of heartrending faith. I remember visiting a mountain project in an area so barren there was scarcely any vegetation.

At the Food for the Hungry project site, there was a group of poor women, mothers most of them, who were singing. They sang with a lot of feeling shown on their faces that their names were written in heaven with a golden pen. I was touched deeply as the women had nothing to speak of, yet they were so full of joy singing that song and praising God that their names were written in heaven with a golden pen.

Mothers attending nutrition class in Bolivia

Cuzco, Peru:
Center of the World of the Inca Empire

From Bolivia, my World Vision colleagues and I took a boat to go north across Lake Titicaca. I remember it was a bright sunny day with a beautiful view all around. We stopped by one of the islands before crossing to the far shore of the lake and landing in Peru. We took a train to Cuzco, a journey that took more than half a day. I saw no houses and no people, only spectacular mountains on both sides of the valley we were traversing.

We stayed overnight in Cuzco, which was more than 11,000 feet above sea level. It was once the capital of the Inca Empire and was called the center of the world. It is now a UNESCO World Heritage site. The Inca Empire was the largest in the Americas during its golden age about one thousand years ago and had over ten million people then. The Incas were noted for building a network of roads in the mountains and across rivers and building temples with precisely cut heavy stones.

The following morning, we went to visit one of the ancient Inca ruins nearby. What impressed me most were the huge blocks of stones that were cut so precisely you couldn't insert a credit card between them. How could an ancient civilization be so precise without our modern tools?

As I investigated what interested me, I got separated from the group. Hoping to find them, I followed a gravel path through a narrow passage that sloped to the right. On that side was a cliff. On the left was an embankment, which was part of the ruins. The path traversed the cliff side, and my leather soles were not suited for the gravel. I was scared I would fall to my death. Evidently, I got through and was reunited with my group.

The ruins piqued my interest. Ancient civilizations, which I had studied in history class, suddenly came to life. I would have loved to see Machu Picchu, the ancient Inca city which is also a UNESCO World Heritage site, but it was 50 miles (80 km) south from Cuzco, and we didn't have time to go there. I was glad that my daughter

Carol, who has a more adventurous spirit, made that trip some years later.

We went down to the Peruvian capital, Lima, which was by the sea. After my visit there, World Vision's acting country director and another official were killed in a machine-gun attack just outside our Lima field office in May 1991. The country director died in the hospital, while the other official apparently survived. Shortly after that, four Peruvian staff members went missing and were never found. World Vision closed its Peru office but reopened in 1994 after the leader of the terrorist group was captured.

That was the nature of our work. We were often in dangerous places, sometimes at the wrong time. As someone remarked, "Danger comes with the territory."

When it returned to Peru, World Vision set up a project in Huanta, a city in the Andean highlands. It provided sponsorship for children who were displaced by the armed conflict between Maoist terrorists and the military.

Panama:
Where Men Wear the Filipino *Barong Tagalog*

When I was with World Vision, I traveled with some fellow executives to Columbia to visit our projects. In Panama City, however, I was not allowed to board the plane to Bogota because I didn't have a visa. I was still traveling on a Filipino passport then. So we decided that I would stay overnight in Panama and fly on to Haiti to meet up with them.

I checked in to a hotel in the city and rested until evening. When I left my room to go to dinner, I was greatly surprised that the men were wearing shirts identical to our *Barong Tagalog* (formal male attire in the Philippines). The tailoring was exactly the same, although the fabric was not translucent like the *barong*. And they wore it tucked out, as we did in the Philippines.

The following day, I rented a car and drove out of the city to see the Panama Canal. There was a field of tall grass between the road

and the canal, which was about a kilometer away. A ship in the canal appeared to be sailing on a field of grass. It was surreal.

When I got to a viewing point, I watched how the ships were raised by a series of locks to the next level of the manmade Gatun Lake, which was about 26 meters (85 feet) wide. The ships sailed across the Gatun Lake to the other end where another series of locks lowered them to sea level. It was an engineering marvel!

The journey of ships to cross over to the other end the canal took only eight to ten hours. The canal was 77 kilometers (48 miles) long, and it saved ships from having to travel about 1,930 kilometers (12,000 miles) around the southern tip of South America.

Haiti:
Where Money Drops from the Sky

I caught up with my fellow executives in Haiti, the poorest of the Latin American countries. The upper part of the island, Haiti, was French speaking; the lower part, the Dominican Republic, spoke Spanish. At that time, Haiti was beset by a growing foreign debt, a succession of dictators, and agricultural output that didn't serve the needs of the people.

World Vision supported a missionary family, the Turnbulls, who lived in the mountains about thirty minutes from the capital, Port au Prince. Every month, a manager from our Florida office rented a plane, flew over the Turnbull mission, and dropped a packet of money. That was Haiti, where money dropped from the sky.

World Vision project staff took me on a visit to the biggest slum of Port au Prince. It was so crowded that only half the people could lie down at one time, so they had to take turns sleeping. It was not safe to go there, but I went with missionaries who frequented the place and was quite safe with them.

Guatemala:
Moringa Leaves for Pregnant Women

Guatemala is often called the land of eternal spring because of its excellent climate the whole year round. Guatemala City was World Vision's regional headquarters for Latin America. Whenever Vicky and I were planning a trip, she would often ask AAA (American Automobile Association) in the US for travel suggestions and book the trip for us.

One time, AAA suggested Guatemala, the city of eternal spring, and we went there. Guatemala City was very pleasant, like Baguio City in the Philippines—about 5,000 feet (1,524 meters) above sea level. We stayed in an interesting motel with a Spanish design. It was a square one-story edifice with a big garden in the center. All the rooms opened into that inner courtyard. An elderly American lady lived in one of the rooms. She said the elderly were the forgotten people in the United States, so she decided to live in Guatemala and was happier there.

Subsequently, I went to Guatemala several times to visit the Latin America headquarters of World Vision and Food for the Hungry, which were both located there. I had a chance to help improve the health of the locals by encouraging them to harvest moringa leaves and use them for food. The moringa tree grows in abundance in the tropical climate of Guatemala, and it is widely known that moringa leaves are the most nutritious leaves in the world. They are rich in vitamins, calcium, protein, and iron.

Our project staff taught the women to dry moringa leaves under the sun until they were crisp and then crushed them by hand and stored them in bottles. The crushed leaves were sprinkled on the food of pregnant and lactating mothers as a nutritional supplement.

Colombia:
Goats on the Airfield

I was able to visit Colombia, infamously known as the drug capital of the world, thanks to Hollywood. Colombia was and still is beset by poverty and violence. The uneven distribution of wealth and land, the ineffective central government, and the rise of drug lords and armed groups characterized Colombia in the 1980s and 1990s. The poorest of the poor lived in the peripheral areas and were in desperate need of relief.

With World Vision project staff, we arrived in the Colombian capital, Bogota, which was 9,000 feet (2,743 meters) above sea level. From there, we flew north to Medellin, halfway to our destination. We stayed in a hotel where a Russian string quartet played beautiful music. In the 1990s, Medellin, according to *Time* magazine, was the most dangerous city in the world. Apparently, it was the playground of the drug lords, where judges and policemen were routinely assassinated and ordinary folks disappeared without a trace.

The following morning, we resumed our journey and flew to Monteria, a coastal small town where World Vision had a childcare project. Our small plane could not land immediately because there were goats on the airfield. Our pilot scared away the goats by flying low over them so that we could finally land.

Jamaica:
Sleeping Policeman

Jamaica was where I went first upon joining the international training team from World Relief to train pastors on how to manage community development projects. At the training site, I ventured outside into the street and saw a sign with the letters "sleeping policeman." I looked around but did not see any slumbering cop anywhere. I found out that the "sleeping policeman" was a speed bump that forced drivers to slow down.

Jamaica, a former British colony, was where I was first exposed to those workshops led by Cleo Shook, a former undersecretary of state for Asia of the US government, and Jim Schmook, a US Army management trainer.

As I previously mentioned, I learned many practical management methods from them including the O-M-R method of decision-making and management planning. O stood for outcome, which should be decided first. M stood for methods on how to achieve the outcome. Then finally R, which stood for resources, needed to do the methods. I added one more R later on, for review, to ensure that the project was going as planned.

Brazil:
In the Summer Palace of the Former Emperor

Using my frequent-flyer mileage, Vicky and I visited Rio de Janeiro in Brazil, where the big statue of Christ on a mountaintop dominates the landscape. We took a bus to up to Petropolis, which was the summer capital of the Brazilian empire in the mid to late 1800s. It was like driving up to Baguio in the Philippines, one mile above sea level.

Brazil's last emperor, Emperor Pedro II, who reigned for forty-nine years, was entombed there. His summer palace became the Imperial Museum. Pedro II was known for importing skilled artisans from Europe. Modern-day craftsmen made exquisite ceramic ware, which resembled what the ancient artisans did. Vicky and I regretted not buying a set.

Rio's landscape was dotted with *favelas* or slums that were built by people who had migrated to Rio to seek work. They could not afford urban housing, so they lived in shanties that crowded one another.

The *favelas* were controlled by the drug lords and gangsters. Children grew up amid the poverty, violence, and the drug trade. World Vision ran programs in urban and rural areas of Brazil in support of the children.

Uruguay:
Southernmost Destination of Pan Am

From Rio, Vicky and I went to Montevideo, the capital of Uruguay. It was the farthest south that Pan Am would fly.

We learned that about 95 percent of Uruguayans were descendants of European immigrants from Italy and Spain and to a lesser extent from France and Britain. The Europeans intermarried with the natives.

As a result of these intermarriages, the bloodline blended. Today, only a few direct descendants of the indigenous people remain.

Among Latin American nations, Uruguay had a low level of poverty and almost no extreme poverty, but it had its slums too. Most of them were outside the capital. Unlike tin and cardboard shantytowns in other parts of Latin America, the houses in the slums of Uruguay were made of cement and bricks. Their roofs were mostly red brick tiles, not GI sheets.

Loma Linda, USA:
Where People Live Longer

My family and I have lived in California for forty-five years, not far from Loma Linda, the site of the famous Loma Linda Medical Center, one of the pioneers in heart transplants in the US. Beside it is Loma Linda University.

Loma Linda has another claim to fame. Its residents have one of the highest rates of longevity in the United States. They live at least ten years longer than people elsewhere, and a good number of them live beyond one hundred years.

Loma Linda is so famous for healthy aging that it was named one of five "blue zones" in the world by author Dan Buettner and *National Geographic*. Blue zones are spots where people live extraordinarily long lives, reported the NBC News program *Today*.

A good chunk of that distinction is due to the presence of the Seventh-Day Adventists, who make up about one third of the city's

current population of 24,470. The Seventh-Day Adventist Church advocates a lifestyle that researchers say may plays a big role in longevity.

"The church recommends a vegetarian diet that focuses on fruits, vegetables, nuts, and whole grains. It asks members to avoid alcohol, tobacco, and any mind-altering drugs. And it promotes "'pure water, fresh air, and sunlight' as part of a good living formula," *Today* reported.

The Loma Linda Market doesn't sell red meat, poultry, or seafood. The Adventists avoid coffee and fast foods, and they exercise regularly. Faith also plays a big role in longevity. Saturday is their holy day when they rest physically, mentally, and spiritually.

I urge the reader to search the Internet for articles on the healthy lifestyle of the residents of Loma Linda, California. Much can be learned from them.

Chapter 29

Out of Africa

I visited fifteen of the forty-five countries of Africa over twenty years, including the headquarters of World Vision and Food for the Hungry in Nairobi, Kenya, in East Africa. At that time, Kenya was richest city on the African continent, and many global agencies and multinationals placed their regional headquarters there because of the city's open-door policy and amenities that it provided them.

The British had more colonies in Africa than the French did and, in my observation, had been very meticulous in their colonization. These countries were located more in the eastern and the middle part of the continent. The British trained and deployed civil servants in all the major towns and cities, resulting in well-organized networks nationwide.

In contrast, the French-led countries, mostly located in the western part of Africa, put everything into the capital city and practically neglected the rest of the country. For example, Dakar, the capital of Senegal, had everything; however, on the outskirt, the bush had very little development.

Community meeting in African village

Senegal:
Street Boys and Miracle in the Bush

Generally, I traveled more to the former British colonies because the people spoke English, but I did go to Senegal, which used to be a French colony and the people speak French. Not too many folks, including myself, spoke French. However, I managed to hold a conversation with a national security guard in a World Vision project in Northern Senegal, using the only phrase I knew. That phrase was "*Ça va*" (which sounded like "Sa va"). It was either a question meaning how goes it or an answer meaning good.

Dakar, the capital city of Senegal, was a regular stopover place for planes going to Africa from the US. On one of my trips to Senegal, I visited a World Vision project in the north. I spent each night in the project staff quarters and walked to the project office in the morning. I remember I had this ritual going on with the security guard.

"*Ça va?*" (Sa vah?), I asked, inquiring if all was good with him.

"*Ça va, merci. Ça va?*" he responded, meaning, "Good, thank you. And you?"

"*Ça va!*" (Good), I replied jauntily and walked on.

Eventually, I learned another phrase, *Qu'est-ce que c'est?* It sounded like "Cas casi." It meant what is that? The equivalent in today's lingo is, what's up? So I added it to our little dialogue. Of course, I never understood his reply because that was the limit of my French! I simply nodded pleasantly and walked on.

I visited two World Vision projects in Senegal: one in the north and one in the east. The project in the north was drilling wells to provide water for the people in that parched area. That was where I practiced my French.

The Tambacounda Project

The other project involved food production. It was located in Tambacounda province in eastern Senegal. To get there, we journeyed in a jeep for seven hours. My companions were Manfred Kohl, World Vision's regional director for West Africa; a Frenchman from Algeria who was the project manager; and a Senegalese employee who was a Muslim. We traveled over a dusty dirt road and were all "blond" from dust when we reached the project site.

Along the way, we stopped for lunch. The Frenchman ordered a pork dish. Muslims don't eat pork, but the Senegalese employee exclaimed, "I am not a Muslim today!" and partook of the pork dish that we were enjoying.

The $100,000 Tambacounda project, sponsored by churches in the US and funded by World Vision, consisted of one hundred hectares of barren land with only a few bushes here and there. The aim of

the project was to produce a lot of food to be sold in the capital city of Dakar, about 400 km west northwest on the Atlantic coast.

The Tambacounda site was arid but apparently not infertile. All it needed was water. Fortunately, it was located near the Gambia River, flowing lazily through the Gambia westward to the Atlantic Ocean.

The country of the Gambia occupied a narrow strip of land that stabbed like a convoluted dagger into the lower belly of Senegal. The river originated in the Fouta Djallon plateau in north Guinea, flowed lazily westward through Tambacounda and the entire length of the Gambia before emptying into the Atlantic Ocean.

Water for irrigation from the Gambia River

Food produced in one-hundred-hectare irrigated land

The Tambacounda project faced early challenges—how to tap the river water to irrigate the arid land and where to get skilled workers for the agricultural project.

The Frenchman project manager, a Christian recruited from Algeria, was very resourceful and ingenuous. He went to the capital city of Dakar, the main population center, and recruited homeless street boys, promising them employment in Tambacounda even if they were not yet skilled.

He brought four street lads with him when he visited a dealer of diesel-powered water pumps. He told the dealer that he would buy one of the large pumps if the dealer would train the four lads to

operate, maintain, and repair the pump. Eager to make the sale, the dealer happily agreed.

Returning to Tambacounda, the project manager had more street boys build their quarters and then organized them into small groups. He set up a training group, a water group, a grain group, a vegetable group, and a fruit-tree group.

The water group built a raft on which they mounted the large pump. They floated the raft out on the river, anchored it, and held it in place with a rope to the shore. From the raft, through a large flexible pipe, they pumped water to highest point of the project site and let the water flow downhill in their irrigation network.

The project manager taught the training group how to train the street boys for the tasks that were assigned to them. By the time we visited the project site, a lot of grain, vegetables, and fruit trees had been planted. The former street boys, now semiskilled, were busy going about their work. It was an amazing sight to behold! Later on, I heard that the Tambacounda project became a major source of food for the capital. It was the miracle of grain in the bush.

Sudan: Muslim Sahara in the North, Christian Jungle in the South

When I was traveling in Africa, Sudan was still one country. It might as well have been two nations. It was all desert and predominantly Muslim in the north and mountains, jungles, and Christians in the south. Africa's then-largest nation became two countries later on when South Sudan seceded in a peaceful referendum in 2011.

Memorable Visit to Pibor District in Southern Sudan

On one of my African trips, I traveled with a Canadian couple from World Vision Canada to visit a World Vision-funded project in Pibor in Southern Sudan. Pibor was at the eastern end of Southern Sudan, next to the mountainous country of Ethiopia.

From World Vision's regional headquarters in Nairobi, Kenya, we drove north for a day to Juba, the capital of South Sudan. The road was so rough and the craters so huge that it was like being on the moon.

The missionary's wife and I sat in the cargo bed of the pickup truck with the machinery that we were transporting. Along the way, it rained very hard. The missionary could have asked his wife to ride inside with the driver while he braved the rain with me outside. But, no, he stayed dry in front with the driver. It was, to me, most peculiar!

Finally, we arrived in Juba, where we stayed in the house of a missionary couple. I remember it distinctly because they had solar lighting in a grass hut.

The following morning, the three of us chartered a small missionary plane from Mission Aviation Fellowship to fly to Pibor District, 342 kilometers (213 miles) northeast of Juba. Pibor was surrounded by 250 kilometers (155 miles) of swamp, and the only way to get to our destination was to walk, row, or fly. Of course, we flew.

Our pilot was a newly retired pilot from Britain's Royal Air Force. He said it was his first time to fly to Juba. He was using the Nile River as his navigational guide. Of the two Niles, we were following the Blue Nile, which originated in the mountains of Ethiopia in the east. The other Nile was the White Nile, which flowed from Lake Victoria in the south and got its name from the sediment that gave it its color.

"Oh My God!"

I noticed our pilot kept looking at his map and then at the Nile River below. Suddenly, he exclaimed, "Oh my God!" The three of us passengers looked at each other helplessly. "Oh my God!" he exclaimed two more times, hardly inspiring confidence in us! Finally, we arrived in the postage-stamp airport, a tiny facility that was completely surrounded by water.

While we taxied to the little building at the end of the runway, we saw a group of men—all naked—on the left side of the landing

strip. They waved at us to say hello. The pilot thought they were signaling him, and he veered the plane toward them. The plane fell into ditch, and the propeller sprayed the aircraft's exterior from the nose to the tail with mud. We disembarked amid the muck. As we waded through the moat, workers began to extricate the plane. They would have to clean it up before the pilot could make his return trip to Juba.

Wading through muddy water that came up to our knees, we made our way to the house of two young British nurses who were being supported by World Vision. In that remote outpost, their house was also their clinic.

A small group of locals walked with us through the moat. My foot got caught in the mud, and I was about pitch into it when a strong arm held me up. I looked at who did it. It was an old woman who was adorned only with bead necklaces and nothing else. I didn't know where to look. I looked at the sky, I looked at the water, and I looked anywhere and finally at her as I murmured, "Thank you."

My Last Operation

We reached the nurses' house and clinic. It was morning still, and the patients were waiting for treatment. One was a girl who was about nine years old. She had a growth, a caruncle, in her private part, right where the urine came out. It was visible because she had no clothes on.

The nurses asked me to operate on her to remove the protrusion. They put the girl on the kitchen table and prepped her for the operation. The father stood right beside her, also naked, except for a big *bolo* (machete) hanging at his side.

One of the nurses handed me a local anesthetic. I injected the anesthesia, clamped the caruncle, and tied it off.

The father looked on. "Still there," he protested.

Conscious of his menacing *bolo*, I assured him, "It will fall off."

The Outhouse

Later, we had time to rest and chat with the nurses. They told us about the outhouse (there was no toilet inside the house). It was accessible by a pathway of raised planks so we wouldn't have to wade through the swamp.

We had to go to the outhouse whenever we needed to relieve ourselves. The outhouse had a very nice bench with a hole in the center and magazines to the side. It was like a throne.

The nurses advised us to go there before 10:00 a.m. because someone would come to collect the pan under the hole to dispose of its contents. The nurses recounted with hilarity that one of their previous visitors woke up late. As he was reading a magazine, he heard a noise and saw a hand reaching for the pan. The biggest tug-of-war in Pibor took place! I considered myself forewarned, so the next morning, I went to the outhouse before the appointed hour.

British Colonial Experience Illustrated

In the nurses' living room, I found a book on Pibor. I read that the women did all the work while the men went out hunting. The British commissioner, many years before, thinking this was rather unfair, decided to do something about it. The British are very wise colonialists, with centuries of experience, and the commissioner was steeped in this tradition. He bided his time.

Then came the annual feast when the natives danced for three days, of course without any clothes on but with their necklaces jangling. The commissioner removed all his clothes and danced with them. He danced with them stark naked for three days, and that cemented their relationship.

Subsequently, when he gave a speech about the men needing to help the women with the work, it was well received, and the men started to do their part all because the commissioner had honored their culture and danced naked with them for three days!

African Villages as Seen from the Air

Flying over many parts of Africa in a small plane, I was struck by the fact that there was so much land and so few people, except in the cities. The vast plains were crisscrossed by rivers and tracks of animals like buffalo, wildebeests, elephants, giraffes, lions, and gazelle. But the most interesting of all the aerial sights was the layout of traditional homes in the countryside. The dwellings formed a big circle enclosed by fences embedded in the ground to keep wild animals out. Each family circle had a dwelling for the man, dwellings for his wives and children, and a pen for their cattle.

From the home circle, paths radiated outward in several directions, etched into the ground by feet trudging up and down the trails for decades, if not centuries. I have never seen anything like it.

Maasai Tribesmen, Very Tall from Drinking Milk and Blood

The Maasai tribesmen of East Africa were fascinating to me. They wore colorful skirts and intricate necklaces made of beads. The men carried a spear and sported painted faces, making them look very fierce indeed. Lean and very tall, they jumped up and down when they danced, making them appear taller and more fearsome.

Like people of some other tribes, the Maasai, his wives and children, and their cows lived in their circle. They called their cows by name, like members of the family. The size of their herd indicated their status in the community. The cows were highly valued because they provided the Maasai with their daily nutrition.

The Maasai milked a cow, collecting the milk in a native container like a hollowed-out gourd or a piece of pottery. Then, using a primitive instrument, they "lanced" the jugular vein in the cow's neck. The blood spurted into the milk, making it frothy. That was their daily cocktail. Growth elements in cow's blood helped them grow so tall.

African Patterns

African patterns became very popular with the tourists. In the slums outside the city of Nairobi, nongovernmental agencies worked with the poor to establish gainful livelihoods for them. The women were particularly destitute, and some of them worked as prostitutes to make a living. An enterprising social worker from a foreign organization, wanting to help change their lives, taught them how to make attractive scarves for tourists.

The social worker asked her friend, an internationally renowned artist, to draw some designs that the women could copy onto the scarves, which were made out of local fabric. These scarves became very popular with the tourists and brought a tidy income for the women.

Somalia:
Infamous Now for Somali Pirates

Somalia, shaped like a large number 7, forms the Horn of Africa. It is bounded by Djibouti to the north, Ethiopia to the west, Kenya to the southwest, and the Indian Ocean to the east.

In recent decades, Somalia came to the limelight for two things. First, a Somali supermodel, Iman Abdulmajid, ruled the runways in the 1970s and 1980s. Then she married rock star David Bowie in 1992.

Second, Somalia became known or, more precisely, infamous for piracy at sea. From the early 1980s to about 2010, Somali pirates harassed ships sailing off the country's coastline. At first, the pirates acted to protect Somalian fishing grounds, but piracy became so lucrative that the incidence rose. The ships going up to the Red Sea through the Suez Canal en route to Europe were preyed upon by the pirates. Acts of piracy decreased in 2011 with improved anti-piracy measures.

I visited a World Vision refugee camp in Northern Somalia in the mid-1980s. Dr. Milton Amayun from World Vision was there visiting World Vision clinics in the refugee camp.

It was R&R day when I visited the refugee camp in northern Somalia. The World Vision project staff decided to take a project vehicle and go with some of the staff to the beach, which was about three hours away. En route, we passed a village that was like a ghost town. Everything was closed, and no one was in sight. On our way home that night, the village was very much alive like a well-lit marketplace. The locals came out at night because it was cooler.

Sea of Crabs

That day at the beach, I saw the most unusual sight I have ever beheld on a shoreline. The beach was swarming with large numbers of yellow crabs as far as the eye could see. Each crab with its claws was only about three inches wide, so there must have been tens of thousands of them covering the length and breadth of the beach. "They're probably having a convention," I joked.

The border between the wet sand and the dry sand had hundreds of conical towers of sand as dwelling places for the crabs. Amid them were crabholes, the entrance of the crustaceans' dwellings beneath the sand. I walked on the beach, and the crabs parted wherever I placed my foot. When I ran, they parted even faster. I looked back, and behind me, they closed up the space. I was surrounded by a sea of yellow crabs! It made my hair stand! It was a sight I would never forget.

Djibouti:
US$50 Bill Gets Tough Scrutiny

The following morning, I was scheduled to fly back to neighboring Kenya where the Africa headquarters of World Vision was located. Suddenly, I got bumped off my reserved seat on the plane

because a general required my seat. I could have flown out the following day, but I did not fancy going back all the way to town and returning the next morning. So I asked the airline clerk, "Where can I go?" He suggested I go north to the Republic of Djibouti. I presented my American Express card from World Vision and purchased a ticket to Djibouti City, the capital. Back then, I could literally write my own ticket to any destination in the world.

Strategic Location

For a small country, Djibouti drew a lot of attention because of its strategic location. It was bound in the south by Somalia and Ethiopia, in the west by Sudan, in the north by Eritrea, and in the east by the Red Sea and Gulf of Aden. Ships carrying cargo bound for Europe and the Americas had to pass through the Red Sea and the Suez Canal. In addition, Djibouti was near hotbeds of turmoil like Somalia and Yemen. Five nations—the US, France, Great Britain, Japan, and Saudi Arabia—set up military bases in Djibouti to protect their interests in the region especially their ships passing through to or from Europe.

Djibouti, which had a population of about 425,600 people in 1985 (World Bank), was a French colony from 1883 to 1967. By the mid-1980s, the vestiges of colonialism were fast disappearing from many former colonies around the globe but not in Djibouti! When driving around in their jeeps, the French Foreign Legionnaires still wore their white kepis, a cap with a circular top, and a visor, which were the traditional headgear of the French army. It amused me no end that the Legionnaires looked just like they did in the comic books that I had browsed when I was a child!

The Offending US$50 Bill

At the airport in Djibouti, I presented brand new US$50 bills to be changed to Djiboutian francs, the local currency. But the

Muslim money changer said the bills were unacceptable. "No good, no good," he intoned, waving his hands.

"What's wrong with my money?" I asked. I was confident that my money was good since I had just gotten the bills from Bank of America in Pasadena, California.

"Does not have in God we trust," the man explained.

In 1956, in God we trust was approved as the official motto of the United States and the US Mint started printing the motto on the currency from 1957 onward. However, some bills apparently did not bear the motto.

The money changer insisted I give him only bills with the motto inscribed on it. I searched in my wallet for other denominations that said in God we trust. I thought it was odd in a Muslim country.

French Ice Tongs

I used some of my Djiboutian francs to buy a unique ice picker at the airport shop. This particular one was a French contraption for transferring ice from a bucket to a drinking glass. It was like a long ball pen with a push button on one end and a spring-loaded claw on the other end. When the button was pressed, the claw opened to pick up ice cubes. When the button was pressed again, it dropped the ice cube neatly into a glass.

Uganda:
My Biggest Funded Project

"Anywhere"

I also experienced getting bumped off the plane in Uganda. I was in the airport at 5:00 p.m. ready to depart south for Kenya when I was told that I no longer had a seat on my flight. The airline had given my reserved seat to a general.

"When is the next plane leaving?" I asked.

"Where are you going, sir?" the person behind the counter asked.

"Anywhere," I replied.

"Well, the next plane is leaving for Cairo, Egypt, in one hour."

Cairo was north of where I was. It seemed illogical to fly up north to go south to Nairobi, my original destination. But the airport was an hour from the Ugandan capital of Kampala, and I didn't want to go back there. "I'll take it," I said and presented the credit card from World Vision.

Walking across the Nile River

So I flew to Egypt. It was still light when I arrived in Cairo. I went straight to the Hilton and got a room overlooking the Nile River. From my window, I saw a nearby bridge spanning the Nile. I went and crossed the historic Nile River on foot, going both ways. It was a memorable late afternoon.

On my way back to the Hilton, I found out that the Cairo Museum was right next to it. I visited the museum, and there was Tutankhamen, the most famous pharaoh of Egypt! When King Tut was in the US, you could not visit him in a museum unless you had a reservation. But there I was alone in the room with him all because I had been bumped off my flight!

Uganda and the AIDS Epidemic

World Vision (and later FHI) had many child sponsorship projects in Africa, and that is how I got to visit at least fifteen African countries. Uganda was one of them.

Back in the 1980s, massacres during Idi Amin's term and the AIDS epidemic had devastated many Ugandan families. Many children were orphaned, and some of them were infected with HIV, the virus that causes AIDS. In 1986, the year Yuweri Museveni became president of Uganda, First Lady Janet Museveni launched a project to support the large number of orphaned children. She informed the

international aid agencies present in Uganda about her project, and the World Bank agreed to fund it.

I happened to be in Uganda when the call went out to NGOs to submit proposals for such a project. I joined the World Vision country office staff and the World Vision health program coordinator for East Africa, Dr. George Ngatiri, in brainstorming about our project design.

The project that we designed was to provide funding to families to take in one or two orphans to be raised alongside their own children. In our proposal, we also allotted funds for World Vision project officers to oversee and manage the project.

As I previously recounted, the other NGOs focused on gathering the orphans in a camp where they would be cared for. Our plan featured caring for orphans in a family atmosphere. In the first lady's speeches, it was clear that she wanted vulnerable children to grow up healthy, protected, educated, and empowered. Our proposal, with its unique perspective, would enable the children to be nurtured and raised in a family environment. It was closest to her ideal.

World Vision won the award for $6 million from the World Bank, which was increased to $7 million when additional funds came in from Europe a few months later. It was the biggest funded project I ever had the good fortune to help design! It was very satisfying because the project was successful and many orphans grew up in families, which they would not have experienced had they been raised in camps.

Ugandan Hospital Administrator Visits Lorma

Many years later, Chris Luzinda, the hospital administrator of Mengo Hospital in Kampala, Uganda, visited Lorma Medical Center for three weeks. He learned about us from my book, *Innovations on Hospital Management: Success with Limited Resources*.

After his visit, Chris introduced the following improvements in Mengo Hospital. He incorporated certain practices that we had long

been implementing at Lorma, practices that he adapted later in his hospital. These practices were:

- A statistics collection, analysis, and interpretation system.
- Rotation of chairpersons for the monthly head of departments meeting.
- Recognition of the best performer each month.
- A streamlined procurement and approval system, with new approval levels.
- Use of the 80:20 rule when solving problems.
- Involvement of all managers in the planning process.
- Client survey forms for outpatients and inpatients.
- Display of spiritual quotations in the wards to emphasize their belief in Christ.
- Streamlining the management of clinicians' professional fees.
- Follow-up of discharged patients to find out how they were doing and what their experience at Mengo was like.
- Clinical audit meetings.
- Redesign of the outpatient department to improve patient flow and care.
- Plan for a six-bed ICU.

It was the first time that Lorma had a significant influence on a major hospital in Africa. Mengo hospital is the oldest missionary hospital in East Africa.

Ivory Coast:
No One Travels on the Queen's Birthday

No matter how much I traveled around the world, there are still things that manage to surprise me when it comes to the customs of countries. I attended an international World Vision conference in Abidjan, the capital of the Cote d' Ibiore (Ivory Coast) in West Africa. It was my first time to have dinner in the Ivory Coast, and

I was surprised that the salad was served last. Apparently, it was the French way. The salad came last, at the end of a big formal meal.

The Queen's Birthday

My coworkers and I were traveling by car from the Ivory Coast to The Ghana, the next country to the east. Oddly enough, there were no cars on the road. When we crossed the border, we learned that no one was on the road because it was the birthday of the Queen.

"So what if it's the Queen's birthday!" I exclaimed.

"This is the day when somebody kills you and gives your head to the queen as a gift," the border guard replied.

Nigeria:
Safety Concerns about Traveling in Africa

Safety was a real concern whenever we traveled in Africa. The person who replaced me as international health program coordinator for World Vision at the headquarters in California was my friend, Dr. Milton Amayun. He and his team were visiting World Vision projects in Mali, West Africa, when they were kidnapped by rebels. Eventually, they were released but not before one of them, an African nurse, was killed. What a harrowing experience it was for them!

I experienced some scary moments myself, but by God's grace, nothing like that. I remember a time in Nigeria when we were traveling at night from the capital city of Abuja to the airport on its outskirts to leave the country. Men in military uniform stopped us, asked us to get out of our vehicle, and inspected our luggage. With their weapons, they looked intimidating. On our part, we held our peace and were careful not to antagonize them. Eventually, they let us go, but we had a few anxious moments there because, if something had happened to us, no one would have known.

South Africa:
Apartheid Sanctions Hindered Travel

Occasionally, the problem was not staying in a country but getting out of it. Back in the 1980s, I went to South Africa as part of the study I was doing for the International Hospital Federation. Powerful nations had imposed sanctions on South Africa's regime to force it to end apartheid, the segregation of Blacks from Whites. Those sanctions meant that trade with and travel to and from South Africa were restricted.

My trip to South Africa itself was uneventful. I visited their hospitals and chatted with the administrators and then took a plane out of Johannesburg to my next destination, another African country. Because of political sensitivities, the plane from South Africa was not allowed to land openly in that country.

It landed in an airport late at night. I was made to disembark on the edge of the runway. As soon as I got off, the plane took off again. It vanished into the night as if it had never been there. I made my way to the airport alone in the dark. People in the edifice that served as their terminal building helped me find a hotel at that late hour.

The Gambia:
World Vision's Living Legend

The Gambia, a former British colony in West Africa, is surrounded by French-speaking Senegal, except for its western coastline along the Atlantic Ocean. It is the smallest country on mainland Africa. It has a total population of about 2.25 million today. Back in 1985, it had only 756,000 people, according to statistics from the World Bank.

Roots: Saga of an American Family, a popular novel by Alex Haley, was based on Haley's childhood years in the Gambia. I met the Gambian bishop who brought Haley to the place he described in his novel. The bishop mentioned wryly that he hoped he would

receive a generous tip from the millions Haley earned from his novel; alas, he had been forgotten.

World Vision's West Africa office was located in the Gambia. It was under the direction of the regional director, Manfred Kohl, PhD, a German. We had some long interesting talks under the Gambian sky when I was there to lead a workshop on community health.

Stopping a 747

Manfred Kohl was a legend in World Vision Africa. His fame stemmed from being the only World Vision official to stop a 747 that was about to take off from the airport. He was driving a guest from World Vision HQ to the airport in Banjul, the capital of the Gambia, when the guest realized that he had forgotten his passport at the hotel, so they drove back to get it. When they returned to the airport, the guest's plane was already taxiing to the runway.

"Stay close to me," Manfred said and led his guest to the air traffic control tower. In his most commanding German voice, Manfred told the man in charge, "Stop that plane! My guest here is a very important man who needs to attend a very important meeting in America tomorrow!"

An air traffic controller stopped the plane, and an airport vehicle picked up Manfred's guest and brought him to the plane on the runway. The 747 took off with Manfred's guest on board!

The Legend in Action

Manfred invited me to conduct a three-day seminar on the management of community health programs for project leaders of WV-funded projects. My plane landed in an airport in Senegal, just north of the Gambia. Manfred met me, and we traveled to Banjul, the capital of the Gambia by car.

It was late in the morning already, and my workshop was scheduled to begin early in the afternoon. Banjul was located on an island

of the same name in the Gambia River estuary leading to the Atlantic Ocean. The only way for us to reach Banjul was by ferry.

At the river crossing, a long line of cars ahead of us were lined up waiting to board the ferry. We were going to be late for the workshop, I thought, resigning myself to the delay.

"Come with me!" Manfred said in a confident voice.

Here's where I see the legend in action, I thought, as I followed him to the head of the line to the government outpost that controlled the crossing.

"Who is in charge here?" Manfred demanded. People pointed to a man sitting on a log by the edge of the river.

Manfred approached him and, pointing to our car in the distance, said, "See that car over there? My guest here has a very important meeting in Banjul. He cannot be late for that meeting."

Manfred's authoritative manner carried the day. The man stood up and shouted in the vernacular that our car must be allowed to move to the front of the line. Everybody gave way, and our car inched its way forward. We were first in line for the next river crossing.

The legend had lived up to his name!

The Workshop

As I had done many times in Africa, I led the three-day workshop on management of community health projects. I wore a snake-like tie pin on my necktie symbolizing a family planning device inserted into the uterus. To dramatize my topic on family planning, I said pointing to my tie pin that "in my family, I wear the IUD!"

Pardon My French

A French doctor from Switzerland, who was working as a missionary in Africa, happened to be one of the participants of my workshop. She had read the French translation of my book, *Healthcare Guidelines for Use in Developing Countries*. "Dr. Rufi, I read your

book in French. The words are correct, but when you put them together, they don't mean a thing," she told me.

Oops! Pardon my French! My book had been translated into French by an American Peace Corps volunteer who had served for two years in a French-speaking country in Africa. Evidently, she thought she knew enough French for the job but missed the nuances completely. For my part, I knew only two phrases of French and could not judge what the doctor said. Without candid feedback from that doctor from Switzerland, I would never have known how poorly translated my book was!

Moringa in the Gambia

During the three-day workshop, I emphasized the importance of planting renewable sources of nutritious food. I told them that moringa was a tree, not just a vegetable. A vegetable had to be planted every year, but a tree would last for years and years. I liked to think that our workshops and seminars were like the moringa trees that we planted. The benefits would go on and on.

Whenever someone asked how effective our programs were, I would recount the story of how moringa came to the Gambia. Moringa was not native to this country. A family of Indian migrants brought moringa seeds and planted them. "The family is long gone, but the moringa tree they planted still remains," I said in conclusion.

Long Talks under the Gambian Sky

The Gambian sky was so clear at night that constellations scintillated like diamonds. Somehow, it was conducive to storytelling, and Manfred Kohl's life story unfolded like a novel as we talked.

He related that his father was a cabinetmaker in Germany—a time-honored profession—the prestige of which grew with each annual contest to select the best cabinetmaker in the country. Manfred's father wanted him to follow in his footsteps. The young Manfred did not want to become a cabinetmaker, but he obeyed

his father and joined the contest. When the time came, he went to the forest, cut down a tree, and made it into a cabinet. He won the national prize!

Afterward, he told his mother what he wished to go out into the world and discover for himself what God wanted him to be. His mother gave him some money, and he left home. He went to work at the docks and on ships going out to sea. He made his way to Canada where he studied theology at a seminary. Eventually, he became a professor in the seminary.

"She Will Be Your Wife"

One Sunday morning, while attending service at the seminary chapel, Manfred was startled by a voice in his head that said the young lady sitting beside him was going to be his wife! At that point, the girl spoke, "Professor, are you all right? You look so pale!" Manfred could not tell her what the voice had just said, but eventually, they got married!

Kenya:
Safari at Maasai Mara Reserve with My Wife

My frequent-flyer miles enabled my wife and me to go to Kenya to join a safari in Kenya's Maasai Mara National Reserve where wild animals roamed freely in their natural habitats. Maasai Mara straddles two large counties: the national reserve in Narok and Trans Mara counties in Kenya and Serengeti National Park in Tanzania. The Great Migration of wildebeest, zebra, gazelle, and antelope takes place as they move across the plains crossing national boundaries in search of food and water.

We were told that, every year, about two million wildebeest, zebra, gazelle, and antelope migrate from Tanzania's Serengeti National Park to Kenya's Maasai Mara National Reserve in search of greener pastures and water. They trek 1,800 miles (2,900 km) in a

clockwise circle. About 250,000 wildebeest die in this journey. River crossings are perilous, as the animals contend with strong currents, crocodiles, and panicked animals.

Our tour, which we paid for, started with a ride on a small plane from Nairobi, the capital city, to our campsite inside Maasai Mara. The pilot knew his way—no OMGs this time! Our camp consisted of tents erected around a large circular clearing with a pile of wood in the center intended for the bonfire that night. The camp had no fences so the animals could come in anytime. The fire, however, kept them at a distance.

An African man with long earlobes from the weight of his earrings sat by the campfire. He was our guard at night and had a big elephant gun that could stop any animal. Our rooms were actually tents made of fabric. Our tent had two army cots. At the back was a plastic basin with a faucet that served as a lavatory, and there was a toilet beside it.

That night, we had an excellent buffet dinner that included wild game. After dinner, we went on a night safari in a four-wheel vehicle to see the animals in their natural habitat. A strong searchlight lit our way. The following day, we went on a walking tour of the surrounding area. We had to sign a waiver not to hold the company at fault if we were wounded or killed. That same man with the big elephant gun was our guide. We saw giraffes but no lions, at least I don't recall seeing lions because that would have been scary and therefore etched in my memory.

Chapter 30

Health Development International (1990–2007)

In 1990, I retired from World Vision after fifteen years as international health program adviser, followed by five years in a similar capacity with Food for the Hungry International. I also led five-day executive management workshops in Asia, Africa, and Latin America for both organizations. The whole lot—twenty years of traveling three to four times a year and visiting three to four countries each trip—was intrinsically rewarding but also tiring. I wanted to do other things.

Setting up HDI Foundation

Having been exposed to the need for improved management in Christian health-care organizations in developing countries and their need to improve health in the communities that they serve, I believed something could be done, using online and other means. I shared the need with some well-traveled Christian friends in California, and we decided to form a nonprofit foundation. We set up a 501-C3 tax-free foundation named Health Development International or HDI. Our application was quickly approved.

Lowell Vandervort, former CEO of the famous Eisenhower Medical Center in the Palm Springs area in the desert east of Los Angeles, did a lot to register HDI quickly, and he became a keyboard member.

Also on the board were: Robert C. Pickett, PhD, from Purdue University, my agriculture counterpart in World Vision who has traveled to 110 countries (I logged only 76); Dale Kietzman, PhD, a well-known missionary in Central America; and John and Juliana Ditty, founders of an agency that sent medical supplies to developing countries.

I was elected president of HDI. During my seventeen years at the helm, I served without pay and ran it from my office in my home in San Diego, California. We raised funds for our projects, mainly from World Vision, where I had worked for almost fifteen years.

Putting up a Website

With some help, I designed a website named Health Development International and featured helpful articles on how to be more effective in the management of Christian health organizations.

With World Vision funding, a number of HDI board members and I went to Bangkok, Thailand, to lead a consultation with Christian Mission agencies on their efforts to improve health in the communities they served. Our purpose was to raise awareness about what mission agencies could do about health, which was an integral part of Jesus's ministry when He was still on Earth. The consultation was well attended.

Upon our request, World Vision Taiwan funded a three-year study on *Models of Christian Witness in Health Care* by Anne Gewe, PhD, a nursing instructor at Biola University in California. Her report was based on responses from more than five hundred health workers worldwide. A copy of her book can be accessed from the Internet. Just search using the book title and the name of the author, Anne Gewe.

When I retired in 2007, I handed the company over to Ken Hekman, a health management trainer from Michigan. Ken managed HDI with his own board in Michigan until it was eventually closed for lack of funding.

Chapter 31

Leading an MBA Program in the US (1995–1998)

My next major activity was to serve as the founding director of a new MBA program of Pacific Christian College (PCC) in Fullerton, California.

This surprising development in my life had its beginnings at an international conference in Japan, for senior executives from the Arizona headquarters of Food for the Hungry International. That management conference was held every year in a different country. This time, it was held in Japan, at a retreat facility where the chapel had a glass wall behind the altar. The glass wall framed the beautiful, snowcapped Mt. Fuji—a spectacular sight and reminder of God's majesty.

Founding Director of MBA Program

At the conference, I expressed my wish to be able to provide credentials or at least a certificate to the participants of our FHI training seminars in community development around the world. FHI President Ted Yamamori responded that the president of the Pacific Christian College, in Fullerton, California, Dr. Leroy Fulton, might be interested in the idea. Dr. Yamamori, who knew him personally, said he would contact Dr. Fulton himself.

Back in California, I met with the senior officials of Pacific Christian College in Fullerton, including the dean of graduate studies, Dr. Gene Sonnenberg. My direct supervisor at FHI, Vice

President Robin Shell from England, was with me. The PCC officials were very interested in our idea. Dr. Sonnenberg asked me to come back the following Monday for another meeting.

At that meeting, he asked if I would be interested in joining Pacific Christian College as the founding director of a new MBA program! I replied that I did not have a management degree, although I had a master's degree in health services administration from UCLA in 1975. He said that was fine and that my MD—doctor of medicine—was a terminal degree, the highest level of education in one's chosen field, and it qualified me for the post. Thus, I became a director of an MBA program at PCC in February 1995.

I had never led an MBA program before nor had I taught a class in the US. I called on a friend, Alan Rabe, PhD, from the East Coast to help me design and manage the new MBA program at Pacific Christian College. Alan was a professor who was teaching health-related courses at Liberty University in Lynchburg, Virginia. I met him in the course of my work for Food for the Hungry.

Alan came to California, and we worked on the curriculum and program for two months. By August, we had twenty-four enrolled students. However, the people we wanted to reach were mostly overseas, working in various relief and development programs. This was 1995, and there was no Internet yet—only email.

Pioneering Online Education by Email

Alan Rabe and I heard that the Mission Aviation Fellowship (MAF) world headquarters was in Redlands, California, forty minutes from Pacific Christian College. MAF had an email program that they were using to reach their pilots and airstrips in various countries around the world. Alan and I visited MAF in Redlands and gained permission to use their email program. We adapted it and launched an international email program to reach our MBA students wherever email could reach them in the world.

Online education was not yet popular in 1995 when we started enrolling students who working overseas for international agencies

in community programs and relief and development programs. Each Monday, we sent a lecture for the week with a work assignment to get information from the community where each student worked. The student had to respond before the weekend. The following Monday, the student's paper, with comments from the instructor, was returned.

One student in Africa had no access to email where he lived and worked, but once a week, he drove to a place where he could receive the assignment and send in his homework.

WASC Accreditation

During my second year at PCC, the college applied successfully to the Department of Education to become a university. Its new name was Hope International University (HIU).

At the end of that year, representatives from the Western Association of Schools and Colleges (WASC) came to accredit our MBA program. Their question was whether our MBA program was a regular MBA program or a niche MBA program. "Niche," we replied. WASC gave us their accreditation.

The Hope International University MBA program continues to this day.

Lessons Learned as MBA Program Director

The two years that I spent as the founding director of an MBA program in the US were extremely valuable in my understanding of how graduate education and college administration worked in the US. This experience gave me a broader view of college administration and the role that online education can have in reaching out to people beyond national boundaries.

Just as important, these lessons were directly applicable in my role as chairman and president of Lorma Colleges in the Philippines.

Part 3

Retirement from Employment in the United States (1998)

Return to Lorma
1999–Present

In 1998, my wife and I decided to return to the Philippines and work in Lorma again. It was a good time to go back, and there was a post waiting for me. As the head of the family that owns Lorma, I have a lifetime role as president of Lorma.

I retired as the founding director of the MBA program at Hope International University, which I had started in 1995. Vicky retired from Claremont Colleges Baxter Student Health Services where she had been a school physician for eleven years.

Chapter 32

Workshops on Hospital Management (2004–2019)

In 2004, six years after I had returned to the Philippines, I decided to create a new workshop on hospital management. I patterned it after the very successful five-day executive development workshops that I had led in various continents for twelve years for World Vision and Food for the Hungry. The subject matter was not new to me. In fact, I took the original participant's workbook for my five-day workshop and edited it to fit my new topic—Workshop on Hospital Management. I drew heavily from my years of experience in hospital management in the Philippines since 1970. Armed with this new hospital management workbook, I decided to conduct a pilot workshop in the Philippines.

First Workshop: The Philippines

In 2005, I launched the pilot workshop in Dumaguete City, in the middle of the Philippines so that we could have delegates from all over the country. It brought in seventeen hospital heads from the Visayas, Mindanao, and Pampanga Province in Central Luzon.

The workshop was hosted by Bert Montebon, PhD, president of Silliman University Medical Center. Silliman was my alma mater before I took up medicine.

Bert suggested that we name the workshop "Hospital Management in Difficult Times." It was a catchy name that helped attract participants.

With financial help from UNILAB, a leading pharmaceutical company, we got the seminar underway. I invited Dr. Noel Lawas to handle some of the sessions. He was the director of the Hospital Management Program of the University of the Philippines College of Medicine, where my wife and I obtained our medical degrees in 1957.

The first workshop was very well received. It became my template, but what next? I had no idea where invitations for succeeding workshops would come from. A series of miracles answered that question.

Second Workshop: Guatemala

In 2006, I received an email from Guatemala, sent by Dr. Mike Soderling, an American medical missionary who identified himself as an ob-gyn specialist from Minnesota in the United States. Dr. Soldering broached the need for hospital management training for Christian hospitals in Guatemala. He shared that he had searched the Internet for someone to conduct such a workshop in Guatemala and my name was the only one that he could find.

"Could you possibly come to Guatemala to lead a hospital management workshop?" he asked and stipulated, "It has to be in Spanish."

I did not speak Spanish, but it was not a problem. In the past, I teamed up with Luis Sena, Food for the Hungry International's country director for the Dominican Republic. It was Luis who had my participant's workbook translated into Spanish, and we used that for Latin America for our five-day management effectiveness workshops. To top it all, Luis was also an excellent speaker and a management expert himself.

I obtained funding from World Vision International to have my new workbook translated into Spanish and to go to Guatemala to conduct the workshop with the help of Luis Sena as my interpreter and partner in leading the workshop. We joined forces again in conducting my new workshop in hospital management in place

just outside Guatemala City. We had fourteen participants, all heads of small Christian hospitals in the country.

Unexpected Outcome

The feedback from the workshop participants was very positive and highly encouraging. The workshop also produced an unexpected result! On the last day of the workshop, while Luis Sena and I were having dinner with him, Dr. Soderling expressed his desire to do similar work internationally. At that time, Dr. Soderling was president of *Salud que Transforma* (transformational health) and was active in helping short-term health mission teams in Guatemala. He wanted to help them do their mission more effectively from an international perspective.

I suggested that he boost his credentials by adding an MBA to his medical degree and told him he could get it online. I recommended the MBA program of Hope International University in Fullerton, California, that I had launched a decade earlier.

Dr. Soderling took the course in HUI and completed his MBA in international development in December 2008. Today, he serves as the associate editor for the *Christian Journal for Global Health*, based in Pasadena, California. He also leads the Center for Health in Mission in Pasadena through an affiliation with the Global Ventures and William Carey International University. He is also the cocatalyst of the Lausanne Movement's Health in Mission network.

Third Hospital Management Workshop: South Africa

In 2007, I received a message from the director general of the International Hospital Federation, Prof. Gunnar Svenson, asking me to design a course on management of tuberculosis (TB) programs in Africa. As requested, I designed and then led a four-day pilot workshop on hospital management in Pretoria, the executive capital of South Africa. The workshop was attended by eighteen heads of TB hospitals in the country.

Sheila Anazonwu, second in command at IHF, was present during the entire workshop, while the IHF Director General Svenson arrived toward the end and awarded the certificates of completion to the participants. The feedback from the participants was very positive. IHF asked me for a digital copy of the TB program management manual and distributed it to countries in Africa and elsewhere in the world where TB was a national problem.

As a followup activity, I was invited to attend an IHF-sponsored international conference on the management of TB programs in Cape Town, legislative capital of South Africa. However, I declined because the program would take too much of my time away from Lorma Medical Center. Ken Hekman, my partner in HDI, was invited instead, and he led the workshops (patterned after my design) in India, China, and the USSR.

Five Workshops in China

The following year in 2008, I was invited to give a three-hour lecture on hospital management in Florida. During the coffee break, in the hallway, I met one of the participants, an American missionary nurse, Annetta Torre, who said she has been serving for twelve years in community development in eastern China. "You should come to China to do a workshop there," she said.

"I don't know anyone there," I responded.

"I don't know anyone also, but let me see," she said.

A few months later, she emailed me. "I've found someone. His name is John Cao." (His surname is pronounced as Chao.)

John Cao was selling CT Scans all over China and repairing them at a good discounted price, so everybody knew him. He told Annetta that, when he became a Christian, his business boomed. He wanted to give back by paying for five workshops.

John Cao invited Ken Hekman, Annetta Torre, and me to visit him in Beijing to talk about leading hospital management workshops in China. John Cao was skeptical about the workshop until he visited Lorma Medical Center. He came with a party of six: Ken; Annetta;

Dr. Li, the president of a seven-hundred-bed hospital about an hour's drive from Beijing; Dr. Qi (pronounced Chi), the president of a hospital in western China; a lady professor of Chinese medicine in a one-thousand-bed hospital of traditional medicine in Beijing; and a young Chinese interpreter named Hubert Chen.

Altogether, we had visits from five different groups of Chinese hospital presidents to Lorma Medical Center. Each group brought their own interpreter. The participants of the last three seminars visited Lorma together.

"Why do you come to visit? What are you looking for?" I asked the first group. "They replied, 'In China when patients are not happy with doctors, they try to harm them. They wait outside the doctor's office for their chance to do harm.'"

Our visitors appreciated the fact that, in Lorma, the staff members were very kind to patients. They were astounded when I told them, "In Lorma, we treat patients even if they cannot pay."

"How do you earn money?" they asked.

I smiled and recounted a story about my friend, Dr. Benny Santos. "Benny's father was an eye surgeon and the founder of the renowned Santos Eye Clinic of Caloocan City near Metro Manila. When his father died, Dr. Benny took over Santos Clinic. Dr. Benny was eventually knighted by the pope into the Order of St. Sylvester, which honors lay Catholics for their active involvement in the life of the church, as exemplified in their professional lives.

"Dr. Benny never collected fees. He probably told his patients the amount, but it didn't matter to him whether they paid or not. He told me that, every year, he traveled to visit a famous eye doctor somewhere in the world to observe and learn from him. Before his departure, people in the street came up to him and said, 'Doctor, *yung utang ko*. I owe you this.' By the time his trip came around, he had the money."

After I told that story, Dr. Chi from Western China remarked, "Maybe there is a God after all."

Before each visiting group returned to Manila for their journey back to China, I made it a practice to bring the group to Baguio City,

which is about two hours away from our hospital. This particular day happened to be a Sunday, and Vicky and I wanted to attend a church service.

We told the group, "Our driver will bring you to the mall to do some shopping. My wife and I will join you after the service, and we will proceed to Manila."

"No, we want to attend church," one of them said. Not all of them were Christians, but they came anyway.

We occupied two pews. Vicky sat by the aisle on the edge of the first row, and I sat on the edge of the second row. The American pastor said the elders would pray for people in the pews, and his wife came to us. She asked, "What can I pray for?"

Vicky replied, "Some of our guests are not Christians." I said the same thing. The pastor's wife prayed for them.

On the way to Manila, we stopped for lunch at a fish restaurant. I asked each member of the group, "What did you think of today?"

Dr. Li, the president of the seven-hundred-bed hospital near Beijing, said something I had never heard before. He said, "Today, I felt love enter my body, and I want to know the source of that love!"

(Weeks later, when I recounted this to the wife of the American pastor, she exclaimed, "The hairs on my arms are standing up!")

In Manila, I accompanied the group to Sulu Hotel where they spent the night. The following morning, they gathered for breakfast before leaving for the airport. Dr. Qi sat down for breakfast and bowed his head before eating. He appeared to be praying silently. That was a very unusual group—Dr. Li saying love entered his body and Dr. Qi praying silently before his meal.

First Workshop on Hospital Management in China

Our first workshop in China was held in the capital, Beijing. The venue was Beijing's biggest military hospital, the General Hospital of the People's Liberation Army. When we entered, there were four Chinese ladies in blue uniforms like stewardesses who welcomed the workshop participants.

The Chinese interpreter, who came to Lorma, Hubert Chen, also served as our interpreter in my first two workshops in China. Early in my international career as a management expert, I had learned to give my lectures the way the evangelists did. I would say a short phrase, and the interpreter would translate. Then I would speak again. That was what we did for the workshops in China.

My lecture for each topic lasted only about fifteen minutes. Each lecture was followed by a small group meeting during which the participants discussed what they could apply in their own work. Then reporters from each group shared their results with the big group, while the interpreter translated. At the end of the afternoon, each participant shared the most important thing they learned that day.

Second Workshop on Hospital Management in China

My second workshop in China was held in Zhengzhou, the capital of Henan Province. Zhengzhou served as the capital of China during the Shang Dynasty. Today, it is known for the Shaolin Monastery, which was the ancient center of Chinese kung fu, and the Pagoda Forest, a UNESCO World Heritage site. Oddly enough, I remember Zhengzhou most as a big city where all the trains converged. As the heart of China's railway network, it is to this day a vital transit point for train passengers in China and reaches most of its cities.

An earthquake occurred during the workshop, and the lights above were swinging, but we were able to proceed anyway.

The Zhengzhou seminar, originally intended for twenty-five, drew one hundred participants because the government, having gotten wind of it, recognized its value and ordered people to attend.

I received the following email after the second workshop.

> December 15, 2008
>
> Dear Dr. Rufi,
>
> This is Camilla Zhang from the Loving Heart Medical (now changed its name to Luke Loving Heart Medical). Do you still remember me? I joined the Effective Hospital Management Training, which was held in Zhengzhou, and helped Hubert sometimes as a translator. I remember you very well, and when we have bananas, we always think about Rufi's way of having bananas.
>
> Now this is the end of the year. I represent Luke Loving Heart Medical to say Merry Christmas and Happy New Year to you. Thank you so much for what you have done for China. Would you please share with us your feelings about your service to China this year and your plan about China next year?
>
> May our heavenly Father bless you and your family. I am looking forward to your reply.
>
> Yours sincerely,
> Camilla

Third, Fourth, and Fifth Workshops in China

The third workshop was held in Qiaojia County in the northeastern part of Yunnan province, the southernmost province of China. It is a mountainous region with twenty-four distinct tribes who wore their beautiful traditional clothes and headgear daily. I remember their beautiful costumes.

The fourth and fifth workshops were held in Luzhai and Xingan, both in Zingiang Province.

During one of my trips to China, I visited Dr. Li's hospital near Beijing and saw that he had imitated our "best employee of the month" practice in Lorma Medical Center. We honor our employees of the month by placing their photos on a bulletin board for all to see. Dr. Li honored his outstanding employees in a far grander manner. He had their faces posted on huge tarpaulins just outside their hospital!

Ninth Hospital Management Workshop: Fiji

My last workshop abroad was in Fiji for the WHO Western Regional Office. The organizers later on asked me to return and conduct another workshop, but I didn't feel like doing so because of an unpleasant experience there.

One of the participants was a highly placed person in the South Pacific. He asked me how much Lorma was earning. It was something I didn't want to disclose partly because of cultural niceties and partly because I didn't have to. This official got mad at me and scolded me for my reticence. Maybe it was their custom to openly discuss money matters, but it was not mine, so I divulged nothing. He was angry.

At the end of the workshop, participants came to thank me and to ask for my autograph, so it was a mixed result. Maybe it was just that one official who got hot under the collar.

Months later, another participant, the head of the health services in one of the six countries represented in my Fiji workshop, came to Manila to attend a conference. He visited Lorma, but I was in the US at the time. Our head of human resources asked him why he came all the way to visit Lorma. He replied, "I was curious to come because that was the best workshop I ever attended in my life."

Philippine Workshops

I led four more hospital management workshops in the Philippines: a workshop at Lorma Medical Center attended by about twenty participants from two private hospital corporations and department heads from Lorma; a workshop for government hospital leaders in our home province of La Union; a workshop for health center leaders from different parts of the country; and a workshop for member hospitals of Mount Grace Hospitals, Inc.

Lesson Learned

It has been a very satisfying experience for me to lead these hospital management workshops around the world—in the Philippines, Guatemala, South Africa, China, and Fiji in the South Pacific—from 2007 to 2019. These to me were miracles from God who made them happen. I never expected them, not even in my wildest dreams.

The most important lesson that I learned is that there is a great need for simple easy to understand and practical workshops in hospital management where participants meet in small groups to discuss and decide what they can use in their own work.

Feedback from a Wellness Center

After the first of the three seminars in the Philippines, the Divine Mercy Wellness Center of Tuguegarao City provided some feedback on the workshop. Here are some excerpts:

> The five-day hospital management workshop has been a learning experience for all of us providing us with the basics in hospital management. It is filled with practical concepts that could only come from a well-experienced hospital manager. What is innovative about this workshop was the way it was designed to lessen the

lecture sessions to focus more on interactive and sharing activities. The topics were very specific to our needs and reassured us of their applicability and attainment, having Lorma Medical Center as the product of success. The videos, the training manual, the practical exercises, the concepts, and the methods are indeed logically arranged and—as promised—presented in a way that is easily understood and remembered. The workshop in effect was very stimulating, thought-provoking, and motivating. A short course that made us leave with high spirits and renewed passion, motivated to lead better, to manage with a heart, focused toward success.

We consider ourselves privileged to have Dr. Rufino L. Macagba Jr. as our workshop lecturer and facilitator. The wisdom and practical ideas that he shared are worth remembering and overwhelming. His humility shines through his persona. The inspiration that he exudes in his dialogues makes one reflect and want to implement the best practices chanced upon in no time.

The letter was signed by the president, the medical director, and the chiefs of finance, nursing, and admin.

Chapter 33

Management Strategies Implemented in Lorma

As head of the family, I was always the president of Lorma, even when Vicky and I worked and lived overseas. Through the years, I kept abreast of developments at the medical center and the school and was consulted and made decisions in my capacity as president, but I did not take part in day-to-day management.

That changed when we retired from our occupations in the US and returned to the Philippines in 1999. While we divided our time between California and La Union, I was full-time chairman and president of Lorma Medical Center and Lorma Colleges. I did not micromanage nor did I take on day-to-day responsibilities or perform surgeries. I focused on building up our management team and with their wonderful support. I led the transformation of Lorma from a 135-bed hospital to a 200-bed medical center that emphasizes Christian values and service excellence.

Today, residents of our province consider Lorma the premier hospital in Northern Luzon. What is it that earned us that distinction?

Several hospitals nearby have modern facilities, among them: Villaflor Hospital in Dagupan with its linear particle accelerator or LINAC for cancer therapy and its capability for minimally invasive surgery; Bethany Hospital in San Fernando, also with a LINAC in its cancer center and its close relationships among its doctors, led by Dr. Aurora Valdez; the three-hundred-plus-bed government Ilocos Training Regional and Medical Center (ITRMC); and Notre Dame

Hospital in Baguio, with its Cath lab (diagnostic imaging equipment), LINAC, and other facilities.

A Special Ingredient

Yet something about Lorma makes it stand out. It's not just that Lorma has beautiful buildings and facilities, modern equipment, computerized departments, medical specialists, trained managers and staff, and core values in place. But, in addition to its physical and functional components, Lorma has a special ingredient—an emotional factor that makes patients, staff, and doctors feel that they are valued.

Visitors have called it ambiance, something they said they felt upon entering Lorma. Perhaps, they sensed it in the smiling faces of Lorma staff. Or maybe in the fact that patients appeared happy with their doctors, as the hospital presidents from China remarked during the five visits that five groups made. Hospital corporations from Davao, Tarlac, Tuguegarao, and Isabela heard about it, and they sent their executive staff to Lorma to observe and experience it.

The emotional component cannot be measured by metrics. It can only be measured by the outcome in the hospital in combination with other factors. I liken it to icing on a cake. The cake is the main event, of course, but what is cake without the icing?

I recall my first experience on the emotional factor when I was a surgical resident in urology at the Philippine General Hospital in the late fifties. My senior resident, Dr. Andaya, went home every afternoon laden with gifts from our patients. I asked him why the patients were giving him gifts. He said he did not receive any gifts before, but when he made an additional round in the afternoon, grateful family members started giving him gifts. I followed what he did, and relatives of our patients also gave me gifts. That made an indelible impression on me not because I wanted to receive gifts but because the gifts signified that the patients and their families were happy with their doctor visiting their patient twice a day.

In 1960, when Vicky and I took over Lorma Hospital, it was a wooden thirty-bed hospital with thirty staff and one resident physician, Dr. Betty Garcia. The fifty-bed concrete Bethany Hospital in the center of town was the only other private hospital in San Fernando. My friends told me then, "Too bad Lorma is not fire proof and is too far from the town."

Strategies and Strengths

Management of Lorma Medical Center is a team effort. To compete, we implemented several strategies and capitalized on our strengths.

1. We introduced the Lorma Smile as a hospital policy. A smile has an instant positive effect on the other person that acted faster than a tablet or an injection.
2. We formed a management committee of seven members to supervise the twenty-seven departments, and the members took turns chairing each meeting.
3. The hospital hosted a monthly dinner social for all the staff members who were not on duty. The departments took turns in deciding and leading the program for the evening. This boosted the morale of the hospital staff. Some of them who were leaving for abroad would often cry at the last monthly social that they attend. Many of those who emigrated greeted us with warmth and enthusiasm when we saw them abroad.
4. We made it a policy for our doctors to visit patients twice a day—in the morning and in the afternoon. For postoperative patients, our doctors even made a third visit in the evening.
5. Our diagnostic facilities were just basic at first, but we could do major chest operations because of Vicky's endotracheal anesthesia.

6. Thanks to my PGH training and many years of assisting my father, I did open reductions, prostatectomies, open-chest operations (including two penetrating stab wounds of the heart), radical head and neck surgery for cancer, and more.
7. We continued to honor God in every important event, and like my father, I led the surgical team in prayer before every major operation. God blessed those operations, and like my father, I did not have a single postoperative death.

As a result of all these measures, more and more patients came to us. Whenever we had beds in our hallways, we expanded our capacity. In the first ten years, Lorma overtook Bethany. We grew from thirty beds to one hundred beds, and then we founded the Lorma School of Nursing. (Hospitals must have at least one hundred beds to get a permit to operate a school of nursing.)

During the twenty-five years that we lived overseas, Lorma grew by only 35 beds to 135 beds. But, from our return in 1999 to 2014, the hospital expanded by 65 beds to 200 beds. We had a bigger increase in bed capacity in just 15 years because we attended not only to the physical and functional aspects of hospital management but also to the emotional feelings of the patients, the staff, and the doctors.

Starting the Monthly Leadership Forum

After our return, one of the first things I noticed was the management committee, which had grown to twelve members. It was meeting regularly, but many other department heads were left out. I proposed and we created the Monthly Leadership Forum, which included all thirty-two heads of departments and units. No one was left out anymore. The forum continues to this day. While it is not a management decision body, it enables all department and section heads to know what is going on in the hospital, and they are free to comment on anything that is taken up at the meeting.

The forum has two presiding chairpersons, rotated for every meeting so that everyone gets a turn. This practice continues to develop their leadership abilities.

The department of the month makes a presentation, and hospital issues and problems are discussed openly. The forum elects the most outstanding employee of the month, and the one elected the previous month comes forward to receive a certificate and a cash award. This recognition has spurred many to aspire to become the most outstanding employee.

I believe having the monthly leadership forum has boosted staff morale in the same way the activities introduced by the HR department lift their spirits.

Monitoring

My twenty-five years working as a health program and management consultant of World Vision and Food for the Hungry and consulting for the IHF and WHO in Geneva taught me a few things in my trips to seventy-six countries. One of the big lessons was maintaining oversight or control of projects or hospitals. So, when we returned to Lorma, I implemented that oversight. For example, I made it a policy that the floor plan of any proposed expansion should have my final approval before construction begins. This way, I can make sure that there is easy access to all present and future parts of the medical center without requiring a lot of walking. I pay attention to the strategic placement of elevators.

As part of the monitoring, I also review the daily census report, and I have been doing this diligently for many years now. I observed that the hospital was doing well if the daily inpatient census was consistently over 150 but not so well when it was consistently below 150. That led me to implement a tried and tested strategy—the second visit.

The Second Visit

In late 2017, I noticed that the inpatient census was often below 150, in spite of the many major improvements we had introduced. Our doctors were visiting the patients they had admitted once a day, usually in the morning. I decided to introduce a second visit as we used to do back in the 1960s and 1970s.

We had more than two hundred medical specialists listed in our directory, but we couldn't ask them to visit inpatients twice a day and also ask patients if they had any problems with their rooms or their stay. We had only one patient relations officer on duty in the daytime. There was not enough time for one person to visit all the patients daily to ask if everything was okay in their room. We needed more people to do it. I met with the heads of HR, nursing, and marketing and introduced the concept of the second round.

We talked about having too many patients for just one person to visit all patients, so we determined that four patient relations representatives from their departments would do the second round. That began in December 2017. The room visitor would act immediately on problems learned during the visit. The results of each visit are recorded and included in a monthly report read by the nursing director and the director of patient experience as well as the top management executives.

By September 2018, the inpatient and outpatient census started to go up. Because of the special visit every afternoon, our staff could act immediately on any problem. Patients appreciated this. Happy patients began to spread the word that Lorma doctors and staff showed exceptional care for them. Without us having to spend more on media advertisements, the hospital income doubled in the first six months of 2019 compared to the first six months of 2018.

Making Doctors Feel Valued

Another thing I noticed at Lorma was that it had nothing significant in place to make its doctors feel valued. A way to address that

need was revealed by our executive visit in recent years to Mediatrix Medical Center in Lipa, Batangas. Lipa City had many other hospitals, but Mediatrix was no. 1. Mediatrix had instituted the practice of its president holding regular dinner meetings with groups of medical specialists and randomly selected staff in groups of twenty. I believe those dinners made the invitees—both specialists and staff—feel valued.

Thereafter, I decided to have dinner meetings with our medical specialists, fifty at a time. I asked our HR director, Emily Gacad, to coordinate and schedule the four dinner meetings. I also asked her to distribute to each doctor a personal letter of appreciation from me. Apart from expressions of appreciation and gratitude, the letter included three questions, patterned after the manager's letter introduced by the late Peter Drucker, the most famous management authority in the world.

1. What do you appreciate most in Lorma?
2. What prevents you from bringing more patients?
3. What improvements do you suggest should be introduced in Lorma?

The dinners went very well. Once again, I expressed my appreciation to them for being with Lorma, then I asked each one in turn to tell an anecdote or story about their experience in Lorma. It was actually a fun evening for everyone.

Later on, I decided to host the first appreciation dinners for the thirty-two department and section heads in two groups. I did the same things that I did for the doctors.

Lessons Learned

Based on what we have been doing to make our doctors, staff, and patients feel valued, I have distilled a few early lessons:

- It is important to continue to find practical ways to make the doctors, staff, and patients feel they are valued by Lorma. We have been doing this, and our efforts are evidently succeeding as they feel valued.
- The second round—that a daily visit to every inpatient to ask if everything is okay in their room should be continued. In addition, the nursing staff have been celebrating the birthdays of OB patients with newborn babies, and that is also a good thing to continue.
- Lorma needs to improve and sustain activities to make the doctors feel valued. The dinners in their honor are not good enough if only the president attends them. Everyone in top management has a personal responsibility to make doctors feel valued in Lorma.

Chapter 34

Lorma Colleges (1970–Present)

In 1970, I founded the Lorma School of Nursing when Lorma Hospital reached a hundred beds. My parents, as founders of the hospital, fully backed the establishment of our nursing school to support the staffing needs of Lorma Hospital. I recount the early days of Lorma School of Nursing in chapter 13.

When Vicky and I left to take up our master's degrees in public health in California in 1974, my father became active again in the management of the hospital. He also took on the nursing school, which eventually became a college. My father recruited a succession of college directors, starting with Fr. Florent Sals, the former president of St. Louis College in San Fernando, followed by my sister, Dr. Florence Macagba-Tadiar, and others including Rev. Salik Sinkiat from Mindanao, Dr. Geoffrey S. Tilan, and Dr. Jose Mainggang.

My brother-in-law, Robert Kaiser, a financial analyst from New York and the husband of my youngest sister Emma, has been serving as the business manager of the hospital since 1970. He assisted in the financial management of the college and eventually started adding basic education courses, health-related courses, and computer and management courses. Robert was instrumental in the school's expansion into a college. In fact, he started the second college campus in San Juan, six kilometers north of the main campus in Carlatan, in 1997. Lorma Colleges was incorporated on May 31, 2004.

Vision, Mission, Core Values, and School Spirit

We envision Lorma Colleges as an educational institution with a global perspective, emphasizing quality, Christian values, and leadership skills relevant to national development.

Its mission is to empower students for service anywhere in the world through Christian-inspired, quality-driven, and service-oriented education and training.

Its core values are: Christian leadership; academic and work excellence; teamwork, solidarity, and unity; and social concern.

Over the years, Lorma Schools has fostered a school spirit built on leadership that emphasizes its vision, mission, and values and educating the whole person. This school spirit is also strengthened through activities that involve and encourage faculty and staff development.

What It Offers

Lorma Colleges is the largest private and the premier learning institution in Region I. It has not yet attained university status, but that is our aspiration. Altogether, we have a yearly enrollment of about four thousand students.

Lorma Colleges continues to produce the greatest number of board topnotchers in the region. Our graduates have excelled in board examinations for nursing, radiologic technology, and physical therapy since 1989 to the present.

The main campus in Carlatan offers tertiary level programs, including all our health-related courses.

The San Juan campus houses our preschool, grade school, and high school levels and offers non-health related tertiary courses.

Lorma Colleges offers bachelor's degree programs in

1. nursing,
2. pharmacy,
3. medical laboratory science,

4. physical therapy,
5. respiratory therapy,
6. radiologic technology,
7. accountancy,
8. business management and administration,
9. hotel and restaurant management,
10. health services management,
11. psychology,
12. education,
13. computer engineering,
14. computer science and information technology.

It also offers

1. postgraduate studies in nursing,
2. a diploma course in biomedical technology,
3. short-term electronic data processing (EDP) courses.

Our nursing program continues to supply the staffing needs of our fast-expanding Lorma Medical Center. Our nursing graduates are able to serve anywhere in the world. Through the years, Lorma Colleges has received numerous accolades and recognition in its continuing effort to excel in health care, education, and community service.

My Role

My role as president and chairman has been forming the school organization and approving any change or plan in construction and expansion. I imparted my inspirational thoughts in council meetings and written messages and speeches. I encouraged the development of the whole person and led workshops on management for all school heads. I guided the reviews of the vision, mission, and values and the formation of the tagline, "Your pathway to a brighter future."

Succession

About five years ago, I appointed my eldest daughter, Carol Lynn Macagba, MD, ABIHM, as vice president of Lorma Colleges. Then she moved up to executive vice president. Last year, she became president. I remain chairman of the board.

Carol is a graduate of the College of Medicine of the University of California Los Angeles (UCLA). She was always number 1 in grade school and high school in the Philippines and her first three years at the University of the East College of Medicine before she transferred directly to UCLA. She practiced industrial medicine for twenty-two years and taught in primary schools in the US before coming to Lorma Colleges.

Well-Being Council and Global Immersion Program

Dr. Carol comments: "Lorma's students, often called Lormanians, are shaped through an accredited curriculum, a wide variety of industry exposures, and a holistic approach to their development as career professionals, including character, values, and communication, which are integral to leadership. The programs offered are regularly reviewed for relevance in the industry, needs of the community, and global impact. The Well-Being Council at Lorma arranges activities that develop emotional intelligence and character, which are essential for career and employability, while the Lorma Global Immersion Program (LGIP) provides various international and domestic linkages that the Lormanians can take advantage of.

"The Lorma Global Immersion Program is a sixteen-week immersion program designed to provide international students an intensive training in English and communication skills, professional ethics, and skills in the work environment, cultural awareness, and building healthy relationships in the workplace with diverse cultural backgrounds. These emphasize several career prospects available to Lormanians."

Enhancement Subjects

"Lorma offers various enhancement subjects through their respective departments. Along the same lines, all department laboratories are designed to provide hands-on learning. Moreover, Lorma has incorporated in the curriculum early immersion in actual occupational settings. "Our various outreach programs provide the opportunity for students to practice professions in the community. Likewise, through English and foreign languages such as German, Mandarin, and Spanish enhancement programs, Lormanians do not find it hard to gel with global citizens," Dr. Carol added.

Focus on Entrepreneurship

Giving special focus to entrepreneurship, Lorma houses Enactus, an international organization focused on entrepreneurship. "There is a course in which students put up entrepreneurial booths throughout campus, followed by reporting of financial activity. Meanwhile, a new program is currently being developed with the HERO (Higher Employability Results and Opportunities) network of institutions whereby incubator projects will be connected with the venture industry," she said.

Faculty

Currently, Lorma Colleges has 216 teaching staff, 118 of who are master degree holders or candidates, 28 who are doctorate holders or candidates.

Dr. Carol expounded, "Many of the faculty are our graduates. Therefore, the quality of teaching is passed on from faculty with many years of experience not only in teaching but in their professions. Like many private schools in the Philippines, we face a challenge in retaining our qualified faculty because of the exodus to higher-paying government-subsidized schools. Therefore, early on, we mentor our students who are interested in teaching here after graduation.

We also provide scholarships to faculty members who want to pursue graduate studies."

Global Service

Fulfilling their alma mater's mission of global service, Lormanians hold key positions in hospitals in the Philippines and abroad, especially in the health-care field.

"A sample departmental tracer study showed that, in the College of Pharmacy, from 2014 to 2019, out of 223 graduates, 69% are registered pharmacists. Of this group, 151 are registered professionals in the Philippines, and 3 are registered in Nigeria. Of the registered pharmacists, 74% are working in pharmacies, hospitals, manufacturing companies, and government, and some are academic faculty. Our computer studies and business graduates also hold various positions in local and national companies and the government," Dr. Carol pointed out.

Our nursing graduates serve in the US and Canada in North America; in the United Kingdom, Belgium, Germany, Austria, and Sweden in Europe; in Israel, Saudi Arabia, and the United Arab Emirates in the Middle East; and in Singapore, Taiwan, the Philippines in Asia, as well as in other countries. Many of them have managerial or supervisory positions, and a number of them have master and doctoral degrees.

Orientation, Outreach, and Cultural Immersion

Lorma Colleges' International Student Office collaborates with student affairs and a dedicated welcome office to ensure that international students feel at home in the school. Held at the beginning of each school year, Welcome Week is a special orientation program for freshmen and transferees. The International Student Organization is active with outreach programs, as well as the much-awaited International Food Festival held every October.

The College of Education and Basic Education Schools, meanwhile, provide English for international students. *It has more than two hundred foreign students from eighteen countries, mostly from Africa. (Recently, Dr. Manoj Varghese, PhD, senior director of Strategy and Partnership of Higher Education Digest based in London, Dubai, and Bangalore, named Lorma Colleges one of the top ten schools for foreign students in the Philippines.)*

Language and Heritage Institutes provide an additional resource for cultural immersion. Sports programs—including soccer, basketball, volleyball, archery, and marine sports (surfing, swimming)—are popular venues for socialization.

Deregulated Status

Lorma Colleges has a deregulated status conferred by the Commission on Higher Education, one of only sixteen higher education institutions in the country to be conferred this distinction. Lorma's programs are highly accredited by nationally recognized accreditation agencies, and it is the first institution in region recognized by CHED as a Center of Development for Excellence in Information Technology (CODE-IT).

Academic Collaboration

The school is also certified as a MikroTik Academy, the first in Region I. MikroTik is a Latvian company producing networking equipment and software for data network management. It offers higher institutions the chance to organize networking classes using its Router OS product as a learning tool. Students who pass are certified as MikroTik network engineers.

As a MikroTik Academy, Lorma Colleges can now use the academy's curriculum for its students and have them certified for free. Last October 19, 2019, a memorandum of agreement to this effect was signed by Dr. Allan Lao and Engr. Roy L. Pamantasan, representing Lorma and MikroTik respectively. The ceremony was held

at the Lorma Alumni Hall. This partnership will further enhance the skills of Lorma students and better prepare them for a career in Computer Networks and Administration.

In related news, five faculty members of the College of Computer Studies and Engineering successfully completed MikroTik's Trainor's Training Bootcamp and passed the certification exams for network associate, routing engineer, and use management engineer.

Additionally, Lorma Colleges became the first and only private higher education institution in the region to merit ISO Certification by the Anglo Japanese-American Registrars Inc.

Lorma Colleges also has active international collaboration with sister schools in South Korea (Hwashin Cyber University, Busan Kyungsang College, WooSong IT Education Center, Joongbu University). They are engaged in academic collaborations, student exchange programs, and cultural exchange. This year, Lorma will unveil the International Center for languages, culture, arts, and tourism/hospitality and will further develop Makerspace laboratories with industry collaboration for incubation and entrepreneurial ventures.

A center for professional development to focus on career coaching and employability is also being developed. "Hybrid online education has started with our graduate degrees in nursing and information systems. This will be further developed and extended to other programs," Dr. Carol said. New programs for inclusive education with a focus on special needs are also being developed, she added.

As a champion for integrative health, Lorma is committed to a healthy environment: the Center for Health Sciences (CHS) Campus will have botanical gardens specializing in herbal medicinal plants; and the Center for Learning and Innovation (CLI) Campus, as a heritage arboretum, will preserve native coastal trees.

Chapter 35

Lorma Medical Center Today

Two-hundred-bed main hospital building

Some time ago, hospitals were doctor centered in their management. The doctors were the superstars, often to the disadvantage of patients and the public. Increasing competition, however, prompted hospitals to go the way most business organizations have gone, which was to become customer centered or patient centered.

From the start, my parents pointed Lorma in the right direction as they put their patients first. They practiced good medicine and social responsibility, and my mother in particular provided personalized service.

As hospital administrators, however, we could not expect our fellow doctors and staff to imbibe such a tradition by osmosis. We had to highlight the tradition of putting patients first and teach our specialists and staff how to provide patient-centered care in the modern age. Much of what we teach I myself had learned in my work overseas as a health project consultant and a management trainer. I've summarized Lorma's management system in a tidy little chart on the following page.

Lorma's Management System in a Nutshell

The Lorma Management System is a team effort, where strengths of leaders and staff are put to good use while their weaknesses are ignored. There are four main areas of attention: spiritual, emotional, physical, and functional. In the spiritual area, our priorities are honoring God, praying (specially before important activities like an operation), and providing comfort. In the emotional area, we demonstrate respect for one another; we teach our staff the Lorma smile; we are involved not just in our work but also in the community; and we foster a climate of encouragement instead of censure. In the physical area, we have state-of-the-art equipment, modern facilities (including new buildings), an environment that encourages healing, and excellent maintenance. In the functional area, we have our staffing with continuing training and education of staff and doctors; we foster teamwork, continually aim for efficiency and effectiveness.

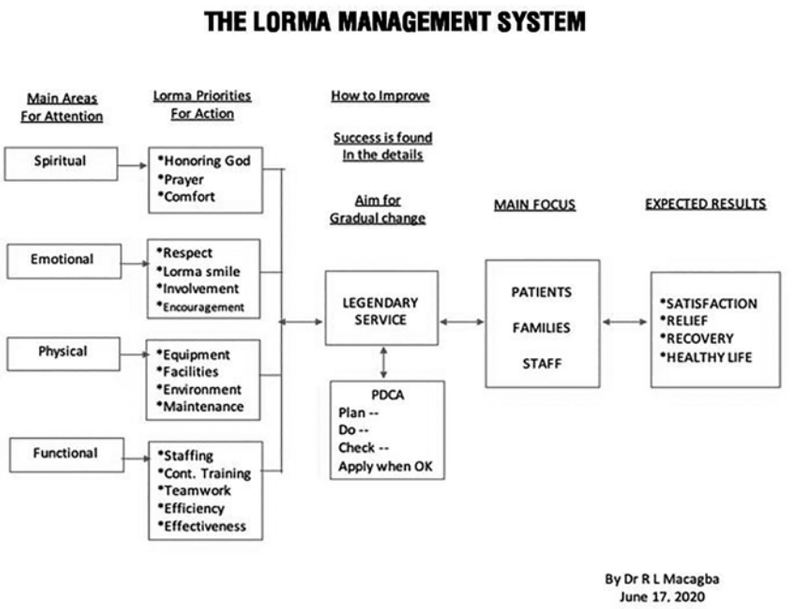
Attention to and action in these four areas produce our legendary service, which we continually strive to improve. To remain focused, we follow the PDCA process introduced by Walter Shewhart and W. Edward Deming—plan, do, check, and apply when okay. Our legendary service is directed at our patients, their families, and our staff, including our doctors. We aim for results like satisfaction, relief, recovery, and a healthy life for all.

Healing of the Total Person

Our patient-centered health care is designed to enhance healing, reduce waste, and lower costs. It involves promoting the healing of the total person—body, mind, and spirit. In addition to evidence-based diagnosis and treatment used in Western medicine, Lorma's holistic approach considers mental, emotional, and spiritual factors that can impact the patient's health.

We use research findings on the power of the mind and the spirit and utilize the Planetree principles in the healing process. Thus, we offer acupuncture, herbal medicine, massage therapy, meditation and prayer, nutritional therapy, and garden therapy.

We aim to provide advice on disease prevention and teach people how to live healthy lives when they go back to the environment and lifestyle that made them sick in the first place.



Lean Design

Our patient-centered management is evident in hospital design as well. We're very proud of our new 40,000 sq. ft. annex, which was designed using the Lean approach. We were guided by the book *Lean-Led Hospital Design: Creating the Efficient Hospital of the Future* (2012) by Naida Grunden and Charles Hagood. Using Lean principles, we organized the workplace to give us visual controls, eliminate waste, and mistake proof our procedures. For example, our elevators are strategically placed so that people don't have to walk long distances to get to their destinations. Lean, which originated from Toyota's Just in Time Production, allows frontline workers to solve many of the problems themselves. It promotes continuous improvement of products and processes while eliminating or reducing wastage (such as too much inventory, too many steps, and long waiting time).

Planetree Principles

We combined the Lean design with Planetree principles so that in the old buildings and the new annex, we have an accessible and welcoming lobby, clearly marked signs for direction, comfortable rooms, pocket gardens, restful places, and even an art gallery. Piped-in music complements the serene ambiance that we want to project. Beauty, tranquility, natural light, plants, and—of course—caring staff and patient participation have become part of the healing process at Lorma.

Lorma has accepted the fact that Filipino patients usually have watchers. A family member or a relative usually stays with the patient in the room. We allow it and even encourage it. We believe that the relative's presence comforts the patient and assists in the patient's recovery. It also contributes significantly to the zero incidence of deaths from hospital mistakes.

Thus, in our private rooms and the intensive care unit, we have sleeping accommodations for watchers. We placed the watcher's bed

on the far side of the room so that it doesn't block access to the patient's bed. Another innovation is the safety handrail to prevent falls. The handrail runs from the patient's bed to the bathroom and inside it. Other safety features of the hospital include slip-proof floors, handrails in the hallways, ramps, and handwashing, and disinfecting stations.

Lorma's Computer System and "Software"

Lorma has a hospital-wide computer system (developed in-house by EVP Robert Kaiser), which connects all departments and the cell phones of the doctors, thereby increasing efficiency, safety, and productivity. The "software" is not the programming that runs the computers but the soft touch of the medical practitioners and staff, which is communicated to the patients in many verbal and nonverbal ways.

Intensive Stroke and Trauma Unit

This specialized unit located in our twenty-one-bed ICU is the best of its kind north of Manila. The ICU has dedicated state-of-the-art private and ward-type rooms for adult patients who need intensive care. There are four beds for pediatric ICU patients. Apart from telemetric CCTV monitoring, we have video monitors in all the rooms for 24/7 monitoring with the consent of patients. The video is fed to monitors at the nursing station for round-the-clock viewing as part of our management of patients who are critically ill.

In this unit and elsewhere in the hospital, through our centralized computer system, we are able to monitor cardiac and vital stats of patients in real time. As part of our ongoing improvements, we are planning to set up a new cancer center with radiation therapy.

Patient-Centered Operations

As previously mentioned, the hospital is fully computerized. For patients, this means patients can access their medical chart, their

billing status, and even their laboratory and X-ray results. Laboratory and X-ray departments have computerized scanning systems that notify an outpatient when the result is ready. The outpatient patient simply waves a barcoded sheet in front of a scanner/printer, and the results are printed immediately. The results are sent by text to doctor when requested.

Rapid Response to Patient Calls

It has been said that one of the biggest frustrations of patients in many hospitals is calling for assistance and not getting a quick response from the nursing station. Lorma responded to this concern way back in 1970 when we implemented the hospital information desk. All inpatient calls are monitored and answered within seconds and relayed quickly to the right person, permitting rapid response in emergencies.

Traditionally, the call button was connected to the nursing station, and nurses had to respond to the patient's concern, whether it was nursing related or not. Recognizing that patient concerns could pertain to air-conditioning, dietary needs, Internet connectivity, lighting, plumbing, and other issues, all inpatient calls are now answered by the information desk, which is attended twenty-four hours a day. This reduces stress for the patient and allows the nurses to focus on nursing care.

Reminder Board for Nurses

In every nursing station, we have installed a reminder board with twenty-four pockets, one for every hour, where medication or task cards are inserted according to the hour when the medications or tasks are due. This helps reduce the incidence of errors.

Concierge and Patient Safety Officer

We have a concierge and patient relations representatives responsible to visit patients and ask if everything is okay. She distributes patient feedback forms for compilation and action.

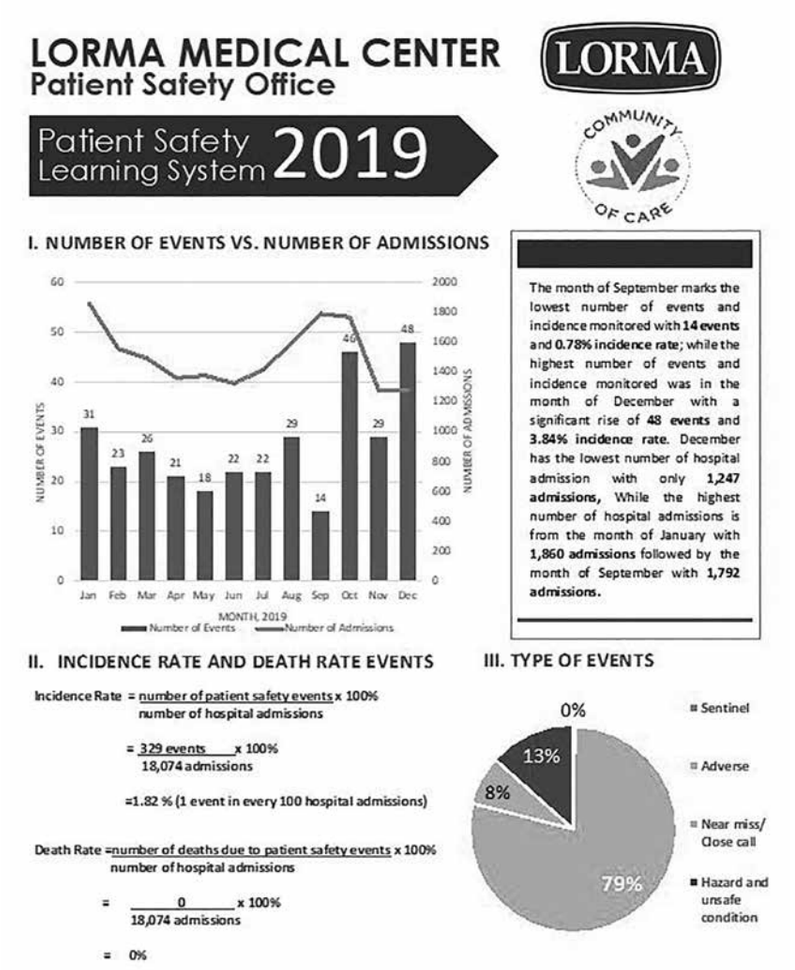
Lorma has full-time patient safety and infection control officers who have the cooperation of nursing and other staff to obtain information about patient-safety incidents in a "no-blame" atmosphere. A predetermined procedure is followed when a mistake occurs. Monthly detailed and graphic reports are submitted to senior management.

Safety Record

Patient safety is vitally important. However, most hospitals do not submit patient safety and hospital acquired infection reports for obvious reasons. Lorma Medical Center has two full-time staff that monitor patient safety events (PSE) and hospital-acquired infections (HAI), and they are supervised by two members of our specialist staff. Patient safety officers submit detailed monthly reports illustrated by graphs.

Lorma's report on this page says that, in 2019, the incidence rate of patient safety events (medical mistakes and accidents) was 1.82 percent for every one hundred hospital admissions, but the death rate from such events was zero.

This compares favorably with statistics from the US. In a study released in 2019, Johns Hopkins University School of Medicine stated that more than 250,000 people in US hospitals die each year because of medical mistakes.



Dr. Vicky and Dr. Rufi Macagba visiting a southern plantation in 2018 with eldest daughter Dr. Carol R. Macagba during a Mississippi River Cruise in the USA

CNBC reported that the Johns Hopkins study of patient care in the US for eight consecutive years showed that out of more than 35.4 million deaths in that period, more than 251,000 patients died every year because of medical errors.

Meanwhile, mortality from hospital-acquired infections is about 1.5 percent in the United States. Comparably, in Lorma in 2019, hospital-acquired infections totaled only 0.04 percent, while mortality from hospital-acquired infections was just 0.01 percent. That is just one one-hundredth of a percent, or one in ten thousand patients.

Reducing Repetitive Errors

We learn from errors. Thanks to our computerization, we are able to conduct root-cause analyses of specific events. In response to this, the Patient Safety Office and the training officer conduct seminars such as: Fall Prevention Program Training; Taping with Care; Proper Lifting, Handling and Transfer of Patients; and Medication Safety. Key learning points on patient safety are discussed in the orientation program for new employees. All these are part of our effort to decrease the possibility of repetitive errors.

Feedback Mechanisms and Action Taken

Comments and suggestions on patient safety are solicited through a Patient Safety Dropbox and through email at *safety.matters@lorma.com*. Patients can use these as avenues for anonymous reporting.

At Lorma, we keep track of the well-being of our patients from the time they enter the hospital to the day they are discharged. In 2010, we instituted the practice of following up our patients within three to seven days after discharge. A coordinator from the Nursing Services Department calls them up, gains their feedback, answers their questions, and evaluates their well-being and recovery. The coordinator also gives them feedback on how to stay healthy. The marketing department, meanwhile, monitors Lorma's Facebook page and forwards complaints to the relevant departments for resolution.

We consider feedback from patients as important evaluators of the quality of care rendered by the nursing staff. Since May 2018, patient relations officers visit every inpatient every afternoon to ask

if everything is okay in their room. The patient relations officers also gather feedback from suggestion boxes, emails, and comments from discharged patients. They collate, summarize, and forward these comments to the nursing office for dissemination and action.

The report is taken up during the Monthly Leadership Forum and departmental meetings. If the relevant committee decides to change any practice or procedure to address a patient's comment, the nursing office issues a memo to each department so they can implement the change. Then the patients are given feedback to let them know that we hear them.

Since 2018, a daily visit to every inpatient allows immediate response to any problem that may be present in the room.

Applications Result in Best Practices

Other best practices have led to faster and more accurate responses to service delivery, notably the Visual Time Keeping System (VTKS) of the human resource department and the Work Order Management System (WOMS) of the engineering department. These are apps that facilitate their work and were designed in-house.

Visual Time Keeping System (VTKS)

VTKS tracks, records, and provides real-time data on personnel logs and information. It simplifies HR's task of tracking and generating Daily Time Record Reports for payroll. HR also uses it for making schedules and employee logs. Employees check in via their fingerprints.

Work Order Management System (WOMS)

Through WOMS, the engineering department receives requests from different departments that need engineering and maintenance attention and action in real time. Engineering is able to identify where the request/issue originated, assign who will handle the

request, identify materials needed, set the priority status (routine, rush, or project), create a maintenance history, and so on.

We're particularly proud of the engineering department whose innovations and 24/7 maintenance work saved us considerable amounts of money through the years and continues to help us provide affordable health care. We have the in-house capability to maintain and repair expensive equipment and fabricate a hospital-wide suction and oxygen system, furniture, and stainless steel equipment, among other things. Through WOMS, engineering can track maintenance work and results.

Visual Nurse Program (VPN)

This is a centralized application installed in the nursing units for the systematized processing of laboratory, imaging, physical therapy, and respiratory therapy requests. Results of the diagnostic tests may also be retrieved through the VPN.

Nursing units use the VPN to request supplies from the central supply room and patients' medication from the pharmacy. Even the schedule of operations can be requested from the operating room.

Bar Code System of Medication and Patient Monitoring

Lorma has implemented a bar-coding system that puts it on par with world-class institutions. Unique bar codes to identify patients are stamped on their wristbands and are scanned when nurses give them their medications, take their vital signs, and record their input and output for the day, among other uses.

The data gathered and the nurses' remarks go automatically into the patient's file in the LMC computer network. Nurses on the next shift and attending doctors can easily access the information there.

Lorma Receives Awards

In summary, Lorma Medical Center today is a modern two-hundred-bed medical center with over six hundred staff and more than three hundred medical specialists. It is the leading private medical center in Northern Luzon and is renowned for its excellent service, outstanding human resource management, holistic approach to quality and patient safety, community outreach, and social responsibility.

Back in September 2015, it was chosen from among three hundred entries from over one hundred Asian hospitals and was conferred the Human Resource Management Excellence Award at the Hospital Management Asia Annual Conference in Rangoon, Myanmar.

Then, in November 2015, it was one of eight recipients of the Service Excellence Award at the 2015 CEO Asia Awards in Manila. Of the eight, it was the only institution in health.

That same year, the World Health Organization's Western Pacific Regional Office recognized Lorma for its holistic approach to quality and patient safety. It was chosen from hospitals in thirty-seven countries and regions. The recognition took place in February 2015 when a group from the Western Pacific Regional Office of the World Health Organization (WPRO), led by Ms. Laura Hawken, technical officer for capacity building, visited Lorma.

The visit was the offshoot of my presentation at the Informal Expert Committee Meeting on Hospital Services and Management at the WPRO offices in Manila in November 2014.

WPRO offered senior hospital managers three-week fellowships on hospital management at Lorma Medical Center. Lorma was made a model hospital for fellowships, and I was invited to lead a workshop on hospital management in Fiji in September that year.

At a meeting of member country representatives at the WPRO offices in Manila in March 2015, Ms. Hawken made a presentation titled "A Possible Practical Placement to Develop Hospital Management Skills." She listed competencies that visiting hospital managers could learn from Lorma. These were: business skills for basic financial concepts, organizational processes, and insurance

reimbursement; general management for achieving results with limited resources; innovative thinking for Lorma's openness to new ideas and approaches and its ability to identify problems and come up with innovative solutions; quality improvement for a better understanding of infection control systems, patient centeredness, organizational culture with a team approach, enhancing team morale, participation and excellence; communication with staff, patients, and community; emergency preparedness for interaction and planning with local government; and building community resilience.

Finally, in December 2019, the Philippine Hospital Association recognized Lorma Medical Center as one of three outstanding hospitals in the Philippines among its two thousand member hospitals. It was cited for excellent service, outstanding human resource management, holistic approach to quality and patient safety, and community outreach and social responsibility.

Being singled out as a model hospital was high praise indeed for Lorma, and it served as an encouragement to me, our managers, and our staff and the board that our efforts toward excellence had borne fruit. But we are not resting on our laurels. We continue to strive hard to continue innovating and provide our patients with the best care possible.

Lorma Medical and Mary Mediatrix receive PHA Outstanding Hospital award

Courtesy of Lorma Medical Center

Lorma's Accreditations

Lorma Medical Center has been accredited by ISO, TUV Rheinland, and Tricare USA. The hospital is professionally managed and financially self-supporting from income and bank loans. Its policy of continuous improvement has resulted in many innovations and integrated systems improving quality, patient safety, efficiency, effectiveness, and cost savings.

Lorma has achieved its vision to be internationally recognized for excellence in total health care and continuous innovations. It has gained repute and recognition for high levels of satisfaction based on surveys of inpatients and outpatients. It continues to maintain its preeminence as one the best hospitals of its size in the Philippines and compares favorably with other hospitals of the same size in the world.

Local Recognition

Lorma Medical Center is represented by the president and hospital chaplain in city government council of collaboration with the private sector. The president chairs the technical support group. The city's goal is to make San Fernando the center of health and wellness in northern Philippines. Lorma Community Development Foundation, registered in 1986 and supported by the hospital and various agencies, is considered the leading NGO in the region.

Lorma during the Pandemic

The COVID-19 pandemic is a global disaster that no one knew how to address when it started. It came to public attention on December 31, 2019, when China alerted the World Health Organization that there were several cases of unusual pneumonia in Wuhan City.

On January 7, WHO said it was a new virus and it became known as COVID-19. Two days later, the first reported death from

COVID-19 occurred in China. Over the next week or so, ten countries reported their first cases of COVID-19. On February 2, the first COVID death outside China occurred in the Philippines, and thirteen other countries reported new COVID cases in their territories, and China said COVID had spread to thirty-one of its provinces. The World Health Organization called it a global emergency on January 30. The media called it a pandemic.

Over the next three months, COVID-19 spread to almost every country in the world. Johns Hopkins University, which tracked the virus, said the disease infected more than 7.4 million people and killed more than 417,000. WHO finally declared it a pandemic. As it spread around the planet, the COVID-19 pandemic sent billions of people into lockdown. Health services struggled to cope with the overflow of patients and governments spent billions, even trillions, of dollars to help their hospitals and their citizens cope.

Initially, some expected the COVID-19 virus to pass as uneventfully as the common flu. It did not. By July 24, 2020, the virus had infected nearly 15.3 million people and caused more than 328,900 deaths.

Prophecy and Fiction Foretold COVID-19

The Internet recalled that, in 2008, self-proclaimed psychic Sylvia Browne published *End of Days*, a doomsday book in which she prophesied that a severe pneumonia-like illness would spread across the globe in 2020. Browne died in 2013, but her book is on Amazon's nonfiction chart. Pundits traced Browne's claim to a fiction thriller printed nearly three decades earlier.

That fiction thriller, *The Eyes of Darkness*, written by Dean Koontz, was published in 1981. According to Fact Check by *USA Today*, the first edition of the book, published in 1981, mentioned a virus called Gorki-400 being developed outside Russia, but the reprint in 1989 called it Wuhan-400. The novel states on page 353 that Wuhan-400 was developed in RDNA labs outside Wuhan. The traits of the fictional virus, however, did not match those of COVID-

19. Koontz's thriller, quoted by *USA Today*, said, "Wuhan-400 is a perfect weapon. It afflicts only human beings. No other living creature can carry it."

The Spanish Flu Pandemic

The COVID-19 pandemic came a hundred years after the Spanish flu pandemic of 1918–1920. According to various estimates, the Spanish flu virus infected 500 million people worldwide and killed between 17.4 million to 100 million people or about nearly 1 percent to 5.5 percent of the global population. The global population then was estimated at 1.8 billion people. The Spanish flu pandemic was the deadliest in history.

The 1918 flu broke out in Europe, the United States, and parts of Asia before spreading around the world. There were no effective drugs or vaccines for it. Citizens were ordered to wear masks and businesses; schools and theaters were closed. Bodies piled up in makeshift morgues before the pandemic ran its course. Some reports said it ended in 1919; others said it went on until 1920.

COVID-19's Effects on Lorma Medical Center

When the COVID-19 pandemic reached the Philippines, within one month, Lorma's daily inpatient census plunged abruptly. The decline in admissions caused all expansion projects to be put on hold, including the cancer center and Lorma Tower. Drastic financial measures were put in place.

We formed a COVID-19 response team and implemented measures to prevent the spread of the virus. The team was led by the medical director and was composed of pulmonary and infectious specialists, other doctors, and admin, HR, and engineering staff.

We closed the outpatient department and operating rooms. We designated separate entrances for doctors and hospital staff and for patients and visitors and put up a triage tent with air conditioning near the patient entrance. Two nursing stations were dedicated to

COVID-19 patients and suspects, and several nursing stations were closed.

Hospital capacity was reduced to about 100 beds as the inpatient census dropped from over 150 daily to 30 or 40. Only a few patients showed up at the ER. Interestingly, the nursery census did not go down as pregnant women still came to the hospital to deliver their babies. I figured they arrived in private vehicles as public transportation was suspended for a while.

Negative pressure in operating rooms and doctors' offices was implemented. Exhaust fans and barriers made of plastic sheeting in light frames were installed in doctors' offices, and they resumed consultations. The number of patients coming in gradually increased.

Aside from the triage tent, a new structure near one hospital entrance was quickly built of semipermanent materials and designated as the new pulmonary center. All patients with respiratory symptoms had to go through this center before entering the hospital.

In June, inpatient census rose to the seventies, while the outpatient census climbed to more than three hundred, which was about half of what it used to be before the pandemic. We do not know how long this pandemic will last, and we continue to pray for God's guidance and protection.

Chapter 36

Corporate Social Responsibility

Social responsibility has become the "in thing" for corporations and organizations worldwide and is no longer confined merely to religious and charitable organizations. Today, social responsibility means being responsible for the environment in addition to helping people in need that they may have a better life.

Back in their day, when their patients could not pay, my parents treated them for free, and we have continued the practice today. It arises from our personal recognition that we have been blessed, and therefore, we need to share the blessings. "Freely you have received; freely give" (Matthew 10:8 NIV). It can become a challenge when the cost of medical equipment and medicines keep going up.

Since the late 1960s when we launched the Lorma Outreach Program that Dra. Vicky headed, we've been in the forefront of community social responsibility efforts in San Fernando, La Union. In the beginning, she started a mobile clinic with one ambulance and started visiting a barrio once a week with a nurse and medical technologist. She saw the need for basic health care in the barrios, and she decided to hold a training seminar in first aid and family planning for three hundred barrio health assistants from all the barrios in La Union without paying them anything. That was unusual because people then demanded to be paid to attend an event lasting a few days.

Dra. Vicky was invited to attend a family planning course at the University of Chicago. After the course, she was able to obtain a

three-year grant for family planning and supervision of the trained barrio health assistants from Family Planning International Aid in New York. Then USAID Philippines donated three vehicles to supervise the barrio health assistants. She also had a weekly radio program about health and family planning.

In 1970, the Philippine Hospital Association gave a trophy to Lorma Hospital for being the most outstanding hospital in the Philippines in community outreach.

In 1974, Prof. Martin Gorosh of Columbia University in New York was sent to the Philippines to do an evaluation of the Lorma Outreach Program. His report included a statement that the Philippine government had already started a program to train village people in three-day workshops.

For a few more years, Lorma Hospital sent a resident physician once a week with a mobile clinic to hold a free clinic in a barangay somewhere in the province. (The barangay replaced the barrio as the smallest administrative division in the Philippines.)

Lorma Community Development Foundation, Inc. (LCDFI)

In 1985, my parents founded the Lorma Community Development Foundation, Inc. (LCDFI) with Geoffrey S. Tilan as executive director and a member of the board of trustees. LCDFI exists today with a board of trustees composed mainly of distinguished local leaders. It is a member of the National Association of Foundations.

Engr. Cres Fernandez has led the board as chairman with distinction for twenty-four years now. He and Engr. Aldrico Dy, both past Rotary Club presidents, have expertly invested LCDFI funds wisely so that today we have almost one million pesos invested to mature in October this year.

Vision: People enjoying a sustainable and better quality of life.

Mission: Focus on upland and coastal community development.

Philosophy: We believe in Christian values, the power of prayer, and professionalism for the total development of individuals and communities.

Strategies:
- Change attitudes and values.
- Empower with needed knowledge and skills.
- Aim for sustainable development.
- Empower people physically, socially, economically, and spiritually.

Core Values:
- People involvement and leadership development
- Empowerment of individuals and groups
- People's leadership in development
- Self-reliance of people and communities

Board of Directors:
- Engr. Cres Fernandez, Chairman. A prominent businessman has led the board with distinction for twenty-four years now.
- Dr. Elvi C. Bugaoan, Vice Chairman
- Rev. Fr. Froilan A. Saluta, Secretary
- Dr. Beatriz G. de la Cruz, Treasurer
- Hon. Mary Jane Ortega, incoming chairman, former mayor of the city of San Fernando
- Dr. Rufino L. Macagba Jr., Member; coordinator for international programs
- Engr. Aldrico B.H. Dy, Member
- Mrs. Amelia Q. Sotelo, Agricultural Consultant, Member
- Executive Director: Mrs. Tonette Tejano
- Office Secretary: Roselyn Elizarde
- Project Officer: Pastor Gil Garcia

LCDFI is on its tenth year of a twenty-year cacao and cashew nut project to help farmers plant seedlings that bear fruit in less than five years. The government donated a cacao processing plant, and the foundation purchased equipment for cashew nut processing and roasting.

Community and Sectoral Outreaches

Lorma Medical Center today has its own outreach and environment programs. Among them are the mobile clinics, medical missions, and home-care plan.

Lorma Mobile Clinics

The Lorma Mobile Health Clinics are portable, ready-to-drive vans outfitted like regular clinics in the hospital. The cost of running these clinics is funded by Lorma and donations from the hospital staff, generous individuals, and organizations.

The mobile clinics treat patients for minor injuries, check their blood pressure, calculate their body mass index, and conduct consultations. Depending on the need of the patients, lab tests such as HgT and other blood exams can also be done. If need be, the vans also transport patients to the hospital of their choice. The mobile clinics help educate the public on how to maintain a healthy lifestyle.

Medical Missions

The mobile clinics also participate in medical missions, in conjunction with local government units, NGOs, and host agencies or companies. One of Lorma's teams traveled 850 kilometers by land and sea to Estancia, Iloilo, and were the first team to reach the victims of Typhoon Yolanda (known internationally as Haiyan) in that town. Individual volunteerism from Lorma's staff had a big role in the success of this endeavor. An art exhibit by artist Dr. Brenda

Espinosa donated the proceeds to buy four motorized *bangka* for Yolanda victims.

Lorma conducted a medical mission with *Logos Hope*, a floating bookstore operated by a German charity organization, in 2013, and with the 580th Aircraft Control and Warning Group of the Philippine Air Force and the Poro Point Management Corporation in 2014.

Nursing Home Care Plan

Prior to being discharged from the hospital, the patient is given a home-care plan. A nurse discusses this with the patient and people involved in the patient's recovery or rehabilitation. The topics taken up include medications to take home, activities that are allowed, the appropriate diet, and signs to watch out for in case of untoward developments. Three to seven days after the patient leaves the hospital, a nurse calls to check on the patient. There's no cost to the patient. The hospital does this as part of its corporate social responsibility and for good community relations.

Lorma's Advocacies

Lorma also educates the public about living healthy lives and preventing the spread of diseases. For instance, it supports breastfeeding and formed a breastfeeding support group in 2012, held a diabetes prevention event with Rotary in 2013, and championed Global Handwashing Day in 2014.

It also set up a Senior Citizens Help Desk in LMC to assist seniors with documentary requirements, priority admission, and health information dissemination, all which helped reduce the waiting time of the elderly.

The Lorma Kidney Transplant Center, in cooperation with the National Kidney and Transplant Institute and the Ilocos Training and Regional Medical Center, has already done over thirty successful kidney transplants. The first Kidney Walk was conducted to help raise

funds for a kidney transplant for an employee. The response from participants and former colleagues (now OFWs) was overwhelming.

Reducing Inequalities in Health-Care Service

Lorma helps indigent patients access funding from the Department of Social Welfare and Development and the Philippine Charity Sweepstakes office, and, from PhilHealth, the national health insurance program. To complement PhilHealth benefits, Lorma has allocated 10 percent of bed capacity for charity patients.

Environment Management

For environment protection, Lorma pioneered in dredging the Carlatan River to create a free-flowing waterway, thereby reducing pollutants, protecting marine and aquatic resources, and preserving the livelihood of fisherfolk.

We have a wastewater treatment plant to clean up effluent from Lorma, and we practice waste segregation at the source. Even in the patients' room, we have different bins to encourage them to segregate biodegradable, nonbiodegradable, and infectious wastes and sharps. We sell recyclables to waste recyclers, and Envirocare handles our medical wastes.

Lorma's Commitment

The good works that my parents started at Lorma continues to this day. While most of our corporate generosity is channeled through LCDFI, Lorma Medical Center and Lorma Colleges have their own social responsibility projects, and many of our doctors and staff also do good works in their individual capacities.

Chapter 37

My Family

Dr. Vicky and Dr. Rufi Macagba visiting a southern plantation in 2018 with eldest daughter Dr. Carol R. Macagba during a Mississippi River Cruise in the USA

As I recounted earlier, Victoria D. Reyes and I were classmates in medical school at the University of the Philippines in Manila. We got married twenty-four hours after graduation in 1957. We went into residency training immediately at the one-thousand-bed Philippine General Hospital: in anesthesiology for her and surgery for me.

In 1960, we took over Lorma Hospital from my parents and practiced our specialties. At the same time, we were also general practitioners.

Vicky and I have five children. Our eldest, Michael Rufino, died in infancy. The four who survived are Carol Lynn, Rufino III (JJ), Jonathan, and Michelle.

Our whole family moved to the US in 1974, so Vicky and I could study public health at the University of California in Los Angeles in preparation for going to Cambodia as medical missionaries. We were sponsored by World Vision in Monrovia, California, and the United Church Board for World Ministries in New York. We lived in Santa Monica, California, while we studied at UCLA for one year.

When the Vietnam War broke out, our plan to become medical missionaries got shelved. World Vision offered me a position as its first international heath program adviser based in its headquarters in Monrovia, California.

We bought a house in Claremont, and the children went to school there. Vicky passed the medical board exam and launched her private practice in Pomona. Later, after our one-year stint in Indonesia, she became a staff physician at the Claremont Colleges Baxter Student Health Services.

With our children, we spent our summers traveling to places like Hawaii, Washington, Oregon, and Canada. Many times, we camped in national parks. Those were wonderful times with the children.

We lived in Claremont in Los Angeles County for twenty-five years. After Vicky and I retired from our jobs, we moved to Santee in San Diego where we bought a house. Vicky and I spend part of the year in the Philippines to work in the Lorma institutions, and we return to San Diego to be with the families of Carol Lynn and Michelle as we celebrate Thanksgiving, birthdays, and Christmas.

My wife and I have been happily married for sixty-three years now. We celebrated our sixtieth wedding anniversary in the same church where we were married—Central Methodist Church in

Manila. The officiating minister remarked, "Sixty years! What is your secret?"

I said, "I tell her every day that she is beautiful and that I love her." My remarks went viral among the young members of the family attending the event.

Vicky and I have eleven grandchildren and three great-grandchildren.

Carol Lynn

Carol Lynn is currently the president of Lorma Colleges.

Asked what she thought defines us, she said, "Other than Lorma, which is a big thing to my parents, especially my dad, I think it's the stability of the family that they represent. They've been married sixty-three years. That's really the legacy—that they've been together like that. Not too many people have that kind of parenthood. Just the fact that they're still together is remarkable—even with the arguing, teasing each other, and stuff. They're a very strong couple. For me, that's something that I won't forget and something I would share with my children. And the sense of family that they upheld—that's really a very good legacy.

"My dad is a very remarkable man for everything that he has accomplished. There's really not too many people who have done that. It has been his personal drive [to work for global health and wellness], and I really admire him for that. He's done a lot, even beyond Lorma, on an international level, even more than we really know. Up to now, he's really passionate about that. At eighty-seven, he's giving workshops. That's amazing."

Asked to describe us, she said, "The word *simple* [comes to mind]. They're really down to Earth. They've never had a goal of being in the limelight or being wealthy. Most physicians want to be physicians because of the status. I don't think they ever had that in mind, and that's one of the things that I share with my kids. They've really embodied service, almost sometimes to the point of sacrifice. And we're trying to balance that, but they truly embody service.

"People think we're a wealthy family with a hospital and a school, but they don't realize that my parents are really very simple. They share their food. We eat leftovers until the very end with one tablespoon left. Their fridge is full of leftovers, and we couldn't order in before, although it's different now with my children. But for them, they're not extravagant. They never have been, it's not their character. So when they say service, it's really service, and it's not about themselves.

"In spite of the long resumes, which I'm sure are full of things that we children don't even know of, it's really that they're still regular people. They're highly accomplished, but they're real."

Rufino III (JJ)

JJ is the director for IT Services and Development at Lorma Colleges. Asked for a comment about his parents for this book, he said, "Children of accomplished parents often admire, respect, and think very highly of them. I'm one of those fortunate children born into their almost mythical world where people they've helped would come from far away to bring gifts of gratitude like fruits and food, etc.

"Beyond recognition and accolades over the years that continue today, there is one glaring characteristic that remains a constant, and that is that both my parents, Dad and Ma, have never taken advantage of other people. How does one achieve that in a world where survival of the fittest means someone always has to win and others must lose? It seems the common denominator is their unwavering faith in God.

"I will always love my parents because most of my best memories have something to do with them. People say they're a tough act to follow. Yes, indeed!"

JJ grew up in the US where he attended schools in Santa Monica, Claremont, Anaheim, and Glendora, California. His first work experience at the age of twelve was as a newspaper delivery boy

in Santa Monica. Later, after school, he clerked in a popular hobby store in Claremont.

After working for several companies in Southern California, JJ moved back to the Philippines in 1997 to become Lorma Colleges' director for IT Services and Development. His wife, Stefen Lee Slaton, was born in the US but has family roots in Bacnotan, La Union. Stef is a bead craft and paper craft designer. Some of her work is documented in her Facebook fan page.

JJ and Stef have two sons, Jared Quade Macagba (meaning fourth descendant), who was born in 2006, and Alec Joshua Slaton, who was born in 1993.

Jonathan

Jonathan is married to Rosanne Kennedy, and they have two children, Eleanor and Olivia, who were born in 2003 and 2005 respectively. Jonathan is an artist and designer with more than twenty-five years' experience working as creative director, art director, and designer for leading advertising and creative agencies in New York, Paris, London, and Berlin.

Jonathan returned to school in recent years to pursue and finish a master's degree in fine arts at The Art Institute of Boston at Lesley University (2015) and a master of arts in art history at Stony Brook University in New York (2017). He is currently completing his PhD in art history at Stony Brook University (expected 2021) while teaching part time at Pratt Institute, New York University, and the City University of New York.

Rosanne is a professor at New York University, where she teaches modern political theory, contemporary feminist theory, and gender studies. Rosanne received her PhD from the New School for Social Research in New York.

Eleanor and Olivia attend The Brooklyn Latin High School, an international baccalaureate high school in Brooklyn, New York. Eleanor's current interests include the sciences and the humanities, and Olivia's current interests include art and English.

Michelle

Michelle, our youngest, has an aesthetician degree and is now married to Ken Thomas who was her classmate in junior high school.

Michelle bore three children. The eldest, Bryan, was shot and killed by a classmate in a shooting at Santana High School in Santee, California, in 2001. Bryan was just fourteen years old. One other schoolmate was also shot and killed, and thirteen other people were wounded in the shooting.

Rebecca, Michelle's second child, graduated from Hawaii Pacific University in Honolulu and works in the aerospace industry in Southern California. Jeremy, the youngest, has just graduated from a moviemaking class in San Diego, California.

Keeping in Touch

We keep in touch with our family by email, Zoom meetings, visits to California and the Philippines, and family reunions every few years. We got together in San Diego during our golden wedding anniversary and in Manila during our sixtieth wedding anniversary.

Chapter 38

Musings about Faith

As a Christian, I firmly believe that God is in control of events in my life with my wife. Events in the past eighty-plus years, beginning in my parents' time, provide a lot of evidence that "all things work together for good to those who love God, to those who are the called according to His purpose" (Romans 8:28 NKJV).

My parents, who were both Protestants, were very strong believers in Jesus Christ, and they influenced my faith greatly. They were second-generation Protestants, their parents having been converted by American missionaries who arrived in the Philippines during the American colonial period, which began in 1898 and lasted until 1946.

Spain ceded the Philippines to the US after its defeat in the Spanish American War of 1898. The Filipinos, however, did not want another colonial master. The Philippine American War broke out in early 1899 and lasted until 1902. While the fighting was going on, the US established a colonial government in 1900.

As early as 1898, Protestant leaders met in New York to discuss how to bring Protestantism to the Philippines and divided the archipelago into missionary areas to avoid possible conflicts. For example, the Evangelical United Brethren Church (EUB) was assigned to La Union and the Mountain Province. The agreement worked for a few years, but as Filipinos migrated to other parts of the country and churches splintered, the lines eventually blurred.

Sunday School Teacher

My mother, Crispina Lardizabal Lorenzana, and her folks were from Tagudin in Ilocos Sur. Her parents were converted by American missionaries in the early 1900s, and they brought her up in the faith. In high school, she was already teaching in Sunday school. Every Sunday, she walked to their church to teach the youngsters and attend the service.

Her high school principal saw her passing by his house every Sunday and eventually went to the Protestant church to attend her class. One day, he handed her a letter proposing marriage. My mother politely refused his proposal as she wanted to be a doctor and that would take many more years of study.

Medical Student in the US

My father, Rufino Nisperos Macagba, and his family lived in San Fernando, La Union, about 50 km south of my mother's hometown. My father's mother, his three brothers, and he were converted by the EUB missionaries who were based in his hometown. Those missionaries had a clinic in town, and my father would stop by to help out after school. The missionary noticed that my father was very good with his hands and encouraged him to study to become a doctor. My father finished only seven years of schooling in the Philippines.

My father eventually went to Nebraska, where he worked his way through high school. He earned his AB and BS degrees and was admitted to the College of Medicine of the University of Nebraska in Lincoln, Nebraska. The rigors of attending medical school by day and working as a cook at night (he had to bake one hundred apple pies before breakfast) proved to be too difficult, and he contracted tuberculosis.

Unexpected Scholarship

Hospitalized for tuberculosis, he felt discouraged. Would he ever regain his health? Could he earn enough money to finish his medical education? One day, he had a visitor, Dr. Ziegler, from the home office of the EUB church in Dayton, Ohio. Dr. Ziegler said, "We heard about your getting sick, Rufino. I came to tell you not to be discouraged. Just get well, we will pay for the rest of your medical education."

My father believed that was a blessing from God. In those days, there was no cure for tuberculosis, but the new hope that arose in his heart and Dr. Ziegler's encouragement made my father well. He obtained his medical degree from the University of Nebraska College of Medicine and did his surgical residency at Binghamton General Hospital in Binghamton, New York.

A Nudge from Above?

While he was doing his residency, my father was engaged to an American nurse, and he was preparing to bring her to the Philippines. One day, he had a missionary visitor from his hometown, Dr. Widdoes from the EUB group in San Fernando. Dr. Widdoes said, "Rufino, you have been away from the Philippines for fourteen years. Perhaps, you should go home first and see how things are and prepare a place for your American wife." His visitor continued, "By the way, there is a medical student in her senior year at the University of the Philippines in Manila. Her name is Crispina Lorenzana from Tagudin. You may want to visit her in Manila when you get there."

Back in the Philippines, my father made preparations to visit Miss Lorenzana in her family house not far from the UP College of Medicine where she was a student. The night before his visit, my mother had a dream that a man wearing a tuxedo and bearing flowers knocked at their front door and asked to visit her. The following day was Sunday. In the afternoon, a man wearing a tuxedo and

bearing flowers knocked at their front door and asked to meet her. Eventually, they got married and became my parents.

God Works in Mysterious Ways

My own experience many years later as a surgeon attending the Asian Congress on Evangelism in Singapore on November 5 to 13, 1968, was the most important milestone of faith in my life. After reading selected parts of the Bible, I became convinced that I should kneel down in my hotel room and ask the Lord to come into my life. I felt He actually came into me and my life was never the same again. Miracles kept coming into my life and my life with my wife since that day up to this day.

In the Gospel of John, Jesus said that to enter the kingdom of God, one must be born again. As a physician, I understand now that it means our spirit is not complete without being joined by the Spirit of Christ, like a human being cannot be born unless the sperm from the father joins the egg from the mother.

Praise Report

Allow me to share and reiterate (as a praise report) some of the miracles that happened in my life and my family's life since that fateful day:

- I was an award-winning Rotary Club president in our hometown that year.
- Our hospital kept growing until we had a school of nursing.
- Our hospital was awarded most outstanding hospital in community service in the Philippines by the Philippine Hospital Association.
- My wife obtained a grant from Family Planning International Assistance to train three hundred barrio health assistants in our province of La Union.

- I became a board member of the Philippine Hospital Association.
- My wife and I and our children were given scholarships by World Vision in California and the United Church Board in New York to study for two years in the US. My wife and I obtained our master's degrees in public health at UCLA in Los Angeles, and our children experienced going to school in the US.
- I had twenty-five years of traveling to seventy-five countries as international adviser on health programs for World Vision, Food for the Hungry, and major Christian humanitarian agencies in the US.
- The International Hospital Federation gave me a grant of $25,000 (without my asking for it) to travel anywhere in the world to do the first definitive global study on hospitals and primary health care.
- I became a founding director of an MBA Program on International Development at Hope International University in Fullerton, California.
- Our family hospital in the Philippines has grown into an award winning two-hundred-bed hospital.

I have confidence that the Lord has blessed me and will continue to bless me come what may. In fact, He has blessed me exceedingly and abundantly. At eighty-seven, I know that, in this world, some people will not believe what I say about God's blessings. Many people did not even believe Jesus when He was here and they killed Him. It's normal that not everyone will believe in Him and that not everyone will be saved.

There are certain things that we know to be true because we feel it. Some would say that is just a feeling, so I point to events that happened in my life as proof of God's blessings. One instance was when Dr. Penelope Key said to World Vision, "I've been thinking about it, and I accept your offer to be your international health adviser." And

World Vision said, "Sorry, we have just given it to Dr. Macagba." That is physical proof, among many proofs.

Just a Regular Guy

I have never been outstanding as a person. I have always been just regular—so getting all those awards and all those international positions and the $25,000 letter. "Oh, by the way, without asking for your permission, here's $25,000 for you to spend to do your global study on what hospitals are doing in their communities." Those are tangible things in my life that I could not have deserved on my own merit. I'm humble enough to say that. I'm humble enough to know that it's the truth.

Proving the Story of Creation

When I was in World Vision, every Wednesday, speakers came to talk to us about various topics. One time, it was a brilliant young astrophysicist. He was so brilliant he believed in his own brilliance, and he decided he would disprove the story of creation statistically and using scientific methods. He made it his life's work to disprove the story of creation, and he ended up becoming a Christian.

He explained his scientific approach to proving that the story of creation as told in the Bible was correct. He proved with the decimal points that creation story in the book of Genesis is true and must be true statistically.

Prayer Works

My father led the OR team in prayer before doing any major operation. I also did the same. Both of us never had a patient die from an operation. And now our medical director also prays before operating.

There is a book by San Diego neurosurgeon, David Levy, MD, titled *Gray Matter*. Written with Joel Kilpartick, it has the tagline "a neurosurgeon discovers the power of prayer one patient at a time."

The neurosurgeon prayed with his patients, a no-no in the United States where public prayer is prohibited in most US hospitals. However, Dr. Levy asked his patients if he could pray for them before surgery, and they were either thrilled, skeptical, hostile, or transformed by it.

According to the summary at the back of the book, each chapter focused on a specific case, detailed the diagnosis, procedure, prayer, and result. Ultimately, Dr. Levy concluded that, no matter what the results of the surgeries were, God is real and God is good.

Primed for Miracles

I believe the mind is more powerful than we think. It can make things happen for good or for worse. I also believe prayer predisposes us for miracles.

Energy Medicine

Our daughter, Carol, believes in the new specialty of energy medicine. It recognizes that we are composed of atoms, and atoms have positive and negative charges, so all of us are electrically charged. We cannot prevent some of the energy from getting out of our skin, and that is the aura that certain people notice. Some individuals have the gift of projecting that energy, while others have the gift of healing people through energy.

Energy healing techniques have been around for centuries. It's called *reiki* in Japan and *prana* in India and *qigong* in China, to name a few.

The American Nurses Association (ANA) has an official program, the Healing Touch Certificate Program, which offers five courses on energy healing. They train you and give you a certificate for the course that you attended. Healing Touch teaches that you can

use energy through your hands to minimize the pain and enhance healing, especially after surgery.

Some young doctors now believe in energy healing. In fact, there's the story of an energy healer in Seattle who healed a patient in Florida simply by projecting his healing power as he looked at the patient's photo daily.

My conclusion is there are powers beyond our understanding and energy is one of them. However, to me, it's real.

Chapter 39

How to Live a Healthy Life

In more than forty years of traveling the world, I learned some important lessons. Chief among them was the fact that hospitals and doctors do not improve the health of the people. They just repair people when they get sick and the patients go home to same conditions that made them sick in the first place.

I came to the conclusion that hospitals and doctors are not enough to keep people healthy. We need an additional approach. Patients must learn that what they do at home matters if they want to live healthy lives. Being healthy does not mean just being free from disease. It means being healthy physically, mentally, socially, and spiritually. That is the real meaning of healthy living.

The Philippines is a paradox when it comes to healthy living. Our country has some of the best hospitals and doctors in the world. In fact, we produce doctors and nurses for export, but our own people's health is among the worst in Asia. I didn't want Lorma Medical Center to become an expensive repair shop of people who go back home to the same lifestyle and environment that made them sick in the first place nor did I want Lorma to be one of the hospitals that another doctor described as "expensive disease palaces."

I wanted Lorma to be the best medical center, known nationally and internationally. I didn't want it to be repairing people only. I wanted it to be a center where people could learn to live healthy lives. I was inspired by what my best friend, Dr. Gunawan Nugroho, said

about hospitals having the responsibility and opportunity to teach people how to live healthy lives.

It's true. We have the knowledge and the opportunity to do so. Our patients and their watchers at Lorma are a captive audience. While they are with us, we can teach them how live healthy lives and how to transform their meals and their environment to put them on the road to better health.

At Lorma, we have many ways to do this. There are good health messages in the waiting areas and the elevators. There are daily visits by our patient relations officers. They give out a form that patients can use to give us feedback on their confinement in Lorma. We also give them a brochure with pointers on healthy living. A few days after their discharge, a nursing supervisor calls up patients on how they are doing and gives appropriate suggestions when needed.

We also teach people how to live healthy lives in the communities that we visit in our outreaches. In short, we have shifted our focus from curative health care to preventive health care.

Tips for Healthy Living

Dr. Nugroho, whose story I recount in chapter 23, was to me the foremost expert on Primary Health Care. He believed that the most important purpose of health care was for "people to live a healthy life." There is no sense in healing people if they were to return home to the same conditions and lifestyle that made them sick in the first place.

What does it mean to live a healthy life? Gun and I agreed it means being healthy physically, mentally, socially, and spiritually. Over the years, I've come up with the following four approaches to healthy living:

1. Begin with a positive attitude about life.
    - Achieving a healthy life begins with a positive attitude about yourself and about life. Believe that you can become healthy again.

- Your hormones and your nervous system will adjust to promote good health. If you are stressed, sad, angry, or disappointed, your body invites illness to come in.
- The Bible states, "And now, dear brothers and sisters, one final thing. *Fix your thoughts on what is true, and honorable, and right, and pure, and lovely, and admirable. Think about things that are excellent and worthy of praise*" (Phil. 4:8 NLT).

2. Eat well and move more.
    - Add vegetables and fruits daily to your diet and eat less meat. Minimize sugary drinks and alcoholic beverages.
    - Adjust your food to achieve your ideal weight.
    - Moderate exercise, such as walking, is good enough. Even grocery shopping is exercise. Walk once or twice around inside the store before buying your groceries. Do activities that you enjoy like basketball, cycling, dancing, running, and swimming will enable you to stick with your program.
    - Research has proven that diet and lifestyle changes can slow and even reverse the development of diseases such as diabetes, heart disease, and cancer. Check out the results of a scientific study mentioned in *The Secrets of a Healthy Life* by Dr. Dean Ornish. It's available online.

3. Love more.
    - Nurture love, friendship, and social support from family, friends, and people around you. Spend time with your loved ones. If you can't get together physically, meet virtually. The important thing is let them know that they are important to you. I tell my wife every day that she is beautiful and that

I love her for the past sixty-three years. We're both healthy up to this day.
    - Be joyful. Joy can help reduce stress, lower the risk of a heart attack, improve blood pressure, boost your immune system, improve your memory, and make you grateful and at peace. "Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Christ Jesus" (1 Thess. 5:16–18).

4. Honor and love God.
    - Honor God—this is the ultimate path to health. "In everything you do, put God first, and he will direct you and crown your efforts with success" (Prov. 3:6 TLB).
    - Be close to God and ask His spirit to come into your life. "The fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control. Against such things there is no law" (Gal. 5:22–23 NIV).
    - Read His Word daily—it is food for your soul.

In short: focus on positive thought. Eat well, move more, love more, and make God important in your life.

Chapter 40

My Legacy

The most important legacy of my life is the continuing success of the Lorma organizations started by my parents: Lorma Medical Center, Lorma Colleges, and the Lorma Community Development Foundation. *It is my wish that they will continue to honor God and those who work in them feel that their work contributes to a higher purpose.*

Possibly, the most important legacy of Lorma Medical Center to the world is its in-house communication system that I originated in my early years at the hospital: all inpatient calls are monitored and answered in three to seven seconds by the full-time receptionist at the hospital information desk.

In an emergency, the receiving receptionist will relay the situation to the attending physician anywhere he or she is. The latter can call the nursing station and give lifesaving orders. The hospitalist on duty wastes precious seconds by still studying the case.

I believe this innovation is contributing to our almost zero number of deaths from patient safety events, compared with the annual data of Johns Hopkins in the US of 250,000 deaths *every year* from "medical mistakes" in US hospitals (in spite of their wealth, technology, and best trained professionals in the world). We have detailed monthly and annual graphic reports about our performance.

The following factors probably contribute to these good results:

1. A family member or friend is always present beside the patient and can call for help sooner when needed.
2. The medical staff avoids central vein infusion whenever possible in contrast to its routine use in the US.

International Legacy

Through highly participative workshops, books, and publications, I was enabled to contribute to the management skills and effectiveness of community health programs of hundreds if not thousands of national and expatriate field office managers and project managers of World Vision International, Food for the Hungry International, and other international agencies working in all continents of the world.

My contribution to the development of hospital management skills included hospital presidents and executives in the Philippines, Guatemala, South Africa, five provinces of China, and five countries in the South Pacific.

My participation as a temporary adviser on the district health system and hospitals in meetings at the World Health Organization headquarters in Geneva, and the WHO Western Pacific Regional Office in Manila enabled me to contribute insights about the situation in developing countries.

My global study on hospital involvement in community for the International Hospital Federation (IHF) funded by the WK Kellogg Foundation was published by the IHF and included in its official journal for ten years.

The accredited MBA program that I founded in 1995 at Hope International University in Fullerton, California, was a pioneer online education program initially through email continues to this day.

The two books that I published on hospital management continues to be sold online in printed or digital format by Amazon.com.

The thirty-two-page comic book on *How to Have a Healthy Family* that I created with Filipino artist Dani Aguila was printed in thirteen different country versions including English, Spanish, African, Portuguese, Chinese, Korean, Indonesian, and Eastern European.

My visits to seventy-six countries in all continents taught me invaluable experiences and insights about the variety of people and cultures, their health-care systems, and their natural beauty.

I learned from the wide variety of people and cultures, their natural beauty, customs, poor communities in rural and urban areas, and health-care delivery systems in rural and urban areas.

Vision, Passion, and Faith

My vision and passion now is to form a small group of experts to strengthen management and effectiveness of hospitals around the world and to encourage them to teach people how to live a healthy life.

I cannot divorce passion from faith. My parents were not perfect people, but their faith in God was strong. They laid the foundation for me so that, alone in my hotel room in Singapore in 1969, when I finally realized that I must fall on my knees, I was able to ask the Lord to forgive me and come into my life. My life was never the same after that.

I thank God that my wife also has a very strong faith in the Lord. We have been married now for sixty-three years, and the love that binds us together is just as strong. We are thankful that our two sons and two daughters and their children are respectful to us, although they may have different beliefs.

We have been guided in our life by several verses from the Bible—verses for life.

Romans 8:28 was my mother's favorite verse in the entire Bible, and it is also my favorite in the New Testament: "And we know that all things work together for good to those who love God, to those who are the called according to His purpose."

In retrospect, I can see now that I was called for this purpose—to train people in health care and management of medical programs and hospitals, and to train people to live healthy lives. All the traveling I did, the influencers I met, the books I read, the seminars I attended, and the workshops I conducted—all these prepared me for the work that I am impelled to do today.

I believe now that God has blessed me in all these things that I have been able to do. I was uniquely positioned to influence the thinking of leaders in world health about primary health care, the importance of hospitals in PHC, the management of relief projects and hospitals, and the change in character that hospitals must undergo. How many people can say that they were there to help when it mattered most?

My workshops met tremendous success, all by the hand of God. I am humbled by that realization and recall Proverbs 3:6, my favorite verse in the Old Testament: "In everything you do, put God first, and He will direct you and crown your efforts with success." All them were blessings from God.

I'll tell you a secret. *It wasn't easy.* The travel could have taken a toll on my health, and in leading these organizations, the temptation to worry could have been overwhelming were it not for these two Bible verses.

> Finally, brothers, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things. Philippians 4:8 (ESV)

Thinking about what is sublime instead of what is squalid and vile improves our outlook, but it takes practice to choose to travel the high road, to bless instead of curse, and to praise instead of worry.

> "Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light." (Matthew 11:28–30 NIV)

My wife and I are now in our late eighties, and we are thankful that we are still active and able to travel back and forth between the US and the Philippines. Our good health is another blessing from the Lord.

Succession in the School and the Medical Center

Part of good management is planning for succession and executing it in an orderly manner. I continue to be chairman of the board of Lorma Medical Center and also of Lorma Colleges and a member of the board of the Lorma Community Development Foundation, but I have relinquished the presidency in both the school and the hospital.

Carol Takes the Helm at Lorma Colleges

At Lorma Colleges, my daughter Dr. Carol Macagba became president and vice chairman of the board in late 2019. She is doing very well. She has a keen, innovative, and creative mind and a leadership style that motivates people, including the faculty, staff, and students. We are thankful, and we praise God for her.

She was always no. 1 in grade school and high school in the Philippines. She obtained a bachelor's degree in biology from Pomona College in Claremont, California, and returned to the Philippines to take medicine in the University of the East College of Medicine. She was no. 1 in her class and was able to transfer directly to the UCLA College of Medicine where she finished her medical degree in 1987. Thereafter, she worked in occupational medicine. She obtained post-

graduate certification in energy medicine, which utilizes the electrical properties of human body for healing purposes. Energy medicine is popular among the younger doctors in the US today.

After twenty years, she left her medical practice and pursued education. She taught elementary school children in California, gaining insights about and a familiarity with the US educational system.

We thank God that Carol became available to work in Lorma Colleges as a third-generation family member. She came in as a consultant and rose to vice president then executive vice president. She now serves as president and vice chairman of the board.

Bob Kaiser Succeeds Me at LMC

Robert (Bob) Kaiser, my brother-in-law, took over from my wife as business manager of Lorma Hospital in 1970. He started using the iconic Apple II computer in the business office. My sisters and I encouraged him to continue developing the software as his personal business, provided the hospital would benefit from the software. With the help of Filipino programmers, he gradually developed the software into the complete computerized system for financial and operational management of the hospital as it is today.

In 2019, his MEDSYS computer system added an electronic medical records component that enabled doctors to use their cell phones and iPads to see X-ray, lab, and other exam results of their patients, as well as to give orders and take notes. His software is being used now by a number of hospitals in the Philippines. Bob's son Philipp has a degree in computer programming and management. Philipp and his brother Bobby worked for a hospital software development company in Silicon Valley in California for a few years.

Bob succeeded me when I stepped down as president of Lorma on June 1, 2020. He has served Lorma a total of forty years.

Management

The most important lesson that I learned in management is this: *plans are always theoretical until they are actually implemented and adjustments are made accordingly*. This is the most important lesson I teach in management.

Second is the universal principle of management developed in the 1920s by Engr. Shewhart still holds true today:

PDCA

- *Plan* the work in the following order (outcome, methods, resources, review system)
- *Do* the plan
- *Check/Study what is happening*
- *Act*/Adjust accordingly

The third is that *corruption seems to be part of human nature in any organization*.

Checking to see how things are doing is essential. The importance of management control systems in place cannot be overemphasized. But checking needs to be balanced by making people feel that they are valued and feel that you care.

Aiming for joy in the workplace and showing that you care cannot be overemphasized.

Global Developments in Hospitals

To recap, hospitals used to be described as disease palaces, spending most of the available resources for health while the health status of the general population continued to deteriorate. Hospitals were also called repair shops for damaged people who go back to the same conditions and lifestyles that made them sick in the first place.

In the meantime, deaths from killers—such as heart and lung disease, cancer, and complications from diabetes—keep rising. Hospitals can do much more. They can teach the patients and people

in the community how to live healthy lives that prevent the onset or progress of these diseases.

A healthy life includes physical health, mental and social health, and spiritual health. The main point is that a positive outlook and a healthy lifestyle help in the healing process. It is not just talk. It is real science that the brain can influence healing in a positive or negative way.

Partnerships in the Post-Capitalist Society

The late Peter Drucker, recognized as the foremost authority on management, wrote about the *Post-Capitalist Society* that we find ourselves in today. Individual companies are finding it increasingly difficult and expensive to invest in rapidly developing technology to keep up with their competition. *The continuing rapid explosion in knowledge and technology makes it increasingly difficult for companies to hire all the people or buy all the equipment that they need to implement the new technology and new knowledge.*

In medicine, new technologies continue to emerge rapidly, including advanced materials and cell therapies for use in repairing various organs. Meanwhile, new developments in treating cancer require increasingly sophisticated, powerful, and expensive equipment, such as the gamma knife, which costs millions of dollars. New technology also needs specially trained and highly paid medical specialists.

In response to these developments, hospital management is forced to evolve as old patterns no longer work. Individual hospitals cannot afford all the new specialized equipment and the needed specialists, so they are forming partnerships and alliances with other hospitals to pool investments in technology and share the knowledge and services of trained specialists.

The Hospital's New Corporate Partner: MGHI

In 2015, Lorma Medical Center sold 40 percent of its stock to Mount Grace Hospitals, Inc. (MGHI) and became one of its part-

ner hospitals. MGHI, a member of the United Laboratories Group, buys equity in trusted hospitals that it partners with throughout the Philippines. It has eighteen partners so far, and the number is growing. Mount Grace's vision is to provide better access to well-equipped hospitals and specialists for Filipinos nationwide.

MGHI provides a centralized support system that anticipates and responds to the needs of its partner hospitals, enabling better collaboration across their network resulting in operational efficiency and cost savings. Among its services to its partners are maintenance of biomedical equipment, bulk procurement, finance services, human resources functions, IT services, business development, and quality assurance.

MGHI president Carlos "Do" Ejercito used to be the president of UNILAB, the leading pharmaceutical company in the Philippines. Chief operating officer Rhais Gamboa was formerly a Department of Health undersecretary. Prof. Noel Cortez, former associate dean of the Asian Institute of Management, conducts strategic planning workshops for member hospitals.

Our partnership with MGHI has been very positive for Lorma Medical Center since the beginning. At the same time, I have been able to contribute my management expertise to the partnership, including my insights about hospitals teaching people to live healthy lives. I led two workshops for MGHI hospital managers in July and August 2019 equivalent to my four-day hospital management workshop. COO Rhais Gamboa asked for my permission last year to share my summary of the Post-Capitalist Society concept with member hospitals.

Planning for the Future

MGHI has four members on our board of directors, while Lorma has six. Board decisions are made by consensus. MGHI has been very supportive of the hospital's management system and helps only when requested. It has been most useful in financial analysis, improving our hospital financial system, strategic planning, and

succession planning. Its input in succession planning is vital for the future leadership of Lorma Medical Center.

Mature professional management is necessary for a major corporation to compete in today's world. Beyond the recent appointment of my brother-in-law Bob Kaiser as president, our family does not have anyone who is professionally prepared today to lead the hospital into the future. When we do have such a professionally prepared family member with the emotional maturity and other qualifications to lead the hospital corporation, our family's 60 percent equity will ensure that leadership remains in the family.

I retired officially on June 1, 2020, as president of Lorma Medical Center. I will remain as chairman of the board probably for three more years until I am ninety.

As I have stated above, asking God to help me, I want to form a small volunteer network to share with leaders of doctor-led hospitals and health centers in developing countries how to improve their management effectiveness and how they can help people how to live a healthy life.

In everything you do, put God first, and he will direct you and crown your efforts with success. (Proverbs 3:6)

About the Author

Dr. Rufino L. Macagba Jr. is an international health services management consultant, executive and hospital management trainer, retired hospital, and college corporation president, with over thirty years of international experience that brought him to over seventy-five countries in all continents. He is a professor of management and founding director of the accredited MBA program at Hope International University in Fullerton, California. He was chairman and past president of Lorma Medical Center and Lorma Colleges in La Union Province, Philippines, a corporation with an award winning two-hundred-bed tertiary hospital and an award-winning college with four thousand plus students.

He grew up in a Christian family with physician parents in the Philippines who founded a hospital that he took over with his wife in 1960. He asked the Lord to come into his life during the Singapore Congress in evangelism in 1968, and he testifies about a lifetime of blessings that followed.

During his twenty-five years of international experience as a community health care consultant in all continents, he learned and then taught about the importance of living a healthy life as the goal of all kinds of health services and how this can be achieved.

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