

The Federation of Chinese American and Chinese Canadian Medical Societies

10th Anniversary Booklet • 1994-2004



To foster communication and association of medical societies and health care professions sharing a common goal of enhancing the health of Chinese in North America and facilitating the professional development of its members.

Federation of Chinese American and Chinese Canadian Medical Societies

TABLE OF CONTENTS

Chairman's Message- Hsueh hwa Wang, MD	1
President's Message- Sun-Hoo Foo, MD	3
Message from the Executive Vice-president- Harry Lee, MD	5
Reflections from a past Chairman- Collin Quock, MD	6
The History of the FCMS- John Chiu, MD, Historian	7
Message from the FCMS Foundation President- David Chiu, MD	9
Member Organizations	
Associaton of Chinese Community Physicans, San Francisco	10
Chinese American Medical Association of Southern California	11
Chinese American Medical Society, New York	13
Chinese American Physicians Society, East Bay	15
Chinese Canadian Medical Socitey, Ontario	17
Chinese Community Health Care Association, San Francisco	19
Chinese Hospital Medical Staff, San Francisco	21
Philippine Chinese American Medical Association, Scarsdale	23
FCMS Research- Sun-Hoo Foo, MD, Committee Chairman	25
FCMS Education & Community- David Der, MD, Committee Chairman	27

FCMS INTERNATIONAL OFFICE
C/O CHINESE HOSPITAL MEDICAL STAFF
845 JACKSON STREET
SAN FRANCISCO, CALIFORNIA 94133
USA

WWW.FCMSDOCS.ORG



CHAIRMAN'S MESSAGE Hsueh hwa Wang, MD

I took over as the Chairman of the Board at the conclusion of 11th Health Conference in New York City on May 23, 2002. The President was Caroline Wang; President-Elect, Randall Low; Vice-Presidents, Sun-Hoo Foo and John Chiu; Secretary Eric Leung; and Treasurer, Edward Chow. The 11th Conference was greeted by the timely arrival from Canada of the colorful booklet, *20th Anniversary of the International Conference on Health Problems Related to the Chinese in North America*, beautifully designed by Caroline Wang. My first duty as Chairman was to name the Committee Chairmen for the following two years. The following were appointed (and all graciously accepted): Program Committee-John Chiu; Membership Committee-Randall Low and Daisy Saw, co-chairs; Publication Committee-Randall Low; By-laws Committee-Dexter Louie; Conference Committee-Eric Leung; Informatics Committee-Lawrence Ng; Education Committee-David Der; and Research Committee-Sun-Hoo Foo.

Thereafter, three Board meetings ensued. The first was at Los Angeles in April, 2002 hosted by the Chinese American Medical Association of Southern California. Dr. George Ma led some of us through the hospital owned by their association, and David Tseng, Trustee of FCMS Foundation, generously hosted a banquet dinner for all attendees. The second meeting was held in San Francisco in November, 2003, with a dinner hosted by the FCMS Foundation. The third one was held in Toronto in April, 2004, graciously hosted by the Chinese Canadian Medical Society of Ontario (lunch, dinner, museum trip and a dinner seminar). To hold the Board Meeting at different membership-cities served the purpose of reinforcing the allegiance and cooperation of our organization members.

Acomplishments

FCMS Foundation: The FCMS Foundation was born. It is registered in the state of California, and its tax exempt status was approved in April 2003. David Chiu was elected as the founding President; Raymond Tom, Secretary,;and Hsueh hwa Wang, Treasurer. A great note of thanks is due to Kelvin Quan, Esq, for his expertise and voluntary service in orchestrating the birth of the Foundation. A general fundraising is going to begin during the 10th FCMS Anniversary celebration.

By-laws Committee: The Committee spent many sessions tidying up ambiguous and cumbersome items in our By-laws. The Executive Committee shrunk to a workable size, and terms of office and voting rights of Board members were defined. Special meetings of the Board now can be called anytime by the Chair or any three members of the board.

Membership Committee: The Association of Chinese American Physicians (ACAP) of New York was interested to join FCMS and sent a representative to our Board meeting in San Francisco in November 2003. After reporting back to their Board, the decision to join was put on hold. But the good news is that in the Spring of 2004, ACAP Board of Directors is now definitely going to apply for organization membership. Another organization, ABMAC Foundation, a spin-off of the recently defunct ABMAC (American Bureau for Medical Advancement to China) has shown strong interest to join FCMS as a member organization. The ABMAC Foundation will deal with educational exchange (visiting professors, medical residents and students) with Taiwan.

Publication Committee: Dr. Randall Low is planning the publication of a booklet commemorating the 10th anniversary of FCMS. With active contributions from all member organizations, the booklet should be available to distribute at the 12th Conference.

Informatics Committee: Dr. Lawrence Ng presented a report detailing the incorporation of the 12th Conference to the FCMS website. Attendees can log on to the FCMS website for updated information about the conference, including registration and abstract submission. Linkage of all member organizations is now complete with the exception of PCAMA, which still does not have a website.

Research Committee: Although we still do not have any collaborative studies involving various member

organizations, several possible projects are worth mentioning. The Herb Watch Project of CAMS will solicit physicians to report on all reactions to herbal medications, and will post these on the CAMS website. U.C. Berkeley and its community just finished developing the Chinese-English Wellness Guide. More information is available at www.wellnessguide.org There has been many enthusiastic correspondences generated via e-mail regarding stroke studies among the Chinese in North America. These issues will be further addressed at the upcoming 12th Conference.

Conference Committee: We are very thankful that five organizations in the San Francisco Bay area got together to host the 12th Health Conference: The Chinese Hospital Medical Staff, The Chinese Community Healthcare Association, The Association of Chinese Community Physicians, The Chinese American Physicians Society of the East Bay, and the Chinese Community Health Plan. The Conference will be Chaired by Dr. Colin Quock. The name of the health conference is now, *The 12th Conference on Health Care of the Chinese in North America*, and the theme of this conference will be "Quality care-Bridging the Gaps." It will be held in San Francisco on October 22-23, 2004.

The CAMS (Chinese American Medical Society) put in a bid for the 13th Conference to be held in New York City in 2006. However, it is the sincere wish of many of us to see CCMS of Toronto to host this conference. CAMS will gladly take on the conference in 2008.

FCMS Headquarters: Thanks to the relentless effort and urging of our Executive Vice-President Harry Lee, The Chinese Hospital finally agreed to give an office space to FCMS, without charge. Ben Lee is in charge of the daily affairs and he is now officially the Associate Executive Director. We miss our beloved Executive Director Patricia Chung. Patricia was a major force during the formative years of FCMS, and her gracious presence will be missed by all.

Change of Leadership

The single, major unfortunate event in 2002 was the resignation of President Caroline Wang in April 2002, and with her departure, the collapse of the 12th Health Conference she co-chaired for 2004 in Vancouver. We shall miss Caroline and wish her all the success in her future undertakings.

The change of leadership was smooth and seamless when Dr. Sun Hoo Foo accepted the challenge to step in gallantly to assume the Presidency of FCMS.

ACCP became inactive

Solomon Wong, the ACCP President, had been most cooperative and had assured us again and again the support of his organization. However, with his departure as the President in July 2004, the new President and the new Board decided not to continue to participate as an active member of FCMS. We can only hope that ACCP will solve their fiscal problems and somehow boost their physicians constituency so that they can re-join us whenever they are ready.

Looking at the future

FCMS is still a young organization. We have had ten formative years but not a great deal of accomplishments to show. It is cumbersome to coordinate geographically separated member organizations, especially for research and education. Continued net-working is an important necessity and we need to work harder at advocacy. The ad hoc committee on Strategic Planning, established in November 2003 and chaired by Dexter Louie, has much work to do. Our Nomination Committee, established in November 2003, Chaired by David Chiu, reported to the Board in April 2004 on a slate of nominees: Chairman, Sun Hoo Foo; President, Randall Low; President-Elect, Edward Chow; Vice-President, Dexter Louie (who later declined); Secretary, David Der; Treasurer, L. Eric Leung; Historian, John Chiu; At Large Directors, John C. Wang (New York), Kenneth Wang (Toronto), Eva Tsai (Toronto) and Frances Wang (Vancouver, who later declined). I have confidence that these capable and devoted people will lead FCMS toward the future, one step at a time.



The FCMS was inaugurated on July 2, 1994. It was the Independence Day weekend in New York City and that symbolized the new era of Chinese American Medical history. It was not coincidental that Chitfu Yu^A was commissioned to create three paintings that depict the three stages to achieving life's goal, made famous by 王國維 wang² guo² wei², paraphrasing the imagery of the Chinese poems in his essay, “人間詞話 ren² jian¹ ci² hua⁴.” The paintings were auctioned successfully on that special night to support and celebrate the birth of FCMS. The three poetic stages of achieving success in various life endeavors are (1) unyielding, persistent effort (2) high and inspiring vision (3) Serendipity. The formation of FCMS echoed exactly these points.

For those who are not familiar with the vision and the history of FCMS, I'd like to refer you to the 20th Anniversary booklet of the International Conference on Health Problems related to the Chinese in North America 1982-2000, edited by our Past-President, Caroline Wang, MD.

Some may ask what is happening to the Federation and what does the future have to hold? I'd like to answer that question using the imagery on our inaugurated T-shirt: “like a galloping horse”. FCMS is the collective energy of all the organization members. (Literally-- a heavenly steed soaring across the sky), only **the sky is the limits**.

Out of no where our Chairman, Hsueh-hwa Wang, MD, was contacted via e-mail stating that CAMS's Diabetic article was cited as #31 on Google search. Out of curiosity, I typed in “Chinese American and diabetes” in Google search and found that the FCMS is #1 out of 7400 choices on that subject. If one looked for bilingual health care materials, the work by FCMS is linked and can be easily accessed on the internet. Immediately, it struck me that the internet will be the place to publicize our work at a minimal cost. Most of the recent FCMS health conference topics and articles are already posted in our site for immediate access.

One may wonder what have the previous conferences done so far? The result may not be obvious at first glance, but it has nurtured the Asian and Pacific Islander American Health Forum (APIAHF) which is at the forefront of carrying out the needs of the community to the federal level. OnLok, the San Francisco group, is now the model for elderly care in the nation. The FCMS was requested by the White House to testify in the townhouse meeting of the Health Care Initiative for minorities; funded by NIH, NYU Medical School and CAMS (FCMS member in the East coast), members recently worked together to form the Center for Asian Health. The Center immediately secured a grant to establish a “Liver Center” targeting research for Hepatitis B, also a major grant for an Asian Mental Health Initiative is on the way. Results of Chinese with stroke in New York City, Toronto and San Francisco will be presented in this 12th Conference, and hopefully, a Chinese cardiovascular initiative can be launched in the near future from these works.

Our immediate work is to further develop the FCMS website and to better link our individual organization members and members at large. The education tours, mentorships, scholarships, research and work opportunities offered by our member organizations should be linked in FCMS website for easy access. Health related projects along with each members' expertise and initiative

should be shared via the Internet. We should use the example of the CAMS site to see what can and should be linked and shared among members. By providing services and sharing relevant information, we can make the FCMS indispensable. It will be a useful resource that will encourage continuous future support. Without continuous talents and work for the FCMS, there will be no future. The FCMS Foundation, formally established in November 2003, will be a cornerstone to further our goals. Funding for the Foundation is our biggest challenge.

The FCMS is relevant only if its member organizations are strong. It has no power on its own, it can be influential and useful only if members identify with its goal and work enthusiastically together. With the collective FCMS physician memberships of more than 2,000, I believe that, there is enough critical mass of physicians to collectively make a larger impact on our community health and health care in general.

With this, I'd like to call for more volunteers to come out, join your local organization, contribute your time and talents. FCMS needs you and with your participation, 天马行空 tian¹ma³xing²kong¹, only the sky is our limits.



Foot notes:

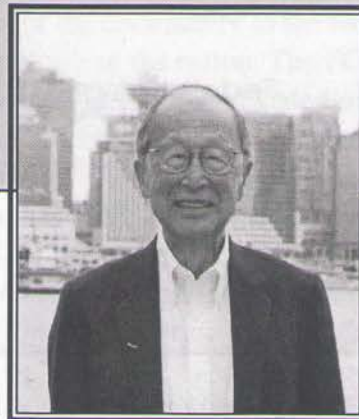
A) Artist 哲夫 Chitfu Yu is also responsible for the design of FCMS logo. www.chitfu.com.

The Federation of Chinese American and Chinese Canadian Medical Societies (FCMS) is preparing for another decade of growth and achievement. The needs of our communities continue to attract our support as significant gaps in health care remain. Some notable problems are with health service delivery systems, language deficiencies, access, high incidence diseases, health prevention, and education. These deficiencies are again cited in many publications that many Asian Pacific Islander (API) organizations have documented with updated data since the 2000 United States census.

FCMS finds itself in a potential leadership role to assist, empower and support the development of growing API community organizations. We encourage interested members of the health professions to join our Federation in an individual membership and to participate in the open scientific meeting with our member organizations. These meeting notices may be found on our FCMS website (www.fcmsdocs.org), with educational materials such as the 12th Conference notes and four of our previous biennial Conferences. Other Internet items are available by patching through FCMS to the Chinese American Medical Society (CAMS).

This coming decade brings new optimism, new goals, and a stronger voice in advocacy in health matters concerning APIs in North America. The FCMS, with our constituent member organizations, stand ready to support and assist other organizations with similar goals and expectations.

Harry Lee, MD, FACP
Executive Vice President, FCMS
Founding President, FCMS





Ten years is a very short time, especially with a Chinese perspective. But to the busy physicians leading the FCMS, each already pre-committed to hundreds or thousands of patients and to dozens of causes, the business of the FCMS was often of a lower priority; and it made for a very hectic decade. The progress of the organization is in fact amazing considering the lack of funds, the volunteer status of our staff, and the distances and times involved in trans-continental meetings. But FCMS, the seedling, has grown quickly into a sturdy young pine, thanks to the commitment of volunteer physicians and staff, bound together by a vision of unity and strength to improve the health care of the Chinese in North America.

Doctors caring for Chinese patients have a natural curiosity as to how general medical science relates to the physical and cultural uniqueness that set the Chinese patient apart. Some of those doctors working at Chinese Hospital in San Francisco decided to hold a conference to address this curiosity in an organized fashion. The first meeting took place in San Francisco in 1982. The gathering drew a surprising attendance from leaders in other cities echoing the same concerns. *The Conference on Health Problems Related to the Chinese in America* repeated its success two years later in Los Angeles and has since been held every other year at a variety of other sites, including New York, Toronto, and Vancouver. The challenges and friendships crystallized by these Conferences led ultimately to a more formal organization chartered in the State of California ten years ago as The Federation of Chinese American and Chinese Canadian Medical Societies (FCMS). An Advisory Council with Pan-Pacific membership was deputized to help the officers grow the organization. An ad hoc fundraising committee was appointed. Three years ago this fundraising body was formally chartered in California as The FCMS Foundation.

In 1982-84 well-organized Chinese physician groups already existed in many cities. It was thus decided to have a new super-organization with existing groups as members. Subsequently, however, the FCMS board voted to allow physicians with no near-by existing group to join the FCMS as individuals. During these years, the FCMS simultaneously had member organizations in ten cities, several with more than one group. These ten were: Toronto, Vancouver, Montreal, New York (2 organizations), Boston, Washington DC, Phoenix, Los Angeles (2 organizations), Oakland, and San Francisco (4 organizations). Those on the East Coast of the United States had long ago bonded together as chapters of the Chinese American Medical Society (CAMS). Attrition has claimed Vancouver, Montreal, Phoenix, and one group in Los Angeles. However, active solicitation has begun with leaders in Calgary and Seattle. Our goal must be to enroll every physician interested in Chinese patients as a member of FCMS either through a component organization or as an individual member.

During this decade, the FCMS has assumed oversight of the newly renamed *Conference on Health Care of the Chinese in North America*, which has continued to be a major activity. The FCMS has developed an attractive website (fcmsdocs.com) containing a number of useful bilingual patient educational pamphlets available for download, as well as the scientific proceedings of previous conferences. The organization has struggled with the development of an agenda to guide research best serving the health interests of our patients in North America. One of the most important accomplishments of the FCMS in its first decade has been the building of a close network of like-minded professionals. This is a development of huge potential, particularly with the burgeoning importance of China to North America.

Fascinating challenges lie ahead for the FCMS. Our mission to our constituency shines like the sun upon our flourishing pine. It calls for commitment of active health professionals to help the FCMS grow even taller and stronger. The success of the FCMS will mean better health care for the people in North America and greater satisfaction for us who serve them.



1981: The Very Beginning

In 1981, the Chinese Hospital in San Francisco had the vision of organizing a Conference concentrated on the health issues related to the care of the Chinese in North America. They contacted various Chinese American and Chinese Canadian medical organizations to try to make it a conjoint effort in supporting a Conference of international stature on Health Problems Related to the Chinese in North America. Several organizations responded to the call, and they endorsed and participated at the First Conference on Health Problems Related to the Chinese, held May 22-23, 1982, in San Francisco. Over 200 doctors attended the conference.

1982: National Steering Committee

Following the First Conference, a National Steering Committee made up of members from seven organizations was officially formed to continue setting up guidelines and policies for future biennial conferences. Dr. Edward Chow was the Chairman of the First Conference. The seven organizations were: Chinese Hospital, San Francisco; American Center for Chinese Medical Sciences, Virginia; Association of Chinese Community Physicians of San Francisco; Chinese American Medical Society, New York; Chinese American Physicians Society of East Bay, Oakland; Chinese Physicians Society of Southern California of Southern California, Los Angeles; Chinese Canadian Medical Society of Ontario, Toronto (Medical Section, the Federation of Chinese Canadian Professionals of Ontario)

1984 & 1986: Second and Third Conferences

The Second Conference was held August 18-19, 1984, in Los Angeles, hosted by the Chinese Physicians Society of Southern California, chaired by Dr. Huo Chen.

The Third conference was held August 23-24, 1986, in New York City, hosted by the Chinese American Medical Society, chaired by Dr. Hsueh-hwa Wang. The Gala dinner was at the Windows of the World, in the World Trade Center.

Dr. Harry Lee was elected to the new Chair of the National Steering Committee.

1988: Fourth Conference

This was back at San Francisco, and hosted by the Chinese Hospital Medical Staff of San Francisco chaired by Dr. Collin Quock. Three new member organizations joined the National Steering Committee: Chinese Physicians of Chinatown of Los Angeles, the Chinese Canadian Medical Society of Quebec (Montreal), and the Chinese Canadian Medical Society of British Columbia (Vancouver)

1990: Fifth Conference

The Fifth Conference marked the first time the conference was held in Canada, hosted by the Chinese Canadian Medical Society of Ontario in Toronto, chaired by Dr. John Chiu. It was one of the most successful and "representative" Conferences, it was attended by 400 physicians and health professionals from all corners of North America, as well as from Hong Kong, China, Australia and New Zealand.

The success and comradeship of the Fifth Conference inspired the founders of the FCMS to start organizing the Federation of Chinese American and Chinese Canadian Medical Societies, led by Dr. David Chiu, Dr. Harry Lee, Dr. Hsueh-hwa Wang, Dr. John Li and Dr. John Chiu. Dr. David Chiu was appointed the Chair of the Ad Hoc North American Steering Committee to form the FCMS. The vision has "to build a critical mass of physicians of Chinese descent to make our voices heard, our interests count, and to build a foundation for posterity, in the field of medicine in North America."

1991, 1993: Ad Hoc Committee Meetings in New York City

Preliminary constitution & By-laws were drawn up at the meeting in 1991, and the final version of FCMS Constitution & By-laws was approved in 1993.

1992: Sixth Conference

This was held June 18, 1994, in San Francisco, hosted by the Chinese Hospital Medical Staff of San Francisco, chaired by Dr. Gregory Fung. The Chinese Community Health Care Association was a new member joining the Steering Committee. Dr. Harry Lee took over the chair of the Ad Hoc Committee on the formation of the FCMS.

1994, 1995: Seventh Conference, and the Formation of the FCMS

The Seventh Conference was held July 1-3, 1994, in New York City, hosted by the Chinese American Medical Society, chaired by Dr. David Chiu.

7

The Inauguration of the FCMS was held on July 2nd, at Tavern on the Green. Dr. Harry Lee assumed the chairman of the Board, and Dr. David Chiu was elected as the President of the Federation.

At the Board meeting on August 25 in Vancouver, the FCMS took over the function of the National Steering Committee in overseeing the Biennial Conferences. By-laws and Mission Statement were revisited.

1996: Eighth Conference

This was held August 22-25 in Vancouver, hosted by the Chinese Canadian Medical Society of British Columbia, chaired by Dr. Terence Chang. New Chair and President for the FCMS were Dr. David Chiu, and Dr. John Chiu. Dr. Harry Lee became the Executive Director (later, the Executive Vice-President)

1997: FCMS Board Retreat

This was held in Palm Springs February 28-March 2. The official FCMS logo was adopted, and the visions of the future were set. Another Board meeting was also held August 8-10 in Montreal, strengthening organizational issues.

1998: Ninth Conference

This was held August 20-23, in Los Angeles, hosted by the Chinese Physicians for Chinatown, chaired by Dr. Tit Sang Li. The FCMS started to produce medical educational pamphlets as of Board meeting held on January 17-18 in San Francisco. At the Board meeting on August 20 in Los Angeles, the FCMS started to develop a web site, and considered starting on or supporting some research projects. The new Chair and President for the FCMS were Dr. John Chiu, and Dr. Collin Quock. Ms. Patricia Chung, a long time volunteer for the organization, became the Associate Executive Director.

1999: Formation of Advisory Council

At the Board meeting on February 20, the FCMS decided to form an Advisory Council of notable researchers and philanthropists. The Inauguration of the Advisory Council was held in Los Angeles on June 27, coordinated by Dr. David Chiu, and chaired by Mr. David Tseng.

2000: Tenth Conference

This was held June 30- July 1, 2000, in San Francisco, hosted by the Chinese Hospital Medical Staff of San Francisco, chaired by Dr. Gregory Fung. New Chair and President for the FCMS: Dr. Collin Quock and Dr. Hsueh-hwa Wang. Board meeting of FCMS on March 10 in Vancouver, celebrated the Inauguration of the Association of Chinese Canadian Professionals of British Columbia (ACCP), and also welcomed the ACCP (BC) and Philippine Chinese American Medical Association of New York as new members.

2001: Formation of FCMS Foundation

At the board Retreat February 17-18 in Los Angeles it was decided to form the FCMS Foundation. A special commemorative Booklet of 20th Anniversary of the Biennial Conferences was to be published with generous donation from the Chinese American Medical Society. The Board also met in Toronto on October 6, and attended a special one-day symposium on the Human Genome Project, hosted by the Chinese Canadian Medical Society (Ontario).

2002: Eleventh Conference

This was held May 25-26, 2002, in New York City, hosted by the Chinese American Medical Society, chaired by Drs. Daisy Saw & John Wang. The 20th Anniversary of the Biennial Conferences was also celebrated. New Chair and President for the FCMS: Dr. Hsueh-hwa Wang and Dr. Caroline Wang.
Board meeting was held in Vancouver on September 13-14. Issues relating to the 2004 12th Conference were discussed.

2003: Board meetings and Teleconferences

Board meeting on April 19, in Los Angeles: new category of emeritus Board member created
Teleconferences on May 29 and June 3: status of the 2004 Conference, and change of venue
Board meeting on November 15, in San Francisco: 12th Conference to be held in San Francisco with the name change to "Health Care of the Chinese in North America"
New President for FCMS taking over from Dr. Caroline Wang in July, 2003: Dr. Sun-Hoo Foo

2004: Twelfth Conference

Board meeting was held April 24, in Toronto: to publish a 10th Anniversary Booklet on the FCMS, to be ready for the 12th Conference. The 12th Conference will be held on October 22-23, 2004, in San Francisco, hosted by the Chinese Hospital Medical Staff, chaired by Dr. Collin Quock.

A full decade has passed since we inaugurated the Federation in New York. As we are preparing for a celebration of this important milestone, we find ourselves at a crossroads, confronted with a fateful choice to either elevate our combined fortitude charging ahead and building an institution wherein the engine for success of our posterity in this continent will be constructed and maintained, or, to simply float adrift in the stream of self-congratulation.

Let us reflect on what we have accomplished so far and what has yet to be done. Over the last decade, the FCMS has settled down with a solid core group of constituent organizations. We began with seven organization members and now we have eight. The total sum of all individual members is about 3000 strong. We have gravitated a critical mass. The administration has passed through five generations of leadership, yet each and every one of the founding members remain loyal to the mission of the Federation. The spirit of voluntarism continues to be flaring brightly as ever. The FCMS Foundation is finally formalized. The Foundation, dedicated to support the function on growth of FCMS, shall be the supporting and nurturing body of the FCMS. The biannual conferences that the Federation has inherited from the Chinese Hospital Medical Staff continue to strive. The last meeting in New York was a resounding success. The 12th conference in San Francisco under the leadership of Collin Quock is going to be another banner performance and a memorable celebration of the FCMS. While we can all share a sense of satisfaction for what we have accomplished thus far, what lies ahead for us to embark is daunting.

David T.W. Chiu, MD
President, FCMS Foundation
Founding Chairman, FCMS

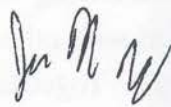


華人社區醫師協會

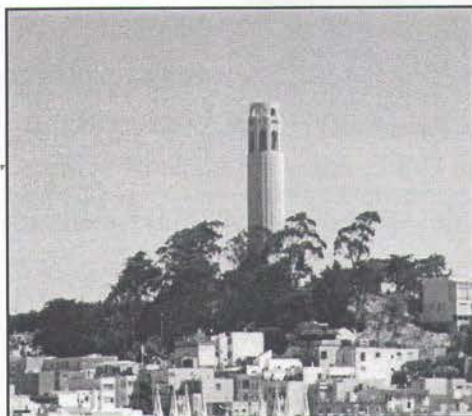
ASSOCIATION OF CHINESE COMMUNITY PHYSICIANS, INC.

827 PACIFIC AVENUE, UNIT 112
SAN FRANCISCO, CALIFORNIA 94133

Those physicians who live in San Francisco certainly know by now that the Association of Chinese Community Physicians (ACCP) has been dormant for four years. Other than the year and a half of activity around the year 2000, it has been inactive for more than a decade. This is in no way however a bad thing, rather a sign that there is not currently a need for the ACCP. In times past, the Chinese Hospital Medical Staff and the Chinese Community Health Care Association were primarily Chinatown focused and the ACCP was a social and sometimes political body to bring Chinese physicians from all over San Francisco together. However, now the Chinese in San Francisco are much less concentrated in where they shop, work and live. Even though they are primarily in Chinatown, so are many of the physicians in the Chinese Community Health Care Association and Chinese Hospital Medical Staff. If there came a time when there is a need for ACCP to reactivate, I am sure that the San Francisco physician community will respond energetically as it has in the past. But for now—we rest.



Jerome N. Jew, M.D.
President, ACCP



Chinese American Medical Association of

The Chinese American Medical Association of Southern California (CAMASC), formerly known as Chinese Physicians For Chinatown (CPC), is a medical professional association, which originated in Los Angeles, California during the 1970's. CAMASC was later formally incorporated as a non-profit organization in 1985. CAMASC's mission is to maintain, develop and enhance the knowledge, skills, and professional performance of physician members, as well as physicians in the surrounding community through Continuing Medical Education Programs and medical research participation.

During the 1970's, a group of local Chinese physicians who dreamt of building a healthier community, united to organize CPC. These physician members gathered to plan and coordinate health care projects that are culturally and linguistically sensitive to the Chinese community. This community grassroots approach had mobilized many talents, assets and resources from the Chinese American Medical community and beyond. Today, CAMASC has over 200 physician members.

Since promoting continuing medical education for practicing physician members is one of the primary focuses, CAMASC worked diligently in the 1990's with the California Medical Association (CMA) to develop Education Protocols. CAMASC also became one of the first Continuing Medical Education (CME) providers within the Asian medical communities of Southern California.

As CAMASC expanded its efforts on improving the quality of health among the Asian community in the Los Angeles region, CAMASC became actively involved with other Chinese American and Chinese Canadian medical associations in the 1980's. Together, these

medical associations organized biennial conferences. Subsequently, CAMASC became a founding member of the Federation of Chinese American and Chinese Canadian Medical Societies. CAMASC was the hosting organization of the 2nd International Medical Conference in Los Angeles in 1984. After a decade of service and reflecting the Federation's legacy, CAMASC



1998 Conference – President Firmin Ho, M.D., facilitator for panel discussion.

along with PAMC Health Foundation and Pacific Alliance Medical Center successfully hosted the *9th International Conference on Health Problems Related to the Chinese in North America*.

As a leading health care professional organization, CAMASC also supports health fairs and health educational programs. Physician members are encouraged to volunteer and participate in many local health care events. Activities range from being speakers at local schools and business institutions; contributors of articles to newsletters and press; and media appearances on discussions such as health controversies and preventive medicine.

CAMASC provides a minimum of five CME programs annually to its members at no cost. To learn more about CAMASC and membership information, please contact (213) 830-6510. CAMASC looks forward to continuing its mission and being a vital instrument for the betterment of the Asian community.

Our Presidents

1984 - 1986
T. G. Wing Chow, M.D.

1986 - 1988
Shi-Yin Wong, M.D.

1988 - 1991
Tit Sang Li, M.D.

1991 - 1993
Felix Yip, M.D.

1993 - 1996
George Ma, M.D.

1996 - Present
Firmin Ho, M.D.



1998 Conference Gala - Conference Chair, Dr. Tit Sang Li and his committee welcoming keynote speaker, Dr. and Mrs. David Ho

Chinese American Medical Society,

The Chinese American Medical Society (CAMS) celebrated its 40th anniversary in October 2003, at a dinner-dance in New York City. The celebration capped a full day of scientific meetings that brought together over 250 attendees to participate in exciting, up-to-date discussions on the latest advances in medicine, and also to a lecture by the Scientific Award Recipient. This description gives a glimpse into the many activities of this society, founded by immigrant physicians in the early 1960s. They and their successors boldly stated the objects of the Society to be as follows:

- 1) To promote the scientific association of medical professionals of Chinese descent;
- 2) To establish scholarships and/or endowments in medical schools and hospitals of good standing;
- 3) To advance medical knowledge and scientific research with emphasis on aspects unique to the Chinese;
- 4) To improve the health status of Chinese Americans.

While the Society has made progress on all these fronts, clearly much more needs to be done. The Society has held large and small gatherings, anywhere from twice a year to six times a year, providing ample opportunity for professional mingling, discussion, and continuing medical education. Besides the Annual Scientific Meeting, there have also been Spring/Summer Scientific meetings, fund-raising dinners, dinners with lectures, and just plain fun outings. The officers have worked hard to keep the membership involved in all these activities. The Society has been able to attract interest among Chinese-American physicians in other cities, so that chapters have been formed in Albany, Boston, and Washington, DC. Chapters have their own by-laws, officers, and activities, and stay in touch with the Society's Board of Directors in New York City. The Mid-Atlantic Chapter (DC) is currently the largest, with over 100 members, and they often offer dinner seminars as well as raise funds for scholarships for exceptional high school, medical and dental students, and its Summer Research Fellowships.

A gradual increase in membership has brought the overall number to over 900. Another gradual change is the shift in composition of members to a younger group who are U.S. medical school graduates. Among these are our current and future leaders.

The evolution to managed care brought about the formation of the Chinese American Independent Practice Association (CAIPA), formed of Society members who are providers in various managed care groups. It now has over 200 members.



Past Presidents of CAMS, Oct. 2003, from left, seated, H.H. Wang, Sophie Chang (widow of Wei-Ping Loh), Kuo-Chen Wang, Kenneth Sze, Chu-Huai Chang and Eddy Tong; standing, Daisy Saw, Sun-Hoo Foo, John Wang, Thomas King, Samuel Yeh and John Li.

For many years, it was the dream of a number of people of the Society to form a truly national organization of Chinese physicians. In 1994, with CAMS as one of the principal organizers, the Federation of Chinese American and Chinese Canadian Medical Societies was inaugurated. There are currently eight medical societies (seven in the U.S. and one in Canada), which are organizational members, representing some 3,000 individual members. Chief among the activities has been a biennial International Conference on Health Problems of the Chinese in North America. This was started in 1982, and the 12th Conference will be held in 2004; CAMS has hosted three of these well-attended conferences (The 3rd, 7th and 11th). By being part of FCMS, the Society can now work with a larger group to foster its long-held aspirations.



Board of Directors of CAMS, 2003, from left, Savio Woo, Daisy Saw, Jyming Wang, Alice Lee, Wilson Ko, Tak Kwan, Mabel Cheng, H.H. Wang, John Wang, David Wang, Warren Chin, Alan Tso and Darryl Wu.



Dr. David Ho

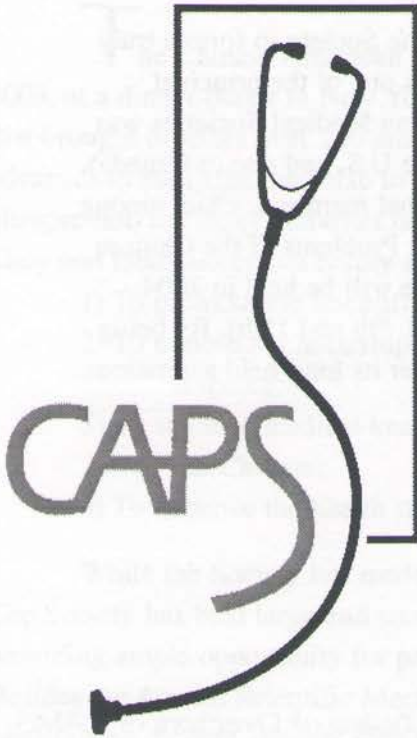


Dr. and Mrs. John Wang on the dance floor

Visit the Chinese American Medical Society website at:

[HTTP://WWW.CAMSOCIETY.ORG/](http://www.camsociety.org/)

Chinese American Physicians Society,



The Chinese American Physicians' Society (CAPS) of the East Bay was organized and incorporated in 1977. Prior to this incorporation, some of our members had thoughts of a state or national organization. It is with this in mind that I went to New York and attended a conference by the Chinese American Medical Society of New York. I joined the organization in the mid 1970's to learn more about that organization and to explore the possibility of a branch in the West Coast. After much thought of the pros and cons, we decided to form our own organization.

Our goals are in our mission statement. They are as follows:

1. To promote quality healthcare for our community in a cultural sensitive manner.
2. To foster awareness of the social responsibility of our profession to the community.
3. To support a forum for exchange of information and education in the medical sciences.
4. To discourage and eradicate prejudice and discrimination in all facets of the health and medical professions.

The formation of CAPS provided opportunities for our widely dispersed Chinese American physicians with a common cultural heritage to come together for fellowship and social interaction besides providing community services.

However, the thought of a national Chinese American physicians' organization was still in the back of our minds. When the Federation of Chinese American and Chinese Canadian Medical Societies was proposed in the 1980's, my thought was that this was in line with our original goals. For this reason I joined the steering committee as a charter member.

Although the Federation is still in its formative years it has fulfilled some of our original mission statement goals at the North American level.

The biennial conference promoted quality health care in a cultural sensitive manner for our community. The very fact that the Federation has these conferences demonstrated the commitment to our professional responsibility to our Chinese American and Chinese Canadian communities.

The Federation with its meetings and conference also gave us the opportunity to meet other Chinese American and Chinese Canadian physicians of like cultural heritage and to interact with them.

Thus three of our goals are met by the FCMS.

As we look toward the future, we hope the Federation will be better organized and structured with more unity, and avoid some of the problems of the past and the present year.

Additionally, a greater participation and support by the many Chinese American and Chinese Canadian physicians in the Federation would better. It is also our hope that the Federation will play a more active advocacy role for quality cultural sensitive medical and health care for our communities at the national level. The Federation needs to develop an impact at the national level to gain recognition. Presently there is no public relations person, or an advocacy spokesperson, to represent the Federation to fulfill this role at the national level.

If the Federation can accomplish these, it will then be recognized as the medical profession's voice for our Chinese American and Chinese Canadian communities in North America and fulfill our dream of a national organization.

Officers and Directors

Chris Chan, M.D., President

Ivan Lee, M.D., Secretary

Ronald Szeto, M.D., Treasurer

Lawrence Ng, M.D.

Yvonne Chen, M.D.

George Wong, M.D.

Eddie Cheung, M.D.

Tony Shiu, M.D.

Albert Wong, D.Pharm.

David Der, M.D., Executive Director

Visit the Chinese American Physicians Society website at:

[HTTP://WWW.CAPS-CA.ORG/](http://www.caps-ca.org/)

Chinese Canadian Medical Society

The Chinese Canadian Medical Society (Ontario) was established in 1975, first as the Medical Section of the Federation of Chinese Canadian Professionals. This was triggered by the issue of an alarming and misleading report in the *Toronto Globe and Mail* in September, 1974. On a statement made by Dr. Bette Stephenson, then the President of the Canadian Medical Association, she stated that there were too many foreign born Chinese medical students in the University of Toronto, disregarding the fact that almost all of them were landed immigrants or Canadian citizens. Nine Chinese Canadian physicians and other professionals were instrumental in spearheading the formation of the Federation of Chinese Canadian Professionals of Ontario.

The Society was formally incorporated on April 26, 1984. It now numbers about 500 active participants, including medical students. The Society just celebrated its 25th Anniversary on May 27th 2000, at a special Gala Conference and Dinner Dance.

It remains as the largest and the most active section of the Federation of Chinese Canadian Professionals of Ontario (FCCP). In fact, about half of the past Presidents of the Board of Directors of the FCCP came from the CCMS.

Reflections on the involvement with other Chinese medical societies in North America

In 1981, Dr. John Chiu, then the President of the Federation of Chinese Canadian Professionals (Ontario), as well as the Chinese Canadian Medical Society (then the Medical Section of the FCCP), responded to the call from the Chinese Hospital in San Francisco to endorse and participate at the *First International Biennial Conference on Health Problems Related to the Chinese in North America*. In 1982, the CCMS (Ont.) joined the National Steering Committee of the Biennial Conferences, and continued to support the vision of the project. The Society accepted the challenge and became the first Canadian host, and organized the 5th biennial conference on Health Problems Related to the Chinese in North America in 1990 in Toronto, one of the most successful conferences to date. It also succeeded to bring to attention and sparked the interest of the CCMS (British Columbia) and the CCMS (Quebec) in the biennial conferences.

The combined visions of the North American Chinese Medical Societies stimulated the CCMS (Ont.) during its earlier years to organize three special annual *Conference on Diseases Common to the Chinese in North America* from 1983 to 1985. During the years from 1989 to 1992, the CCMS (Ont.) was also actively organizing and sustaining the Federation of Chinese Canadian Medical Societies and the Chinese Canadian Health Forum, with the colleagues of sister organizations in Montreal and Vancouver. The projects however did not continue to function actively due to lack of sufficient funding. It still liaises actively with other organizations such as the CCMS (British Columbia) and the Filipino Canadian Medical Association.

In 1994, the CCMS (Ont.) became one of the Founding members of the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS) when it was formally incorporated to take over the duties of the National Steering Committee and also to expand its visions and goals. The Society will continue to support its goals and objectives.

Throughout the years, the CCMS (Ont.) has indeed benefited tremendously in its association with the many medical societies of physicians of Chinese descent in North America, in the development of its visions, and in its continuous pursuit of its goals.

Some highlights of activities

- (A) Educational CME Dinner Lectures: usually around 10 a year
- (B) Annual Medical Seminar
- (C) Participation in the *Biennial Conference on Health Problems Related to the Chinese in North America*, held so far in San Francisco, Los Angeles, New York City, Toronto(1990), and Vancouver
- (D) Medical CME Tours: to China, Hong Kong, Southeast Asia, Europe, Cuba, Australia/New Zealand, Galapagos, etc.
- (E) Medical Student Mentor Program; Medical Students Annual Orientation; Career Guidance
- (F) Basic Chinese medical vocabulary seminars and sessions for physicians and medical students
- (G) Assistance in clinical research and data collection, e.g. Cancer Screening practices in Chinese Women, Stroke Issues in the Chinese Patients

- (H) Radio, TV and Newspaper medical talks; Health Awareness Outreach lectures; Public Health Forum; community health clinics; etc.
 (I) Social activities: Christmas Family Party, FCCP Chinese New Year Ball, Golf tournament, etc.
 (J) Sports activities: badminton, basketball, tennis, soccer, etc.
 (K) Cultural events: opera, ballet, art gallery and museum exhibitions, theatres

Community liaison and outreach services

(A) Liaison: The Society has been in regular dialogue and association with numerous medical organizations as well as the medical faculty of the University of Toronto. These include the Liver Foundation (CCMS together with the Liver Foundation were instrumental in bringing in free Hepatitis B vaccine for newborns for Hepatitis B carrier mothers), the Hearing Society, the Heart and Stroke Foundation, and the Canadian Red Cross, as well as various Hospitals in the greater Toronto area. The Society also helped the University of Toronto set up an exchange program with the Szechuan Medical College, and was consulted on the issues of English proficiency examination, and entrance examination to the University.

(B) Community Education on medical health: Regular talks and lectures have been given by Society members to the Chinese Canadian community and non Chinese community groups, at various venues such as hospitals, community centers, Mon Sheong Home for the Aged, Radio stations, MTV, Fairchild TV, City TV, and local cable channels. Among other educational services, the Society also sponsored a year long question and answer medical column in the *Sing Tao Daily News*.

(C) Other Community Services: These included free medical clinic for Vietnamese refugees, supporting Chinese outreach programs in hospitals, breast cancer outreach clinic, sponsoring tea parties at Mon Sheong Old Age Home, and donating and offering support to activities of charitable organizations such as the United Way, Mon Sheong Home for the Aged, St. John's Ambulance Service, the Hong Fook Mental Health Service and the Chinese Cultural Centre of Greater Toronto and other Chinese Canadian organizations.

(D) Community Issues: The Society was actively involved in community issues such as Vietnamese Refugees Programs, Metro Police Race Relations, W5 Campus Giveaway, University of Toronto English Proficiency Test and Entrance Examination, Hepatitis B vaccines, Bill 94 and other Government Health Insurance Plan issues, Foreign Medical Graduates, Nursing Home projects, SARS education, etc.

Promoting higher education

The CCMS (Ont.) has been the staunchest supporter of the FCCP (Ont.) Education Foundation, the charitable arm of the FCCP, which promotes higher education through prizes and scholarships, interest free student loans and annual Awards of Merit. The Society members accounted for well over 50% of the money raised in the initial three years of the Foundation, whose capital fund now stands at around \$1 Million. The CCMS (Ont.) has established through the Foundation, two annual prizes (Anatomy, and Metabolism) and an Entrance scholarship (\$2000) that are given out annually at the Faculty of Medicine of the University of Toronto.

Some recent and current activities

- 1) CCMS 2001 Conference: October 7, 2001, on Update on the Human Genome Project and Its Implications on Clinical Practice
- 2) Annual FCCP 2002 Conference: November 24, 2002, on Mental Health
- 3) Annual FCCP 2003 Conference: October 5, 2003, on Infectious Diseases including SARS, West Nile Virus
- 4) Annual FCCP 2004 Conference: October 17, 2004, on Pediatrics Issues
- 5) CME Caribbean Cruise on Queen Mary II: November 24 -December5, 2004 (10-12hrs CME credits)

Visit the Chinese Canadian Medical Society (Ontario) website at:

[HTTP://WWW3.SYMPATICO.CA/CCMSONTARIO/](http://www3.sympatico.ca/ccmsontario/)

Chinese Community Health Care Association,

The Chinese Community Health Care Association (CCHCA) is a San Francisco based non-profit association organized by members of the Chinese Hospital Medical Staff in response to the growing impact of managed care in California limiting access to Chinese American physicians during the late 1970's and early 1980's. CCHCA offered the opportunity for interested members of the medical staff to deliver bilingual and culturally sensitive health care in a managed care environment. CCHCA also played a major role in the development of the Chinese Community Health Plan owned by Chinese Hospital offering the community locally controlled affordable health care.

19



In 1899, the Tung Wah dispensary, a health clinic offering western medicine was opened on Sacramento Street and was the forerunner of the Chinese Hospital. In 1924, the community built the Chinese Hospital. The development of a physician organization and health plan to offer bilingual culturally sensitive services in a managed care environment was the modern response to the access needs of the growing non English speaking Chinese population in the 1970's and 1980's related to new immigration from the Chinese mainland, Hong Kong, Vietnam and Taiwan. Today, CCHCA serves nearly 24,000 enrollees in five managed care plans ranging from a Medicaid two plan model, the San Francisco Health Plan, to the CCHP Medicare Advantage. CCHCA and Chinese Hospital is available through the most popular mainstream plans in San Francisco as well as the Chinese Community Health Plan.

As a non-profit association, CCHCA's purpose is to promote social welfare by making health services accessible to the Chinese community of San Francisco. It achieves this through its network of over 70 primary care physicians and the availability of 200 specialists. CCHCA is also proud to be a founder and sustaining member in the NICOS Chinese Health Coalition composed of over 40 public and private agencies and individuals advocating for the health needs of the Chinese in San Francisco. CCHCA is also a founder and supporter of the pre-eminent national Asian health advocacy agency, the Asian Pacific Islander American Health Forum (APIAHF) and is a founding member of the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS).

CCHCA is a participating site in the National Cancer Institute's special grant, the Asian American Network for Cancer Awareness, Research, and Training (AANCART). This is a five-year project of research institutions that have a special expertise in addressing Asian American cancers. CCHCA is the only non-university participant. AANCART has developed screening guidelines for detection of cancer in Asian Americans. As a local project, over the past two years, CCHCA has developed guidelines for primary care providers to assist in screening, identifying and treating Hepatitis B carriers, and sponsored three provider education forums on the topic. This has increased screening for Hepatitis B carriers in our managed care population and an increase in appropriate treatment for these carriers over the past two years. CCHCA is also a major sponsor of the Conference on Health Problems of the Chinese in North America when the conference is held in San Francisco.

CCHCA has proudly supported many health related community programs, including treatment room services at Chinese Hospital, the Chinese Community Health Resource Center (www.CCHRHealth.org) offering free health education programs to the San Francisco Chinese community, and treatment room services at Chinese Hospital. Annually, CCHCA awards up to \$50,000 in grants for innovative community health projects. Recently, our grants funded the publishing of a Bay Area directory for Asian language specific psychological services, along with sponsoring a citywide conference for primary care and mental health providers for the Chinese community through the county's mental health association. Over the years, CCHCA has contributed over \$3,000,000 for health related programs.

Visit the Chinese Community Health Care Association website at:

[HTTP://WWW.CCHCA.COM](http://www.cchca.com)

Chinese Hospital Medical Staff



CHINESE HOSPITAL MEDICAL STAFF

845 Jackson Street • San Francisco, CA 94133-4899
Tel: (415) 677-2481 • Fax: (415) 677-2439

21

The Chinese Hospital Medical Staff has approximately 250 members that encompass an array of medical specialties, with a mission to provide culturally and ethnically sensitive affordable health care to the Chinese community. Another goal is to provide health education to health care providers and the community. This mission coincides with much of the goals of the Federation, and is one reason that the Chinese Hospital Medical Staff is one of the founding members of the Federation and continues to support the Federation as a sustaining member. Many of our Medical Staff leaders are or have been active in leadership roles of the Federation. Our Medical Staff has also been a major contributor both financially and in manpower toward the success of the Federation's biennial Conference on Health Care of the Chinese in North America.

Visit the Chinese Hospital website at:

[HTTP://WWW.CHINESEHOSPITAL-SF.ORG/](http://www.chinesehospital-sf.org/)



The old hospital facade (above) and the new facade (right) to Chinese Hospital, San Francisco



(left to right) Dr. Collin Quock, Dr. Carolyn Wang and Dr. Harry Lee enjoy a FCMS luncheon on the Chinese Hospital rooftop



菲華美洲醫學會

PHILIPPINE CHINESE AMERICAN MEDICAL ASSOCIATION

100 Morris Lane
Scarsdale, NY
10583
(914) 472-6407
Fax (914) 472-6408

PCAMA celebrated its 10th anniversary on June 12, 2004. In the past 10 years, it has held multiple Continuing Medical Education lectures; made charitable contributions for natural disaster relief, senior citizens and other charitable agencies; sent a medical mission to the Philippines to give medicine and services to the needy; promoted an Asian American magazine; networked with other Asian American organizations; and assisted our members in locating jobs and acquiring permanent status. Until 2002, PCAMA offered college scholarships to support indigent Chinese-Filipino students in the Philippines.

2003-2005

President

Jose Siu, MD

Vice President

Rodolfo Lim, MD

Secretary

Jorge Chan, MD

Treasurer

Secion Chan, MD

PCAMA Advisors

Edwina S. Kho, MD

Anita Siu, MD

Presidential Advisors

Anita Cham, MD

Micky Yu, MD

Governors

Alfonso Chan, MD

Luz Cheng-Te, MD

Carmen Co, MD

Francisco Co, MD

Joseph Huang, MD

Fred Kho, MD

Josephine Lim, MD

Remedios Sioco, MD

EngKock Tan, MD

Fortunata Tan, MD

Fernando Tan, MD

Representative to FCMS

Edwina S. Kho, MD

Since 1998, the PCAMA has offered yearly awards and scholarships to the younger generations. In June 2003, Dr. Erlinda Koo (left of picture) of Monterey Park, CA, was the recipient of the 2003 PCAMA Outstanding Physician Award and the west coast representative to FCMS. She set up the Liu Siok Han Scholarship Fund, named after her mother who was an educator.



The PCAMA became a paid member the FCMS in 200 through the effort of Dr. Edwina S. Kho (right of picture), who serves as the PCAMA liaison/representative to the FCMS. Dr. Kho is a founder of PCAMA and served as PCAMA president in 1999 and 2000. She is currently a PCAMA Advisor, the Journal Editor, Anniversary Committee Chair, Awards and Scholarship Committee Chair, and an active member of the Fundraising Committee and the CME Committee.

The PCAMA has a close relationship with the Chinese American Medical Society (CAMS). PCAMA members are invited to attend conferences hosted by CAMS and receive Category-1 CME credits. PCAMA members have presented posters and abstracts at CAMS conferences, and have attended the CAMS fundraising dinners for years. Some members of PCAMA have joined CAMS. A member of PCAMA from Hawaii has become an individual member of FCMS. The PCAMA also set up relationships with the Association of Chinese American Physicians, NY (ACAP), the Organization of Chinese Americans (OCA), the Philippine Chinese Association of North America, Northeast, Inc. (PCAA), and other charitable organizations.



菲華美洲醫學會
PHILIPPINE CHINESE AMERICAN MEDICAL ASSOCIATION

The PCAMA is a nonprofit organization that was formed in 1993. Its members consist of physicians of Philippine Chinese American heritage who are graduates of accredited medical schools and are presently residing, practicing or training in America. PCAMA has the following objectives:

1. To promote the science, art and practice of medicine,
2. To enhance and maintain the image and welfare of the Philippine Chinese Physicians in America,
3. To promote activities for the continuing medical education of its members,
4. To foster friendship and fraternity among its members and their families.

100 Morris Lane
Scarsdale, NY
10583
(914) 472-6407
Fax (914) 472-6408

2003-2005

President

Jose Siu, MD

Vice President

Rodolfo Lim, MD

Secretary

Jorge Chan, MD

Treasurer

Secion Chan, MD

PCAMA Advisors

Edwina S. Kho, MD

Anita Siu, MD

Presidential Advisors

Anita Cham, MD

Micky Yu, MD

Governors

Alfonso Chan, MD

Luz Cheng-Te, MD

Carmen Co, MD

Francisco Co, MD

Joseph Huang, MD

Fred Kho, MD

Josephine Lim, MD

Remedios Sioco, MD

EngKock Tan, MD

Fortunata Tan, MD

Fernando Tan, MD

PCAMA is not a political organization and it does not contribute funds nor endorse any candidate for office. However, it invites political officials to its official functions, from time to time, either as guests or speakers.



2003 AND 2004 OFFICERS of PCAMA

Representative to FCMS
Edwina S. Kho, MD

Standing, from left to right: Dr. Micky Yu (Past President), Dr. Jorge Chan, Dr. Fred Kho, Dr. Alfonso Chan, Dr. Joseph Huang, Dr. Rodolfo Lim (Vice President), Dr. Francisco Co, Dr. EngKock Tan, and Dr. Fernando Tan.

Seated, from left to right: Dr. Fortunata Tieng, Dr. Josephine Lim, Dr. Edwina S. Kho (Past President), Vice Chinese Consul General Chen Wang Xia, Dr. Jose Siu (President), Under Secretary General Chen Jian for General Assembly Affairs of United Nations, Dr. Anita Siu (Past President), Dr. Anita Cham (Past President), Dr. Secion Chan, and Dr. Luz Cheng-Te.

The Federation of Chinese-American and Chinese-Canadian Medical Societies is not a funding organization but FCMS and its research committee can initiate, stimulate and catalyze cooperation among those who are interested to work together for our communities. Thanks to Larry Ng and his Informatics Committee, the FCMS has posted the proceedings of the 7th to 11th International Conference on Health Problems Related to Chinese on the www.fcmsdocs.org website on the Physician Library page. The discussed topics, conference articles and abstracts can provide useful insight and information regarding our communities, which is essential for those who want to know and do more to improve our communities.

What FCMS is and what it can do

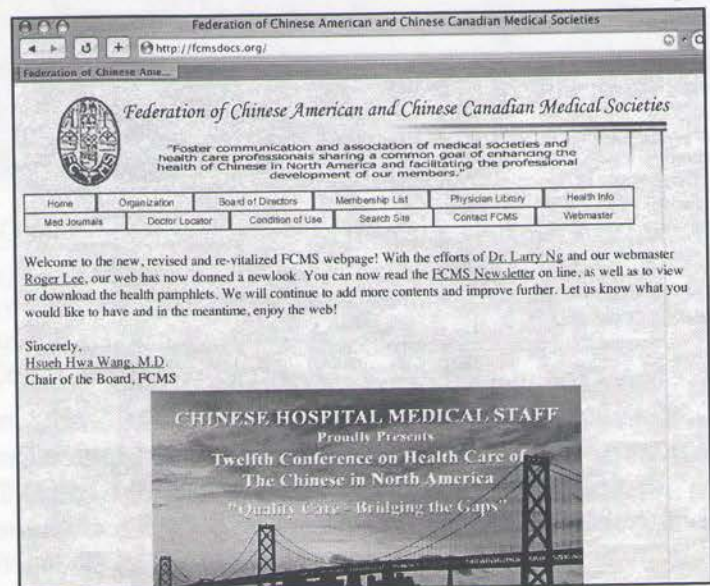
- Heterogeneous medical organizations
- Different infrastructures with limited fund
- Limited personnel support
- Not a funding organization
- Information Sharing and Data mining.

What the FCMS research committee has coordinated so far since 2003.

1. The CAMS/CAIPA community research fund has supported Elaine Yum in establishing an Herb watch at Long Island Poison and Drug Information Center (LIPDIC) which monitors, organizes and reports such data for good use. Eventually, we would like to establish a web based medication reporting site at the FCMS/CAMS/CAIPA web pages with links to the FDA. We may be able to put a picture file of over the counter herbal products, their contents and other pertinent information at the FCMS/CAMS/CAIPA web sites for easy identification. Recent incorporation with the Pacific Institute of Research and Evaluation will further develop the program. It will also focus on developing cultural competent educational material and services.

2. A Survey on Herbal Information was circulated in the 2003 CAMS/CAIPA annual scientific meeting. The data will be analyzed and reported in the future.

The fcmsdocs.org website



3. Candice Wong proposed a study “Reducing Stroke Disparities through Risk Factor Self-Management” to benefit the Chinese community. From NINDS, Candice also proposed the committee to work together on: 1) A Heart Attack Alert Intervention program, 2) A Stroke Alert Intervention Program, 3) and a program, whose goal is to Improve Blood pressure Control. After two years of working closely with Chinese community advisors, consultants and community agencies; UC Berkeley’s Center for Community Wellness (Candice Wong as Editor in Chief) just finished developing the Chinese-English Wellness Guide which is a resource guide to maintain health and wellness.

4. Lead by Dr. Collin Quock, we had a very active discussion on stroke in the Chinese community. This resulted in setting up a stroke symposium for the current 2004 conference. Independently, Dr. Chien in San Francisco, Dr. Joseph Chu in Toronto, and Dr. Sun-Hoo Foo in New York all have studied the stroke affecting their respective local Chinese community. Dr. Chu will report the comparative results at this conference. Hopefully, this will nurture future multi-center studies among our members.

5. The Chinese American Medical Society (CAMS), a FCMS organization member, supported NYU Medical Center’s recent successful effort in obtaining a p60 grant from the National Center for Minority Health and Health Disparities to develop the first Center for the Study of Asian American Health. Henry Chung, Thomas Tsang, Sun-Hoo Foo and other CAMS member will work closely with the center.

The Center for the Study of Asian American Health’s mission statement: To strengthen current partnerships and develop new links with community based organizations and health care institutions who share the goals of reducing health disparities in Asian American communities.

Goals of the FCMS research committee:

1. To create a comprehensive network of community organizations, community leaders, academic medical centers, and health care institutions that will identify health priorities and reduce health disparities.
2. To develop pertinent research, implement community outreach programs, health professional and community—based training.
3. To focus on four health disparity areas: mental health, hepatitis and hepatic cancer, musculoskeletal diseases and communication barriers.

The current research committee members are: Dr. Hsueh-hwa Wang, Dr. Edward Chow, Dr. Victor Chang, Dr. Candice Wong, Dr. Elaine Yum, and Dr. Sun-Hoo Foo.

We encourage those who are interested in this committee to introduce themselves and volunteer their service to work on the common goal of improving our community health.

The medical profession has a social responsibility to oversee the health care of its community. This is even truer in regards to each chapter of the Federation of Chinese American and Chinese Canadian Medical Societies because of the Chinese populations that they serve. This population differs from the rest of the population in terms of culture, language, and their understanding of health and diseases. These are the barriers that the non-English speaking Chinese immigrant encounters as they try to negotiate mainstream American medicine.

It is, therefore, the responsibility of the Federation and its various chapters to bring about changes to improve the health and medical care of each of our communities. Since each community has unique health problems and needs, each community must be approached at the community level and assessed locally. This will ensure that the right problems are addressed and will determine the best avenues in which to resolve health and medical service problems. In other words, each chapter must be an advocate for its own community.

Community needs can be categorized into four groups; access to medical services, direct medical and healthcare services, health and medical education, and rehabilitation and skilled nursing care. Access to health and medical services should be considered in terms of geography, finances, language and cultural competency. Geography may be thought of as the ease of obtaining transportation to the necessary medical care. Many Chinese immigrants do not drive or have automobiles. Public transportation is out of the question for the very ill. Financial problems mainly affect the indigent. Many in the Chinese community are employed by small businesses, paid low wages and are not provided with health care insurance. A major component of cultural competency is the ability to communicate. Any language barriers need to be removed. This, however, is dependent upon healthcare workers' and medical service providers' ability to supply patients with interpreters. Although this service is a federal requirement, many do not or are not able to provide it. This is what keeps most Chinese away for proper medical care. Local Federation chapters can encourage their community hospitals to provide the necessary cultural services that will attract Chinese patients.

Direct medical and health care services include hospital, specialist physicians, laboratory, x-ray and other diagnostic and therapeutic services. Specialist medical care is particularly difficult except in large metropolitan areas. Perhaps a part time facility may suffice for these services in smaller communities. Community hospitals should be approached and encouraged to provide some of these services.

Health and medical education for the community in a language the people can understand is another area that each chapter can provide. Specialist physicians can make presentations comprehensible to the people. Interpreters may be necessary. A suitable place and time that is accessible to the people is a great service to the community. Some hospitals or pharmaceutical companies could be asked to provide the financial support for these programs. This is also a great way for new physicians or specialists to introduce themselves to the community. Another avenue to provide health education is through the Internet. Translated medical information and health related subjects could be recorded and accessed by the people. This not only provides information to the public but also to the healthcare provider who can download specific articles on specific conditions for non-English speaking patients. I believe the Federation should take the lead in this area and set up a health education Internet service.

Lastly, there is a great need for rehabilitation and skilled nursing care. Many of the elderly who have sustained a stroke or a lower extremity fracture have great difficulty obtaining proper physical, occupational and speech therapy. Facilities that cater to the Chinese with menus and bilingual nurses are available only in certain metropolitan areas. But if communities would focus all their Chinese patients into one or two skilled nursing facilities, those facilities might be induced to provide the necessary culturally competent services.

These are just some of the more obvious areas in which each chapter can bring about an improvement in health care and medical services. We must become advocates for these services in our communities and speak out for these needs. We must perform this duty at the local, state and national levels of government. Additionally, the social, economic and housing needs for the people are related to the health of community. Medical organizations must interact with other community organizations that are addressing these issues and we must support them.

In summary, we of the medical profession, must survey the cultural needs of the health and medical services in our community, prioritize them and search for available resources to satisfy those needs to the best of our ability. We must act as advocates for these improvements. These are the policies, which I hope the Federation will embrace.

The FCMS Over the Years

