

COMMUNITY HEALTH FAIR

Supplement

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Keeping The Silver Standard



How Hawaii Seniors Can Remain Healthy

By Danny de Gracia, II

Hawaii's growing senior population represents living cultural history and a silver treasure of unique generational experiences found nowhere else in the world. As an example of how precious our seniors are, this December, persons who were born on the day the Imperial Japanese Navy attacked Pearl Harbor will turn 70 years of age. While the national population of seniors represents 12 percent of the total population, in Hawaii seniors account for an incredible 14.5 percent—an estimated 189,000 persons—a number which steadily increases each year.

Up to half of that entire elderly population is Filipino. Keeping Hawaii's silver standard healthy and actively engaged carries unique challenges, especially amidst rising healthcare and living costs, but that isn't stopping the Filipino population from admirably rising to the challenge.

A Woman of Unrelenting Faith

One senior who hasn't let age deter her is Anita Loando-Acohido, who at 78 years young continues to serve her community with the strength and passionate zeal for life of a twenty-something. Loando-Acohido last month received the prestigious Senior Community Volunteer award from the City and County of Honolulu. She has over the years received award upon award from public and private organizations for her community volunteerism and participation.

"I used to call myself a professional volunteer," Loando-Acohido says. "My kids say that they can't find me at home sometimes because I volunteer so much."

Loando-Acohido has participated in almost everything from church to Girl Scouts to Hospice

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COVER STORY

KEEPING... (from page S2)

Hawaii and even as a driving instructor for the American Association of Retired Persons (AARP). She says that getting older carries challenges but her faith and love for others keeps her motivated and fresh.

"The hardest part about getting older is aches and pains, but I don't let aches and pains hold me back," she says. "If you let that hold you back, you'll start disintegrating. Faith has a big impact on my life. It carries me through a lot of pain and heartache. I know that God is watching me and that I am here for a reason and I think my time is not yet finished and that I have more to do."

With six children and twelve grandchildren, Loando-Acohido encourages younger members of her family to be every bit as engaged as she is in making a difference.

"Do something!" she says. "Don't just sit there. Be out in the community. Give of yourself. All the volunteer work I do gives me great pleasure and a sense of feeling that I've accomplished something for today. Every day I pray and ask God for the opportunity to do something for the day."

Challenges for Seniors

Jan Shields, who is the Ex-

ecutive Director of the Association for Improved Healthcare on Maui, Vice President of the Malulani Foundation, an inventor of medical technology at Neotech Products and a clinical nurse who has cared for patients of all ages, believes that there are a number of significant challenges which seniors and their loved ones face which extend beyond the immediate health consequences of aging.

"These issues have greater effect as the person ages," Shields says. "Many seniors as they age may lose the ability to get to the doctors office or hospital. Some people drive well into their 90s. Others cannot due to vision problems or slow reaction times. On our islands, the elderly who live in rural areas are affected the most. On Maui, for example, there is very limited healthcare due to the poor government hospital. Many seniors cannot afford to get to specialists located only on Oahu. Government hospitals cannot attract specialists as they do not offer many specialty care areas of healthcare.

"Cost of healthcare is also an issue. Some doctors will not accept Medicaid or Medicare. This limits the senior's ability to get quality healthcare. With [the Patient Protection and Affordable Care Act] this situation will become much worse as some

physicians will only accept cash or private insurance. Many seniors do without medications or take less medications than needed to save money. The result is a very sick patient who ends up in the hospital due to lack of medication."

When asked what seniors can do to remain healthy, Shields emphasized the importance of remaining physically-active.

"Seniors who exercise can maximize their ability to take care of themselves and stay independent," she says. "They will be in much better physical condition which also leads to improved mental health. Low impact exercise for the elderly is usually best. Swimming, yoga, walking and exercise machines such as cycling is good."

Quality of Life Issues

Just as Loando-Acohido suggested that community engagement is a key part of remaining healthy, Shields likewise agrees that seniors need to make it a point to involve themselves in the community.

"One of the most important things seniors can do is keep a positive mental attitude," Shields says. "They need to stay active in the community. Instead of feeling lonely and therefore not going out of their homes, they should make an effort to stay in-

olved in society."

Shields also believes that friends and family play an important part of senior health. "Seniors need to feel useful and needed and loved," she says. "Don't forget to invite them for a holiday dinner. The rich experiences of a long lifetime shared with younger generations is very rewarding."

Janet Grace, who is the Executive Director of Hawaii Right to Life believes that senior health also depends on strong, continuing relationships.

"Emotional support comes by taking a genuine interest in their lives," she says. "This offers immense comfort and minimizes depression. Staying sincerely focused on them and offering signs of admiration and gratitude for all they have given us strengthens their self-worth. These acts of kindness and love truly convey the importance and value of their lives."

At the Hawaii State Capitol, Rep. John Mizuno who represents Kalihi and chairs the House Human Services Committee, is also deeply concerned about "Kupuna Care"—care for the senior population. Recognizing that Hawaii has a growing senior population and that nearly 90 percent of all care home operators in the state are Filipino, Mizuno has taken a proactive approach since first elected in 2006 to help seniors and bolster the efforts of care operators.

"You won't see more hospitals being built due to costs, but you will see more and more kupuna in community care fos-

ter homes and adult residential care homes. Those are the future of kupuna care," he says.

Mizuno also believes that community engagement and preventative health is a key part of preserving the silver standard.

"There are a lot of things we can do for seniors, ranging from supporting care homes to getting seniors involved in health care fairs and providing volunteer opportunities for them," he says. "The most important thing is to help our kupunas and ensure that their quality of life is preserved. I'm concerned because many of them are not getting enough check-ups for their health and due to various circumstances aren't eating right but have high fat, high sugar, high calorie diets which put them at greater risk for chronic kidney diseases, diabetes and high blood pressure."

The U.S. Centers for Disease Control recommends that seniors eat a balanced diet that includes plenty of vegetables, limit foods and drinks that are high in calories, engage in physical activity for at least two hours or more a day, balance the demands of work, home and play and most importantly, schedule regular health visits.

Hawaii is known worldwide for its respect and aloha for seniors. If we are to continue preserving the silver standard, it will take the help of the entire community and as Loando-Acohido suggests, a strong faith in a higher calling to keep seniors healthy and engaged.



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FEATURE

ON LIVING HEALTHY... SOME PARADOXES ... AND YOU KNOW WHAT? SOME IMPONDERABLES, TOO!

By Felino S. Tubera

O am 80 years young! Never too old to keep on living and daring myself to olive myself. This is my Health Plan. If there's an outlook more positive and a plan more simplistic than this, I'd be happy to know. The figure 8 is looking good wearing a natural belt. The figure looks round and full without one. But together, they make a healthy pair. And I am proud being 80 and healthy, too.

I am told that a positive mental attitude provides a healthy environment for the body. And also, I'm reminded that it's food that nurtures the body where my spirit dwells. My question is: if I don't take care of my body, where will my mind and spirit live? Worry-free? Mental health is such a big issue today, people go crazy pursuing it. Say, the end in itself is a run-about way of pursuing the means. Not to think of food or anything else as a means to that end.

My health-conscious mind is being challenged by a plethora of books dealing mostly on subjects that are less than healthy: like overeating, allergies, obesity, smoking...mostly embellished with overlapping claims on the efficacy of miracle drugs and instant cures; publications about

breakthroughs in the search and discovery of "what they have" for the diseases or ailments that "what-have you." What I'm afraid of is the possibility that some careless readers might die of misprint. Many people are easily made to believe that anything printed is true. (Sometimes I fall victim to this possible mistake).

Mea culpa.

What's affecting my life is the health food craze. A friend tried to convince me to eat natural health food only, saying that those who do, die only of natural causes. All I got for trying was natural gas. We went to a health food store to try their stuff. The sign on the door said: "Closed On Account Of Sickness". Hard to believe that advertising can kill itself. What researches fail to address is the need to tap the accumulating rich deposits of the taken-for-granted natural resources in the aging and elderly: silver in their hair, gold in their teeth, lead on their feet, and gas in their stomachs. At the growing market price of these commodities...investing in this...is a health-risk worth exploring.

My wife is addicted to carrots. Good for the eyesight, she says. There's carrots in every dish she nags me to death to eat. I have to be awfully in good health to consume it without dying. Now, with so much carotene in my system, my myopic view of her addiction is

gone. In my sleep, I can see through my eyelids. How visionary a person could be! The only health benefit I get from this is that, I can see my wife in the dark smiling about her newfound carrot recipes, which for the most part are laughable in the light of day. Who doesn't need a good laugh at times?

I need not eat an apple a day to keep the doctor away. I eat an onion once in a while and it keeps everybody away from me. To be honest, it's no longer staying healthy that bothers me. My self defense is to select a sickness that I like from the many, many illnesses that afflict people. If I could do this, I will remain healthy all my life.

If I can select a sickness for myself, that means that I'll be able to enjoy it, and happily die with it. An ironic metaphor for all our complaints about life not being fair for everyone. Can I be my own model of good health. If I'm not the light to shine in my mind, can I be the mirror to reflect the light from someone's good source? If there's one thing I'd like good health to be: it should be: contagious.

When I was young, I thought nothing of health. Now that I'm aging, I think of nothing else but staying healthy. Who can feel worse than a young man who gets sick on his day off and his wife telling him he got headache from television and the whatyoumaycallit virus from his computer? Compared

to a retired elderly who has all the vacation he wants, but has a rich culture of bacteria in his system enough to kill a cop or an undertaker? Not to say, a TV or a computer for that matter

When my wife gets sick, it's her own rationalizing that makes her



worse. She thinks that she got her sickness for the benefit of doctors. I tell her, to be a perfect picture of health, all she needed was a happy frame of mind. Oh, don't you know, she says, that some women who are the perfect picture of health, are simply painted that way.

O my, if I could meet that artist, I'd like to be the subject of my portrait by that painter! She warns me: Watch the words you're going to say as much as you watch your diet. I say, dieting is less a matter of health than a matter of form and devotion. As it is, my health is something to drink to. And she proposes a toast, not to my health but to the wealth of my wallet. A wishy-washy wish, that is. If there's a diet to fatten a wallet, I'd risk dying to eat it.

I told my wife about my doctor's peotic diagnosis of my condition: "To put it this way: 'the softness of your muscles is exceeded by the hardness of your arteries.'" So she asks: How do you expect to live to be a hundred with a diagnosis like that? I tell her, "First I have to live to be ninety-nine; Ah, she interjects, yeah, you'll live to be as old as your mothball jokes. So I say, yes, but surely as young and alive and having fun as any wise-cracking comedian, the way I can laugh at you, with you and at myself, at home or anywhere else, the laughter generated can take the place of alka-seltzer or ex-lax forever.

People have different ways

and means of staying healthy. My way is not to worry about my health. I know it surely it will go away. It's a funny feeling to imagine lying in a hospital bed dying of nothing. Death has a cause and a reason. I almost died laughing when a friend told me her cholesterol test indicated bacon. If you know some people who cannot take a joke, don't allude to fatty substitutes as the reason for dying. Some people get so paranoid about getting sick. They think it's justified. Using artificial sweeteners makes their diabetes artificial, if not superficial. When told to change their lifestyle to avoid tobacco, alcohol and fatty food, all they say is change doctors. The sad reality is: lacking the will to get well or stay well, is the "sickest" way to become easy prey to the vicious cycle of IPB...il-pill-bill.

We are told we are what we eat. Like destiny, food shapes our middles and our ends. To find the utopia for perfect well-being is to dream of a place that is so good and healthy, the first person to get sick will have to die just to create a cemetery. Only then will people not take good health for granted. Sickness makes us realize the value of good health. When we lose it,

Forget about the imponderables of life. Live today. The past is history. The future is not here yet. If you worry about tomorrow, it means you're not happy today.

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MENTAL HEALTH

Protecting the First Forgotten

By **Marya Grambs**

As Hawaii wrestles with the hardest fiscal choices in the State's history, we must carefully protect critical mental health services. In striking the right balance, responsible and caring executive and legislative branches must bear in mind two overarching principles.

The first is that the current economic crisis is traumatically impacting families. Job and income loss, underwater mortgages and elimination of discretionary spending are prime drivers for family disorder, depression and deeper mental illnesses. This negative social spiral is happening already to our friends, neighbors and families.

Compounding this condi-

tion is the absence of family members serving in the military and their frequently difficult return to civilian life. That's why the Mental Health America (MHA) of Hawaii has launched a program to identify unmet needs and develop action plans for returning Reservists and National Guard members and their families.

The second principle is that cutbacks in mental health services in order to save money, save us no money at all. They cost more in the long term. Radically slicing case management hours, changing eligibility rules so that people with mental illness are without access to services, and the real and proposed reduction of already inadequate day service facilities and housing programs for the mentally ill will reverse years of progress. The costs tomorrow will be greater than the

dollar savings today.

Starkly put, without these less expensive support services, some people who are managing now will end up in emergency rooms, institutionalized or incarcerated in facilities that are already overburdened and themselves being cut back—and cost much more to taxpayers.

Noting that the mentally ill are the first forgotten, policy makers and public or non-profit social service agencies can make better decisions. What



should guide us going forward?

First, the State must make budgetary decisions with full transparency. This means that the impacts of our choices should be understood and weighed openly. We cannot pretend to save money by letting important health services slip between unknown cracks, which is exactly what happen when decisions are made behind closed doors. And those who are providing the services must be free to voice their concerns without fear of retribution.

Second, given the decline in support and services to the mentally ill, we must redouble our advocacy on their behalf. In the past, the State's failure to meet minimum standards has led to court-ordered services. An open State government ensures that real problem solving is taking place and that the judicial option is a last resort.

Third, the print media must continue to cover the issue. This is an easy story to overlook and we are fortunate that the local media has been on it so professionally.

Fourth, everyone can make the extra effort to help people they know who are dealing with mental illness. Friendship and compassion go a long way, especially when stress is on the rise. Fight the tendency to back away from people you know who are showing signs of depression. Please call 521-1846 if you need information or help.

(MARYA GRAMBS is the Executive Director of Mental Health America of Hawaii)

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ASK A DOCTOR

WORKAHOLICS AT GREATER RISK FOR ILLNESS, SUDDEN DEATH

By Richard Kua, MD & Charlie Sonido, MD

MB is 43 years old, married with 3 children, a non-smoker (although from time to time she indulges in a glass or two of wine) and has been experiencing occasional dizziness and heartburn for the past three to four years. She noticed that the symptoms would appear around January and escalated for the next several months. At first, she thought it was just a reaction to the preceding Christmas season with its seemingly endless partying and overeating but when she began to experience chest pains as well, she decided to see her primary care provider.

Her doctor ordered several tests and except for a mildly elevated cholesterol level, could not find anything wrong. When the doctor asked her what her job was, she replied that she was a tax preparer. In fact, MB runs a very successful tax preparation business and every tax season, which traditionally runs from January to April each year, she typically works 12-14 hours a day, 7 days a week. And most

nights are occupied as she wrestles with mountains of receipts and other documents on behalf of her ever-expanding clientele.

When her doctor advised her to slow down, she demurred, saying that she has an obligation to her clients and joked that nobody succumbs from working overtime. To which her doctor replied: "That is because you are not aware of *karoshi*."

Karoshi is a Japanese term which translates literally as "death from overwork." The online encyclopedia Wikipedia defines it as occupational sudden death. Japan is one of the few countries that report it in the occupational injury and death statistics as a distinct category.

In Taiwan, it is known as *guo lao zhe* and in Korea it is called *gwarosa*. The first case of *karoshi* was reported in 1969 when a young apparently healthy male employee of a large newspaper company died suddenly of stroke. But it was almost 20 years later, during Japan's "bubble economy" when several business executives at the peak of their careers died



suddenly without any evidence of previous illness, that the media took notice and labeled the phenomenon hitherto unnamed as *karoshi*.

An online search revealed that the Japanese Ministry of Health, Labor and Welfare listed 21 cases of *karoshi* in 1987. By 2007, statistics showed that 189 deaths were attributable to *karoshi* and about 208 fell severely ill from overwork. Yoshinori Hasegawa, director of Chiba Kensei Hospital and a recognized authority of *karoshi*, states that most deaths from

overwork are due to strokes or heart attacks.

Doctors agree that people cannot work 10-12 hours a day, six or seven days a week, year after year, without suffering physically and mentally.

A celebrated case in Taiwan, reported in the *China Post* in early 2010, involved a 29-year old engineer who was found dead in front of his computer at home. His parents said that he had been putting in 95 hours of overtime per month for six months. When the Bureau of Labor Insurance refused to classify it as *karoshi*, labor right groups protested, prompting the Council of Labor Affairs to reclassify the case under occupational disease and to issue new guidelines expanding the range of conditions that could be attributed to overwork. These conditions now include ischemic heart disease, severe cardiac arrhythmia, cardiac arrest, sudden cardiac death, cere-

bral hemorrhage or infarction, acute heart failure and aortic rupture.

An article recently published in a highly-regarded medical journal showed that working 11 hours or more per day was associated with a 67 percent higher relative risk for coronary heart disease compared to working 7 to 8 hours a day.

Certainly food for thought for those like MB who believe that overworking poses little or no danger to one's health.



(RICHARD KUA, MD is a graduate of Santo Tomas University School of Medicine in Manila, Philippines. He is a retired surgeon who practiced in the Philippines and Taiwan for many years. He is currently working with Dr. Charlie Sonido. He is the current Secretary of the Bayanhan Clinic Without Walls (BCWW), a non-profit organization serving the indigent immigrants of Hawaii. Please email any questions to cysionidom@gaol.com)

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ASK A DOCTOR

LEG CRAMPS

By Paolo Campos, MD

1.

What are Nocturnal Leg Cramps?

They are painful, sudden tightening, or spasms, in the calf muscle of the leg, but may also occur in the thigh or foot. Leg cramps are common, often at night and can affect everyone in all decades of life. They usually happen as you are falling asleep or waking up and can last anywhere from a few seconds to a few minutes.

2. What causes leg cramps?

Leg cramps are usually idiopathic, meaning there is no known particular cause. However, they are sometimes associated with structural disorders such as flat feet, prolonged sitting, inappropriate leg position or pregnancy. Strenuous exercise, dehydration and electrolyte imbalances are other common causes. Certain medications, such as water pills and cholesterol pills (statins), may

also cause cramps.

3. Are leg cramps normal during the day? How about if they are continuous, recurrent or severe?

Leg cramps, even those occurring during the day, are mostly harmless. But if they are continuous, recurrent or severe, these may be signs of an underlying medical condition. Cramps that are severe enough to impair daily living warrant further investigation. Leg cramps while walking maybe a sign of peripheral vascular disease. They maybe caused by problems with the thyroid, very low calcium levels, or side effects of medications as previously noted above.

4. Are there any home remedies when I get leg cramps?

Walking and leg jiggling followed by the elevation of the legs seem to help when a person gets cramps. Stretching your calf muscles may work too. You can

either stretch your calf while sitting (flex your foot towards your knees while keeping a straight leg) or standing (while standing about 2ft from a wall, lean against it while keeping the knee of the affected leg straight and the heel of the unaffected leg bent). Some people find that taking a hot shower or a warm bath helps. Others get relief by rubbing the calf with an ice pack.

5. I did all these exercises and yet I still get leg cramps. Are there any medications for it?

Recent studies have shown that Vitamin B-complex, including Vit B6, at 30mg/day and diltiazem, a medication for hypertension and the heart, at 30mg taken at bedtime may work for leg cramps. Other medications that your physician may prescribe are analgesics, muscle relaxants, or even diphenhydramine. It is important, however, to consult with your doctor before starting any medications.

6. A friend of mine was given Quinine a few years ago for the same thing. Can I use that now?

“Recent studies have shown that Vitamin B-complex, including Vit B6, at 30mg/day and diltiazem, a medication for hypertension and the heart, may work for leg cramps. Quinine can produce life-threatening side effects...the FDA issued a warning against the use of quinine for leg cramps and is no longer considered as an acceptable treatment”

Quinine has been the best studied drug for nocturnal leg cramps. However, recent studies have shown that quinine can produce life-threatening side effects, such as heart problems, blood disorders and severe drug reactions. Because of this, the FDA issued a warning against the use of quinine for leg cramps and is no longer considered as an acceptable treatment.

7. What can I do to prevent future attacks?

If you are mostly sedentary, you may ride a stationary bike before going to bed. Stretching exercises, like the ones described above, can also help. Be

sure to be well hydrated. Drink lots of fluid and eat healthy foods that are high in calcium, potassium and magnesium. Limit or avoid caffeine or alcohol as these may make you dehydrated and can trigger or worsen leg cramps.



PAOLO CAMPOS, M.D. is a graduate of the De La Salle University College of Medicine in Manila, Philippines. He is currently undergoing preceptorship with Dr. Charlie Sando and intends to join the upcoming U.S. residency matching program. You may email your questions at paolo.camposmd@gmail.com.

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ASK A DOCTOR

Calcium Supplements — Helpful or Harmful?

By Bernice Yap, MD

1. Why should I take calcium?

Calcium is vital for maintaining the structural integrity of the bones. It is an essential mineral for the proper functioning of the heart, muscles, nerves, and other tissues. When your diet is deficient of calcium, the body takes the calcium deposited in the bone and releases it into the blood. Over time, bones become thin and fragile. You become at risk for osteoporosis which may cause you to have fractures. This is why it is so important to take enough calcium every day to help protect yourself from osteoporosis.

2. Besides those with osteoporosis, are there other people who should take calcium supplement?

People at risk for low calcium include nursing mothers, athletic women, vegetarians, those with liver disease, renal failure, lactose intolerance, and those who had surgical removal of the parathyroid gland and stomach. Medications like water pills, anti-seizure drugs, anti-depressants, and some cholesterol lowering pills may

also lower your calcium levels. Those at risk for low calcium should make sure they get enough calcium daily.

3. Which form of calcium supplement should I take?

The most popular forms of calcium supplement are calcium carbonate and calcium citrate. Calcium carbonate (Caltrate, Oscal) is more cost-effective, because it is the cheapest yet the most concentrated form of calcium. This should be taken after meals because it relies on stomach acids to be absorbed. The possible side effects are constipation and bloating. On the other hand, calcium citrate (CitraCal) is not dependent on stomach acid and can be taken with or without meals.

4. Does adding vitamin D help in osteoporosis?

Vitamin D helps the body absorb calcium. Evidence from clinical studies shows that calcium and vitamin D supplementation is associated with lower incidence of fracture.

5. How much calcium and vitamin D do I need?

The official recommendation is 1,000 mg a day for all adults ages 19-50 years, and males older than 50. Women

older than 50 are advised to take 1,200 mg of calcium a day. These values are inclusive of calcium taken from food and supplements.

6. Does calcium supplement increase my chance of having kidney stones?

Unlike dietary calcium, which does not increase the chance of developing kidney stones, calcium supplement causes a slight increase in kidney stones. This risk can be lessened by keeping yourself well-hydrated and taking the calcium supplements with meals.

7. Does calcium increase my risk of having a heart attack? Does taking vitamin D protect me from the cardiac side effects of calcium supplement?

Recently, there have been reports that taking calcium supplement increases your chances of having a heart attack. Another study showed that concomitant intake of Vi-

tamin D minimizes this undesirable effect. However, other studies show that taking calcium supplement presents no significant danger to the heart. Experts believe that further studies are needed to re-evaluate the benefits and risks of calcium supplementation in osteoporosis.

In the meantime, if you have osteoporosis and have no coronary heart disease and are not at risk for it, it is safe to use calcium supplements. However, if you have coronary disease or at high risk for it, experts recommend that you discuss with your primary care physician the benefits and risks of using calcium supplement. If calcium is recommended, we suggest using a lower dose of calcium (500 mg per day) with 800 IU per day of Vitamin D, in addition to a high calcium diet.

It is also important to understand that intake of calcium alone is not enough to prevent

fractures. Calcium is just an adjunct in osteoporosis treatment. There are other ways to prevent and treat osteoporosis, like muscle strengthening exercises, adequate sun exposure (about 10-15 minutes a day), and the use of bisphosphonates (Fosamax, Actonel, and Boniva), and other related drugs.

8. Isn't it better to get my calcium from food rather than from calcium supplements? What are examples of foods rich in calcium?

Many believe that it is better to get your calcium from food. Dietary calcium does not seem to cause the undesirable heart side effects. Besides dairy (skimmed milk), foods rich in calcium are sardines, salmon, soybeans, nuts, broccoli, peas, and oranges.



BERNICE C. YAP, M.D., is a graduate of the University of Santo Tomas School of Medicine and Surgery in Manila. She is currently undergoing perceptorship with Dr. Charlie Sonido, and intends to join the US residency matching program. Email questions to smilenixie@hotmail.com.

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FEATURE

Frequently Asked Questions about DENGUE FEVER and MOSQUITOES

By DOH Staff

Q.

What is dengue fever?

A: Dengue fever is a viral illness spread by mosquitoes. The disease commonly occurs mainly in tropical Asia, Africa, the Caribbean and the South Pacific, especially during the rainy season in areas infested with infected mosquitoes.

Sometimes, persons arriving from other countries may enter the United States with dengue fever and infect local mosquitoes, as happened in Hawaii in 2001.

Q: How do you get it?

A: The dengue virus is spread through the bite of infected Aedes mosquitoes.

Dengue is not spread directly from one person to another.

Q: What are the symptoms of dengue fever?

A: The symptoms of dengue fever include sudden onset of fever, severe headaches, eye, joint, and muscle pain, and rash. A rash may appear on the face and extend to the hands, arms, upper body and eventually the legs and feet from as early as 24-48 hours but usually around 3 to 4 days after the fever begins.

Minor bleeding problems can also occur. The symptoms usually go away completely within 1 to 2 weeks.

However, just as the fever goes away, some people may show warning signs such as severe stomach pain, persistent vomiting, drowsiness, bleeding or blood clotting problems. When this happens, the illness is called dengue hemorrhagic fever. Dengue hemorrhagic fever is a very serious illness with abnormal bleeding and very low blood pressure (shock) and tends to be associated with those who have had previous dengue infection.

Q: When do symptoms start?

A: The symptoms usually start 5 to 6 days after being bitten by infected mosquitoes, but the onset can range from 2 to 14 days.

Q: What is the treatment for dengue fever?

A: There is no specific treatment for dengue fever. Bed rest, plenty of fluids, and acetaminophen (Tylenol) to treat fever and pain are recommended. Aspirin and NSAIDS (ibuprofen, naproxen) are not recommended as they can make bleeding problems worse. Sponging the ill person's skin with cool water may help to control the fever if it remains high despite acetaminophen. There is currently no vaccine for dengue fever.

Q: If you get dengue fever once, can you get it again?

A: Yes. There are four major types of dengue viruses. Having dengue fever with one type of dengue virus will not protect

you from the other three types.

Q: How can you keep from getting it?

A:

- Avoid exposure to mosquitoes. Aedes mosquitoes are usually most active in the early morning hours after daybreak, in the late afternoon before dark, and any time during the day when indoors or in shady areas.
- Use mosquito netting over beds, and screens on windows and doorways.
- Use mosquito repellents and wear appropriate clothing such as long-sleeved shirts and long pants that reduce exposure to mosquito bites.
- Mosquitoes are drawn to dark colors; so if possible, wear white or light colored clothing when you are likely to be exposed to biting mosquitoes.

MOSQUITOES

Q: Are all mosquitoes alike?

A: No. Mosquitoes have been around for millions of years. In that time, they've diversified into about 3,000 species worldwide. They have successfully adapted to climates from the arctic to the tropics. Some mosquitoes bite humans while others prefer other animals and some even just sip plant nectar; some transmit diseases, while others do not; some are active during the day, others at night; some prefer to breed in clean water, others in dirty ponds and swamps.



Q: Do all mosquitoes bite?

A: No. Only the females bite. Female mosquitoes require the protein of a blood meal for development of their eggs – they do not feed on blood for their own nourishment. Since blood is only required to build eggs, the males do not take blood, but rather feed on plant nectar.

Q: What are common mosquito breeding sites to watch for?

A: Intolerable mosquito nuisance usually indicates a nearby breeding source.

Make a systematic and thorough inspection around your home. Common breeding sites are in water found in old tires, clogged roof gutters, cans, bottles, unused swimming pools, unused fish ponds, pineapple lilies (bromeliads), hollow bamboo stumps, hollow tree stumps, uncapped hollow tile walls, uncapped fence pipes, and overflow trays under piper plants.

Q: What steps should be

taken to reduce mosquito nuisance at home?

A:

- Remove, repair, or empty everything that could breed mosquitoes on your premises.
- Use mosquito-eating fish, such as guppies, in fish ponds, unused swimming pools, or other large containers that cannot be removed or emptied of standing water.
- Install or repair window screens and doors to keep out mosquitoes. Screens are your best protection against mosquito nuisance in your home.

Q: What steps can be taken for immediate temporary control?

A:

- Eliminate adult mosquitoes with aerosol insecticide labeled for flying insects.
- Use insecticides specifically labeled for controlling mosquito larvae in breeding

(continued on page S9)

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HEALTHLINE NEWS

Kalihi Gives Mosquitoes the Buzz Off

By HFC Staff

A small army of 70 volunteers canvassed Kalihi neighborhoods on April 30, 2011 and taught households how to “fight the bite” and safely rid their homes of mosquito breeding areas.

Volunteers were mobilized by the State Department of Health. They walked the streets of Kalihi Valley to spread the word about the importance of mosquito control and help Hawaii residents reduce the risk of mosquito borne diseases like dengue fever and West Nile Virus. In honor of the event,

Gov. Neil Abercrombie and Lt. Gov. Brian Schatz proclaimed April 30, 2011 as “The Great Hawaii Mosquito Swat Day.”

According to DOH director Loretta Fuddy, the department’s recent investigation of a possible dengue fever outbreak on Oahu spurred efforts to get the word out to vulnerable areas.

“Many people came together in partnership to make this happen,” Fuddy says. “It shows that we can empower the community to take charge of their personal health and the health of their environment.”

Last month, DOH officials alerted the public to the first locally-acquired dengue fever cases in the islands since 2001.

A detailed investigation found no further spread of the potential outbreak first confirmed on March 24, but suspected cases continue to be reported and disease surveillance activities at the DOH are ongoing.

To date, DOH has received approximately 83 reports from physicians of suspected dengue fever cases and ruled out or determined negative approximately 65 cases. A total of five cases were confirmed positive. The first case involved a resident of Pearl City who became infected while traveling abroad and returned home. With this last



finding, and no further identified illness, the department has closed the investigation.

The state’s epidemiologist warned officials against letting their guard down on diseases like dengue fever.

“It’s an ongoing effort that requires continued vigilance on the part of the department, physicians and the public,” says Dr. Sarah Park, chief of the disease outbreak and control division. “Although this most recent publicized investigation has been closed, my staff continues to investigate every reported case so the department can act quickly to

control and prevent the possible spread of illness.”

Lt. Gov. Schatz thanked volunteers and recognized the importance of partnerships with the community. Participants in the Great Hawaii Mosquito Swat included the DOH, Hawaii Medical Reserve Corps and Kookua Kalihi Valley.

“It is so critically important, especially during these tough fiscal times, that we make the most of our people and resources by helping each other to improve the health of our communities,” Schatz says. “Today’s event demonstrates a step toward a new era of collaboration and community engagement.”

For more information on controlling mosquitoes and other ways to fight the bite, go online to: www.hawaii.gov/health.

DENGUE... (from page 58)

sites that cannot be emptied or removed. Consult your garden shop or a chemical company for available insecticides.

CAUTION: Certain pesticides and their solvents may cause respiratory irritation. Persons with respiratory diseases should consult their physicians before using any pesticide. It is a violation of federal law if pesticides are not applied exactly as the label directs.

Q. What are guidelines for using a repellent on children?

- Always follow the recommendations appearing on the product label when using repellent.
- Repellents containing DEET should not be used on infants less than 2 months old, and certain other repellents

lants may not be appropriate for young children (e.g. oil of lemon eucalyptus should not be used in children less than age 3 years).

- When using repellent on a child, apply it to your own hands and then rub them on your child. Avoid children’s eyes and mouth and use it sparingly around their ears. After returning indoors, wash treated skin with soap and water.
- Do not apply repellent to children’s hands. (Children may tend to put their hands in their mouths.)
- Do not allow young children to apply insect repellent to themselves; have an adult do it for them.
- Keep repellents out of reach of children.
- Do not apply repellent under clothing. If repellent is applied to clothing, wash treated clothing before

wearing again. (May vary by product, check label for specific instructions)

- Follow instructions – using more won’t give you extra protection but may increase risk

Q. How else can I protect children from mosquito bites?

A: Using repellents on the skin is not the only way to avoid mosquito bites.

Children (and adults) can wear clothing with long pants and long sleeves while outdoors. DEET or other repellents such as permethrin can also be applied to clothing (but is not registered for use on skin), as mosquitoes may bite through thin fabric.

Mosquito netting can be used over infant carriers.

Finally, it may be possible to reduce the number of mosquitoes in the area by getting rid

of containers with standing water that provide breeding places for mosquitoes.

Q. Can insect repellents be used by pregnant or nursing women?

A: Other than the routine precautions noted earlier, EPA does not recommend any additional precautions for using registered repellents on pregnant or lactating women. Consult your health care provider if you have questions.

USING REPELLENTS SAFELY

http://www.cdc.gov/ncidod/dvbid/westnile/q/insect_repellent.htm

Q. Why should I use insect repellent?

A: Insect repellents can help reduce exposure to mosquito bites that may carry viruses such as Dengue fever or West Nile virus that can cause serious illness and even death. Using insect repellent allows you to continue

to play and work outdoors with a reduced risk of mosquito bites.

Q. When should I use mosquito repellent?

A: Apply repellent when you are going to be outdoors. Even if you don’t notice mosquitoes there is a good chance that they are around.

Q. How often should repellent be reapplied?

A: In general you should re-apply repellent if you are being bitten by mosquitoes. Always follow the directions on the product you are using. Sweating, perspiration or getting wet may mean that you need to re-apply repellent more frequently.

Repellents containing a higher concentration (higher percentage) of active ingredient typically provide longer-lasting protection.

(continued on page 511)

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FEATURE

Bayanihan Clinic Without Walls— Paying it Forward

Bayanihan Clinic Without Walls' Community Health Fairs in Maui (left) and Oahu (right)

By HFC Staff

In 1997, a group of Philippine-born and trained physicians established a clinic on Oahu that began providing much needed medical and dental services at no charge to those with no health insurance.

A federal law was passed a year earlier that denied such services to some 800 to 1,000 immigrants enrolled in the State's Quest medical insurance program. A public appeal was launched, imploring the assistance of private physicians. Over 30 physicians of Filipino ancestry, many of them members of the Philippine Medical Association of Hawaii (PMAH), answered the call and formed Bayanihan Clinic Without Walls (BCWW). Some 14 years later, the non-profit organization is still going strong.



BCWW's volunteer physicians, nurses and support staff help the underserved without expectation of reward or payment. It is medicine being practiced in its purest sense.

"The mission of BCWW is to assist those in the community who otherwise could not afford to see a doctor or dentist for their health problems and issues," says Dr. Richard Kua, current secretary of BCWW. "Imagine how difficult is must

be for newly-arrived immigrants, the poor and homeless who do not have any insurance at all. As anyone who has been ill or has a family member in need of medical care will attest, health maintenance, even for those who have medical insurance, is expensive."

To date, BCWW's volunteer physicians, nurses and other medical professionals have provided free health screening tests and medical services to some 5,365 indigent patients—and counting.

"We have been able to help a lot of needy immigrants," says past BCWW president Dr. Sorbella Guillermo.

"It's not just Filipinos but also local born citizens as well as the other ethnic groups such as the Samoans, Chinese, Mexican, Marshallese—you name it."

Services provided by BCWW are voluntary in nature and serve as stop-gap measures to help immigrants requiring immediate

medical and dental attention during their initial process of arrival and assimilation in the U.S. These medical services are considered interim medical care for those transitioning to the workforce and prior to obtaining proper medical insurance coverage.

The free medical and dental services offered by BCWW are designed to supplement, not replicate, other state and private health care agencies offering services to low-income and indigent families. BCWW does not compete with other low-cost clinics and private practices. Moreover, by virtue of their basic remedial nature, such medical services should not be considered as alternative health care clinics for immigrants.

Participating volunteer health care providers offer medical and dental services in their respective offices. As much as possible, patients are referred to clinics nearest their residence. Bilingual staff members coordinate the referrals based on their areas of specialization, location and work schedule of the participating volunteer health care provider.

Humble Beginnings

The 1970s saw a wave of young doctors who came to the U.S. from the Philippines. They experienced hardships as newly-arrived immigrants. Many struggled with the rigors of medical training, starting their own private practices, raising young families and adjusting to a new way of life.

It was during these trying

times that the young doctors turned to each other for moral support.

"We had to band together just to survive the hardships of medical school, the language barrier and adjusting to life in the U.S, like one big family," recalls Dr. Herita Yulo, co-founder and first president of the BCWW.

BCWW's Outreach Projects

Each year, BCWW participates in free community health fairs statewide including Lanai, Molokai, the Big Island, Maui, Kauai and Oahu. Needy residents receive free health screenings, physical exams, dental examinations, and health education.

One such event which BCWW physicians have actively participated in for years is the annual Filipino Fiesta and Parade.

At the 19th Annual Filipino Fiesta and Parade, scheduled for Saturday, May 7, 2011 at Kapiolani Park, BCWW volunteers will once again set up booths for the public to receive free tests and services for such things as blood pressure, glucose, lung function services, osteoporosis, pediatrics, cholesterol count, sleep apnea and foot health (podiatry). Also offered are cancer screenings as well as services for prostate cancer, optometry and physical therapy.

"This is the perfect opportunity for them to meet doctors who are well-versed with the unique needs of Filipino patients during curbside consul-

(continued on page S11)

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FEATURE



Doctors and volunteers taken at BCWW's Community Health Fair conducted in the Big Island (Hilo)



Doctors-On-Stage performers pose after a long rehearsal for a slated Concert to benefit BCWW



BCWW's Community Health Fair at the Filipino Fiesta in 2010

BAYANIHAN... (from page S10) tations," says participating physician and co-founder of BCWW Dr. Charlie Sonido

According to current BCWW president Dr. Nic Joaquin, these free community health fairs are held to increase public awareness as preventive measures of diseases as well as to raise awareness of the availability of free health care facilities. He says Filipinos should take full advantage of these health fairs.

"They should encourage their families and friends to attend community health fairs to have fun as well as have their blood pressure, diabetes and

cholesterol levels tested and checked," he says. "Some patients are hesitant to go to doctors' clinics but this is a way to have them checked for illnesses which they may not be aware of."

According to Dr. Arnold R. Villafuerte, Filipino doctors are passionate about giving back to the community via community health fairs because they understand and know that health care is expensive and a burdensome problem that the government hasn't solved yet and cannot solve alone.

"Community health fairs also bring communities together to learn safety and to

live healthier and more active lifestyles," he says. "Without these free health fairs, those who are underserved, poor and needy end up in hospital emergency rooms, thus costing the state more money."

A SELF-SUSTAINING GROUP

To raise funds for BCWW's numerous activities and outreach projects, a group of Filipino physicians, their assistants and friends banded together several years ago to form "Doctors-on-Stage." Under the direction of Dr. Sonido, the group has performed several Broadway musicals to sold-out audiences at

the Fil-Com Center, Neal Blaisdell Concert Hall, Hilton Hawaiian Village and Farrington High School's auditorium.

In preparing for a performance, doctors and castmembers rehearse about nine hours per week for 12 weeks, usually after clinic hours or whenever possible. Some get creative and memorize their lines via pre-recorded songs while driving. Others memorize songs and melodies in-between seeing patients.

So why do so many Filipino doctors go the extra mile to help others in need? They are true philanthropists in every sense, working tirelessly to

serve others without any expectation of reward or recognition.

Perhaps Dr. Kua explains it best when he says: "Doctors are by disposition and training caring and compassionate people. They are also aware that whatever accomplishments, professional or social positions they find themselves in today is because of the help they received from others. Hence they are eager to give of themselves to help others in return. In a sense it is like repaying a debt, only they are paying it forward."

For more on BCWW, please go online to: www.bayanihan-clinicwhawaii.org.

DENGUE... (from page S9)

Q. Which mosquito repellents work best?

A. CDC recommends using products that have been shown to work in scientific trials and that contain active ingredients which have been registered with the US Environmental Protection

Agency (EPA) for use as insect repellents on skin or clothing.

Of the active ingredients registered with the EPA, CDC believes that two have demonstrated a higher degree of efficacy in the peer-reviewed, scientific literature. Products containing these active ingredients typically provide longer-lasting protection than others:

- DEET (N,N-diethyl-m-toluamide)
- Picaridin (KBR 3023)

Oil of lemon eucalyptus [active ingredient: p-menthane 3,8-diol (PMD)], a plant-based repellent, is also registered with EPA. In two recent scientific publications, when oil of lemon eucalyptus was tested against mosquitoes found in the US it provided protection similar to repellents with low concentrations of DEET.

Q. What are some general considerations to remember when using insect re-

pellents?

A. Always follow the recommendations appearing on the product label.

- Use enough repellent to cover exposed skin or clothing. Don't apply repellent to skin that is under clothing. Heavy application is not necessary to achieve protection.
- Do not apply repellent to cuts, wounds, or irritated skin.
- After returning indoors, wash treated skin with soap

and water. (This may vary depending on the product. Check the label.)

- Do not spray aerosol or pump products in enclosed areas.
- Do not spray aerosol or pump products directly to your face. Spray your hands and then rub them carefully over the face, avoiding eyes and mouth.

Q. What are some reactions to be aware of when using insect repellents?

A. Use of repellents products may cause skin reactions in rare cases. Most products also note that eye irritation can occur if product gets in the eye. If you suspect a reaction to a product, discontinue use, wash the treated skin, and call a poison control center. If product gets in the eyes flush with water and consult health care provider or poison control center. If you go to a doctor, take the product with you.

There is a national number to reach a Poison Control Cen-

ter near you: 1-800-222-1222.

Q. Where can I get more information about repellents?

A. For more information about using repellents, please consult the Environmental Protection Agency (EPA) Web site or consult the National Pesticide Information Center (NPIC), which is cooperatively sponsored by Oregon State University and the U.S. EPA. NPIC can be reached at: npic.orst.edu or 1-800-858-7378.

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Dr. Sebastian is listed in America's Cosmetic Dentists, and Honolulu Magazine's "Top Dentist" list. She received the Better Business Bureau "Torch Award" for Business Ethics and was recognized for her work with the National Foundation of Dentistry for the Handicapped and the Aloha Medical Mission.

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