FALL 2010

AAPI Journal

THE JOURNAL OF INDIAN AMERICAN PHYSICIANS

AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

AAPI

- President's Message
- Conversation with Dr. Cecil Wilson
- Indo -U.S. Physician Exchange Program
- Sevak: A Pilot Project to Address Health Needs of Rural India
- AAPI Journal Sentinel Fall
- What is the Secret of Mr. Frank Spurling's Long Survival?
- Health Reform: My Perspective
- MSR/ YPS Corner

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about the cover

Main photo: Union Minister of Health & Family Welfare, Mr. Ghulam Nabi Azad (left), witnesses Dr. Vinod Shah (right) pass the AAPI President gavel to Dr. Ajeet Singhvi (middle).

aapi content

EXECUTIVE OFFICERS REPORTS

4 **President's Report** – Ajeet R. Singhvi, MD
7 **Editor's Report** – M.P. Ravindra Nathan, MD
8 **Secretary's Report** – Jayesh Shah, MD
9 **Treasurer's Report** – Ravi Jahagirdar, MD
10 **Board of Trustees Chair's Report** – Ashok Fulambarker, MD

FEATURED ARTICLES

12 **SEVAK: a Pilot Project to Address Health Needs of Rural India** – Abhishek J. Patel, MD, Thakor G. Patel, MD, Hemant Patel, MD, Padmini Balagopal, PhD, Jivraj Damor, MD, Ranjita Misra, PhD
15 **AAPI Clinical Observership Program** – Bhoja Reddy Katipally, MD
16 **What is the Secret of Mr. Frank Spurling's Long Survival?** – R. R. Vijaynagar, MD
17 **Medical Emergencies on Airline Flights** – Bala V. Manyam, MD
19 **Health Reform: My Perspective** – Aravind Pillai, MD
20 **AAPI Journal Sentinel Fall 2010** – Sagar Galwankar, MD
22 **AAPI Convention 2010** – Vinod Shah, MD & Nayan Shah, MD

SPECIAL ARTICLES

30 **India & U.S. Physician Exchange Program** – Jayesh Shah, MD
31 **India the "Super Bug" Capital** – Akshat Jain, MD
32 **Can Modern Medicine Learn From Teachings of Religion** – Parveen Kumar Khosla, MD

MSR/YPS CORNER

34 **Report from President, MSRF, AAPI** – Mamta Singhvi, MD
35 **Through the Eyes of the Young AAPI** – Pooja Voria, MD
35 **Message from President, YPS** – Priya Kundra, MD
36 **The Time for Change is Now** – Nirupama Madduri, MD
37 **Pfizer Helpful Answers Partnership** – Chirag Parghi
38 **AAPI Sponsors Harvard-affiliated Initiative** – Neel Shah, MD

40 **A Glimpse of My Life: La Vie En Rose** – Udita Jahagirdar, MD
41 **AAPI 2010 Mexican Riviera Cruise CME Conference a Big Success**

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mission AAPI 2010-2011

Ajeet R. Singhvi, MD

As the President of the American Association of Physicians of Indian Origin (AAPI), it is my privilege to present the President's report.

Washington DC Convention was a great success. Please allow me to congratulate Dr. Vinod K. Shah, Dr. Nayan Shah, the Executive Committee and the entire Convention team.

MSRF/YPS

Our focus has been the younger generation. Residents/Fellows and Young Physician membership has been very successful under the leadership of Dr. Narendra Kumar. Once reluctant to be part of AAPI, these Young Physicians are not only thankful to the parents, uncles and aunts who nominated them to be the members, I see a definite interest and pride in them to have become a part of the organization. I see a very strong future for the organization in their leadership. I hope we can continue this program at least through the end of the AAPI calendar year.

We are hosting four Leadership Development Programs in Newport Beach CA, Long Island NY, Detroit MI and Dallas TX for them.

Medical Missions and Community Service committee under the able leadership of Dr. Ram Upadhyay as its chair, Dr. Sudeep Kukreja as Co-chair and Dr. Nitin Shah as its advisor along with very dedicated members have done a great job in motivating young physicians as well as senior AAPI members and volunteers. Several of our members and volunteers are working in Alexandria, Egypt and in India as I write this message to you.

Endowment and Medical Rotations to India Committee under the leadership of Dr. Vinod Sancheti as its chair along with MSRF President Dr. Mamta Singhvi as well as Dr. Shashi S. Shah, Chair AAPI charitable Foundation and Dr. Sampat S. Shivangi as advisor are busy streamlining the process. One Medical Student Dr. Preeti Dangayach from Baylor, Houston is currently in Indore, India. Dr. Swarup Swaminathan from Harvard and Dr. Kinjal Shah from University of Tennessee are slated to be leaving soon for the rotations in Chennai and three hospitals in Gujarat respectively. My hope is, any Medical Student or Resident who wants to work, serve and learn in India should be able to do it and we should not run out of funds. I urge you to please sponsor one Medical Student or Resident for a mere sum of $1,500.

LEGISLATIVE AGENDA

We now have a legislative office in Washington, DC with Dino Teppara, JD, Esq as the Legislative Director. Dr. Krishan Aggarwal as Legislative Chair will be working hard to support the legislation to increase the Residency slots, which are desperately needed. J1 visa waiver, permanent fix of SGR, loan forgiveness and adjustment for Medical Students and Young Physicians and increased salary of medical Residents are some of the issues we are committed to address.

We are planning the Legislative Day on March 23rd, 2011 in Washington, D.C. Before that we will have a Legislative staff dinner as soon as the new Congress is in place. We plan to apprise them of the issues of concerns to us both in US and in India before we meet the legislators.

We have started two scholarships for the Capitol Hill Internship for Young Medical Students and Physicians and each year the candidates will have an opportunity to serve and learn healthcare policy making with senior Legislators, one during Fall and another during Spring.

CME

Under the leadership of Dr. Sundar Mudaliar as Chair of the Committee and Dr. Kris Vijay and Dr. Jagat Narula as Co-Chairs, we have been planning several National, International and Regional CMEs. Three regional CMEs in conjunction with the local AAPI and Alumni chapters in Charleston, SC, Fresno, CA and San Pedro Island, TX have been very successful. Another meeting in Chattanooga, TN is scheduled in November.

MEMBERSHIP BENEFITS

The Membership Benefits Committee under the leadership of Dr. Lakhu Rohra, Dr. Hemant Dhingra and Dr. Sanku S. Rao as the advisor has been working hard. Please take advantage of the new benefits being offered. We are also looking for sponsors for providing a welcome kit for the Medical Students joining AAPI as new members.

AAPI CHARITABLE FOUNDATION

This has been our flagship arm. Dr. Shashi S. Shah is helping us not only in Medical Missions, Medical Rotations etc., he has been busy raising funds to support various clinics here in US and in India. Two successful fundraisers were hosted one in San Antonio and one in Alabama under the leadership of Dr. Jayesh Shah and Dr. M.S. Arun. Dr. Shashi S. Shah has embarked upon a very ambitious program to install Automatic External Defibrillators in each and every Indo-American community center in the Country to improve the survivability of sudden cardiac arrest victims. Please consider sending your year-end donation to AAPI-CF at our Office in Oak Brook, IL.

AAPI WOMEN'S COMMITTEE

Dr. Manju Sachdev, Chairperson of the Women Physicians Committee is working hard for a very good Women's Forum at the AAPI annual convention.

The Women's Health Forum is scheduled to be held in Dallas, Texas from March 5th and 6th, 2011. The previously held conferences clearly demonstrated the unwavering mission of AAPI to improve women's healthcare in this country and to help them live longer and healthier lives.

AAPI COMMITTEES

Dr. Sarjit Singh, Liaison Committee Chair, Dr. Radhu Agrawal as Academic Affairs Committee Chair, Dr. Mahesh Gupta as Ethics & Grievance Committee Chair, Dr. Pawan Rattan as Awards Committee Chair and Dr. Snehal Desai as IT Chair have been working diligently. I sincerely thank Dr. Ravindra Nathan for taking care of AAPI Journal, a difficult and extremely responsible job. His abilities and work ethics are unsurpassable. AAPI Bylaws were recently revised after extensive deliberations. The General Body approved them overwhelmingly (over 97%). Executive Committee felt that these Bylaws should be in place for at least one year before revisiting them since they have been in effect for only few months. The Bylaws were revised earlier in 1998 & 2004. The Nominations Committee under the leadership of Dr. Vinod Shah will be active soon and so will be the Alumni Committee under the leadership of Dr. Mohan Mallam.

AAPI 4TH INDO-US HEALTHCARE SUMMIT

AAPI enjoys tremendous respect and name recognition in the Indian American community. AAPI will be organizing the 4th Indo-US Healthcare Summit and CME in Jaipur India from January 3-5, 2011 and also be celebrating the New Year in Jaisalmer, Rajasthan, (December 29, 2010 to January 2, 2011) prior to the summit and Pravasi Bharatiya Divas in New Delhi (January 6-9, 2011) immediately following the summit. Please join us for one or more programs.

AAPI ANNUAL CONVENTION

Dr. Ajay Lodha has been working diligently to give us a very good convention in New York at the Hilton from June 22-26, 2011. He already has had several meetings with AAPI staff at Hilton to streamline registrations, booths & exhibits and to get adequate space. Please mark your calendar and attend the convention.

I have been regularly attending the Board of Trustees meetings and have been impressed with the entire team under the leadership of Dr. Ashok Fulambarker. In short period, they have addressed several important issues including financial stability.

I have been travelling and have attended several Alumni and regional meetings. I also attended the 16th bi-annual convention of National Federation of Indo-American Association (NFIA) in New York. It hosted a joint meeting of several large associations to address common issues important to Indo-American community. At annual Diwali celebrations by Association of Indian Americans (AIA) in New York, Hon'ble Congresswoman Carolyn Maloney, at my request, agreed and assured us that we will have a Diwali stamp soon, hopefully before next year's celebrations.

I would like to thank Ms. Vijaya Kodali and Mr. Sam Fulambarker at AAPI office who are a great asset to the organization. We welcome the new addition Ms. Harshitha Mukunda. The Executive Director Search team will hopefully find a right candidate soon.

I will be happy to receive and respond to your comments.

Respectfully Submitted.

Ajeet Raj Singhvi, MD

Ajeet R. Singhvi, M.D., F.A.C.G
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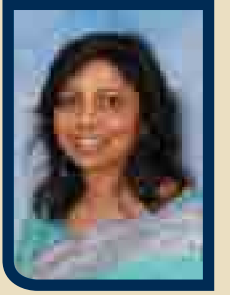
aapi EXECUTIVE OFFICERS

Ajeet R. Singhvi, MD, FACG
President



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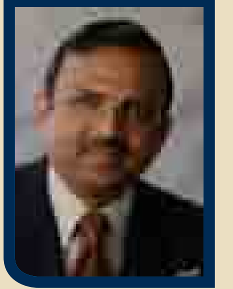

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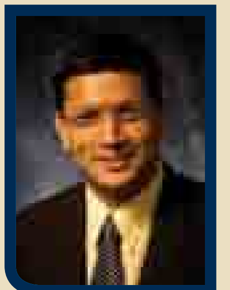

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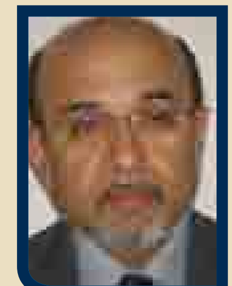

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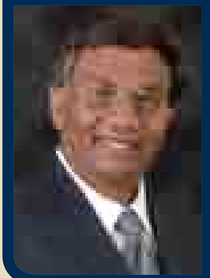

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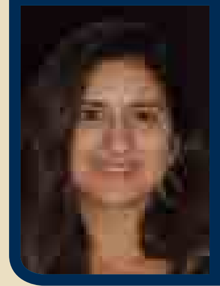

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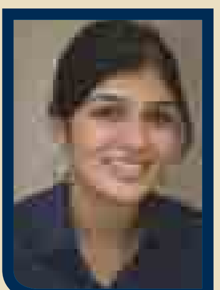

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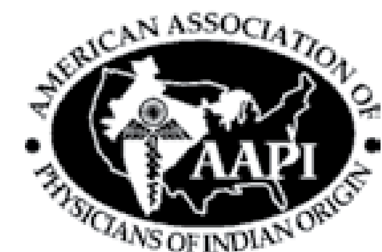

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Back at my desk, again!

M. P. Ravindra Nathan, MD*

I feel truly honored, being called back from the Emeritus status to serve as your new Editor –in- Chief of AAPI Journal for the year 2010 -2011. As soon as I took charge, I found out there were way too many things in my 'to-do-list.' My first job was to put together an editorial team to oversee all aspects of the Journal. A few of the members selected have served in this committee before. We have added some young blood too, well versed in Information Technology and, they will develop a proper customized internet edition. Sam Fulambarker from the AAPI Executive Office will coordinate our efforts, a welcome change this time. The printing will be done by the same group as before, 'G.R. Graphics (Galal Ramadan)' since they have done a superb job in the past.

Next, I sent an e-mail blast to all the members requesting their submissions for publication. The response was indeed overwhelming. Since many articles were not submitted in the proper format, may I give you a few helpful hints? Please keep your manuscript brief and succinct, edit it yourself one last time before sending it. Only electronic submissions – properly formatted and sent as e-mail attachment in Microsoft Word with full author details including the e-mail id and other contact information, on the title page of the article- will be considered. All manuscripts will be reviewed for appropriateness and edited for clarity and content. Because of the numerous submissions and limited space, it may not be possible to publish every one of them. Occasionally, you may get an e-mail alert from me regarding your manuscript; please respond to that quickly. Please visit AAPI Website for 'policies and guidelines for writers.'

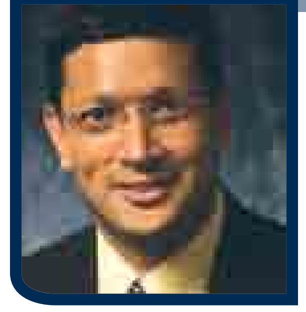
You can write feature articles of your choice relevant to our readership or contribute to any of the established sections. It is your story, your experience – professional, social or personal and the way you say it especially with an autobiographical flavor- that will make it interesting to read; so share your experiences with us. A new item this year is journal watch, 'AAPI Journal Sentinel Fall 2010', an overview of recently published research work relevant to current day medical practice.

During the teleconference of the Editorial Board on August 12, 2010 in which AAPI President and Chair of BOT participated, there was considerable discussion on whether it is time for AAPI to launch a separate peer-reviewed scientific journal. And the current AAPI Journal, essentially a medico-social magazine, can remain unchanged. Opinions were divided on this issue and an alternative suggestion was that part of the journal could be devoted to scientific papers. However, many members felt this would not get the attention they deserve. I would like to know your opinion in the coming days.

Medicine is at cross roads now. The recent economic slump has been quite challenging. Doctors now face further challenges of EHR implementation, ICD coding deadline conversions, and dwindling insurance reimbursements. Obamacare is here to stay but is it a bitter pill or good medicine? Drop me a line; let us hear your personal experiences and use this journal to vent your thoughts. You may contact me at any time at journaleditor@aapiusa.org or through my personal e-mail id.

We hope you find the reports, articles, information and resources in this journal interesting as well as valuable and we sincerely thank all the contributors to this issue. Please meet our new Editorial Board, a mix of seniority, experience, youth and vibrancy *(see page 8 for Editorial Committee)*.

secretary's report



Jayesh B. Shah, MD

It has been a distinct honor to work as your secretary under the able leadership of our President, Dr. Ajeet Singhvi. As the Secretary, I have tried to fulfill my duties to the best of my ability in keeping the AAPI office and its records in proper order. Dr. Singhvi and all the committee members are kept appraised of all issues related to AAPI on a daily basis. Our office staff has been doing a phenomenal job. We have hired 3rd Employee at AAPI office, Please welcome Harsha Mothikunda. We have started doing weekly conference calls with office staff to ensure all office work is done in a timely manner. We have worked diligently with our membership drive. All sponsored patron members are posted on the website. Website is updated on a weekly basis. AAPI resource directory is almost completed. Employee Manual and Convention Manual have also been updated.

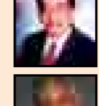
Governing body and general body in Washington DC has approved funds for Executive Director. Dr. Ravi Jahagirdar and his search team are working diligently to find an appropriate Executive Director for our organization.

Besides keeping AAPI office functioning well, I have actively worked to-

1. Increase involvement of young physicians and enhance their participation at all levels of AAPI-
• Planned for 4 leadership conferences this year similar to the one that was held in Washington DC in April of last year. This year our first leadership conference is in October in Newport Beach, California.
• Worked actively with YPS and developed plans for scholarship for legislative internship and for community service.
2. Develop and expand Observership program in the US-
• As the AAPI liaison officer for the Observership Committee, I am working diligently with the Committee Chair to expand this program in this country.
3. Strengthen base of AAPI by empowering local chapters-
• As your representative, I attended multiple local chapter meetings. We organized successful 2nd AAPI Family Cruise in collaboration with IMASC and IMA Chicago. 3rd AAPI CME Program was organized in South Padre Island, Texas.
4. Further the goal to improve quality of health care in India-
•With the help of TIPS SW chapter leadership, 2nd fund Raiser event for the AAPI Charitable Foundation event was successful organized in San Antonio on Sept.18,2010. . I got opportunity to represent AAPI at Indo US EM Summit in Vadodara, India and I was successfully able to procure grant for this program in india.. I also got opportunity to address, Indian Medical Association, Bombay on Oct. 4,2010 during this visit.
5. Closely work with organized medicine at state, national and subspeciality level-
• I will continue to remain the AAPI liason to AMA as a Past Chair of IMG section and I will continue to advocate on behalf of IMG's and other physicians.

It is definitely a humbling and learning experience to work with all AAPI leaders and to serve as your Secretary.

EDITORIAL COMMITTEE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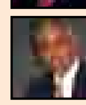
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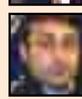
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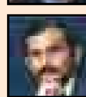
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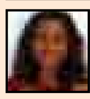
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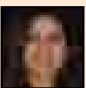
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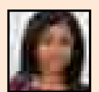
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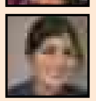
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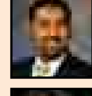
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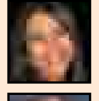
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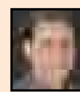
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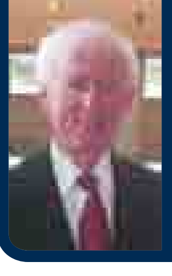
Interview with the President of AMA

Cecil Wilson, MD



Ravi Jahagirdar, MD, AAPI Treasurer 2010-2011

Dr. Cecil Wilson is the President of the American Medical Association. He has a distinguished career in solo practice in Internal Medicine in Central Florida, and has had an equal passion for service in Organized Medicine. He has visited India twice, and is well versed in issues relating to current medical challenges, and with AAPI. He shares his thoughts in a candid interview.

Q: Where does AMA stand on the issue of increased GME slots for Residency Positions?

A: AMA strongly supports increasing the number of slots. The state of Massachusetts is finding out now what the country will find out soon – that we have a workforce shortage. Providing insurance coverage alone will not suffice. The surplus of physicians projected in 2000 never arrived – and now we will have about 32 million more persons carrying insurance with the Health Care Reform act in 2010. We have to continue expanding the workforce at the same time that we struggle to provide more people with insurance and medical care.

Q: Overseas Medical School recognition and de-selection, including the ones in the Caribbean and in India. Currently the rules for these decisions are poorly known and leads to exploitation of the hapless Medical student/resident. Medical Students assume large debts, and are left in limbo. Since AAPI has delegates within AMA. can we expect AMA to engage in discussion and tutorials with them for all to understand the process?

A: I believe the rules for recognition are not laid down by the AMA. We will look into this issue. AMA role in inspecting and certifying will be a challenge, considering they do not have jurisdiction, and the Institutions may not favor such an action. In addition, setting up mechanisms will not be easy. It will be good to be protective to the Medical students however.

Q: AMA and AAPI both have strong Legislative connections. Is this beneficial?

A: There are two ways to be helpful : 1 –each continues to increase their strength in numbers ; 2- there is an advantage in different organizations presenting a common viewpoint. Trouble arises when different organizations start going down different pathways.

Q: Scope of Practice: a lot of healthcare facilities currently replace their doctors with non-physicians. This may be more pronounced in the rural and underserved areas. Comment?

A: The worst thing in the world is to resolve this issue by utilizing persons who are not properly trained. In addition, there is a looming shortage of nurses which Washington will run up against if they believe they can expand the role of nurses.

Q: Why is AMA not active in supporting IMG's in Licensing issues?

A: As we all know, Licensing is a State issue. AMA has no say in the matter.

Q: Is the AMA Board composed of institutional physicians who do not comprehend matters affecting a private medical practitioner?

A: The Board has 21 members, of which one each represents the students, residents and others. Of the others, only two are from institutions. The Board is clinically oriented, drawn from Orthopedics, Ob-Gyn, Psychiatry, Anesthesia and others.

Q: What about Tort Reform? Physicians are very unhappy with AMA for not addressing this important aspect of Health Care Reform?

A: The dialogue between the AMA and the Government has just begun.

Q: What about the future of Primary Care ?

A: There is a concern of the inadequate number of Primary Care physicians. In USA, they are only 33 %, as compared to over 50 % in the world. Due to disproportions in income, students will prefer to turn to specialties.

Q: What do you think of the HealthCare Reform Act of 2010?

A: In my perspective, this Act is historic, and a milestone for this country. It provides Health Insurance to a larger number of citizens, and addresses issues like pre-existing conditions as a reason for denial of care.

Q: Do you have a message for the AAPI members and delegates?

A: We are most appreciative of the support AAPI gives AMA and also the support it provides for its members and by extension, to the patients they care for. That is what we are here about as members of this profession and, working together, we can make a difference. And we look forward to be doing just that.

report of *Chairman, Board of Trustees*

Ashok Fulambarker, MD

At the historic AAPI Convention in Washington DC in June of 2010, the new Board of Trustees took office and took on the challenge to make a difference in AAPI. This Board of Trustees is committed to maintaining the prestige and functionality of AAPI and its committees have been working hard. The Finance Committee is acting as good stewards of the financial welfare of AAPI; the patron fund of AAPI is up 10 per cent this year, despite difficult financial times. Further, the Audit Committee recently completed their internal audit and look forward to presenting the findings in the Fall Governing Body meeting. Finally, the Long Range Planning Committee is working on a cohesive plan that will create goals that are in the best interest of the future of AAPI.

I firmly believe AAPI's success depends on the cooperation and teamwork of both the Executive Committee and the Board of Trustees. I am confident that with our membership's collective talent, wisdom and experience our organization will continue to reach new heights. Below are the members of your Board for 2010 -2011, please feel free to contact us as we value and appreciate your input.

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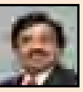
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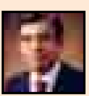
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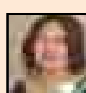
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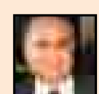
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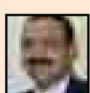
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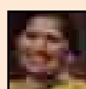
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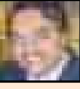
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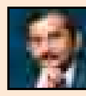
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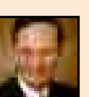
Sanku Surender Rao, MD
Trustee (Past President)

Congratulations to the

Indian Medical Association of Southern California's President Abha Gupta, MD & the IMASC Executive Committee and special thanks for hosting the 2010 AAPI Fall Governing Body Meeting

Best Wishes to the incoming

President Manoj Shah, MD and the 2011 IMASC Executive Committee

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SEVAK: a Pilot Project to Address Health Needs of Rural India

Abhishek J. Patel, MD • Thakor G. Patel, MD
Hemant Patel, MD • Padmini Balagopal, PhD
Jivraj Damor, MD • Ranjita Misra, PhD

India is currently on pace to become the most populous country in the world within the next two decades and three-fourths of its population currently resides in rural areas. Do they have proper access to healthcare and more importantly knowledge of diseases that are preventable with the right lifestyle modification?

In 2007, with the help of American Association of Physicians of Indian Origin (AAPI) President, Dr. Hemant Patel, the Chairman of the Public Health Committee of AAPI, Dr. Thakor G. Patel, with Drs. Ranjita Misra and Padmini Balagopal set out to find the prevalence of diabetes, dyslipidemia, and hypertension in a rural village located in Gujarat by the name of Karakhdi. Their research led them to conclude that in addition to the prevalence of diabetes and hypertension, the access to care and preventive care was a critical problem. With the facts at hand they decided that large-scale efforts to improve general awareness through education and to promote healthy lifestyles must be undertaken.

Dr. Thakor Patel was bothered by the inability to get chronic disease care in the village and came up with the concept of Sevak, which he based on his experience serving in the US Navy. A rural village can be compared to a naval ship in a lot of ways where a large number of people live in close proximity far from any health care center. This project is modeled after the role of Independent Duty Corpsman (IDC) in the US Navy who are given 12 months of training and then assigned to Marine Corps units or naval ships. To become an IDC all you need is a high school diploma and an interest in health care. The Sevak Project is a pilot project to address the shortfalls in the healthcare needs of villages similar to that of an IDC on a fleet ship.

One village in each of the 26 districts in Gujarat was chosen for the pilot. The project involves coordinating with the villages and identifying interested individuals with medical and or non-medical backgrounds, basically it was one person per village of 1000-2500 population.

The 3- month Sevak training was based in the city of Vadodara; M.S. University and Baroda Medical College play a key role in educating the trainees. Prominent lecturers from the preventive medicine department help train the Sevaks to diagnose diabetes and hypertension, and develop knowledge of the symptoms of heart attack, stroke, trauma triage, infectious diseases, kidney diseases, pain and its causes, diarrhea, immunization, sanitation, water purification, efficient chulas (stoves), and how to deliver lifestyle modification education. They will screen the village population for diabetes, hypertension, and monitor for various diseases and patients with chronic disease who are on treatment, in addition to providing healthy lifestyle education and preventive care. The goal of this project is to create standardized delivery of diabetes and hypertension screening and care in the villages by the Sevak who live there. The Sevaks will help ensure that patients on TB, HIV, and malaria treatment take their medicines and that patients with diabetes and hypertension come for regular checkups and attend health classes. Pregnant women will be screened for diabetes, hypertension and encouraged to deliver in a hospital. Sevaks are also trained in efficient Chula (clay stove) and sanitary toilet construction as an immediate measure of improving village resident health infrastructure.

A data base of the population as per defined parameters such as demographics, chronic conditions, B.P., weights, blood sugar and immunizations both for adults and children will be maintained.

Basic disease awareness and education can dramatically impact incidence and prevalence of communicable diseases.

Dr. Thakor Patel and Project Manager Kirti Patel recruiting a Sevak from a remote village in Dang, which is located in southeastern Gujarat.

access to care
IN RURAL INDIA

Having a Sevak in the village to look after the health needs of its inhabitants will create a healthier and more efficient India. The Sevak concept falls within the Gandhian principles of "Gram Swarajya." Glucometers and blood pressure machines for the pilot project will be provided by AAPI. Continuous monitoring of this project will be carried out by the coordinators of the project.

responsibilities
OF SEVAK

Sevaks are in essence complimentary to health care providers and should not be treated as a competitor. Sevaks will make the health care providers more efficient in dealing with diseases that require their expertise. The access to care project may be one of the solutions to screen and control the high rates of diabetes, hypertension, and CAD. This project will be conducted as a pilot in Gujarat before widespread implementation.

criteria
FOR A SEVAK

An aspiring Sevak should meet the following criteria: He/she must live in the village; have a graduate degree if possible, but high school diploma is fine. They can continue to work in the farms but must have the willingness to work in their own community.

1. Sevaks getting acquainted with digital blood pressure machines. **2.** Sevaks are practicing taking blood glucose readings with digital glucometers. **3.** Dr. Abhishek Patel is familiarizing the Sevaks with the EMR software—created by Dr. Ashish Joshi of the University of Maryland—which they will use. **4.** Sevaks are able to educate villagers on the construction of energy efficient Chulas with proper ventilation. **5.** Dr. Mrinalini Paur, Chancellor of MS University, who is an advocate for rural health care visits the Sevaks during their graduation on May 2nd, 2010.

The performance of the Sevaks will be based on the number of screenings, follow-ups, and the increase in the number of toilets, stoves ventilated to the outside and educational classes.

The pilot program will be for three years with a maximum of five years. The program will be managed by Texas A & M University with the American Association of Physicians of Indian Origin, Baroda Medical College, and AAPI (NY-NJ). The program will be reviewed each month to ensure compliance with the standard of care and that the villagers' health care needs are being met.

The Sevaks were chosen without regards to their caste, religion, beliefs, or gender. The performance of the Sevaks will be based on the number of screenings, follow-ups, and the increase in the number of toilets, stoves ventilated to the outside and educational classes. The Sevaks will provide a resource for a healthy, clean village with ready availability to provide advice. Mahatma Gandhi aspired for such a village and hopefully the need is being met by the Sevaks. This is a pilot project for India and can be used anywhere in the world where there are with minimal resources available. The Sevaks can train people from anywhere in India or other countries, and the program can be replicated as many times as required until the needs of a local area, district, state or country are met.

The principal coordinators for the project are Thakor G. Patel, MD, (Chair); Hemant Patel, MD(Co-Chair); Ranjita Misra, PhD (Co-Chair); Padmini Balagopal, PhD; Ashish Joshi, MD(US); Dean (Ret) of Baroda Medical College Kamal Pathak, MD; Current Dean of Baroda Medical College, Amrit Leuva, MD; Mr. Kirti D. Patel; Bhartiya Seva Samaj; and Bina Sengar, PhD, Sudarshan Foundation Trust.

This project was supported by a grant from Pfizer Inc., Federation of AAPI of Greater NY-NJ and J&J Co provided the glucometers, strips, stylets and pens for the project.

American Association of Physicians of India Origin (AAPI)
Clinical Observership Program

Bhoja Reddy Katipally, MD, MPH

It's my distinct pleasure and honor to serve as the chair for AAPI Clinical Observership Program for this year. This program enables young Indian Medical Graduates to obtain US clinical experience which, in this competitive era of residency search, has become a difference making factor in applicants' CV. AAPI, through a centralized screening and recruitment process, delivers this service via volunteer proctors who are well experienced physicians in their respective fields of medical practice from all around America.

This centralized program was launched a few years ago with the support and hard work of leading members of AAPI and volunteer proctors from its various regional chapters This program is expanding its wings with flying colors. And, now is the time to identify those potential local programs that have been serving the young Indian Medical Graduates and integrate them as parts of AAPI Clinical Observership Program. I cordially thank my predecessors, and as the new chair of the committee, I would like to take it to the next level by creating more regional chapters by recruiting new proctors and improving the screening, recruitment, evaluation, and certification process further, while enhancing the communication among chapters.

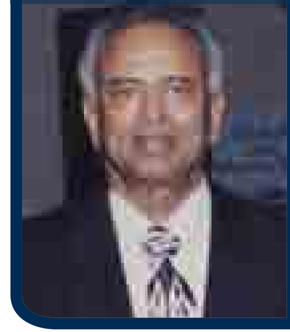
We all remember the times we started our personal journeys after stepping on this land of opportunity to begin our careers. Days are changed, influx of International Medical Graduates has increased exponentially over time, and the cut-throat competition to get into a residency program is only getting worse.

We should identify the high-yield chapters across AAPI regions based on location of IMG friendly residency programs and also location of observers. If we combine more heads of knowledge, hearts of passion, and hands of service together, AAPI can expand this program and thus become capable of serving more applicants and also gives them a choice of pursuing the program in geographically feasible chapters. You as a dear member of AAPI are already a part of this mission, and now can support this program by signing up as a proctor, local chapter coordinator, regional director, and / or national committee member.

Please visit 'Education/Clinical Observership Program' page of AAPI website for further details about the program and also how to become a proctor or a leader at various levels of the program. With Warm Wishes & Cheers,

Bhoja Reddy Katipally MD MPH
Chair, AAPI Clinical Observership Program

What is the Secret of Mr. Frank Spurling's Long Survival?



R. R. Vijaynagar, MD*

It was bad enough that Frank Spurling developed osteogenic sarcoma of the tibia at the young age of 25 for which he had to undergo above knee amputation followed by chemotherapy with Adriamycin. Later, when he was admitted with progressive heart failure, it became clear that he had developed the much feared complication 'adriamycin induced cardiomyopathy.' Frank was extremely ill and needed numerous intravenous medications. Fortunately, on June 21, 1985, a donor heart was located in Myrtle Beach, South Carolina and he underwent a successful cardiac transplant. Now fast forward to 2010 and Frank Spurling was celebrated recently in Tampa as Florida's longest surviving cardiac transplant patient.

There has been an interest in organ transplantation dating back to perhaps a century ago. Credit should be given to Alexis Carrell and Vladimir Demikhov at the University of Moscow, Russia, the first to demonstrate that an intrathoracic cardiac transplant was possible in warm blooded animals. Subsequently the actual technique was described by Dr. Richard Lower and Norman Shumway in the animal laboratory. Many years' of research took place between the first primate to human heart transplantation by Dr. Hardy at the University of Mississippi in 1964 to the first human to human heart transplantation by Dr. Christian Barnard in South Africa in 1967. However, because of medical-legal problems human to human heart transplantation was not performed in the United States at that time. I had the opportunity to do a research fellowship in heart transplantation, experimenting with techniques in mongrel dogs, from 1970-1971 at Montefiore Hospital, N.Y.

Early enthusiasm in cardiac transplantation waned because of high mortality from severe rejection episodes and infections. The discovery of Cyclosporine-A in the early 1980's along with development of the endo-myocardial biopsies for early detection of cardiac rejection generated new enthusiasm.

In Tampa General Hospital where I worked, numerous cases of end stage cardiomyopathy of different etiologies suitable for heart transplantation, were either left to die or referred out. Considering these factors and my experience as a transplant fellow, I decided to establish the cardiac transplant program at Tampa General Hospital in early 1983. This culminated in the performance of the first successful cardiac transplantation by me in the State of Florida in 1985. This first patient lived for eleven years. Frank Spurling is our second cardiac transplant.

A few precautions are necessary for a successful outcome. Close communication and coordination between the recipient and donor hospital is a must. Confirm donor patient is free of hepatitis, HIV and any other infections. Blood group and body weight should be a proper match too between donor and recipient. Once the heart has been extracted, cardiac chambers are explored to rule out any evidence for endocarditis. Initially we had to work within the window of four hours between the time the donor heart is harvested and placed in the recipient in a beating condition. Beyond five hours of ischemia there will be cause for concern. Postoperative course is the most important aspect with anti-rejection medication. Aggressively suppressing the immune system for the protection of the donor organ is secondary infections and a balance needs to be achieved between rejection and infection.

So, what is the secret of the long survival of Mr. Frank Spurling? The world's longest living heart transplant recipient recently died of cancer, after surviving for thirty one years. Frank, currently the longest survivor in the State of Florida, has completed twenty five years. He dotes over his four grandchildren and enjoys his life in full. Yes, he has had a few episodes of rejection and some infections. He did develop coronary arteriopathy induced by Cyclosporine and was successfully treated with stents.

The real question is "why don't these patients have a very long survival rate since donor hearts are young and healthy with a potential for long life span?" In the case of Frank and other patients, the answer lies in the fact that long term survival is a matter of acceptance of the transplanted organ by their immune system. Since there is a very short window of time for heart transplantation, HLA matching (human leukocyte antigen) is not possible before the procedure. Fortunately HLA matching turned out to be optimal in the case of Frank Spurling and other long-term survivors. I believe that it is ultimately these biological factors and the patient's own immune system accepting the donor organ, are the critical determinants of long survival of the transplanted organ.

** Dr. R. R. Vijaynagar, MD, FACS, FACC, is the recipient of Ellis Island Medal of Honor and numerous other distinctions for his outstanding contributions in cardiovascular surgery and to the local community. Emeritus Cardiac Transplant Surgeon, Tampa General Hospital, Tampa, FL.*

Medical Emergencies on Airline Flights

Bala V. Manyam, MD*

"Is there a doctor on the flight?" The voice coming at 35,000 feet above ground is an occasional occurrence on any airline flight. You are a doctor - possibly the only one on that particular flight. Should you respond? To my karma, it has happened to me, too many times. I usually wait to see if any one else responds before I press the call button. If none, I respond. Years back, I was returning to US by Air India. I responded to the call. A child had developed urticaria, an allergic reaction causing severe itching. I always carry a first aid kit. I took out Benadryl capsules and treated the child. The family thanked me immensely as the child stopped crying and went to sleep. The crew moved me to first class for rest of the flight and before I disembarked, presented me with an expensive Champagne bottle. This was a generous gesture for responding as a physician. It was nice of them to do so. On the other hand, while on a Continental flight from Newark to Houston, the familiar voice came. I responded. The lead cabin crew, even before taking me to the patient (who had collapsed in his seat), said "I need to verify your medical license" in a not so friendly voice. I was shocked. I pulled my pocket copy of medical license and gave it to her and rushed to the patient. This time I had my stethoscope, BP cuff and in fact my entire medical bag.

The patient was on his way for post-op follow-up of his cardiac surgery and appeared to have had a vasovagal attack. As the patient regained his consciousness and his blood pressure had returned to a near-normal level with near-normal cardiac rate, I had the patient lying flat on the aisle for rest of the flight, told the captain that there was no need for an emergency landing, but to have paramedics and an ambulance near the gate on landing. As we were about 45 minutes from landing, he agreed. The lead cabin crew member came back to me and asked me to describe what I did (my diagnosis, management etc.) over their phone system to the airline physician who was stationed in a different city. As this was for their liability protection, I did not feel obligated and refused. Over this, I felt the lead cabin crew was more concerned about the airline liability than the safety of a sick passenger. The take-home lesson is, you may be rewarded for your services or rarely treated roughly as my rare experience, but, most often airlines appreciate your services. In any case, you won't be sued for malpractice if something goes wrong due to limited resources as it is covered under a Good Samaritan act by the courts. In any case, I do not give out a prescription, my name, phone number etc., to patients or their relatives.

Airline flights on board carry emergency medical items that include basic medications such as for motion sickness, pain, etc., and even defibrillators. The flight crew members are trained to handle some emergency procedures in the absence of a qualified professional. They first ask for a doctor. In the absence of any, they may step in. On one occasion, our flight from Tel Aviv to Atlanta was taxiing. Before take off, the call came for a doctor. I responded. Another case of vasovagal attack! The patient came out of it. I felt and told the lead cabin crew that the patient will be all right and the flight can continue. But, the captain decided to disembark the passenger, his family members and their luggage by returning to the gate and the flight was delayed by over an hour. This was OK with me as the captain has full and final responsibility and authority for the safety of all passengers, staff and the aircraft.

I have made it a habit to include a stethoscope, Ace bandages, sterile gauze, Band-Aids of different sizes, basic analgesics, antibiotic cream, anti-diarrheal and anti-emetic drugs. I also carry insect repellent of 30% deet (depending on the country of visit). Years earlier, I also used to include sterile, one ml. syringes with needle, adrenaline ampules, one vial of 50% 50 ml glucose ampule and meperidine tablets. I no longer carry the last mentioned items, as once on landing at New York's JFK airport when I went through customs, the officer checked my carry-on luggage that had my first aid kit. I identified the drugs in the kit I carried including two 50 mg tablets of meperidine. I also showed my wallet copy of my medical license. He let me go. When I walked about 20 feet, another officer flashed his badge and indicated he needed to check my luggage again. He did. When he looked at meperidine tablets, I indicated that I am a physician and I carry a first aid kit which includes meperidine in case I need to treat someone who has severe pain in an emergency, such as during a heart attack. He responded by saying he could arrest me for possessing narcotics. I showed him my copy of my medical license. He was rough with me, but ultimately let me go. That was the end of my carrying meperidine tablets and syringes fitted with needles as I don't want to be put into prison!

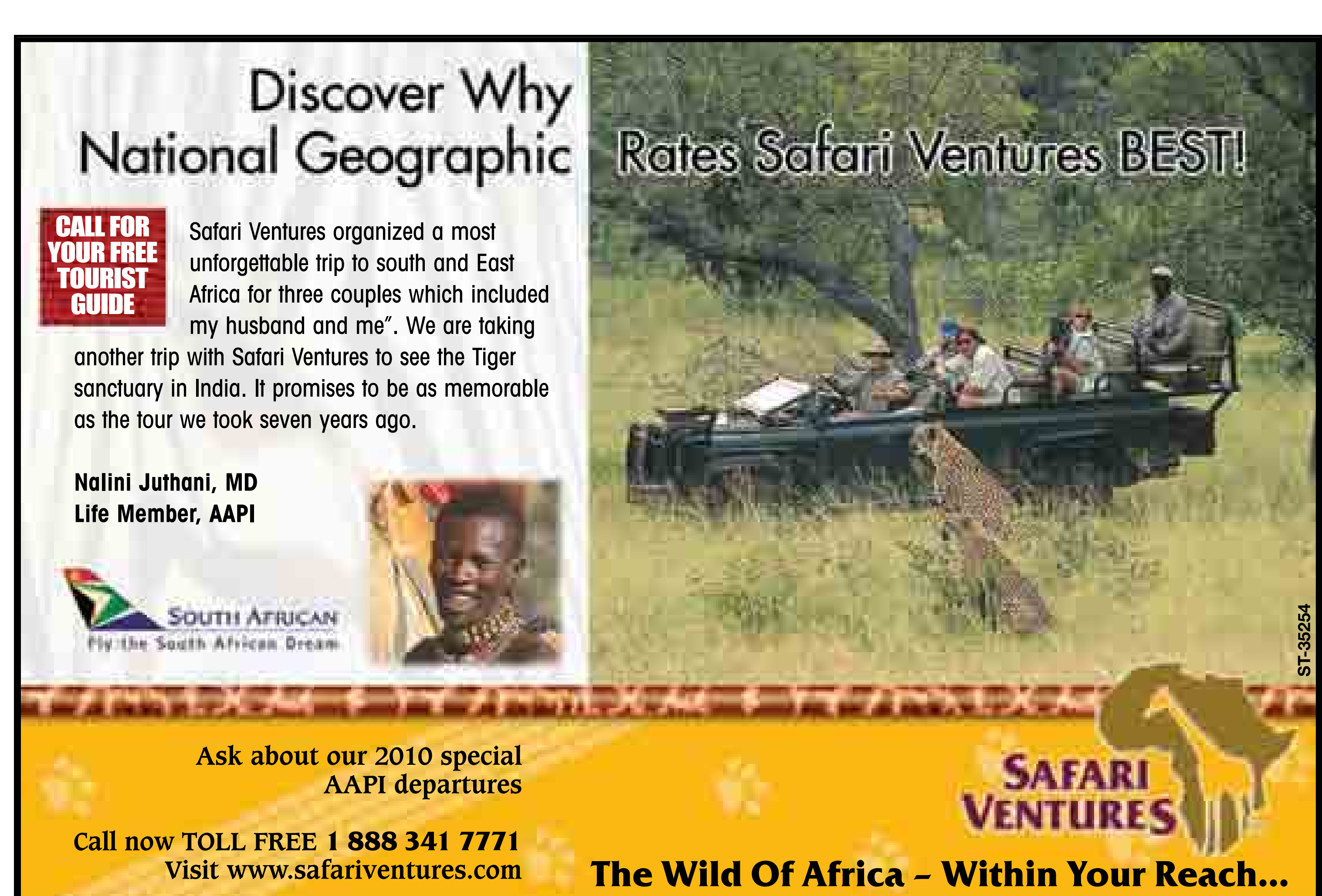
Most on-flight medical emergencies are fever, cough, running nose, nausea and vomiting, chest pain, headache, backache, motion sickness, confusion from jet lag, dehydration or excess alcoholic drinks, dyspnea from whatever the cause including acute bronchospasm, and rare urinary retention. Strokes or actual acute myocardial infarction may need emergency landing. Childbirth is a rarity, as most mothers do not fly in late third trimester. Injuries on board during a normal flight are rare. Even more so now, as we cannot carry any sharp objects. Occasional death on board has occurred. Injuries resulting from aircraft crash landing are beyond the scope of this article.

In summary, it is worth responding to help on humanitarian grounds. Most airline crew members are nice to you and appreciate your help and even more by passengers. If you are a resident physician, disclose your status first to cabin crew members and patient or relatives and get permission to help. Upon returning to your place of work, inform your Residency Program director also, in case some inquires come later as you may be on a limited medical license. It is also useful to carry some basic first aid items as who knows you may need to use it for yourself or someone close to you!

** Clinical Professor, Dept. of Neurology, Penn State University. balavmanyam@yahoo.com*

AKMG Alumni Chapter Meeting during the Annual Convention of AAPI 2010 at Gaylord Resort and Convention Center.

About 50 members of Association of Kerala Medical Graduates attended the Alumni Chapter Meeting. Discussion centered around how to do collaborative projects between AAPI and AKMG so that both associations will be mutually benefited. Efforts are also underway to promote more patron memberships from the ranks of AKMG.



HEALTH REFORM: My Perspective

Aravind Pillai, MD FACP *

Over the next decade, as per expert opinion, we will spend close to 30 trillion dollars to provide acceptable health care to all Americans including more than 30 million uninsured persons.

Every American agrees that the existing health care system must change! Our current health care cost exceeds 12% of the gross domestic product. Raising this amount of money is daunting and may, in fact, propel our great nation into financial collapse. On the other hand, we have a young, dynamic president who is ready to right all that is wrong with our health care system. I congratulate President Obama and his team for showing courage to propose a comprehensive health care plan, which they think will spur an economic recovery. This is the first positive step.

Currently, after passing the health care reform bill, public opinion and support for the reform are ambivalent at best. Legislators and the public alike are confused about the vast content of this bill. The Government hopes to reduce the deficit by cutting pay to doctors and increasing tax on wealthy and small business. We must realize that most of the health care expenses go to pay hospital bills, medicines and sophisticated tests. How do we raise trillions of dollars to balance the budget? Republican and democratic leaders may never find an acceptable financial resource to fund the proposed health care plan.

Here are some practical suggestions:

1. ELIMINATE DEFENSIVE MEDICINE: Practice of defensive medicine evolved from the fear evoked by blatantly unfounded malpractice suits. This can be corrected if we implement a federal law which caps non-economic damages. Recent study showed that close to 30% hospital admissions and 35% of expensive tests are done to defend the physician from malpractice suits. This is a huge waste and clearly not essential for patient care by any standards. The billion dollar question is "Why Republican and Democratic law makers do not want to pass Tort reform?" We physicians demand to legally cap non-economic damages, or give us similar malpractice protection as is offered to doctors working in government institutions (such as: Veterans Administration doctors).

2. PROMOTE HEALTHY LIVING: Local and federal Governments should take lead to implement healthy living in the home and school environment at an early age. School physical exercise for one hour a day must be made universal. "Healthy living" has to be included in the school syllabus. Encourage health insurance discount (25% or more) to people who show proof of healthy life style. Adopting these lifestyle changes at an early age will eliminate most obesity related illness which costs the health care industry billions of dollars. Similar to the federal laws prohibiting underage purchase of alcohol and cigarettes, there has to be a nation-wide initiative to promote healthy living.

3. OBESITY: The dangers of obesity are well known and yet the incidence is going up, affecting almost 60 million or more in USA. And what is worse, obesity is about to take over from smoking as the number one cause of ill health in this county. We all know what to do, eat less calories and exercise more, right? But how many of us really practice this? I definitely think health care reform should address this issue without delay.

4. NEW TAX FOR SUGAR PRODUCTS, INCREASE TAX FOR CIGARETTE AND GAS: The government should immediately implement a huge tax on high calorie-sweetened sodas, chips, fried foods, and cigarettes. Introduce a minimum ten cents health tax per gallon of Gas. If smoking could be banned, 50% of the cancers and a significant percentage of heart disease could be eliminated! Think about that.

5. OFFER PALLIATIVE CARE FOR THE TERMINALLY ILL, AVOID DUPLICATION OF SERVICES AND STOP PAYING FOR FRAUDULENT EQUIPMENTS: The terminally ill and elderly patients with the poorest quality of life should be referred to the appropriate palliative and hospice services in a timely fashion. Many families are not given these options until it's far too late for their loved ones to die with dignity and peace. Duplication of services at the private health care and VA systems should be eliminated.

6. EMR: Government must help to make Electronic Medical Records software affordable and thus make it acceptable to all providers. EMR will keep track of all medical services being given to the patient, and thus become a national repository. Medicare should enforce strict rules to stop fraud like when they pay for motorized wheel chairs, hospital beds, home oxygen, and diabetic supplies.

These are some of the measures that will make our nation the true leader of a healthy world! We can only wish that our Government could implement these corrective steps to eliminate waste, increase revenue, close the budget gap and build a nation of healthy people!

**Dr. Aravind Pillai is the President-elect of Association of Kerala Medical Graduates and practices Internal Medicine. Orlando, FL - DPillai605@aol.com*

AAPI Journal Sentinel Fall 2010

Sagar Galwankar, MD, MPH*

As a part of our Endeavour to introduce scientific flavors into the AAPI journal we present a bird's eye view of the research articles with a high clinical impact This month we have reviewed over 500 articles from 50 journals and narrowed down to the top 10 articles which are described below.

A interesting study done by Hansen Et al. published in Vol. 170 No. 16, of the Archives of Internal Medicine concluded that In patients with Atrial fibrillation combinations of anticoagulation and platelet inhibition using warfarin, aspirin, and clopidogrel were associated with increased risk of nonfatal and fatal bleeding. Using Dual and triple therapy carried a higher risk of bleeding than monotherapy. This has wide implications in a geriatric population with high fall risks.

On a different note a study was recently published by Ross J. Baldessarini in the American Journal of Psychiatry which stated that if you taper antipsycotics slowly then the relapse rate is lower than rapid discontinuation. This is a known fact in antieplieptic medications too.

Another interesting clinical trial offered hope as the Hepatitis E vaccine was tested in china. Research published by Xia Et al. in The Lancet revealed results from over 11,000 patients treated with 30 μg of purified recombinant hepatitis E antigen adsorbed to 0·8 mg aluminium hydroxide suspended in 0·5 mL buffered saline) or placebo (hepatitis B vaccine). The study offered a positive result with HEV 239 found to be well tolerated and effective in the prevention of hepatitis E in China, across sex and age.

Speaking of prevention we came across a study which reviewed all the published literature on infantile atopic dermatitis and concluded in the Journal of gastroenterological Nutrition that infants who were fed with 100% whey protein partially hydrolyzed formula (PHF-W) had a lesser incidence of dermatitis as compared with intact protein cow's milk formula (CMF), Dr Alexander concluded this at the end of his review of all existing studies. My take on this study suggests that if an infant has atopic dermatitis may be the severity can be reduced by changing the feeding formula. It will be interesting to look at such a study.

Talking about alternatives it is now open knowledge that we can hope for an alternative to Asprin in the prevention of stroke. Professor Yukito Shinohara performed a trial on more than 2500 patients enrolled from over 250 sites across Japan spanning over 3 years and successfully deduced that Cilostazol seems to equal and even superior, to aspirin for prevention of stroke after an ischemic stroke. Cilostazol was associated with few haemorrhagic events. Therefore, cilostazol could be used for prevention of stroke in patients with non-cardioembolic stroke. Can cilostazol be used in patients with Asprin Allergy is a different issue all together.

Now on a different note we wanted to look at what new in diagnostics and we scanned across journals and came across as the name goes newer generation of CT Scans. A study done by Dr. Cortnum and team published in NEUROSURGERY stated that when data was analyzed for the diagnostic sensitivity of CT Scan regarding subarachnoid hemorrhage (SAH) it was safe that lumbar puncture could be avoided if the results of the CT scan are negative. When discussed within the Emergency Medicine community, this study though offers a great hope to avoid an invasive lumbar puncture and save time, it still lacks the sample size to confidently state that LP is not needed to diagnose SAH if CT is negative. False negative results can have larger legal and medical implications.

Now moving on to female health and medicine a unique study published in OBS and GYN by Dr Wing and associates stated weight loss to be a first line of therapy in obese females. He studied obese women and subjected them to a weight loss program and found convincing results to prove his hypothesis. Incontinence Urgency and UTI is a major problem in pregnant females hence controlled weight gain can also be studied in a different perspective when it comes to preventing incontinence where weight gain is unavoidable. It will interesting to look at data where weight gain was inevitable in already overweight females who became pregnant and analyze the incidence of Urinary complications.

From females going on to children we wanted to look at path breaking studies on topics which affect children as they grow into adult hood. There is a lot of focus now on children with dyslipedemia so that coronary artery disease can be prevented in early age. An interesting research analysis was done by Susan Ritchie and he researchers which was published in PEDIATRICS.

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The experts tried to use a positive Family History to screen for lipid disorders. They concluded that using family history as screening criterion would miss children with genetic hyperlipedemias and kids with borderline lipedemias. This would be a sizable population which could be left out from early diagnosis and prevention.

Towards the end of our fall review there were two articles which deserve to be read. These are the pieces focusing on the burden of Multi Drug Resistant tuberculosis across the world. Today MDR-TB or XDR TB is one of the major challenges to physicians across the world. With growing number of patients now resistant to conventional anti-tuberculosis drugs it will be quite a challenge to study the effects of various permutations and combinations of m third line medications available for Tuberculosis. These challenges are more prominent in nations with a high HIV burden that is India and Africa. The article appeared in the New England Journal of Medicine in Sept. 9, 2010 Issue and it was authored by Dr. Nathanson and team.

In the same issue we also recommend attention to a rapid molecular detection test for TB with Rifampin resistant. This study was done in Peru, Azerbaijan, South Africa, and India. The test was an Xpert MTB/RIF, an automated molecular test for Mycobacterium tuberculosis (MTB) and resistance to rifampin (RIF) it was performed on 1730 patients with drug-sensitive or multidrug-resistant pulmonary tuberculosis. This rapid test provided promising results with the test correctly identifying 97.6% patients with rifampin-resistant bacteria and 58.1% with rifampin-sensitive bacteria. The results were available within less than 2 hours.

We have tried to review and focus on article related to cardiology, internal medicine, chronic diseases, preventive medicine, public health and translational science diagnostic research. We will continue the process of bringing your more interesting article in the coming months.

**Faculty of Emergency Medicine and Global Health University of South Florida, Tampa, Florida, USA – Regional Director for AAPI Region 10*

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AAPI - Convention 2010

Report by Vinod K. Shah, MD, FACC *President* **Nayan R. Shah, MD** *Chair - AAPI Convention 2010*

It is with great pleasure that we would like to provide you a glimpse of our humble experience during the 2010 Convention.

AAPI Executive Committee gave us an opportunity to plan a convention in Washington DC. Our committee worked for 2 1/2 years to plan this most exciting and member-friendly event. Due to enormous economic challenges and our current economic crisis, we worked very hard and diligently to develop a plan for significant member participation and approached our industry partners for their strong support.

During our first meeting, after the convention was awarded to Washington DC, we set a goal with the following priorities –

1. Excellent CME with a total of 28 hours of CME credits.
2. Strong member participation including YPS and MSR.
3. Give the best possible rates for the convention.
4. We select a venue which is easily approachable and exciting.
5. Have a strong legislative presence and invite people of substantial position to give us an understanding of their knowledge and expertise.
6. Develop strong industrial relationship.

We divided our efforts into three phases:

1. A year prior to the convention.
2. 6 months prior to convention.
3. During the convention.

The following is an overview of how successfully we were able to navigate during these most difficult economic times:

A. Renegotiate agreement with Gaylord. Our original room rate at the Gaylord was $249.00 + tax and resort fee which is not unusual for Washington DC with a room commitment of 2600 rooms. We brought that rate down to $184.00 and reduced the room guarantee to 2000. This allowed an aggregate savings to our members of $156,000.

B. Our Executive Committee approved a significant reduction in a package rate from the usual of $650.00 to $399.00, approximately $250 less per member package and the revised rates were appropriately reduced for all packages giving an additional value of $300.000 to our members.

C. We increased CME from 12 to 28 giving additional opportunities for members to have adequate CME hours.
Part of this was provided with written Syllabus to increase credits.

D. We planned significant symposia in partnership with major industry with topics of current interest in cardiology, in diabetes and in management of cancer.

E. For those who came early on Wednesday, we included CME lecture on the Potomac River – a very memorable event.

F. In order to demonstrate our interest and significant strength, we took a delegation of AAPI members to Capital Hill in 11 buses. Approximately 500 members had a chance to visit the US Capital and meet with many members of Congress.

G. Thursday evening – we had a theme of unity and diversity which gave us a remarkable evening with authentic Indian foods of different regions and musical extravaganza.

H. Keeping up with the most important aspect of our profession – "Health Care Reform" – we invited Honorable Secretary of Health and Human Services Kathleen Sebelius and Honorable Vivek Kundra and Honorable Aneesh Chopra from the White House to lead a discussion on healthcare reform. This event was attended by many of our industry partners from major pharmaceutical companies and device manufacturers and CEO's of major healthcare systems. Our event on Friday was also graced by the Honorable Ghulam Nabi Azad, the Union Minister of Health, Republic of India and Ambassador Meera Shankar.

I. Our exciting Women's Forum was highly successful with participation of ladies of eminence and strong accomplishment, which included our own past President of AAPI and current President of American College of Chest Physicians, Dr. Kalpalatha Guntupalli; FDA Director Dr. Margaret Hamburg, and two representatives from the White House, Dr. Sonal Shah and Shivam Mallick Shah, and Dr. Archana Patil from India.

The women's forum was followed by a special program, 'AAPI's Got Talent', where many physicians and their family members participated in activities which were very well received.

J. The evening was focused on our commitment to philanthropy and charity. Sean Penn, famous Hollywood film actor and human rights activist, came at our request to lead a discussion and made a presentation on his experience in earthquake stricken Haiti, and Honorable Rajiv Shah gave a remarkable presentation of his commitment as Head of the USAID for the betterment of mankind.

The glamorous Shreya Goshal gave a mesmerizing and unforgettable performance that evening.

K. On Saturday, under the leadership of Dr. Sanat Gandhi, the Chair Board of Trustees, we had a very successful BOT luncheon. During this time we recognized eminent leaders of AAPI for their lifetime contributions.

In addition, on this day, we were fortunate to have Honorable Billy Tauzin, former congressman and current Chair of PhRMA. Mr. Tauzin spoke about his battle with cancer and how remarkably he has done with the medical research. His emotional speech and recognition of the role of physicians in providing healthcare and the betterment of mankind was very well received. In addition, a presentation of the life experience of Dr. Sandy Brewer was extraordinarily moving for all those in attendance.

We did have the gracious presence of Baba Ramdev and his spiritual discourse was inspiring.

Saturday evening was an exciting event which included discussion of achievements of the year and plan for the future in a respectable manner the gavel was passed to our humble hard working and extraordinarily bright President, Dr. Ajeet R. Singhvi, in the presence of the House Majority Leader, Honorable Steny Hoyer, and Honorable Ghulam Nabi Azad, Union Minister of Health and the Honorable Ambassador Meera Shankar. In a heart warming scene, Dr. Mamta Singhvi, President of AAPI MSRF, and daughter of Dr. Singhvi, joined her father on stage as he gave his moving inauguration speech to the captivated audience.

The entire hall was packed [an extraordinary presence of individuals] on Saturday evening; people in a very colorful saris; the room décor was in keeping with the spirit of Washington DC, and we were hoping that our occasion would be graced by President Barrack Obama, unfortunately he was at the G20 Summit in Canada.

The evening was concluded with a blessing from my mother to the membership and a remarkable program by one of the best musicians and star of India, Mr. Shankar Mahadevan.

It was a humbling experience to the entire convention committee. With all of the comments we received, and indeed we received many comments from people who participated for the first time, we had an open acknowledgement from our industry partners to be a platinum sponsor at our next year's convention.

In conclusion, we would like to express our gratitude to the entire membership, AAPI Executive Committee and the Governing Body for giving us the opportunity to provide a convention to be remembered.

Sincerely yours,

Vinod K. Shah, MD, FACC

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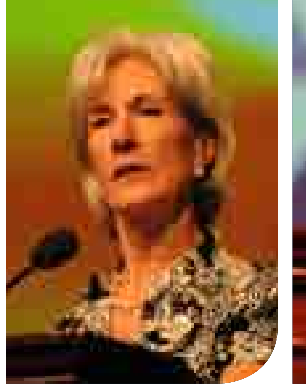
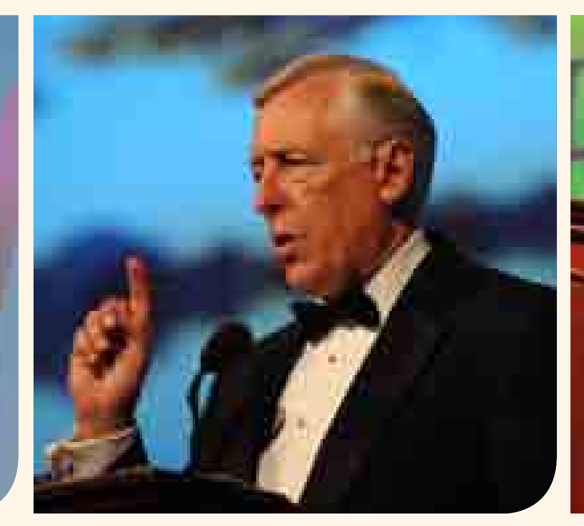




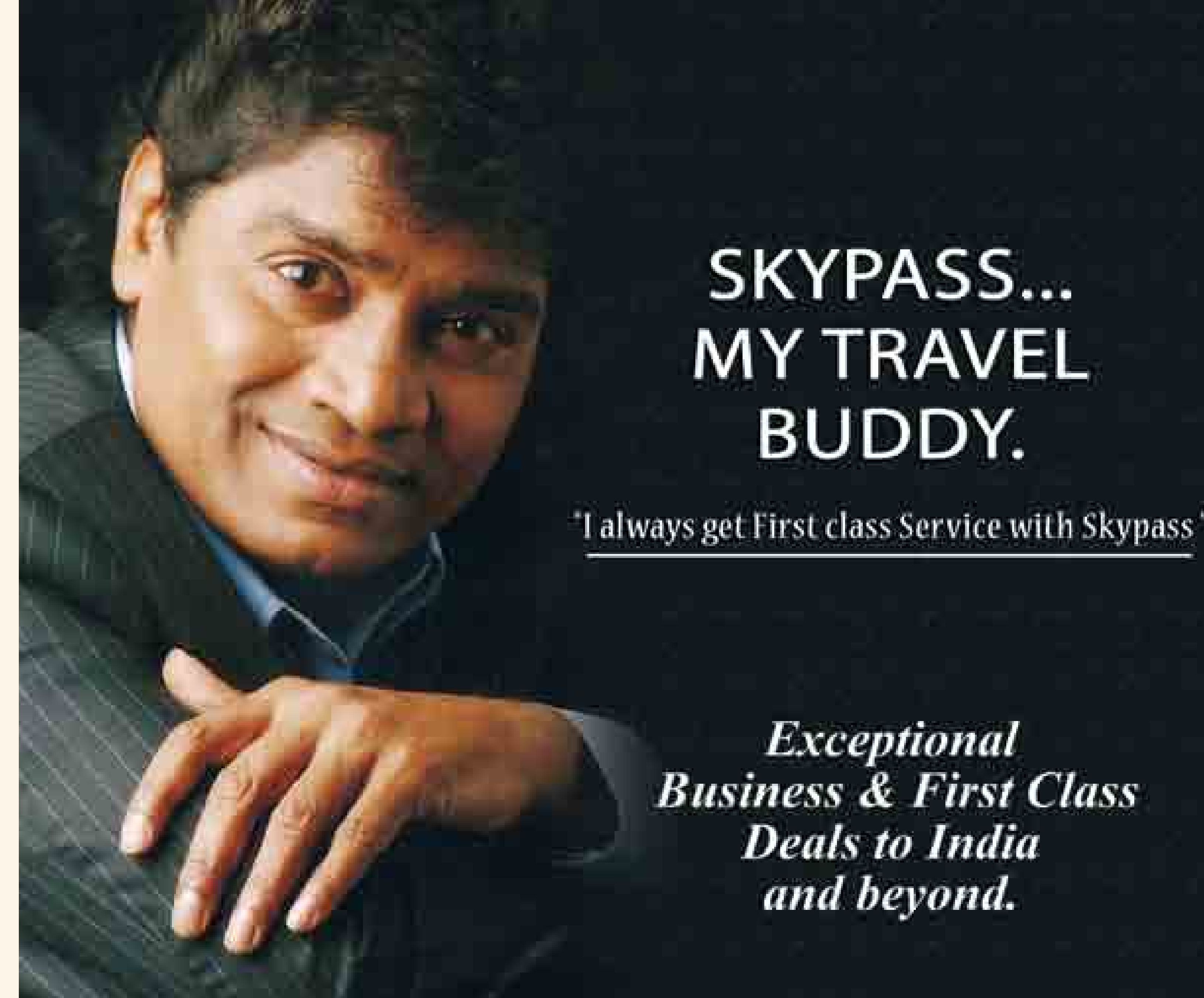
We Are Proud To Introduce To You The AAPI 2010 Convention Team

Bottom Row: Avni Shah, MD; Geeta Nayar, MD; Manish Shah; Parag Shah; Adarsh Gupta; Vipul Shah; Prakruti Shah; Parul Jani, MD; Bhargesh Mehta, MD; Chirag Parghi, MD

2nd Row: Suresh Patel, MD; Kiran Mehta , MD; Sharmila Mehta; Kiren Mathur; Krishan Mathur, MD; Ila Shah, MD; Neelam Shah; Vinod Shah, MD; Nayan Shah MD; Jayu Shah; Dhiren Shah, MD; Avani Shah, MD; Umed Shah, MD; Shakuntala Shah; Suresh K. Gupta, MD

3rd Row: Samish Shah; Nila Patel; Kirit Patel, MD; Sushila Shah; Tarun Mehta; Sanjib Mishra, MD; Rahul Jindal, MD; Shambhu Banik, MD; Suresh C. Gupta, MD; Pankaj Lal, MD; Rakesh Sahni, MD; Raj Samtani, MD; Pushma Samtani, MD; Bhasker Jhaveri, MD; Rita Jhaveri, MD; Beena Shah, MD; Anil Shah, MD; Arpana Shah, MD; Amish Shah , MD; Chara Desai; Minal Shah, MD; Madhu Mohan, MD; Mahesh Chandra, MD; Anantha Rao, MD

4th Row: Kishor Shah; Amit Sheth, MD; Milan Sheth; Sheriar Demehri, MD; Anil Kankaria, MD; Sushil Jain, OD; Genny Demehri; Asha Jain; Pradeep Simlote, MD; Anu Simlote; Parvathi Mohan, MD; Madan Mohan, MD; Smita Patel, MD; Atul Shah, MD; Aruna Shah; Mukesh Mathur, MD; Nelson Benjers, MD; Naresh Patel, MD; Adinath Patil, MD; Sukatu Shah; Aruna Patil, MD; Raj Patel; Shalin Shah; Vidya Sagar, MD; Megha Sagar; Savera Sehgal; M.F.O. Laheer, MD; Ajay Sehgal; Devendra Desai



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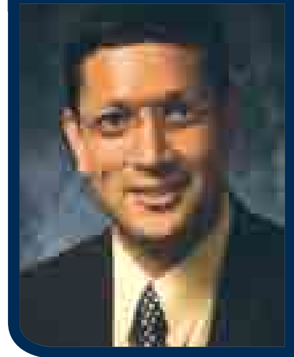

Jayesh B. Shah, MD*

In the last fifty years the U.S. medical education, health care and biomedical research have continually excelled and provided benefits to the U.S. population in particular and the world community in general. These advances are largely driven by the dedicated, cerebral and ever innovative U.S. physicians. The U.S. has 950,000 physicians, of which 240000 have emigrated from 100 different countries, including 45,000 of Indian origin. Some of these International Medical Graduates (IMGS) have regularly visited their land of birth and have contributed towards medical care improvements. On May 20th, 2010 at the embassy of India, an India- U.S. physician exchange program was initiated. India has 700,000 Allopathic physicians some 70,000 specialists. Under this program, the India and U.S. physician will undertake voluntary and mutually reciprocal visits. The host will provide free lodging, board and professional interactions to their visiting guests. Such exchanges will prove beneficial both professionally and culturally. The American Professional Exchange Association (APXA) provides a free service to match physicians based on their specialty at www.apxamembers.com

This program is supported by the U.S. State Department (Office of Professional and Cultural Exchanges); the American Medical Association (AMA) IMG section; the World Health Organization (WHO- Global Health Alliance-GHWA); the Government of India, and the American Association of Physicians of Indian origin (AAPI). The program was initiated by the science counselor Dr. D. Dutta(representing the Ambassador of India), , Dr. V.K. Shah, Past President AAPI, Dr. Jayesh B. Shah, Chair (AMA-IMG section) and Dr. Navin C. Shah, CEO, APXA.

We expect that the US physician's visits to India will play a pivotal role in improving medical education and health care in India. The U.S. physicians will get an opportunity to learn about ancient medical systems as practiced in India and also about tropical and infectious diseases. The visiting Indian physicians will familiarize with the U.S. medical education and health care system. Such exchanges will also result in joint projects benefitting both the U.S. and India. In addition, AAPI's over forty strong alumni associations will be able to create centers of excellence in their almamaters. The U.S. medicos and its medical system has so much to offer to modernize health care in India especially to benefit middle and lower economic strata of the Indian Society. If we, the first generation physicians, create an avenue to serve India, our second generation physicians with 10,000 medical students and 15,000 residents, will surely continue this vital program.

My congratulations to Dr. Navin Shah, Co-Founder and Past President of AAPI, who has endeavored to help improve medical education and health care in our mother land since the creation of AAPI, Our recent past president Dr. Vinod K. Shah showed the leadership and foresight in supporting this program on behalf of AAPI and Dr. Ajeet Singhvi our present president has shown full support for this program. I have been involved in this program mainly as an AMA – IMG Chair last year. AMA IMG Section has provides its full support and availed AMA's Web Site to this program. I hope that our members and non members, especially alumni members will actively participate in this essential humanitarian and professional project.

In this era of global interactions and cooperation, especially between the U.S. and India, such medical professional activities will create multiple joint ventures, services and research projects resulting in availing prompt and proper patient care to all the countries of the world.

Past Chair, AMA-IMGS Governing Council and Secretary, American Association of Physician of Indian Origin (AAPI)

India the "Super Bug" Capital
Or a propaganda to discourage the booming Medical Tourism?

Akshat Jain, MD*

While the Swine Flu was being spread from China and the HIV from Africa, the intellect of the "Ignited" minds of the west came forth with the idea of naming a much less lethal and much less prevalent bacterial gene after India's capital. The "New Delhi Metallo Beta Lactamase 1" or The NDM-1 gene is making headlines on the health sections of media agencies.

In the new joint study published in The Lancet , led by Prof Timothy Walsh at Cardiff University ,UK and Madras University's Karthikeyan Kumarasamy, hospitalized patients , they found 44 cases of bacteria with the NDM-1, 1.5% of those screened in South India (Chennai), and 26 (eight percent) in North India (Haryana).

Although this gene was isolated in bugs from Pakistan and Bangladesh and UK also, India is being singled out as the source of origin based on assumptions. Reports of such sorts can have far reaching consequences. Limiting the options for medical tourists who benefit by getting world class, cost effective, service at leading hospitals in India.

The cause of scare is because of the lethality it imparts to the bacteria, the rapid spread and progressive failure of one organ system after the other, while being resistant to all big gun antibiotics you think are curbing the bacterial growth.

India is a hot destination for tourists all around the world, with modernization and strong infrastructure, tourists are flocking from world over. The genetic material could easily have been imported by someone travelling to India, understandably medical authorities have shown their displeasure to such claims. The huge land mass that India is, with a billion people residing there, the lack of a centralized registry amongst the diverse public and private hospital system, accounting for all acquired infections, definitely puts the authorities at a disadvantage to refute the claims. This can very well act as the eye opener.

I am not a fan of Conspiracy theories, and I do not think this is any way propaganda, but I would register my frustration for the callousness, in the nomenclature, which imparts a taste of profiling.

**New York Medical College, Metropolitan Hospital, NY. Delegate to the American Academy of Pediatrics, NYMC Metro, NY akshatusa@yahoo.com*

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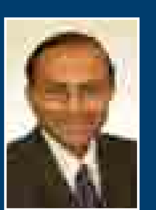

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Can Modern Medicine Learn From Teachings of Religions?

Parveen Kumar Khosla, MD*

It is an undeniable fact that modern medicine has revolutionized our lives by making many ground breaking discoveries. However, modern medicine has also committed grave blunders that slowed down its progress. It is an undeniable fact that modern medicine has revolutionized our lives by making many ground breaking discoveries. However, modern medicine has also committed grave blunders that slowed down its progress. One of the biggest blunders that slowed down its progress was that it always considered religion as its non logical adversary and refused to coordinate its research with the teachings of various religions. In this article, I will discuss how modern medicine would have been able to determine the ideal diet for an average person of the society hundreds of years earlier by coordinating its research with Hindu dietary code. That discussion would open the door to see how modern medicine can do the same by coordinating its research with the other teachings of various religions.

Hindu dietary code divides human diet into Satvic foods, Rajasic foods and Tamasic foods. Fruits, all vegetables except onions, milk and milk products are considered Satvic foods. Chicken and other white meats, eggs, onions and spicy foods are considered Rajasic foods. Red meats like beef and pork are considered Tamasic foods. Hindu dietary code considers Satvic foods superior foods, Tamasic foods inferior foods and Rajasic foods as intermediate foods. Translating that into modern scientific language would mean that Hindu dietary code considers lacto vegetarian diet superior diet and beef and pork containing diet inferior diet.

Modern medicine went in circles for hundreds of years and finally reached the same conclusion as Hindu dietary code had reached thousands of years earlier. 1894 was the year when modern medicine published its first ever dietary recommendations. It had discovered in the earlier part of the century that human diet consists of proteins, carbohydrates and fats. Proteins were considered the building blocks of the human body and carbohydrates and fats were considered fuels. Therefore, modern medicine recommended that people should consume proper amounts of proteins and fuels to prevent the excess of one or the other. There was no recommendation for specific vitamins intake because vitamins were not discovered yet.

In early part of the twentieth century, vitamins were discovered and the main emphasis of the dietary recommendations was to insure that people consumed adequate amounts of vitamins to prevent various diseases.

Starting with 1970s and 1980s chronic diseases like heart diseases and strokes became very common. Modern medicine determined that saturated fats and cholesterol were contributing factors for the development of these diseases. Therefore, the emphasis of its dietary recommendations shifted to reducing the intake of saturated fats and cholesterol. It continues to provide the same recommendation with some modification at present time.

Throughout this time, modern medicine gave dietary recommendations only in general terms. It never answered the question "what is the ideal diet for an average person of the society?" in straightforward language. If science is forced to answer that question with its present knowledge, it has to say that lacto vegetarian diet is the best diet for an average individual of the society. It is an established fact that lacto vegetarian diet is nutritionally complete diet as it contains all the essential vitamins and minerals. It is also an established fact that lacto vegetarian diet helps prevent various diseases like hypertension, coronary artery disease, stroke and various cancers. Rather, various offshoots of lacto vegetarian diet are being recommended by modern medicine to treat many diseases. For instance, DASH diet, which is for all practical purposes a lacto vegetarian diet, is used to treat hypertension. Ornish diet, which is again an offshoot of lacto vegetarian diet, is used to treat atherosclerotic coronary artery disease.

In fact lacto vegetarian diet is such an ideal diet for an average person of the society that we will be hard pressed to find any disadvantage of sticking to this diet. The main argument that is given against sticking to lacto vegetarian diet is that we will miss the superb taste of meat if we stick to lacto vegetarian diet.

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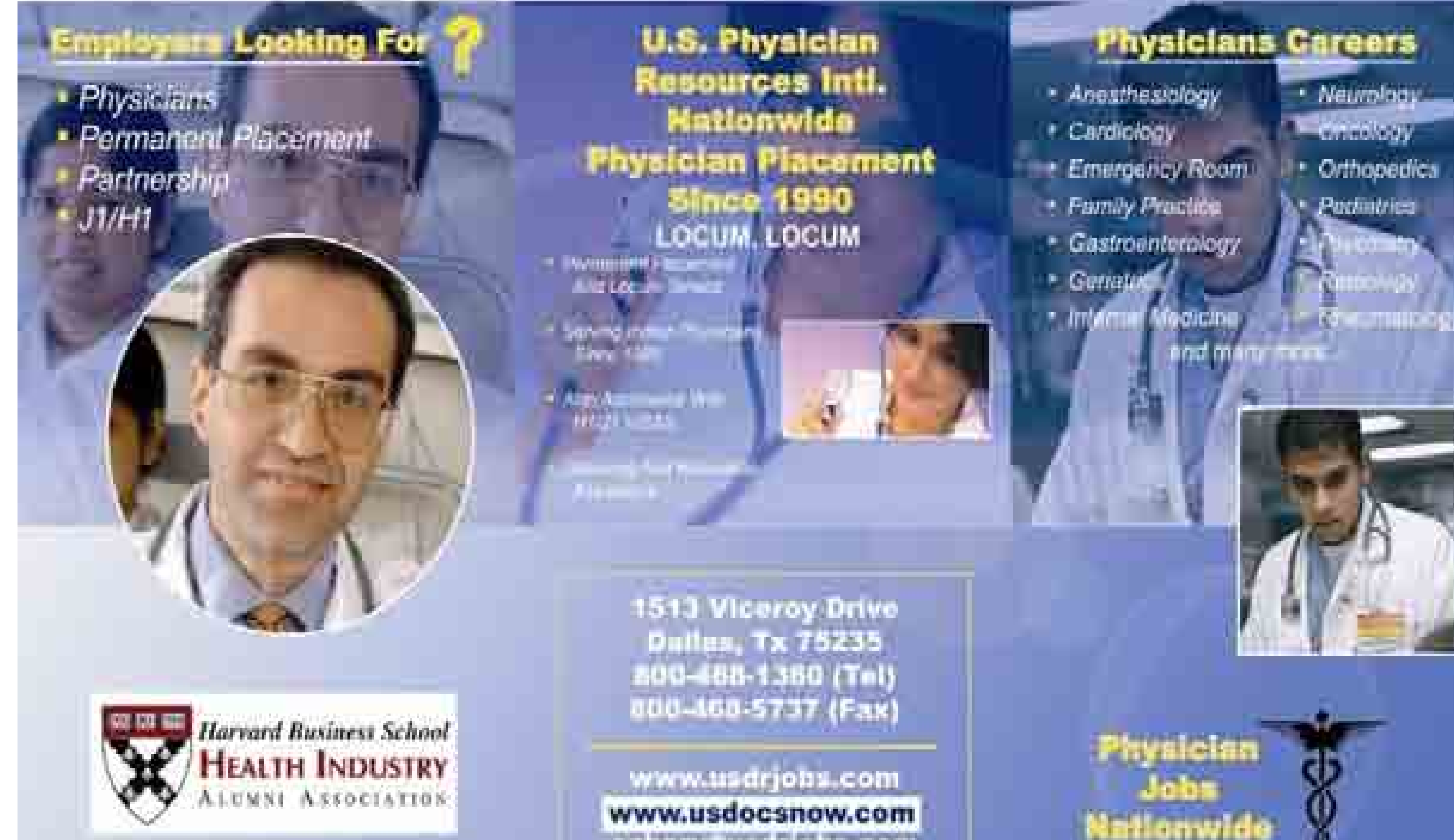
This is a hollow and immature argument. We need to realize that taste is an acquired phenomenon. An individual can develop taste for virtually any food and enjoy that food, where the same food can be extremely unpalatable to another individual. For example, a very spicy food that can be a great delight for some of the East Indians can be virtually used as a mean of torture for some of the Midwesterners in the U.S.A. My dad tells me that after migrating to U.S.A., he tried to eat steak to fit into society. It tasted so bad to him that he could not swallow even one bite of it. All his American friends could not believe that a steak can taste bad to somebody.

We enjoy the taste of meat because we have developed the taste for it because of various socio-psychosocial factors. Though it will be hard for a dedicated meat eater to believe, the fact is that once we develop the taste for lacto vegetarian dishes, those dishes start tasting delicious and the meat dishes start tasting horrible.

It is obvious from above discussion that modern medicine would have been able to reach the conclusion that lacto vegetarian diet is an ideal human diet hundreds of years earlier had it coordinated its research with Hindu Dietary code. Even more importantly, more and more data tells us that modern medicine can do the same thing by coordination its research with various other teachings of religion like meditation and prayer. It does not make sense for the modern medicine not to coordinate its research with the teachings of various religions.

** The author is certified by American Board of Psychiatry and Neurology in Neurology, Clinical Neurophysiology and Vascular Neurology. He has spent last several years in compiling the data on scientific basis of religion in above format. Clinical Professor of Neurology, University of Missouri, Columbia MO.*



MSR/YPS Corner

Report from President, MSRF, AAPI

Mamta Singhvi, MD

AAPI MSRF is looking forward to a new year! We hope to continue the momentum we've already gained and to build on this with new plans and projects.

In the realm of community service involvement, we are excited about the medical missions we have planned this year. This first took place in September 2010 in Alexandria, Egypt and yet another is scheduled for April 2011 to China. We also have a thriving partnership with Pfizer, and have been hosting seminars throughout the country on subsidy pathways for low income patients and are in turn receiving financial support for the several health fairs that AAPI supports nationwide. Also, our leadership board is committed to continuing our local charity social events, a successful concept introduced by our past President. Stay tuned to one coming to your area soon! For information on our opportunities, please contact our Community Service Chair, Amit Bhakoo at communserv@aapimsr.org.

In terms of legislation, an AAPI sponsored bill for increasing both residency slots as well as resident salary is already in the pipeline. We also have started to accept applications for our Washington DC fellowship program, whereby two interested, qualified MSRF/YPS candidates will be sponsored to travel to our nation's capital for one month to work with bipartisan congressional leaders and enhance working knowledge of the political process. In addition, leadership conferences to hone public speaking and advocacy skills are being held around the country, with the next scheduled for Newport Beach, CA on October 30, 2010. Planned subsequent seminars will be held in New York City, Chicago and Dallas. Any interested members are encouraged to contact our Legislative Chair, Shalini Moningi at legislative@aapimsr.org.

On an educational level, we are proud to announce AAPI sponsorship for interested, eligible MSRF/YPS members to travel to India (or any other location of their choice) for a one month externship in any specialty of their choosing. Competitive candidates will be sponsored travel stipend, and any planned medical trip to India will be further supported. We are excited that we have already begun to send medical students to various regions of India. This program will be sponsored privately, so I urge Parent AAPI members to support us financially. Also, AAPI is hosting a CME trip to Rajasthan from December 30th to January 7th. It should be a very fun and educational time, and any interested members are encouraged to email me.

Increasing membership and local chapters continues to be our main goal. To that end we are urging MSRF/YPS members to become patron lifetime AAPI members for a mere $100 upon sponsorship by a current patron member. Also, we are very much looking forward to the continued growth of local AAPI MSRF communities and would love to help in every way possible. To learn more or to find a current patron member for support, please contact our Membership chair, Atul Nakhasi at membership@aapimsr.org.

Finally, preparations for AAPI National Convention 2011 are under way! This will be held in the Hilton Manhattan from June 22-26 and is shaping up to be a fantastic time for everyone who attends. Although registration is not currently open, I encourage you to mark these dates in your calendar because it will sell out!

Thank you for your continued support and interest in AAPI MSRF. We look forward to enhancing the organization with new ideas and approaches and are always open to feedback and suggestions. Please do not hesitate to contact me with any questions or concerns.

President, AAPI MSRF
president@aapimsr.org

Through the Eyes of the Young AAPI

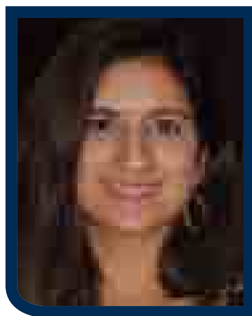
Pooja Voria, MD, MBA, MSRF Communications Chair
Breast Imaging Fellow, Department of Radiology University of Washington, pvoria@hotmail.com

From inspirational true life experiences to poetry and creative literature, the AAPI journal is filled with original works from the Indian medical community. The MSRF (Medical Student, Resident & Fellows) section is pleased to work in collaboration with the AAPI Publications Committee this year to present articles from the MSRF community throughout the year. Our hope is to present you with a different perspective, through the eyes of the younger generation of AAPI.

The MSRF is an extension of the main AAPI body. It was initially formed by a dynamic group of medical students, residents, and fellows as a professional and social network. Over the past few years, the MSRF has asserted itself as an autonomous group while seeking the wisdom and guidance of its parent AAPI. But at the same time, MSRF also realizes the importance of maintaining strong ties with the principal.

Our goal is to bridge the gap between the two generations of Indian physicians by continuing to work together and improving communication. We hope you will enjoy the reflections of some of the most imaginative, creative, and talented personalities of the young AAPI throughout the upcoming year.

Message from President, Young Physicians' Section



Priya Kundra, MD
Endocrinologist, Washington Hospital Center, DC

Dear Friends,

I am honored and excited to serve as your incoming president for the Young Physician Section (YPS) of AAPI. I would like to thank Julie Patel for all her hard work this past year as president.

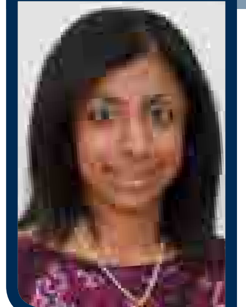
The YPS section of AAPI has tremendous potential for growth and leadership within AAPI. As YPS president, I will be focusing on the following key components:

- Expanding YPS membership with incentives that are tangible to young physicians
- Tapping into the "voice" of young physicians to educate members of Congress
- Community service involvement
- Developing an extensive network within YPS/promoting professional and social events

As an organization, AAPI is committed to increasing your knowledge, enhancing your career, and empowering you to play a key role in healthcare advocacy and community service. AAPI has a range of activities from CME to practice management resources and community service opportunities that are geared towards young physicians.

I hope that I will have your support as we work together to strengthen our role within AAPI. I look forward to working with you this year and the years ahead to make YPS a stronger, more cohesive section within AAPI. Please email any comments/suggestions to me at kundrapk@yahoo.com

The Time for Change is Now



Nirupama Madduri, MD*

Medical school education is a memorable and haunting part of every physician's life. We suffer through anatomy, physiology, pharmacology, and pathology, memorizing minute details of diseases we may never encounter. Our brains become saturated with formulas, disease processes, and clinical presentations, to eventually solve every medical conundrum. However, when we finally reach the peak of that educational mountain to receive our degrees at the summit, we still coast down into the valley of illness quickly. Each person who enters our office or emergency room is reduced to a particular syndrome, and the recipe for treatment is applied, with care not to add unnecessary ingredients.

As the state of health care in our nation is more uncertain and turbulent than ever, there is a fundamental issue that is neglected by lawmakers and implied by disgruntled citizens. Medicine has been compressed into a business, a profit-churning entity. Physicians are employees of corporations disguising themselves as hospitals. Executive officers and managers dictate medical decisions and clinical practice. We practice fast-food medicine, trying to sell a substandard product for the sole purpose of creating revenue. ICD-9 diagnosis codes, compliance requirements, and billing complexity levels mandate our medical practices, defying our original ideals.

While waiting in a pharmacy line, I read the facial expressions of other customers. When they were given their bills, many had tears in their eyes. Others knew they were going to sacrifice something meaningful. I recall meeting a family in my clinic who moved from a house they owned into a rental apartment. Rent from their house was utilized to pay for speech and language therapy for their child with autism. Despite the well-established medical literature regarding benefits of regular speech and language therapy for children with autism spectrum disorders, insurances refuse to cover it.

Our system is not just broken; it is essentially irreparable. Medical care is not going to succeed as a business model, where productivity is measured only by profit and not quality of product. Contrary to popular belief, any profit typically goes to C.E.O.'s, Vice Presidents, and managers. Medical providers and hospital staff do not receive any incentive for their snowballing duties. During a time when hospitals were owned by non-for-profit organizations, revenue was not the driving force, and they were maintaining higher standards of excellence in healthcare.

In our nation, we must renew the value on quality of human life, which existed many decades ago. As corporate and financial sectors control the level of life satisfaction, it is our duty as physicians to support our patients. Health care is neither a partisan battleground, nor a business to provide financial yield to a few. It is the citizens of our nation who should benefit and it is time for us to unite and practice medicine the way we intended.

*Dept of Developmental Pediatrics, Vanderbilt University, School of Medicine, Nashville, TN.

Pfizer Helpful Answers® Partnership

Chirag Parghi

As physicians, we're on the front lines of health care, interacting directly with patients who rely on the services we provide. Unfortunately, today, many patients – more than 46 million Americans – are uninsured. Health insurance can be a major factor in a patient's decision to seek care, and uninsured and underinsured patients are likely to avoid health treatment because of cost, especially when it comes to prescription drugs.

To help patients who lack prescription drug coverage get access to the medicines they need, many pharmaceutical companies offer patient assistance programs. For example, Pfizer Helpful Answers®, Pfizer's family of assistance programs, provides Pfizer medicines for free or at a savings to patients who qualify. Some programs also offer reimbursement support services for people with insurance.

Sadly, many patients – and even many physicians – are unaware that help may be available. That's why AAPI is working with Pfizer Helpful Answers to spread the word about public and private programs that may available to eligible patients.

In the coming months, AAPI's Medical Student, Resident and Fellow, and Young Physician sections will host educational sessions, at which attendees can learn about the resources that may be available to patients in need. These sessions will take in the following areas:

- New York/New Jersey
- Houston, TX
- Buffalo, NY

We encourage you to invite colleagues, as well as community and patient advocates, to attend these important events.

Together with Pfizer, we hope to further our mutual goal of reaching underserved communities.

Please contact Chirag Parghi with any questions about our partnership with Pfizer, or if you would like to attend or schedule an education session for your chapter.

Clinical Research Leadership Opportunity

Medanta Duke Research Institute

Medical Director for an Early-Phase, Proof-of-Concept (POC) Unit in India

Outstanding opportunity now available for a qualified leader to become the Medical Director of the Medanta Duke Research Institute (MDRI), an early-phase, Proof-of-Concept (POC) clinical research collaboration between Duke University and Medanta—The Medicity, a premier healthcare facility in Gurgaon, India. The Medical Director oversees a 60-bed POC unit within a new, state-of-the-art, 1,500-bed tertiary and multi-specialty quaternary care facility. The Unit focuses on industry and academic biomedical research, and the Medical Director will provide strategic and operational oversight of all research and education/training activities. The Unit is poised to become a regional and global leader in providing innovative solutions to sponsors and investigators in early-phase and POC clinical trials. The applicant should be an MD (or equivalent) with at least 5-years experience in either academic or industry First-In-Man/Phase-I/Early-Phase/POC clinical research environments. Additional education or training in Clinical Pharmacology is desired, not required.

Interested applicants should submit a cover letter and CV to MDRIemployment@duke.edu

AAPI Sponsors Harvard-Affiliated Initiative to Address Health Care Costs

Neel Shah, MD*

AAPI has joined a Harvard Medical School teaching hospital and three leading health insurance companies as a sponsor of the 2010 Costs of Care Contest. This ambitious initiative will gather stories from doctors and patients around the country that illustrate the importance of cost awareness in medicine.

While there is much debate about the best way to address the spiraling cost of American healthcare, there is one thing everyone agrees on: the current system is unsustainable. As a result, the nature of healthcare delivery, including many aspects of medical practice, will undergo fundamental changes in the near future. The landscape of American healthcare is also shift in another important way. Indian Americans, who will make up nearly 25% of the medical workforce, will increasingly assume leadership roles in this changing system. Therefore, it makes sense for AAPI to establish a visible role. With nearly 15-20% of American medical school graduates being of Indian American ethnicity, it is our priority to cultivate leaders within our generation to oversea the drastic changes sweeping the medical landscape. To this end, AAPI is excited to support Dr. Shah's "Cost of Care" contest in conjunction with AAPI-MSRF-YPS leadership conferences throughout the nation. Please visit the AAPI-MSRF website at www.aapimsr.org to learn details of the competition as well as a list of workshops in your area.

The first step to addressing a complex challenge such as containing health care costs is to characterize the problem, and that is precisely what the Costs of Care Contest is designed to do. According to Costs of Care Executive Director Dr. Neel Shah, "Addressing healthcare costs requires leadership from our policymakers but doctors can also lead the way through everyday decisions. Our aim is to use the stories we gather is to empower doctors with the information they need to curb harmful healthcare costs at a grassroots level."

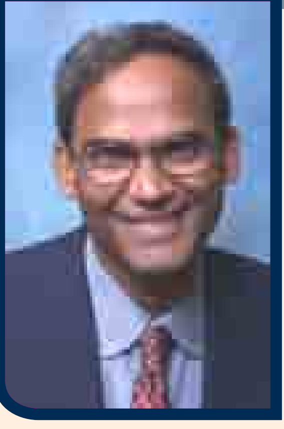
The contest will offer $1000 prizes for short anecdotes from doctors that illustrate the importance of cost awareness. This may include a time it was difficult to communicate cost information to a patient, or a time when a medical bill was unexpectedly high.

Contest judges will include a high profile panel of policymakers, doctors, and journalists that include Atul Gawande (surgeon and New Yorker staff writer), Michael Dukakis (former Democratic nominee for President of the United States), Tim Johnson (Chief Medical Editor of ABC News), Michael Leavitt (former Secretary of Health and Human Services under President Bush), and Jeffrey Flier (Dean of Harvard Medical School).

Submissions are due by November 1st, 2010 to contest@costsofcare.org. More information can be found at www.costsofcare.org/essay.

Clinical Fellow in Obstetrics, Gynecology and Reproductive Biology, Brigham & Women's Hospital Harvard Medical School neel.t.shah@gmail.com

Members in the News



Dr. Rao Musunuru receives Physician of the Year Award

Dr. Rao Musunuru, a cardiologist at the nationally acclaimed Regional Medical Center in Pasco County, Florida won the '2010 Physician of the Year' from Florida Association of Physicians of Indian Origin (FAPI) for his outstanding contribution and excellence in the field of medicine and humanity. He also received the '2010 Outstanding Physician Award' from Pasco County Medical Society of Florida Medical Association, in recognition of his "exemplary medical, scientific, humanitarian, advocacy, educational, and philanthropic contributions at local, state and national levels for 3 decades."

Dr. Musunuru is also the recipient of 'HCA Frist Humanitarian Award' for 2 years in a row (2008, 2009) and named 'Paul Harris Fellow' by Rotary International for two years in a row (2006, 2007). His other achievements include '2005 National Physician of the Year award and '2007 National Volunteer Advocate of the Year' award,' both from American Heart Association for his outstanding and long lasting advocacy efforts to reduce disability and death from cardiovascular diseases, both at state and national levels. He is a great community activist and a regular columnist for St. Petersburg Times and Tampa Tribune.

DR. MOHAN DURVE PRESENTS

CME PROGRAMS FOR YEAR 2011/2012

Destination	Dates	Price
Antarctica (12 days)	Dec 31, 2011, Jan 9, 2012 or Feb 11, 2012	From $6799
Australia/New Zealand (15 days)	Feb 14 or March 14	From $2499
***Bhutan, Sikkim, Darjeeling, Assam**	**Nov 25 – Dec 8**	**call for Price**
China w/Yangtze cruise (16 days)	Aug 5 or Aug 26	From $2349 + Internal Air $700
***Dubai Cruise on Costa**	**Feb 6 - 13**	**balcony (cat B1) from $1299**
Galapagos Islands (11/days)	1/15, 1/ 22, 2/19, 3/5, 4/2, 4/9, 5/21, 7/16, 9/24, 10/15, 10/22, 11/5 or 12/3	From $3999
Greek Islands & Turkey	July 18 - 30	From $2499 + 1238 NY
***India, Mumbai**	**Nov 30**	**CME 8 hrs fee $325**
Israel & Jordan	May 17, June 14, July 12	From $2699 +1650 NY
Italy (9 days)	May 2 or 16, June 13, July 11, Aug 1	From $1399 +1040 NY
***Jordan**	**Feb 1 – 5**	**From $999**
***Monarch Butterflies (Mexico)**	**March 1 – 8**	**From $990**
***Namibia Safari & Botswana**	**Sept 11**	**$7499/pp land only, + $900 Internal Air**
***Romania & Bulgaria**	**5/6, 6/10, 8/5, 9/2, 9/30**	**From $2999**
***Russian River Cruise (7 Days)**	**Aug 14 – 24**	**From $1949**
South Africa (13 days)	March 10	From $2199 + Internal Air $320
Thailand (14 days)	Jan 19, Feb 16, April 6, April 27	From $1599

Call Dr. Mohan Durve at 888-794-1995 or 440-845-7272 E-mail at: mjdurve@sbcglobal.net or WEBsite: CMETravels.com
We can also organize family/group vacations to dream destination anywhere in the world on your dates of choice!
ALL rates are for land only. Call for Air prices. We will book air for you.

La Vie En Rose

Udita Jahagirdar, MD, F.A.C.O.G, Orlando, FL

When we got into medical school a kind and optimistic professor with a penchant for French phrases said in congratulation - Your life will be " La vie en rose". So here we were a gaggle of bright eyed medical students doing our first day orientation at Seth G.S. Medical School, Bombay, all of us wannabe doctors strutting around, secretly convinced that making into medical school was half the battle.

I do not remember who was it that had the bright idea to take us to observe surgery on our first day. They probably did not quite know what to do with us, after the introductory tour and talk, so here we were being led up the narrow staircase, past the howling laboratory canines in the animal house, to the observation gallery overlooking the operating room of none other than Dr. P. K. Sen the stalwart of cardio vascular surgery who went on to perform the first heart transplant in India.

I remember the thrill and excitement of gazing down through the glass panes and seeing what we thought was the beating heart of the patient on the OR table. I recollect someone in the OR at the head of the table, probably the anesthesiologist, surveying the mass of young heads hovering overhead, gesturing to Dr. Sen who moved over slightly allowing us a better view. Before our rapturous young eyes the drama of surgery unfolded and we were instantaneous converts to this specialty.

Wide eyed with wonder we watched on and then we heard a crash and then some commotion within our ranks. A strapping young would-be doctor had fainted at the site of blood and now there was a red stream spurting from his scalp where he had hit the edge of the bench. Someone rushed in and led him away. There was almost more heme on the floor next to us than in the OR below.

That was how our "vie en rose" started; with all the blood loss that we witnessed it was more like "la vie en rouge". But after all these years, and in the midst of all our present medical travails, I often think of that first day and feel that shiver of excitement run down my spine as we watched that operation by Dr. Sen, and thereby reaffirming my faith in my chosen career.

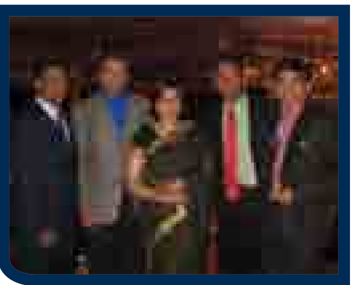
AAPI meets government of India Defense Minister Mr. A. K. Anthony in Washington, DC, USA

AAPI delegation meeting with Indian Defense Minister Sri. A. K. Antony during his recent visit to Washington, D.C. Delegates appraised the Defense Minister about AAPI activities and about the upcoming Indo-US Summit scheduled for January 3-5, 2011 in Jaipur, India.

(pictured from left to right) Drs.: Suresh C. Gupta, Hemant Patel, Vinod K. Shah, Hon: A. K. Antony, Suresh C. Gupta, Narendra Kumar and Anil K. Antony.

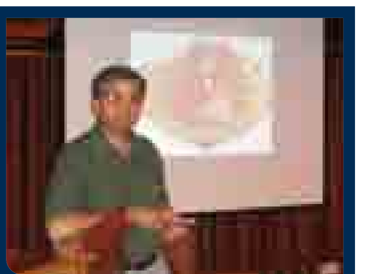
AAPI 2010 Mexican Riviera Cruise CME Conference a Big Success

The AAPI cruise conference for 2010 that was held on the Mexican Riviera Carnival Cruise line was a resounding success.



CME Faculty Drs. Raj Kedar, Salil Khandwala, Rita Khandwala, Jayesh Shah, and Mukesh Nigham enjoyed dinner together while preparing for their respective lectures.

The attendees enjoyed a feast of educational topics at the CME conference on board the Carnival Cruise line. The facility for the CME conference on the cruise was exceptional with top-notch audiovisual facilities. This particular cruise conference was possible due to the hard work of Dr. Salil Khandwala, the CME cruise director. Most of the delegates this time were new to the AAPI cruise conference. Dr. Salil Khandwala organized a four hour CME conference every day for three days of the seven-day cruise. The topics included women's health, wound management, perioperative anesthesia workup, cardiac management issues, radiology imaging issues and pain management concerns.



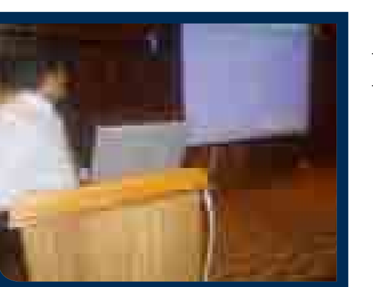
Dr. Khandwala begins his insightful presentation on the modern marvels of women's health.

Dr. Khandwala who is a pelvic surgeon and urogynecologist, conducted a session on Women's health issues. The topics included state-of-the-art in office management of urinary incontinence, workup and management of fecal incontinence, how to avoid hysterectomy for management of prolapse and how to manage dysfunctional uterine bleeding.

Dr. Jayesh Shah interactively explains the complex ethical issues of end of life.

Dr. Jayesh Shah, Medical Director of South Texas Wound Associates, discussed recent concepts in wound management, prevention of wound breakdown and also discussed the ethical issues of end of life.

Dr. Mukesh Nigam explained to the audience the importance of preoperative workup prior to a surgical procedure. He highlighted not only the major principles of the physiology and pathophysiology but also discussed the cessation of over-the-counter health products such as ginger, St. John's wort which could be associated with increased bleeding during surgery.



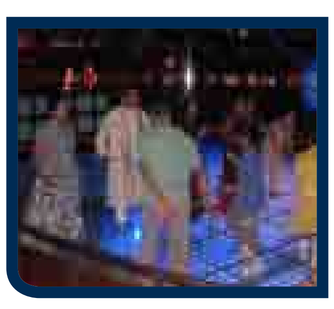
Dr. Mukesh Nigam informs his audience about the surprising effects of simple over-the-counter health products.

Dr. Rita Khandwala begins her presentation on pain management by asking her audience "what is pain?".

Dr. Rita Khandwala, an anesthesiologist from Michigan, discussed the complex problem of pain management for both acute and chronic conditions. She reviewed the pathophysiology of pain and also the different pain medications that are available for primary care physicians for use in an outpatient setting and also in the hospital.

Dr. Raj Kedar engages his audience with creative pictures explaining heart diseases.

Dr. Raj Kedar, a radiologist from Tampa, Florida, discussed the newer studies that are now being done for early detection of coronary atherosclerosis. He highlighted the importance of calcium concentration in imaging studies and also the role of CT angiogram.



The audience participation was very healthy and energetic. Thanks to the efforts of Dr. Iyengar, from IMASC, the delegates received 12 hour CME credits. All in all, a lot of information was exchanged and tremendous knowledge was gained by the participating physicians.

Conversations even continued at the dining table during the formal dinners. The families also got together afterwards for social events including land based activities such as parasailing and kayaking. The children became close friends and enjoyed mini-golf and volleyball on the top deck almost every day. The AAPI families had their own personal entertainment with Dr. Hemant Mehta who organized activities such as dandiya/raas and karaoke.

American Association of Physicians of Indian Origin

2010 - 2011 Calendar of Events

JULY						
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AUGUST						
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8-15: AAPI Family CME Cruise Mexican Riviera
14: AAPI Regional CME , Charleston, SC

SEPTEMBER						
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11: AAPI Regional CME, Fresno, CA
18: AAPI-CF Event, San Antonio, TX

OCTOBER						
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29-31: Fall Governing Body, Newport Beach, CA 30: Leadership Conference for Young Physicians

EC Teleconferences   BOT Teleconferences

NOVEMBER						
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13: AAPI Regional CME & Leadership Conference for Young Physicians, NY

DECEMBER						
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4: AAPI Regional CME , Seattle, WA
28-29: Jodhpur, India, CME
30-31: Jaisalmer (New Year Eve), India, CME

JANUARY						
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1: Jodhpur (side trips with overnight stay), India, CME
2-5: Indo-US Healthcare Summit, Jaipur, India, CME
7-9: Pravasi Bharatiya Divas, New Delhi, India

FEBRUARY						
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5-6: Women's Health Summit, Dallas, TX,
5: Leadership Conference for Young Physicians
22-23: Legislative Day, Washington, DC

APRIL						
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8-10: Spring Governing Body
23-24: AAPI/MAPI Regional CME, Detroit, MI
23: Leadership Conference for Young Physicians

MAY						
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7: AAPI-CF Event, Tampa, FL
21: AAPI Regional CME

JUNE						
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22-26: AAPI Annual Convention, Hilton, New York

Save The Date !
2011 AAPI Convention NYC
June 22-26, 2011

AAPI 4th Indo-U.S. Healthcare Summit Schedule

Date	Schedule	Hotel
OPTION A		
December 28, 2010, Jodhpur (Optional)	Sight-Seeing & Shopping. Visit Bisnoi Village in Jodhpur (Separate pricing).	Taj Hari Palace/Ajit Bhawan palace, Jodhpur
December 29, 2010, Jaisalmer	Depart for Jaisalmer by A/C Bus from Taj Hari Palace after lunch at 2:30 pm.	Fort Suryagarh, Jaisalmer
December 30, 2010, Jaisalmer		Fort Suryagarh, Jaisalmer
Until Noon	Half day sightseeing of Jaisalmer (guided tour)	
4 pm onwards	From Hotel to Sand Dunes. Camel rides on dunes, watch Sunset from the Sand Dunes and later enjoy Gala evening with folk dances, cocktails, dinner and camp fire on dunes and return after dinner to the hotel	
December 31, 2010, Jaisalmer		Fort Suryagarh, Jaisalmer
Until Noon	Half day sightseeing of Jaisalmer (guided tour)	
	Gala New Year Eve at the Hotel	
January 1, 2011, Jodhpur		Hotel Umaid Bhawan Palace/Taj Hari Palace, Jodhpur
	After breakfast, early departure from Jaisalmer to Jodhpur by A/C Bus	
	Arrive Jodhpur, some sight-seeing & shopping (time permitting).	
OPTION B		
January 2, 2011, Jaipur	Leave after early breakfast by bus to Jaipur with brief stops at Historical places Merta (Meerabai Palace, Museum & Temple), Pushkar (Brahma Temple) and Ajmer (Dargah, Nasia Jain Temple).	SMS Hotel/Heritage Haveli, Jaipur
January 3, 2011, Jaipur	4th Indo-US Healthcare Summit, SMS Hotel & Convention Center (Annexure of Rambagh Palace)	SMS Hotel/Heritage Haveli, Jaipur
January 4, 2011, Jaipur	4th Indo-US Healthcare Summit, SMS Hotel & Convention Center (Annexure of Rambagh Palace)	SMS Hotel/Heritage Haveli, Jaipur
	Dinner to be hosted by Maharaj Jai Singhji at Rambagh Palace	
January 5, 2011, Jaipur	4th Indo-US Healthcare Summit (conclusion), SMS Hotel & Convention Center (Annexure of Rambagh Palace).	SMS Hotel/Heritage Haveli, Jaipur
	Planning a Exhibition Polo match for AAPI Delegates	
OPTION C		
January 6, 2011	Leave for after early breakfast	Taj Palace, New Delhi
January 7, 2011, Pravasi Bharatiya Divas, New Delhi, Day 1		Taj Palace, New Delhi
1 pm onwards	Pre-convention sessions on Diaspora: Education & Health Services-Connecting the Diaspora	
7 pm – 8 pm	Cultural Program by Indian Council for Cultural Relations (ICCR)	
8 pm – 9:30 pm	Dinner hosted by Hon'ble S.M. Krishna, Minster of External Affairs	

January 8, 2011, Pravasi Bharatiya Divas, New Delhi, Day 2		
9 am - 10 am	Inaugural session with Hon'ble Prime Minister of India	Taj Palace, New Delhi
10:30 am–1:15 pm	Plenary sessions on Engaging Young Overseas Indians Opportunity India - Interaction with Group of Union Ministers	
1:15 pm – 2:15 pm	Lunch hosted by Development of North Eastern Region (DoNER)	
2:15 pm – 5 pm	Plenary session on Diaspora: North Eastern States with special focus on Education & Healthcare & Parallel Session	
7:30 pm onwards	Cultural Program and Dinner hosted by DoNER	
January 9, 2011, Pravasi Bharatiya Divas, New Delhi, Day 3		
9:30 am – 11 am	Interaction with State Chief Ministers on Education & Health	
11:30 am – 1 pm	Prof. C.K. Prahalad Memorial Lecture	
12 Noon	Check out from Hotel	
1 pm – 2:30 pm	Lunch	
2:30 pm – 4 pm	Parallel States Sessions	
4 pm – 5 pm	Valedictory session with Hon'ble President of India and Awards ceremony	
7 pm onwards	Cultural Program and Dinner hosted by Hon'ble Vayalar Ravi, Minister of Overseas Indian Affairs	

***** *For further information & registration, please contact AAPI office (630) 990-2277 or email at info@aapiusa.org*

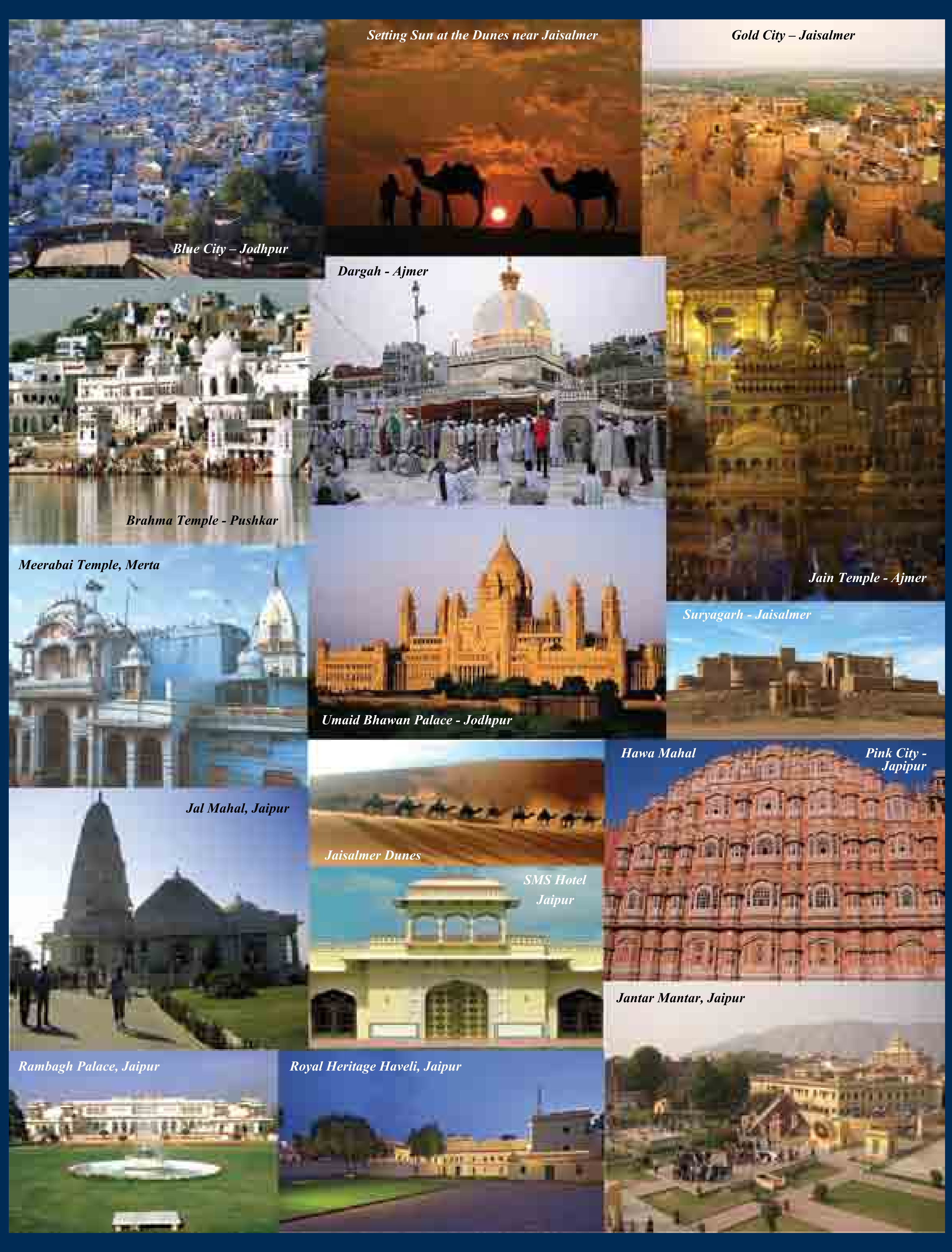
AAPI Annual Women's Health Symposium

*8 HOURS OF CME

Please join us for the Annual Women's Health Symposium March 5th & 6th, 2011 at the Four Seasons Hotel in Dallas, Texas. The summit will address a wide range of diseases affecting women with the aim of Increasing awareness about heath issues affecting women, Discussing optimal diagnosis and treatment strategies for diseases that primarily affect women, and Exploring and better defining methods of primary prevention of diseases in women.

Manju Sachdev, MD
Chair
AAPI Women Physicians' Committee
hchandna@aol.com

Arti Gupta, MD
President-Elect
TIPS NE Chapter
guptaarti@yahoo.com



www.aapiusa.org
AAPI Executive Office
600 Enterprise Drive
Suite 108
Oak Brook, IL 60523
Tel: 630-990-2277
Fax: 630-990-2281

Membership Application

APPLICANT INFORMATION (PLEASE PRINT)			
Last Name:	First Name:		Middle Initial:
Occupation:	Degree:	Other degrees (MBA, PhD etc):	Male ____ Female ____
Name of Business or Employer:		Private Practice _____ Academics _____ Industry _____ Other(specify) ___________	
AAPI Membership # (if known):			
Primary Specialty:		Secondary Specialty:	
Current ( ) Home or ( ) Office address:			
City:	State & Zip Code:		Country:
Phone:	Fax:	E-mail:	
Medical/Dental School:		Year of Graduation:	
Residency Completion Year:	Fellowship Completion Year:	NPI Number (If applicable):	

SPOUSE INFORMATION *(required for joint memberships or if claiming spousal discount)*			
Last Name:	First Name:		Middle Initial:
Occupation:	Degree:	Other degrees (MBA, PhD etc):	Male ______ Female ______
Name of Business or Employer:		Private Practice ______ Industry ___________	Academics __________ Other(specify) _______
AAPI Membership # (required if applying for a discounted dues based on this spouse):			
Primary Specialty:		Secondary Specialty:	
Medical/Dental School:		Year of Graduation:	
Residency Completion Year:	Fellowship Completion Year:	NPI Number (If applicable):	

INTERESTS
Scientific or Clinical Fields of interest:
Are you interested in joining any committees? If yes, please list committees (http://www.aapiusa.org/committees.aspx):
Applicant: ( ) NO ( ) YES - Committee________________ Spouse: ( ) NO ( ) YES - Committee________________

MEMBERSHIP CATEGORIES			
Check appropriate membership category. Joint = You + Spouse	Residents, fellows, and students of medicine and dentistry, in approved training programs in the United States. Please send proof of status (Required).	Physicians who have completed their training and are in their first five years of practice (Year first started private/academic practice:________).	Any physician or dentist of Indian heritage & other physicians in the US who wish to promote the mission of the AAPI
Primary Patron Member	MSRF $ 500 _____	YPS $ 500 ____	General Body $ 500 ____
Spouse Patron Member*	MSRF $ 250 _____	YPS $ 250 ____	General Body $ 250 ____
Joint Patron Life Member	MSRF $ 750 _____	YPS $ 750 ____	General Body $ 750 ____
Annual Member	MSRF $ 0 _____	YPS $ 50 ____	General Body $ 100 ____
Joint Annual Member	MSRF $ 0 _____	YPS $ 100 ____	General Body $ 200 ____

PAYMENT INFORMATION		
( ) Check - payable to: American Association of Physicians of Indian Origin Credit card: ( ) Visa ( ) American Express ( ) Master Card	If paying by credit card: Charge Amount: $________________	
Credit Card Number:		Exp Date:
Name as it appears on the card:		
Credit Card billing address:		
City:	State:	ZIP Code:

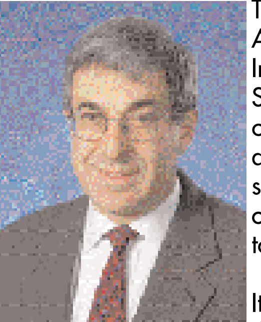
SIGNATURES	
I have reviewed and agree to abide the bylaws of AAPI. I agree to pay the total amount according to card issuer agreement. All credit card transactions are processed in U.S. dollars and are subject to the current exchange rates. Membership dues may be tax deductible as an ordinary business expense; consult your tax advisor for details. AAPI Tax ID # 38-2532505.	
Signature of the applicant:	Date:
Signature of spouse *(Only if applying for a joint membership)*:	Date:

** Primary Member has to verified as an active patron member for the discounted dues to be applicable. Please fill in the primary spouse's details in the spouse information above, including the AAPI membership number*

Please mail/fax this application along with payment details to:

AAPI Executive Office
600 Enterprise Drive
Suite 108
Oak Brook, IL 60523
Fax: (630) 990-2281

AAPI and Henry Schein Medical: A Partnership



The growing partnership between The American Association of Physicians of Indian Origin (AAPI) and Henry Schein is rooted in a shared commitment to professional excellence and quality, a record of leadership in serving physicians, and a strong sense of social responsibility and dedication to giving back to communities.

It is also shaped by what Henry Schein Chairman and Chief Executive Officer Stanley M. Bergman, speaking at the first annual U.S.A. India Business Summit on May 11 in Atlanta, called the six pillars that are fueling the trajectory of U.S.-India health care growth: the great relations that exist between the United States and India; India's leadership in pharmaceuticals and R&D; India's spirit of innovation and entrepreneurship; its leadership in education and manpower; the Indian diaspora; and demographic changes that are spurring health care growth.

Although Americans who trace their roots to the Indian subcontinent constitute less than 1% of the population of the United States, they constitute 10-12% of the student body in U.S. medical schools. More than 50,000 physicians of Indian origin practice in the United States – one of every 20 doctors – and no other country has exported as many physicians as India.

"With this in mind, there is no question that the leadership role that AAPI plays will become increasingly important in years to come," Mr. Bergman said at a recent dinner he hosted at his home for AAPI executives. "Like the American Medical Association, AAPI is committed to helping its members succeed in the practice of medicine, and I am pleased to say that that commitment includes a relationship with Henry Schein. Through our relationship, we offer AAPI members great benefits including value, selection and competitive pricing, which help drive practice success."

Henry Schein and the AAPI have much in common. AAPI is the largest ethnic medical organization in the U.S. and an influential advocate for physicians of Indian origin and international medical graduates (IMGs) in Washington D.C. and in the medical community. AAPI represents the interests of more than 50,000 physicians of Indian origin who are practicing or training in the United States. It also serves as an umbrella organization representing over 130 regional, alumni and specialty organizations.

Henry Schein is the largest medical supply distributor to office-based physicians in the U.S. and North America. Recognized for its excellent customer service and highly competitive prices, the Company's four business groups – Dental, Medical, International and Technology – serve more than 600,000 customers worldwide, including dental practitioners and laboratories, physician practices and animal health clinics, as well as government and other institutions.

Both AAPI and Henry Schein recognize the principle of "doing well by doing good," which Benjamin Franklin championed in the 18th century. AAPI inspires its members to give back to underserved segments of our society. Henry Schein is proud to have partnered with AAPI in many of these initiatives, beginning with a successful diabetes screening program for the Indian community in the United States in 2004.

AAPI members have established and run clinics throughout India and in the United States that provide free and compassionate medical care to underserved communities. The AAPI Charitable Foundation also responds to natural disasters around the world, including Hurricane Katrina in the United States.

Similarly, Henry Schein Cares, the company's global social responsibility program, has pioneered programs that improve access to healthcare. Through the non-for-profit Henry Schein Cares Foundation, it supports programs in five key areas of focus: access to care; advocacy and education; community wellness; health diplomacy; and humanitarian relief, disaster preparedness and response. For this reason, Henry Schein was ranked number 1 for social responsibility on Fortune's List of Most Admired Companies for five consecutive years.

Moving forward, the partnership between AAPI and Henry Schein will be an important facet of public-private partnerships to address complex global health care issues, many of which the United States and India share. "Public-private partnerships allow organizations to benefit from the best skills of each participant," Mr. Bergman said. "By working together and contributing our core competencies – those resources and expertise for which we individually are best suited – we can begin to address the important health care issues of our time."

For all these reasons, the relationship between AAPI and Henry Schein is supported at the highest level by AAPI President, Dr. Vinod K. Shah, and by Mr. Bergman.
"We are excited about the opportunity to partner with AAPI in developing a comprehensive solution to meet their members' medical, pharmaceutical, equipment and technology needs in very dynamic market conditions," Mr. Bergman said.
"We continue to work together to develop key components of the AAPI program relaunch, which is scheduled to begin in June at the 28th annual AAPI Convention in Washington D.C."

Stanley M. Bergman
Chairman and Chief Executive Officer

WORKING TOGETHER

Exclusive Medical Supply Program for AAPI Members

The AAPI/Henry Schein Medical Supply Program is designed to lower members' medical supply costs, provide revenue generating programs and increase practice efficiencies.

- **Lower Costs**: By combining Henry Schein's industry leading distribution services, best in class GPO contracting services and AAPI specific product contracts, it will provide our members with better pricing than an individual member could capture on its own. As AAPI members join this program, Henry Schein will utilize the growing membership's combined product volume to negotiate even better product prices on its behalf.
- **Revenue Generation**: Through new and developing POC testing procedures, equipment & laboratory specialists and seasoned sales professionals, The Henry Schein Medical Supply Program is designed to help introduce new ways to generate practice revenue.
- **Practice Efficiency**: By purchasing from Henry Schein, they will help you streamline your practice efficiencies by providing next day service, the highest industry fill rates and supply chain/ invoicing/receiving efficiencies resulting in backend cost reductions.

The Value of Henry Schein to AAPI Members

- **Proven Performance**: A best-in-class medical supply program that contributed to Henry Schein being recognized by Fortune Magazine as the Most Admired Company in healthcare distribution and number one in quality and service.
- **Service**: A service model that includes Field and Telesales Consultants, Next-day Delivery for all orders placed by 5 p.m. and reporting functionality that includes product usage, new/lower cost alternatives and pricing changes.
- **Value Added Services**: The largest portfolio of physician practice value-added services in the industry including Privileges loyalty program, financial services and free equipment and laboratory consulting programs.

Henry Schein and assigned sales/service consultants will work with each AAPI member to clearly understand their short- and long-term service requirements, goals, and objectives. All levels of Henry Schein Leadership and Service Groups will be strategically aligned to provide best-in-class service to the AAPI program and its members.

For more information or a FREE Consultation call: **1.800.909.8151** 8am–9pm, et • To Fax: **1.800.329.9109** 24 Hrs
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