



# JOURNAL

ANNUAL 2020



## A Historic Year in Review

---

**Dr. Prem Reddy** is  
pleased to be a  
**Platinum Sponsor**  
of the

American Association of Physicians  
of Indian Origin



**Prem Reddy, MD, FACC, FCCP**  
Chairman, President & CEO  
Prime Healthcare



**Prime Healthcare**

Learn more at  
[www.primehealthcare.com](http://www.primehealthcare.com)



# TABLE OF CONTENTS

- 4 Editor-in-Chief Message**
- 5 Chair, Board of Trustees Message**
- 6 President's Report**
- 8 AAPI Charitable Foundation History in the Making**
- 10 MVAPI MAKES A DIFFERENCE in Dayton, OH**
- 11 The COVID-19 Tamil Task Team**
- 12 GLOBAL PRAGATHI's COVID-19 Relief Efforts**
- 13 EKAL AROGYA & EKAL: A Lifetime Worth of Learning**
- 17 AAPI Global Medical Education Committee Report**
- 18 AAPI after COVID: Adapting to the "New Normal"**
- 19 Telemedicine...Challenges and Solutions during Covid-19 Pandemic**
- 20 An Eventful Historic Year Culminates in an Extraordinary Virtual Summit**
- 26 YPS Contributes during a Historic Year**
- 28 Floyd, COVID-19 and Physicians of Indian Origin**
- 30 Enough is not Enough Anymore: Dealing with Pandemic COVID-19**
- 31 Building Resilience in Time of Corona Pandemic**
- 32 AAPI Embraces Technology: COVID Webinars**
- 33 AAPI 2020 Nurses Appreciation Initiative**
- 34 Impact of Covid-19 on Anesthesia Residency and Fellowship Programs**
- 35 Elective Orthopedic Surgery in COVID-19 Era: Are Newer Modifications Here to Stay?**
- 36 My COVID-19 Experience in India**
- 38 Building Bridges**
- 40 Charity - Poem**
- 41 Year of Petra, Punjagutta, Penguins, Pandemic, and Prime Minister of India**

# EDITOR-IN-CHIEF MESSAGE



**Soumya Neravetla, MD**  
Editor-in-Chief

“If not us, then who? If not now, then when?”

We are living through a historic period where one of these questions seems relevant every day. Whether it is speaking up about PPE, guiding each other through the transition to Telemedicine and Virtual Meetings, standing up against racism, or reminding people about prevention, we have never been called on more to do more and with less resources.

The AAPI leadership and AAPI community have risen to the challenge with enthusiasm. Despite lockdowns and quarantines, our community actually grew stronger and supported each other. Regular teleconferences allowed members to stay current. Members used virtual meetings to support each other socially. National leadership encouraged and supported local chapters in their efforts within their communities.

This final issue features a highlight reel of many of these historic events. AAPI worked hard to strengthen our foundation by fostering relationships with local chapters and improving financial stability. This growth enabled increased deployment of community service and mentorship.

While we have all been impacted by COVID in many ways, I hope that our physician community does not lose sight of the importance of Prevention. It's my hope that AAPI continues to engage in this area with potential for huge impact.

Many of you have noticed the successful launch of Sushruta Medical News, our maiden Medical e-Newsletter, which features medical abstracts and academic news. The growing interest is promising for the planned transition to a more robust academic journal in the future.

I would like to acknowledge the valuable support of the members of my committee for their assistance. Despite a strenuous timeline and their own busy schedules, everyone stepped up to contribute.



**Dr. Priya Janardhanan, MD** is the Director of the Uveitis Service and Assistant Professor of Ophthalmology at the University of Massachusetts. She enjoys integrating her knowledge in rheumatology and infectious disease with ophthalmology.

**Dr. Saraswathi Muppana, MD** is a practicing pulmonary critical care, sleep, obesity medicine specialist affiliated with Beth Israel Lahey Hospital, in Massachusetts. She is Past President for the very active IMANE chapter and is the Vice President for AAPIOS, (Sleep chapter).



**Dr. Sajani Shah, MD, MBA** is a Minimally Invasive/Bariatric Surgeon at Tufts University in Boston, MA. She has been an active member of AAPI for many years and is the Incoming Chair of BOT.



I'd also like to convey my deep appreciation for Ms. Vijaya Kodali to whom AAPI remains indebted for the hours of dedication she put in this and every AAPI endeavor.

Finally, I am honored that such an esteemed role was entrusted to me as a YPS member, hopefully, one of many future successful collaborations between EC and YPS. I would especially like to thank Dr. Suresh Reddy and the entire leadership for the privilege of serving as your Publication Committee Chair and hope you enjoy all the special touches that went into this final issue.

# CHAIR, AAPI BOARD OF TRUSTEES MESSAGE



I am honored and humbled to serve this dignified organization in this active role of leadership in 2019-20. The Board of Trustees worked harmoniously together with the President, Dr. Suresh Reddy, and the Executive Committee throughout this term and were actively involved in all AAPI events. As a powerful and efficient team, we overachieved all missions and goals of our organization and brought in fresh ideas and creativity, thus enhancing the image of AAPI in the United States and the rest of the world.

The year started with a very productive Global Health Summit in Hyderabad. Trustees, Dr. Amit Chakraborty conducted an educational Urology workshop & Dr. Sajani Shah chaired an empowering Women's Forum during this summit. BOT also supported the CME family tour to Israel/Jordan, Independence Day float in Chicago followed by Leadership meeting in Consulate General, anchored

by Trustee, Dr. Bharat Barai, the first ever Indo-US Leadership Conference & Legislative Day in Washington DC, a field visit to AUA medical school in Antigua, Governing Body meeting in St. Louis, which was very well organized by BOT vice-chair Dr. Amit Chakraborty, and three family CME cruises to Antarctica in Nov, Dec, Jan. Besides this, many BOT members visited various local chapter events and helped increase membership. We also strongly supported young physicians of YPS/MSRF and contributed 10 K towards their convention in Vegas. Throughout this term, we helped promote Obesity Awareness Campaigns and CPR training globally, which were the two goals of this term.

As the world got hit by the unprecedented COVID-19 pandemic a few months ago, BOT immediately stepped forward to contribute 25K towards the COVID-19 fundraiser and further raised over 150K together with EC, CF and AAPI members which were donated towards getting PPE for health care workers, nurses appreciation lunches, and other COVID related projects. Trustees actively participated in conducting educational webinars, plasma projects, helplines, etc during this time. We also collaborated with global organizations like GAPIO, BAPIO, AMA, and IMA to spread education and donated towards the Modi fundraiser in India. We recently had a very successful First ever 'AAPI Virtual Global Summit' from June 16th-28th that included educational and social sessions in which BOT played a very crucial role.

I am delighted to report that the BOT investment portfolio did very well during this term with positive income. In addition, a new AAPI-BOT endowment fund was established this year in which EC deposited 250K to cover financial needs of the AAPI office in the future. AAPI office expenses were cut down to a large extent this year. BOT loans to EC have been returned. Thus, AAPI has not only achieved financial stability this term, but has also laid the foundation to build up on funds for the future years.

I would like to thank my Board of Trustees, President Dr. Suresh Reddy, Executive Committee, all AAPI leaders, members, our physician fraternity & healthcare workers for truly coming together as a "United AAPI" and making this year so successful!!

I wish the very best to the incoming President, Dr. Sudhakar Jonnalagadda, and the incoming BOT chair, Dr Sajani Shah, and the entire leadership & membership in taking AAPI to further heights in the future.

Best Wishes,

Seema Arora, MD  
Chair, Board of Trustees, AAPI

# PRESIDENT REPORT



**SURESH REDDY, MD**

President, AAPI  
2019-20

As I look back at all the years I have spent in AAPI, I have realized that AAPI has given me more than I have given AAPI in return.

When I was a child my world was small. My immediate plans only included who I was going to play with in the next few hours. As I entered my middle school years—some planning went into who I hung out with and when. In my high school years my ideas evolved to more calculated plans. Who was I most comfortable with, who I could learn from, who belonged to the elite part of the society, who I would benefit from, all these requirements entered the equation of what I did next and who I associated with. In my young adult age, in medical school, I started to see into the distant future and started making long term plans.

Later as a married man, and a father, my long-term plans included my wife and son, and hence became even more elaborate. I was proud of my planning capabilities.

Actually, once I started working as a Neuroradiologist, making plans slowed down and I settled into a comfortable status quo, which was the middle age zone.

After a life that was based on planning, suddenly something called “AAPI” came along out of nowhere. I accidentally stumbled upon it.

Now I realize that the best things in life you happen to stumble onto. No plan, no heads up. Every important thing in life until then had followed a plan. But with AAPI, I unknowingly fell into its path and could never leave the path. Stumbling was the best thing I ever did. And I have never looked back.

It is often said that the best things in life are not “things”, and my experience with AAPI attests to that. The comradeships, connections and convictions that came with my association with AAPI are priceless. Working with many physicians motivated me to be a better physician myself. I understood the higher meaning of being a physician, especially even more now in the time COVID.

My time with AAPI has shown me that leadership is a balancing act. I took every role I played in AAPI very seriously. I am proud to say that over the years, I have been involved in various projects that were meaningful.

AAPI has been actively involved in community awareness programs like Obesity prevention, sharing medical knowledge like at the Global Health Summit, team building activities like the Share a Blanket program, medical education programs like CPR

training, social networking programs like trips to the continent of Antarctica, morale building programs like mentoring a future medical student, India heritage programs like Independence Day celebrations.

If some of you had felt that AAPI was veering away from its original objectives, unknowingly and unabashedly, this microscopic organism called COVID-19, has brought AAPI right back onto the main track. Never in the history of AAPI have so many educational programs been organized. Never had so many specialists shared knowledge so actively.

AAPI was the first organization to call for ‘universal masking’. We still have a lot of educating to do on this front. We provided free masks to thousands of health care workers. We have honored more than 10,000 nurses in over 100 hospitals across more than 40 states by sponsoring lunches for them during the Nurses week.

My term as president of AAPI will be noted as an “unconventional year during unconventional times”. I am again talking about life in the time of COVID -19.

Never in the history of AAPI has an annual convention had to be modified into an online convention. I thank some senior mentors and friends for this idea. For two weeks we have celebrated the Summer Summit “Closing in on COVID” in lieu of an annual convention.

I have to say some amazing ideas have come forth during this online summit and I bet these changes and online ways of doing business will be a thing of the future.

# PRESIDENT REPORT

AAPI has also stood against racial discrimination. We are proud to say that for all our doctors "all lives matter".

AAPI has in fact become my second family. All the emotions that characterize a family like love, connections, conflicts and challenges are also a part of AAPI.

As my year as President of AAPI comes to an end, I want to thank my many ardent supporters who have stood by me for years, thank the many who had taken an advisory role, thank those who were a part of my executive committee, and the many more who participated in the events I organized.

I cannot but thank my critics and my supposed archrivals too! Because of them I worked even harder and put extra thought into every decision I made. Thank you for making me take better decisions.

For the first time, we have started an endowment for AAPI with an initial establishment of quarter million dollars, the returns of which

will be used to run the AAPI office. This will help the future Presidents focus on the goals and missions of AAPI rather than spend time on fund raising.

As the year ends, my three promises for the year of working in unison with the other arms of AAPI, long-term planning and financial stability have been achieved.

Although I feel that my term as president is coming to an end rather quickly, we all know that bringing new teams into an organization enhances the functioning of the organization with novel ideas and new energies.

Among several many, I give special thanks to my mentors and advisors, Drs. Jagan Kakarala, Ranga Reddy, Sanku Rao, Ravi Jahagirdar and Ajay Lodha. Please welcome our new team under the leadership of Drs. Sudhakar Jonnalagadda, Sajani Shah, Anupama Gotimukula, Ravi Kolli, Amit Chakrabarty and Satheesh Kathula. Special thanks to Ms. Vijaya Kodali for the amazing job the entire year.

I also applaud all the members of the Executive Committee and Board of Trustees for their help. Best wishes to the entire incoming EC and BOT next year. I feel humbled to have had the opportunity to serve AAPI.

Thank you all once again. God bless you all.

## PRAYERS FOR COVID WARRIORS



**Dr. Ajay Lodha**



**Dr. Anjana Samadder**



Dr. Suresh Reddy offers prayers at a mosque for a speedy recovery of the past leaders Dr. Ajay Lodha and Dr. Anjana Samadder.



# AAPI CHARITABLE FOUNDATION HISTORY IN THE MAKING



**CHANDER KAPASI, MD, MPH**  
Chair, AAPI-CF



The Charitable Foundation was conceived in 1989 by a group of far thinking and well-meaning AAPI physicians, in collaboration with the governing and general body membership.

AAPI-CF is an independently registered 501 (c) (3) charitable foundation Tax ID No: 86-0586053. Since its inception in 2005, and even before CF was registered, many leaders and well-wishers volunteered personal time and money to inspire charitable giving.

## My personal mission as AAPI-CF chair has been:

- Adherence to AAPI-CF bylaws
- Keep all financial dealings, transparent and above board.
- Keep an open mind for new ideas and visions
- To invite innovative ideas to shore-up AAPI-CF coffers.
- To keep open communication with appointed AAPI-CF directors, patron trustees and AAPI.

- Raised a record amount of funds for the AAPI-CF since taking over as chair – Sincere thank you to all the stars who generously contributed
- Published an AAPI-CF Women's Health Calendar\* in the memory of a major donor, Dr Hansa Topiwala. \* Calendar is available for purchase from AAPI-CF

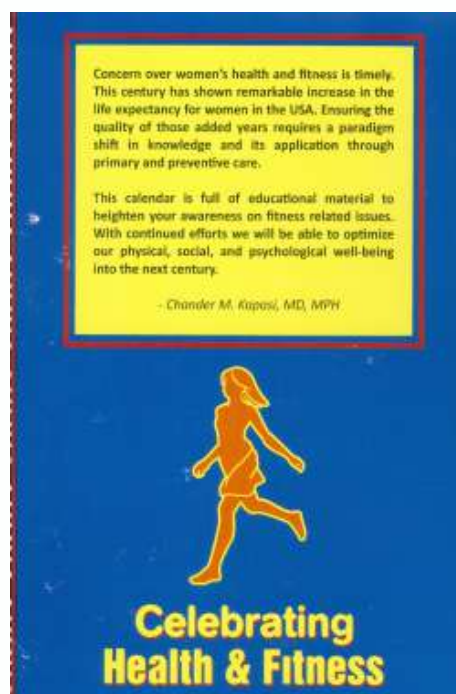
([chanderkapasi@hotmail.com](mailto:chanderkapasi@hotmail.com))

All proceeds go to AAPI-CF

- Inaugurated the calendar at AAPI Governing Body Meeting in Long Island, New York
- Made lapel pins to thank all AAPI-CF Patron Trustees
- Assisted with raising \$25,000.00 for "Prime Minister of India COVID Fund"

## PROGRESS REPORT:

- Each and every clinic receiving AAPI-CF funds has been advised to obtain and submit FCRA number to remain in compliance with Indian foreign contributions laws.
- AAPI-CF contributed \$7000.00 for "Clean Drinking Water Project" in an Indian village
- Donated \$25,000.00 to AAPI for COVID-19 funds
- Raised additional \$50,000.00 from AAPI well-wishers for COVID funds
- Participated in COVID fund distribution committee
- Assisted with arranging "Appreciation Lunches" for nurse/healthcare workers involved with COVID care





*Congratulations*

**SURESH REDDY, MD**  
**ON A SUCCESSFUL YEAR 2019-20**

*Welcome*

**SUDHAKAR JONNALAGADDA, MD**  
**AAPI PRESIDENT, 2020-21**

**SUMUL N. RAVAL,**  
**M.D., D.A.B.P.N.**

Board Certified Neurologist and Neuro-Oncologist  
Founder and Director, DSZ Brain Tumor Center at MMC  
President, Garden State Neurology and Neuro-Oncology, PC  
Past president and past Chairman, Board Of Trustees, MOCAAPI  
Vice Chair, Dept. Of Neurology, CMC, Toms River  
President Elect, Monmouth Ocean Medical Society  
Board of Trustees, New Jersey Medical Society (NJMS)  
NJ Senate President appointed Member,  
New Jersey State Commission on Head Injury Research  
Regional Director, Mid Atlantic-2, NJ/PA Region, AAPI



*Seeking Your Support for*

**AAPI TREASURER 2021**

# Miami Valley Association of Physicians of Indian Origin (MVAPI) MAKES A DIFFERENCE in Dayton, OH



The MVAPI has been uniquely busy this year in response to the COVID-19 pandemic. MVAPI chose to wear multiple hats to deal with the pandemic and its ripple effects.

Initially, we fulfilled our role to educate and address concerns from the community by setting up a **hotline for the public** to ask questions via phone or email. We responded to the queries, assuaged fears and answered questions about testing, symptoms and medical appointments, etc.

As we dealt with PPE shortages, our team set out to create a **prototype to make Face Shields and Fabric Masks**. Several of our members, stay at home moms and elders took on this project and we were able to distribute face shields and fabric masks to physician offices, nursing homes and hospitals.



Our physicians were instrumental in setting up critical response teams at local hospitals and long-term care facilities in Dayton.

They made available all possible treatment options for critically ill patients in our area. MVAPI physicians were key to organizing the *first convalescent plasma treatment* in the nation (as part of the Mayo clinic protocol) for one of our physician members, subsequently opening the doors for other patients throughout the country in a standardized manner.

We launched “**ClassMates**,” a virtual tutoring platform created to close gaps in educational inequality due to lack of resources for the underprivileged. This is led by students and adult volunteers. We have 40 tutors and have distributed 10 computers to underprivileged students in the month of May.

MVAPI has collaborated with “**Food for the Journey**”, a mobile feeding project that ventures into indigent neighborhoods to serve warm nutritious meals with dignity to the residents. We provide for a thousand meals every month.

To express our gratitude to the **Corona warriors, the nurses, MVAPI collaborated with AAPI** and provided appreciation meals and donuts to nurses in local hospitals.

**MVAPI Executive Committee**  
Jhansi L Koduri MD, President  
Meenakshi Patel MD, Secretary  
Kirshan Lal MD, Treasurer

MVAPI organized a **Peaceful Protest, White Coats against Racism and Injustice** in collaboration with Wright State University Medical school and other local physician organizations. Over 150 physicians from all races participated to offer solidarity and support the protest against racism and injustice as we maintained COVID precautions.



Our chapter chose a fundraising target of \$100,000 to support the local community needs and MVAPI physicians took the challenge and contributed over \$50,000 for the Coronavirus Relief Fund in less than 4 weeks. We partnered with the 2 major hospital systems in Dayton to create a healthcare employee COVID relief fund. The fund aims to financially support 20 families that were directly affected by the crisis. To learn more please visit <https://mvapidayton.org/>

We are proud to accomplish so many varied and wonderful projects in a short period of time. This is a symbol of the unity, camaraderie and commitment of the MVAPI members.

We are proud to be MVAPI.

# THE COVID-19 TAMIL TASK TEAM

## An Impactful Journey with a Simple Mission



**SARAVANAN RAMALINGAM, MD**

When the world succumbed to SARS-Cov2, the American Tamil Medical Association (ATMA) NY/NJ chapter rose to the occasion. This marked the beginning of an impactful journey for a team of selfless volunteers comprising of physicians from ATMA and non-medical volunteers who stand united and tirelessly continue to work towards the common humanitarian goal – **support and help individuals and communities impacted by COVID -19.**

To achieve this goal, we strategically planned and offered the services mentioned below:

**Weekly Webinars:** During a time when there is an overload of information, getting the right information at the right time could be equally lifesaving as receiving quality medical care. Therefore, we organized weekly webinars with latest medical, pharmaceutical, and immigration updates by experienced panelists ranging from experienced physicians, psychiatrists and attorneys and CEO of biotech firms. We have conducted more than 30 webinars which benefitted around 8000 participants.

**Medical:** Volunteer doctors offered free phone consultations on an ad hoc basis. The team also created a website with useful resources on COVID-19. We have distributed Personal Protective Equipment to health care workers and families in need. All requests on plasma donation were referred to AAPI.

**Medicine Prescription:** Upon request by the Indian consulate, we helped visiting parents currently stuck due to travel restrictions with refill of essential medication. We fulfilled more than 1000 refill requests. Every request was handled through a dedicated team of volunteers, doctors and pharmacists. Most of them were filled with free consultation and guided for a discounted price at pharmacies.

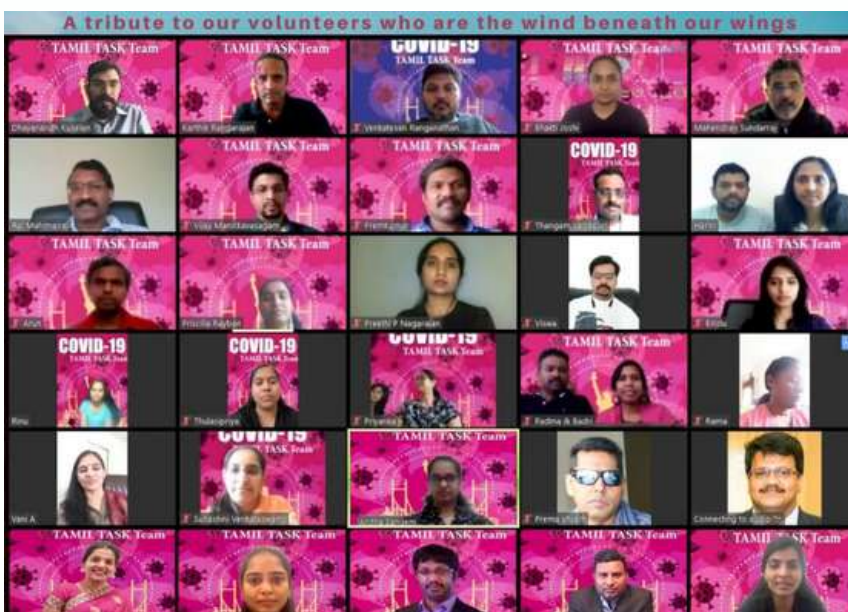
**Immigration/Finance:** The team provided updated information on the ever-changing travel restrictions and addressed immigration uncertainties. Webinars were conducted to help guide the financial crisis.

**Supporting & Collaborating Organizations:** The team offered a helping hand across the country by organizing webinars with Indian Medical Association of New England (IMANE) and AAPI. We also collaborated with TeamAid and Reaction team serving requests ranging from cremation services for Indians who passed away in the US to Indians who had to travel for emergency purposes. We offered help across the globe including Australia and Europe.

**Groceries:** Our volunteers delivered groceries and essential supplies to families quarantined from COVID-19 and the elderly. Help was also offered to families that suffered a job loss during the pandemic. Financial support and accommodation were provided for those stranded due to travel ban.

**Meals on Wheels:** 52 volunteers delivered food daily to three families, including a new mother, who were diagnosed as COVID positive until the families recovered completely.

Our 24-Hour Helpline, Email, Facebook page and Website make us easily reachable. We have an ongoing GoFundMe page with generous donors, but our strength is our team of enthusiastic volunteers. We proudly note that although the team was started by native Tamils, the majority of our services were offered to those of non-Tamil origin. Within 75 days after inception, we have truly lived up to our mission to educate, enable and empower American neighborhoods to address this pandemic.



<https://covid19tamiltaskteam.org/>

# A Non-Profit Organization, GLOBAL PRAGATHI's COVID-19 Relief Efforts

[www.globalpragathi.com](http://www.globalpragathi.com)



**ALOK AGRAWAL, MD,  
FASN, FNKF**

Clinical Associate Professor of Medicine  
Nephrology and Hypertension Specialist

**SANGEETA AGRAWAL, MD,  
FASGE, FACG, AGAF**

Professor of Medicine  
Chief of Gastroenterology  
GI Fellowship Program Director

The COVID-19 pandemic has taken a huge toll on a countless number of people globally. The poor with lack of access to quality education, healthcare, and other resources are affected more. Global Pragathi (Global Progress), dedicated to uplifting the poor in India and the USA, has been at the forefront of relief efforts directed at the vulnerable populations.

Moving and heart-rending stories and images of the indigent unable to cope with the situation are constantly flashed in the media. In India, a few hundred million daily wage workers lost their jobs during the current period of lockdown. The eighty million migrant workers, with minimal access to food and shelter, are going through extreme hardships, difficult to contemplate and digest. School closures have also deprived children of government-aided meals.

This marginalized population is thus at great risk of starvation and malnutrition.

After moving from pillar to post, we obtained government permissions to procure the food grains and essential commodities, mobilized workers, and coordinated packing and distribution of food kits. For a mere \$7 per family, one-week worth of groceries and other essential commodities have been provided to nearly 6,500 underprivileged families (25,000 people) free of cost, so far.



To ensure safety in villages, Pragathi has directly sent a strong message to over 75,000 rural folks about preventive measures, such as social distancing, hand hygiene and the use of cotton masks with the cooperation of village sarpanches.

During this adversity, an idea to produce cotton masks indigenously in large numbers took shape rapidly. We started in-center cotton masks production in villages of Telangana to help protect against the virus and provide employment to the marginalized.

To scale up the production safely, following social distancing for a target of 5,00,000 masks, raw material is being provided for home production. AAPI supports 42000 of these masks' production.



In collaboration with Ekal Vidyalaya Foundation, in Rajasthan and UP, buoyed by the initial success, 2,00,000 cotton masks are now being produced in rural communities.

Gandhi Hospital in Hyderabad has been named a Dedicated COVID-19 Hospital. In collaboration with Gandhi Medical College Global Alliance, we are providing PPE to hospital staff. A neonatal respirator to save babies' lives post-delivery was commissioned in June 2020.

In the USA, partnering with local non-profits, we supported food drives and provided groceries to the needy. Gift cards were also distributed to the homeless veterans for procuring groceries. Motivated to protect health professionals, we even made 500 cotton masks and 75 face shields at home when there was a huge shortage of PPE initially.

A task force of Global Pragathi is constantly assessing the needs and planning projects. We continue to form partnerships with individuals and organizations involved in dealing with these humanitarian crises of unimaginable proportions.

## EKAL AROGYA

EKAL AROGYA is part of EKAL, which is committed to improve the health of villages in India. It is part of EKAL ABHIYAN, a recipient of the Gandhi Peace Prize, which is the largest NGO serving rural India with grass root presence in more than 100,000 villages in underserved and tribal areas



EKAL AROGYA's focus areas are health education about preventable health (water and mosquito borne diseases, anemia) and malnutrition prevention and treatment an important factor in maternal/fetal health and women's hygiene and health education.

Recently during the pandemic, AROGYA played a critical role in the prevention of the spread of COVID-19 in villages in India through its grass root presence in underserved tribal and remote areas. Recent expansion areas for Arogya are **TELEMEDICINE** through its Arogya Sevikas in villages – an exciting opportunity to an expanded role.



AROGYA also has the PME program which Shreya has described below. As compassionate physicians, the important role improved health

can play in rural poverty alleviation is very evident to all of us. There are plenty of opportunities in India for us to help through AROGYA.



If you or someone you know may have an interest in getting involved anywhere including the place of their roots in India, please free to contact **EKAL** at [www.ekal.org](http://www.ekal.org) or President **EKAL AROGYA USA Rakesh Gupta, MD** ([r.gupta2156@gmail.com](mailto:r.gupta2156@gmail.com) or [937-238-2127](tel:937-238-2127))



**SHREYA MUSCU**

### EKAL: A LIFETIME WORTH OF LEARNING

Among all the pre-medical experiences I have been fortunate enough to witness and participate in

throughout my professional journey, the HFRI pre-medical externship in Gujarat was by far the most meaningful and eye-opening experience.

From an academic perspective, I would not have been able to gain as much knowledge or exposure to the medical field from any other experience. Prior to traveling to Vadodara, Gujarat, I had been completely unaware of how global health as a whole functions and exists within medicine. Being a pre-medical student in America, our scope of medicine tends to be limited and narrowed to the American medical system and how it operates.

Our group of students visited multiple types of institutions, including a primary health care center, public government hospital, and private clinics, as well as institutions defined as "hybrid". When visiting these institutions, I was not only able to grasp unique clinical situations but also gain multitudes of public health experience and clinical wisdom from the hard-working staff.

Academically, I was fortunate to learn and visualize so much from the rural and urban health care systems we visited and our knowledgeable healthcare professionals who dually served as our family and mentors. After returning, I can wholeheartedly attest that my personal growth over this trip was the most memorable aspect.

Though clinical exposure and textbook knowledge is crucial for a pre-medical student, personal and spiritual growth trumps that. I fostered life-long relationships with my fellow peers who shared the same goals and passions. We laughed and cried together, genuinely learning what it meant to empathize with another person and truly listen. Our view of doing yoga every morning with Veena Aunty prior to the trip totally contrasted how it actually was. Being brought together under such conditions forced us to think in entirely new ways. Throughout it all, our stamina as a group trespassed multiple boundaries via our trip excursions, spiritual discussions, and daily get togethers. I couldn't have chosen a better group of people to experience such a new, vivid way of life and I couldn't be more grateful for every single aspect of the HFRI PME.

# AAPI OFFICERS



**SURESH REDDY, MD  
PRESIDENT**



**SEEMA ARORA, MD  
CHAIR, BOT**



**SUDHAKAR  
JONNALAGADDA, MD  
PRESIDENT-ELECT**



**ANUPAMA  
GOTIMUKULA, MD  
VICE PRESIDENT**



**RAVI KOLLI, MD  
SECRETARY**



**RAJ BHAYANI, MD  
TREASURER**



**NARESH PARIKH, MD  
PAST PRESIDENT**



**STELLA GANDHI, MD  
YPS PRESIDENT**



**POOJA KINKHABWALA, DO  
MSRF PRESIDENT**

# AAPI REGIONAL DIRECTORS



**SHUBHA JAIN, MD  
PACIFIC**



**VISHWESHWAR RANGA, MD  
MOUNTAIN**



**HEMANT VALLAPUREDDY, MD  
NW CENTRAL**



**HANMANTH BEJJANKI, MD  
SW CENTRAL**



**RAJENDRA RATHOUR, MD  
NE CENTRAL-I**



**JOHN JOHNSON, MD  
NE CENTRAL-II**



**DIBYAJIBAN MAHAPATRA, MD  
SE CENTRAL**



**SAMEER KAPASI, MD  
NEW ENGLAND**



**JAGDISH GUPTA, MD  
MID ATLANTIC-I**



**SUMUL RAVAL, MD  
MID ATLANTIC-II**



**SRINAGESH PALUVOI, MD  
SOUTH ATLANTIC**



**SYAMALA ERRAMILI, MD  
SOUTH**

# AAPI BOARD OF TRUSTEES



**SEEMA ARORA, MD**  
**CHAIR**



**AMIT CHAKRABARTY, MD**  
**VICE CHAIR**



**HEMANT DHINGRA, MD**  
**BOARD OF TRUSTEE**



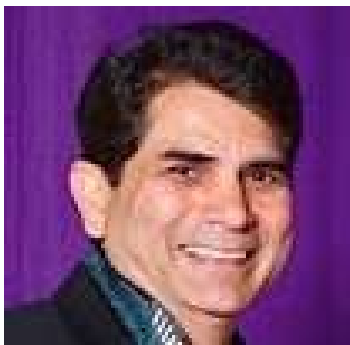
**SAPNA AGGARWAL, MD**  
**BOARD OF TRUSTEE**



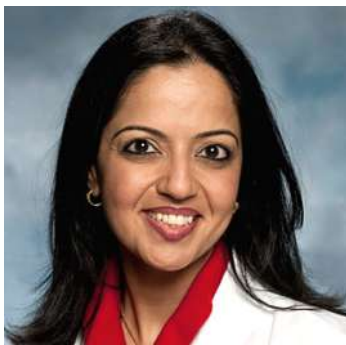
**SAJANI SHAH, MD**  
**CHAIR-ELECT**



**BHAVANI SRINIVASAN, MD**  
**BOARD OF TRUSTEE**



**MUKESH NIGAM, MD**  
**BOARD OF TRUSTEE**



**KUSUM PUNJABI, MD**  
**BOARD OF TRUSTEE**



**TARAK VASAVADA, MD**  
**BOARD OF TRUSTEE**



**AJEET KOTHARI, MD**  
**PAST BOT CHAIR**



**PRAVEEN ARLA, DO**  
**YPS PAST PRESIDENT**



**PRACHI DUA, MD**  
**MSRF PAST PRESIDENT**



# AAPI GLOBAL MEDICAL EDUCATION COMMITTEE REPORT



**LOKESH EDARA, MD**  
Chair, GME Committee

The committee has had a successful year in its efforts to progress Medical Education in India. In coordination with Indian Resuscitation Council, AAPI has done BCLS training and issued certificates to all nurses for first year students. AAPI sponsored ISA-IRC Nursing education and BCLS certificate courses in Jaipur, Rajasthan. At GHS Hyderabad, the CCLS book was inaugurated by VP of India, Venkaiah Naidu. (EQUIVALENT TO ACLS BOOK)

Three AAPI Physician members sponsored three IRC physicians to join ILCOR meeting in Cape Town, South Africa. We supported CPR training by Indian Academy of Pediatrics throughout many schools. Our goal is to train 11 million school children in COLS every year. BCLS is introduced in foundation course of MBBS during the first 4 weeks of the first year of MBBS. Also, met MGR University Vice Chancellor to introduce CPR in Tamil Nadu. Thanks to **Dr Arunachalam Eisenstein** and **Dr. Deeptha Nedunchezian**, who helped make inroads at MGR University and the nursing council of Tamil Nadu, facilitating the introduction of CPR in nursing education.

Vice President Naidu inaugurated the BCLS book and CPR in Vijayawada. His speech was about CPR and every citizen is a life saver. AAPI/ IRC trained 500,000 COLS for laymen in "World Restart a Heart" day.

Neonatal resuscitation: Our committee realized there is no NRT training, which is mandatory in USA, to private hospitals delivery room nurses. We conducted a NRT training for 80 nurses in Visakhapatnam in October 2019. Our goal is to train all nurses in delivery rooms in AP and all other States. Due to COVID-19, our plans were held, but we will resume as soon as training is allowed. Our goal is to implement pediatric advanced life support to all nurses in every pediatric hospital across India.

The Global Education Committee worked with MCI Chair, Dr. Jayshree Mehta over the last three years to successfully implement the White Coat Ceremony in first 4 weeks of first year MBBS in foundation course in all medical colleges.

We requested and worked with MCI to make Emergency Medicine Department in all medical colleges. We are happy

to report our efforts were successful and emergency medicine is now mandatory in all 535 plus medical colleges by 2022.

We found some gaps in medical education and needed student input to address these gaps. We formed a sub-committee for students in India to pursue these gaps and help medical education, requesting mandatory Family Practice departments and having one post graduate seat for each MBBS seat. India currently only had 50% seats for 80,000 MBBS seats. The committee is working to make Palliative Medicine, Medical Oncology and Geriatric Medicine mandatory using strong medical student association to achieve these goals.

We are building a strong network between students, medical colleges including private and physician associations. Indian students need guidance for MBBS NEET and USMLE. AAPI formed a subcommittee with MBBS students in India. They are forming the Global Association of Indian Students and we are planning to continue to pursue the above goals and to see the metamorphosis in Indian Medical Education system in the near future.

*Donor Benefactor Fund*

*Support AAPI Operations*

**Become a Premium Endowment Benefactor**

*For more information, please visit AAPI Website*

[www.aapiusa.org/membership/benefactor-fund/](http://www.aapiusa.org/membership/benefactor-fund/)

# AAPI AFTER COVID: ADAPTING TO THE “NEW NORMAL”

Although the disruptive nature of COVID-19 forced the cancellation of many AAPI events, AAPI itself remained unstoppable. As the virus began to ravage our nation, the organization jumped into action to serve its members and the general public. Using a multipronged approach, AAPI deployed press releases, partnerships, webinars, donations and website changes. Every week was packed with various COVID efforts.



**Dr. Jayesh Shah Dr. Shankar Sanka**

Meanwhile, recognizing that timely dissemination of information would be critical in our battle against this deadly disease, effort was made in revamping the website and in regular webinars. The revised website prominently displayed current information on COVID, posted links to FAQs and helpful sites, and posted videos of all webinars. Under the direction of Chairs Drs. Jayesh Shah and Shankar Sanka, A COVID helpline was also created. A team of physicians including primary care physicians, ER, critical care and ID physicians could be reached via email at [covidhelpline@aapiusa.org](mailto:covidhelpline@aapiusa.org). Webinars were held at least twice a week.

As one its first responses to the crisis, AAPI initiated the “Donate a Mask” donation drive. This fundraiser was used to purchase and distribute PPE for healthcare works in need across the United States.

AAPI also released many official recommendations throughout the evolving crisis. In the early days, AAPI advocated for a lockdown nationwide. As convalescent plasma experience was developing, AAPI asked the current administration “to enhance the existing national registry of COVID-19 recovered patients to collect their convalescent plasma, support the creation of supply chain and implementation process in the EARLY treatment of patients infected with COVID-19 presenting with hypoxia.” AAPI also supported the Healthcare Workforce Resilience Act S.3599/ HR6788, introduced in May this year, addressing the shortage of doctors and nurses, urging Congress to approve the bill and thus allow thousands of immigrant Indian American doctors on green card backlog to bolster the American health care system and extend their patient care.

## AAPI’s **Convalescent Plasma Task Force** included multiple teams.

The first team, led by Dr. Madhavi Gorusu, coordinated with the Red Cross and other agencies to work with Plasma Donations and donors. Dr. Binod Sinha led a team that contacted hospital administrators to work on policy implementation throughout the nation’s hospitals. AAPI’s Covid Plasma Government Policies Committee, headed by Dr. Dalsukh Madia, wrote letters to the President, Governors, Senators and other Government Officials urging

them to encourage individuals and medical facilities to harness this much needed resource.

AAPI also worked on building partnerships that would be helpful for its members. A partnership with CureCompanion gave members access to premium Telemedicine services at heavily discounted prices. This facilitated physicians’ ability to maximize physical distancing without compromising patient care. AAPI also partnered with Perry Health to offer physicians access to a free COVID screening tool, which could be especially helpful during reopening. In addition, AAPI partnered with CAPSTONE to offer discounted cared for those who became stranded here due to the lockdown.

COVID-19 has changed the world around us. During the transition to a “new normal”, AAPI quickly adapted to best address the needs of its members and our communities while continuing its mission for service. The enthusiasm shared by AAPI leadership and its members is a beacon for a brighter future.

*My sincere thanks to all  
AAPI members for  
your support, trust in me  
and electing me as the  
President of AAPI 2022-23*



**RAVI KOLLI, MD**

# TELEMEDICINE...

## Challenges and Solutions during Covid-19 Pandemic



### **SATHEESH KATHULA, MD, FACP**

Clinical Professor of Medicine  
Chair, IT Committee, AAPI  
Board of Directors,  
Indo-American Telemedicine Corp.

While telemedicine has been in existence for several years, the COVID-19 pandemic quickly accelerated mass implementation by healthcare providers. A swift response by the Center for Medicare and Medicaid Services (CMS) played a large role in this transition, through the easing of regulations and reimbursement. While logistically convenient for the patient and helpful in limiting any physical exposure to the virus, telemedicine is not without its challenges.

#### **Patient Education Level and Technology Skills:**

A fundamental aspect of telemedicine is its reliance on technology. Thus, groups such as the elderly or those with low literacy level tend to have lower rates of adoption of technology or may not even own a smart device. On the other hand, patients with higher literacy rates have higher rates of adoption.

#### **Patients' Preference:**

In a study, 74% of the patients said they will be comfortable communicating with their provider by telemedicine, but 26% still prefer a doctor's "touch and feel". Some patients may want to get out of the house to see their doctor just to break the monotony.

#### **Limitations with Physical Exam:**

One can argue that while most of the exam can be done by observation and there are tools to auscultate patient's lungs and heart, palpation cannot be performed by telemedicine. There are some specialties which rely more on direct physical exam such as ENT, Obstetrics and Gynecology, etc; telemedicine cannot compensate for such examinations virtually.

#### **Network Dependence:**

Obviously, proper internet connection at both ends is the key for a successful telemedicine experience. It is not uncommon to run into issues with connectivity on the patient's as well as provider's side.

#### **Reimbursement Issues:**

During the Covid-19 pandemic, Medicare and major private insurance companies are paying as much as they normally would for a regular visit. There is no guarantee, however, that this will continue when the pandemic is over, thereby providing less incentive for providers to maintain the practice. There have been instances in which improper documentation created problems with reimbursement.

#### **Privacy and Data Security:**

Privacy and data breaches are a major concern with telemedicine and can pose legal issues. To mitigate any risk, patients should be well-informed prior to consenting for the virtual service.

#### **Solutions:**

It is very important to educate the patient with telemedicine work flow prior to the visit, which helps with a smooth and meaningful encounter. If the patient is planning on communicating through phone, encouraging them to be in an area known to have good cellular signal helps with the visit. When using the computer, consider closing other programs to improve the speed. Even if there is a connection problem with video, the encounter can be converted to "phone visit" with "proper documentation and billing". It is necessary to get consent prior to the visit, document the visit appropriately, and understand billing & coding to mitigate legal risk, improve patient care, and reimbursement.

Despite the challenges, the benefits clearly outweigh the concerns and with the aforementioned solutions; e-visits can be more productive in terms of quality of care, patient satisfaction and financial incentives

# AN EVENTFUL HISTORIC YEAR CULMINATES IN AN EXTRAORDINARY VIRTUAL SUMMIT

It's been a whirlwind year full of unprecedented events. Here's a quick peek from our highlight reel and a recap of the first massive Virtual Summit:

## GLOBAL HEALTHCARE SUMMIT IN HYDERABAD



The highly successful Historic 13th Annual Global Healthcare Summit in Hyderabad, was inaugurated by Shri Venkaiah Naidu, Vice President of India, at the famous Taj Krishna Hotel in Hyderabad on July 21st.



There were many different symposiums, but the most popular event was AAPI Jeopardy, run by YPS for the first time at GHS, for over 100 medical students from several medical colleges in Telangana and Andhra Pradesh.



## INDEPENDENCE DAY EVENT IN CHICAGO

AAPI joined the Independence Day parade in Greater Chicago area with much fanfare for the fifth time in a row on Aug 11, 2019. AAPI had its annual Leadership conference at the Chicago Indian Consulate.



Dr. Bharat Barai welcomed the delegates. It was inaugurated by Dr. Raja Krishnamoorthi, US Congressman. Robert Rules of Order by Dr. Arvind Goyal; Indo- US Relations by Dr. Sampat Shivangi and Ethics by Dr. Ravi Jahagirdar were themes for the conference.



## US-INDIA LEADERS' SUMMIT

Several Indian American community and AAPI leaders met at the National Press Club in D.C. for the first ever US-India Leaders' Summit on Sep. 18th, to discuss health care challenges, U.S.-India trade, and strengthen the security partnership between Washington and New Delhi. The IMPACT Summit 2019 was attended by many AAPI delegates in Washington DC on September 19th.



A delegation of AAPI leaders, comprising of Drs. Suresh Reddy, Amit Chakrabarty, and Himanshu Pandya, past President of AAPIQLI, visited **American University of Antigua (AUA) College of Medicine** in the summer to help foster longterm relationships and assist with the educational pathways for the medical students of Indian origin at AUA.

AAPI Leaders presented a Memorandum to **PM Narendra Modi** offering to assist in Implementation of Ayushman Bharat in Houston on Sunday, September 22nd, 2019.

# AN EVENTFUL HISTORIC YEAR CULMINATES IN AN EXTRAORDINARY VIRTUAL SUMMIT

AAPI President Dr. Suresh Reddy and Past President Dr. Ranga Reddy represented AAPI at the **Mahatma Gandhi Sesqui-centennial Birthday Celebration** event on October 12, 2019. The Metropolitan Asian Family Services organized the spectacular event at the Waterford Banquets in Elmhurst, Illinois, as a tribute to the life and legacy of Mahatma Gandhi.

## THREE HISTORICAL VOYAGES TO ANTARCTICA

Nearly 200 AAPI delegates, Families and Friends from across the United States and India embarked on November 30th, 2019 from Ushuaia, the southernmost town on Earth in Argentina on a voyage to Antarctica. In addition to a once in a lifetime experience with nature, members participated in CME and Obesity Awareness events.

In addition, there were two more expeditions organized to the White Continent in the winter of 2019-20, providing a unique experience of the White Continent to each member of the expedition, and helping them return home with lasting life long memories of pleasant memories.



## “SHARE A BLANKET” PROJECT

AAPI launched the “Share a Blanket” project during the holiday season in 2019, providing warmth to the needy. Dr. Binod

Sinha, from New Jersey State AAPI, led the project along with many other Chapter presidents. AAPI matched up to \$500 for each Chapter in their efforts to identify a place/shelter in need of blankets, purchase and distribute blankets. This project was a huge success and AAPI intends to continue this tradition every holiday season.

## YPS/MSRF WMC

YPS/MSRF held its 7th WINTER MEDICAL CONFERENCE in Las Vegas, NV in February this year. Keynotes were delivered by Dr. Poonam Alai and Aarti Shahani. The conference was packed with CMEs, Useful Seminars and a Research Symposium.

## CPR EVENTS

AAPI continues to champion the expansion of CPR education worldwide. Multiple CPR events were held with an auspicious start at GHS.

With Chicago Medical Society’s project SMILE (Saving More Illinois Lives through Education) and Indian American Medical Association, AAPI provided Hands-only CPR training and AED educational program at Shirdi Saibaba Temple in Aurora, Illinois on September 1st.

With IRC, AAPI trained 500,000 of the general public in CPR during the month of October to celebrate the World Restart A Heart day.

## OBESITY AWARENESS EVENTS

AAPI kicked off the GHS with a walk-a-thon at KBR park with over 2000 attendees. Obesity awareness has been highlighted at AAPI events from there to



Antarctica to Vegas and beyond. Though many walks were cancelled due to COVID, AAPI members, encouraged by Uma Koduri, continued obesity awareness virtually.

## COLLABORATION WITH AMA

Dr. Vijaya Appareddy continues to support and strengthen AAPI’s relationship with AMA. Dr. Sunita Kanumury was appointed as an alternate delegate. Many resolutions have been authored/coauthored by Dr. Appareddy on behalf of AAPI and adopted as AMA policy. Several AAPI leaders received AMA Leadership awards.

## COLLABORATION WITH LOCAL CHAPTERS OF AAPI

Led by Dr. Reddy and his Team, national AAPI Leaders have been travelling across the country to interact with and listen to members and leaders of the AAPI Regional Chapters. From New York to Alabama, from Ohio to Florida, they have been to numerous Chapter and Regional meetings to strengthen the local bodies that are the backbone of national AAPI. Building Bridges with the Local Chapters has been a major focus of the AAPI leadership, and every effort has been taken to be part of the endeavors of each local Chapter.

# AN EVENTFUL HISTORIC YEAR CULMINATES IN AN EXTRAORDINARY VIRTUAL SUMMIT

## AAPI SUPPORTED PROJECTS IN INDIA

### AAPI Clinical Observership Program

AAPI has helped develop CLINICAL OBSERVERSHIP GUIDELINES, facilitating the process of getting a residency spot in USA, which is becoming competitive for IMGs.

### Clean Drinking Water Project

AAPI has undertaken the sustainable operations lifecycle of Community Clean Water Programs with local communities in India with participating AAPI Members committing to Sponsor a tax deductible contribution of USD 5,000 per village for the Capital cost of water treatment plants and \$1000 for the Operating & Annual Maintenance cost.

### AAPI partnered with TATA Trusts to Fight Cancer in India

AAPI partnered with Tata Trust to improve healthcare for rural Indians. The TATA trust will partner with AAPI to provide Medical, Surgical and Radiation oncologists to deliver quality cancer care. These specialists will also provide Telemedicine consultations. The model envisions an integrated, well connected network.

### MOU with Apollo's HealthNet to Help Underserved in India

During the groundbreaking 13th annual GHS, AAPI signed a MOU with the HealthNet Global Limited, a company owned by Apollo Hospitals Group, with the objective of delivering virtual second opinion consultations to millions of Indians in the vast rural areas of India, where they are unable to get required medical care..

## Eradicating Tuberculosis (TB) by the year 2025 in India

At GHS, AAPI rededicated its vision and mission to strengthen the early detection and treatment of TB, recommitting itself to strengthen its efforts to work towards eradicating TB by 2025 in India, and pledged to expand its efforts to include more cities in India, in partnership with the United States Agency for International Development (USAID).

## POST COVID-19 ERA

The deadly pandemic, COVID-19, initiated the lockdown of almost all major programs and activities around the world including many planned AAPI events. Despite these constraints, AAPI continued to be even more active. Twice weekly webinars, telehealth services for those stuck here, press releases, PPE donations, extensive Nurse appreciations and more were deployed throughout the vast network.

## VIRTUAL SUMMIT

This culminated in the **First Ever Virtual Summer Summit**, which was held from June 16th to 28th, 2020. It was an unprecedented marathon that had something for everyone. It included unique opportunities to learn, interact and be entertained all from the comfort of one's home. With high level speakers including **Prime Minister Narendra Modi**, who praised the contributions of AAPI members during his virtual address, the Summit was packed with CMEs, virtual seminars, Nurses Appreciation, and cultural extravaganza. In collaboration with The Chicago Medical Society, Dr. Vemuri Murthy, organized and coordinated the 8.5 hours of CMEs freely provided to AAPI members.

While inaugurating the Summit, **Ambassador Amit Kumar, Consul General of Indian in Chicago, IL and Congressman Raja Krishnamoorthi** praised the sacrifices and generosity of AAPI members. Describing them as "Heroes" who rose to the occasion and proved to be of immense support with selfless service to the sick, especially during these times of great adversity, Krishnamoorthi told AAPI "You touch the lives of 13 percent of Americans, while serving 1 out of every 7 patients."



Chief Guest **PM Modi** expressed his pride in "the achievements and contributions of Indian origin physicians across the world in the battle against COVID-19," said. In his address on the Indo-US Relationship during the Pandemic and the role of AAPI, PM Modi described its benefit in both countries, including Indian Medical Education Reform. He also expressed his gratitude for the COVID warriors, who have saved the lives of many, stating "I have closely followed your contributions, sacrificing your life to save that of others. Some have done the ultimate sacrifice of giving up your own lives at the service of others. You will be remembered for forever."

# AN EVENTFUL HISTORIC YEAR CULMINATES IN AN EXTRAORDINARY VIRTUAL SUMMIT

**Ambassador Taranjit Singh Sandhu** was introduced by BOT Chair Dr. Seema Arora, as “one of the most experienced Indian diplomats on US affairs...” Calling Indian American Physicians the “real heroes” who risked their “lives and have been out to assist others.” He noted these contributions have been recognized even by US lawmakers.

He also thanked AAPI for their “support to the Indian Embassy by helping Indian students stranded here... Your online Help Desk has helped many Indians in the US affected by the pandemic.”

Dr. Anil Tibrewal led the Nurses Felicitation, during which Nurses, the soul of healthcare delivery, were recognized by AAPI for their dedication and commitment to patient care, especially during the COVID pandemic. The webinar provided AAPI members with personal stories of Nurse Leaders from all over the country

**Rep. Tulsi Gabbard** addressed the delegates during the Virtual Summit. In her remarks, “We as members of the community connect and work together to defeat this invisible enemy. You have been in the front line. Putting yourself at risk and you save the lives of the people. What is unique about AAPI is that you bring a global perspective to defeat the virus and serve the people.”



She congratulated AAPI for raising money to provide PPEs across the nation. She offered to facilitate a dialogue between leaders of the Indian diaspora with Joe Biden, if he is elected as the President of the US.

During her address, **Susan Bailey, President of AMA**, expressed support for the DACA program. Emphasizing the need for more qualified medical professionals, she said, “Our nation depends on professionals from the immigrant community. They will care and provide much needed services to the nation.” She was critical of the current Administration’s move to suspend immigrant work visas. “AMA strongly opposes the ban on immigrant doctors and their families.” IMG is crucial to patient care and AMA supports Conrad 30 and Physicians Access Reauthorization Act, she said. “AAPI has strongly supported IMGs and we will continue to work together to ensure patients receive the best care. We greatly support AAPI’s efforts in immigration visas for Physicians,” she said. “We need to safely reopen the economy knowing the risks and impact on people’s lives... Every sector of healthcare will benefit from telemedicine and we will work to have it continued after the Pandemic endemic,” she told the AAPI delegates.

During an interactive session with **US Surgeon General Dr. Jerome Adams**, he delivered his insights on COVID-19 and strategies for the next phase. He recalled his very close association with “many Indian American Doctors who have dedicated their lives at the service of the nation, with thousands providing services in rural areas across the nation who have immensely lifted this country and supported this nation.” He was also enthusiastic about engaging with YPS in the future.



He also previewed his upcoming call to action on hypertension (HTN). As heart disease remains the number one cause of death and the undertreatment of HTN remains a major issue especially in the healthcare disparities, he asked physicians to lead the charge in taking hypertension seriously. “We really need to focus on making sure we’re paying attention to these disparities, because they’re only going to widen after COVID if we don’t focus on them,” he said. “The virus is exploiting our pre-existing conditions and affects people differently based on one’s gender, age and race.” He was also enthusiastic about engaging with YPS in the future.

# AN EVENTFUL HISTORIC YEAR CULMINATES IN AN EXTRAORDINARY VIRTUAL SUMMIT

**Dr. Soumya Swaminathan, Chief Scientist at World Health Organization** pointed out examples of how smaller nations and the state of Kerala in India have been able to contain the virus spread due to long-term investment in education and healthcare via decentralization. She urged nations to invest in healthcare focusing on prevention rather than treatment. Referring to several initiatives under WHO, in coordination with countries and private companies to develop safe vaccine and to prevent the spread of the virus, she spoke about the Accelerated Program to study and find the most effective drug/vaccination development that is accessible to all the nations.



Swaminathan also discussed the WHO Academy set up to train Healthcare workers to manage and respond to emergencies. She expressed concerns about the impact of global health due to US withdrawal from WHO. "Good health is the foundation for good economy," she said. "Neglecting health will affect the economic progress negatively," she added.

During a well-attended Webinar exclusively for Medical Fraternity, **Sadhguru** lauded physicians for the "great work during challenging times. Only during hard times, one can achieve greater things in life," he said.

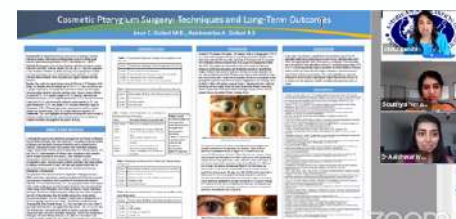
"Your dedication to work will have powerful impact on your children. You are placing the wellbeing of others before your own. This is the biggest strength for you," he told the Doctors. On the practical side, Sadhguru offered what he called "grandma's stuff" on ways to enhance the immune system. He suggested that "drinking hot water mixed with honey, turmeric and coriander/mint regularly will keep you away from respiratory problems."



Dr. Suresh Reddy, whose "meeting Sadhguru in Atlanta was the best moment in my life" wanted to know how to manage anxiety arising from people who do not adhere to the need for PPE. Sadhguru referred to the tradition of India, which is Namaste with folded hands and not physically contacting each other. He was critical of people who in the name of Freedom and Rights are creating and spreading misinformation about the virus. "When we have the highest medium of communication, unfortunately people are still spreading rumors and false beliefs. Technology by itself cannot solve problems. The need is to transform every individual."



Under Dr. Soumya Neravetla's direction, the first Virtual Medical Jeopardy and Research Presentation showcased the brilliance of Medical Students and Young Fellows of Indian Origin.



The poster competition even included a submission from a high school student. Priya Uppal won first prize for her research on the Impact of the ASHA Program on Female Villagers in Punjab. MSRF President-elect, Dr. Kinjal Solanki came in second and Pranav Mishra garnered third prize. Thomas George won the tight Medical Jeopardy race, with Soniya Abraham finishing just behind him as runner-up.

The much-anticipated Women's Forum, moderated by Drs. Sajani Shah, Ami Baxi and Stella Gandhi, was addressed eloquently with personal stories from their lives by actresses Sonal Shah and Anisha Adusumilli. They discussed the challenges they encountered as underrepresented minorities in the industry.



# AN EVENTFUL HISTORIC YEAR CULMINATES IN AN EXTRAORDINARY VIRTUAL SUMMIT

The Summit also featured robust cultural activities, with nightly performances by various artists followed by Mehfil. The highlight event, AAPI's Got Talent, was not left behind. The maiden Virtual AGT rose to the challenge with fine performances by AAPI members. The winning performance was a Kuchipudi dance by Dr. Sirisha Gaddipati and her daughter. Our second prize winner, Dr. Anand Arora charmed the judges and Dr. Mukesh Lathia's timely poem about disparities came in third. Swapna Panchwati's melodious singing garnered the prize in the non-medical category.



"Cheers from Cinema Celebrities" were showered on physicians by Kirron Kher, Bhagyashree, Pooja Batra and Padmini Kolhapuri.

The interactive 90-minute-long session was organized in collaboration with Cancer Shakti Foundation, coordinated by Dr. Manju Sachdev, Dr. Shefali Agarwal and Dr. Sunita Reddy. The three talented stars from Bollywood praised the contributions and sacrifices of Indian American Physicians and expressed their gratitude "to all Indian American Medical Fraternity for putting your lives at risk while working diligently to save the lives of millions during the pandemic."

The maiden Virtual Summit offered an exciting venue to interact with leading physicians, health professionals, academicians, and scientists of Indian origin. A dedicated pool of Physicians led by Dr. Meher Medavaram, Convention Chair, worked hard to make the convention a memorable experience for all. Hundreds of AAPI members enjoyed witnessing it with the comfort of being in their living rooms for 12 straight days. Although AAPI has never attempted anything like this before, the success of the event was overwhelming.

## NEW INITIATIVES

Moving the ship towards financial stability, Dr. Anupama Gotimukula chaired the Endowment Fund Committee to secure funds for the future. Also, AAPI office expenses were significantly reduced. Dr. Suresh Reddy presented a check for \$250,000 towards expenses for the next office year to cover the cost of routine expenses..



The AAPI Endowment Fund was created with the purpose of stabilizing financial needs of AAPI.



## Partnerships to Help Members

AAPI finalized several deals to create partnerships of value to members. More deals are in the pipeline! For more info, got to: <https://www.aapiusa.org/membership/member-benefits/>

- Resolve offers members discounted rates for job search, contract review and negotiation packages. Please use discount code **AAPI10** for 10% off all services.
- Cure Companion offers discounted premium Telemedicine Platform
- Perry Health offers free COVID screening tool.
- Capstone offers discounted services to those in need.

## Upcoming Changing of the Guard

Representing the interests of the over 100,000 physicians of Indian origin, AAPI members serve every 7th patient in the United States and every 5th patient in rural and inner cities across the nation.

Dr. Sudhakar Jonnalagadda, will assume the role President of AAPI on July 12th along with Dr. Sajani Shah, Chair of AAPI's BOT, and his Executive Committee consisting of Dr. Anupama Gotimukula, President-Elect, Dr. Ravi Kolli, Vice President, Dr. Amit Chakrabarty, Secretary, and Dr. Satish Kathula, Treasurer of AAPI. There will be a virtual event held for the official changing of the guard. For more details, please visit: [www.aapiusa.org](http://www.aapiusa.org).

It's definitely been an eventful year that will be remembered for years to come. Despite the obstacles, AAPI has renewed hope and enthusiasm. This solidified foundation promises a brighter future.

## YPS CONTRIBUTES DURING A HISTORIC YEAR



**STELLA GANDHI, MD**  
**AAPI YPS President**

The 2019-2020 year of AAPI has definitely been one for the books. We entered the year with new hope and ideas for AAPI and came across an unforeseen obstacle...COVID-19. While the pandemic created new challenges, AAPI as an organization, rose up to meet those challenges and forged full steam ahead. As my term as YPS President winds down, I'd like to take a moment to look back on all the wonderful contributions the young physicians provided this year and hope we can continue to do more in the days that lie ahead.



We began the year at our Global Health Summit in Hyderabad, India, where we had the largest young physician representation.

We were heavily involved in multiple aspects of the conference including the Women's Forum, Cardiac Workshop, Oncology Workshop and one of the most attended events, Medical Jeopardy.



Inaugurated by the eminent Cardiologist, Founder and President of Public Health Foundation of India, Dr. K. Srinath Reddy, the Cardiac Workshop was co-chaired by Dr. Soumya Neravetla. In her talk, Dr. Neravetla discussed Valvular Heart Disease in India and the role of prevention. She highlighted the role of identifying silently symptomatic patients and low cost minimally invasive techniques that can benefit patients. In addition to informative didactic sessions, simulators were available for students to navigate procedures on the models.

The Women's Forum had a fantastic turnout with panelists Jayaprada, Dr. Anju Aggarwal, Dr. Sai Lakshmi, and Sangeeta Reddy. With guidance from Senior Advisor Dr. Udaya Shivangi, Co-Chairs Dr. Sajani Shah and Dr. Seema Arora and committee members including YPS board members: Drs. Stella Gandhi, Ami Baxi, Soumya Neravetla, and Swati Yalamanchi planned the forum.

Dr. Soumya Neravetla kicked off the oncology workshop with her talk, Lung Cancer: Screening and Staging, The Challenges. In her talk, she discussed the impact of pollution in India on Lung Cancer incidence and the subsequent challenge it creates with developing uniform screening guidelines. In addition, she compared the pros and cons of mediastinoscopy and EBUS in the Indian market.

Under Dr. Suresh Reddy's direction, YPS administered the first ever Medical Jeopardy at GHS. Dr. Soumya Neravetla spent many diligent hours compiling questions and putting together boards for the many rounds of Jeopardy. Dr. Suresh Reddy himself hosted the first couple preliminary rounds with the assistance of Dr. Dharmesh Gandhi and YPS President and President Elect, Dr. Stella Gandhi and Dr. Ami Baxi on the first day of the convention. The final two preliminary rounds were concluded on the second day with Dr. Soumya Neravetla as host and the assistance of Drs. Dharmesh Gandhi, Stella Gandhi, Ami Baxi, and Swati Yalamanchi.



## YPS CONTRIBUTES DURING A HISTORIC YEAR

On the final day, the group coordinated two rounds of Semi-Finals prior to the Grand Finale. Final Jeopardy was conducted on the main stage on the last evening in front of a full audience with Dr. Soumya Neravetla hosting and Dr. Dharmesh Gandhi assisting on stage and Drs. Stella Gandhi and Swati Yalamanchi judging and scoring. The participants all enjoyed the experience with overwhelmingly positive feedback. Even the audience became engaged in the excitement of the final round. This was a historic large-scale undertaking that took a lot of planning, but YPS led the charge with a huge success.

We then held our 7th Annual Winter Medical Conference in Las Vegas, Nevada over February 14-17. This year's conference revolved around the topic of "Branding Yourself" which taught the next generation of physicians how to enhance their innovative and entrepreneurial skills whilst using social media and technology to build their brand of medicine in today's evolving healthcare fields as well as addressing issues of physician burnout and wellness. We had amazing speakers including author and former NPR tech correspondent Aarti Shahani, Hollywood Director Aman Segal, Former Acting Under Secretary of Health for the VA Dr. Poonam Alaigh.



Attendees had the opportunity to get professional headshots, network with their peers, get CME, and partake in the amazing nightlife of Las Vegas.

As we then began to plan for an amazing Summer Convention in Chicago, we were met with a global pandemic that we are still combating. The young physicians took the lead on technological options. Drs. Stella Gandhi and Soumya Neravetla procured telemedicine platforms for physicians to use, taught webinars on billing and coding, secured telemedicine companies to provide refills to members of our communities stranded without access to healthcare, and created a survey to help screen our members for COVID-19. Dr. Rupak Parikh helped obtain PPE from abroad when our members were in desperate need. With the Hippocratic oath in our hearts, many AAPI leaders, both young and experienced led the charge to fight on the frontlines. Despite watching some of our colleagues succumb to the virus, we have continued to provide care to those in need.

In addition to educational webinars, the young female physicians of AAPI, Drs. Sajani Shah, Stella Gandhi, Soumya Nerevetla and Ami Baxi, organized a series of talks called "Wonder Women: Rising above COVID". The first talk was held in May, which provided a safe forum for women to discuss their roles as wives, mothers, sisters, daughters and physicians during the pandemic. We had amazing panelists including Drs. Uma Madhusudan, Smita Gautam, Leena Shah and performance coach Vidya Ramachandran who spoke about their personal

experiences working through the pandemic, and provided stress coping techniques, all moderated by CNN Analyst Asha Rangappa. The series will continue during the virtual summit.

Most recently the young physicians of AAPI organized a webinar to discuss COVID-19 testing. Panelists included Drs. Purvi Parikh, Jay Bhatt, and Nirav Shah were moderated and hosted by current and previous presidents of YPS and MSRF, Drs. Rupak Parikh, Aaditya Desai, Roshan Shah, Stella Gandhi, Dhaval Bhanusali, Prachi Dua and Pooja Kinkhabwala. Topics of contact tracing, causes for the rise in cases, guidelines on who should be tested, vaccines, and plasma donation were discussed with an amazing turnout of listeners.



Thanks to the support of the leaders of AAPI, most notably President Dr. Suresh Reddy and BOT Chair, Dr. Seema Arora, the young physicians have had more opportunities to share our strengths and abilities with the rest of AAPI and look forward to participating much more moving forward. I know my successor, Dr. Ami Baxi will rise up and bring YPS even more into the fold. I have been proud to serve as President of AAPI's Young Physician Section and am eager to see the next generation of AAPI lead us forward.

# FLOYD, COVID-19 AND PHYSICIANS OF INDIAN ORIGIN



**SURENDER REDDY  
NERAVETLA, MD, FACS**  
Author of 'Salt Kills'

Current events offer a unique opportunity for Physicians of Indian Origin to make a major impact on the long-standing struggles in the life of Black America. The ground reality is that a combination of social, political and economic inequalities reflects ultimately in health disparities. What we can do to improve health disparities can also impact social and economic status. Published statements from many medical organizations including AHA, ACS, and even AAPI, and a long list of politicians and celebrities are long on condolences, sympathy rhetoric etc., but short on meaningful action. Unfortunately, once the dust settles, the status quo is likely to continue. That could change if we jump into action.

Most of us Physicians of Indian Origin are not likely to fully understand what it means to be Black American or what it is like to raise children as Black Americans. We started arriving in America in the late 1970s and did not experience the same struggle for civil rights or the even harsher history that preceded it.

However, counting PCPs, hospitalists, nephrologists, cardiologists and other specialists, we account for nearly 60% of the care of Black America. We can certainly engage in the health of Black America in a more robust, methodical fashion in prevention, early detection and management of many of the health problems that have plagued Black America.

Having worked side by side with many Black American citizens who have been left behind for the last 12 years, I have gained a certain experience and insight which could shape our response in these troubled times. In these past dozen years, I have made more than a thousand appearances and presentations to churches and other social organizations, which most non-Black Americans are not even aware of. Having been invited into scores of Black American churches across the land, I have the following perspective and action plan for the consideration of our group.

Black American neighborhoods are “Healthcare Deserts” and “Food Deserts”. Many Black American communities across this great nation have little to no access to healthcare or healthy food options. As members of AAPI, collectively we can persuade the processing industry, restaurant industry, and local businesses—likely via legislative action—to change our approach and behavior for a positive change.

We have to start with trust-building efforts: members of AAPI would be better served by understanding the long history of mistrust in the medical establishment. We need to take the initiative to rebuild this lost trust by reaching out into these neighborhoods of Black America where generation after generation lives with hopelessness and a feeling of “nobody cares for us” and “we mean nothing to society”.

Understanding the impact of the Tuskegee study will help to appreciate some of the deep-rooted mistrust of the medical profession. Trust-building efforts in each of the communities we serve in our own backyards will go a long way to repairing these relationships.

As individuals, we can do certain things on our own, but collectively we can be a force. For example, I have taken the initiative to submit a petition to the Restaurant Association of Ohio requesting them to provide salt information on menus. This information is more critical to Black America than any other group. The weight of AAPI could make this happen. Consider the following facts and figures.

## Some Facts and Figures:

### COVID-19:

It is a well-publicized fact that Black Americans across the country are dying at a much higher rate from COVID-19.

# FLOYD, COVID-19 AND PHYSICIANS OF INDIAN ORIGIN

## Hypertension:

- In Black America, it is often described as a widespread malignant disease as it affects Black Americans at a far younger age than their non-Black counterparts, is more aggressive, more difficult to control, and leads to complications sooner.
- Severe high blood pressure, with systolic greater than 180 mmHg and hypertensive emergencies with systolic greater than 200 mmHg, are five times more common in Black America.

## Kidney Failure:

- 37% of people on dialysis are Black Americans,
- Most are 10 years younger than Caucasians. Young people in their productive years are stuck on dialysis machines for hours at a time every other day.
- Black Americans are at a fourfold increased risk of being placed on dialysis.
- Black American kidney failure patients are 75% less likely to get a kidney transplant.

## Heart Failure:

Men under 50 years of age are twenty times more likely to present in heart failure

## Key Action Items

**Trust-building:** Physicians reach out to neighborhood churches, barber shops, and minority social clubs in trust-building missions.

## Legislative Action:

- Require restaurants to disclose salt information on menus.
- Require restaurants and packaged food manufacturers—sauce and lunch meat manufacturers are particularly bad culprits—to provide healthier options. Restaurants should make sauces without salt by default.
- Enact “healthy” standards to ban the manufacture and distribution of food via restaurants and distributors that do not pass the standard.
- Create subsidies for produce and nuts and ensure access in “Food Deserts”

## Prevention Education

Everyone in the medical industry should contribute to prevention education.

- Stop misinformation and clever marketing of sea salts.
- Provide resources to educate children and general public about the dangers of salt consumption

My fellow physicians of Indian origin, this is our opportunity to go beyond words of sympathy and condolences. We can use this current momentum to accomplish concrete goals to help the Black American community in their long term struggles.

## Further Reading

The Tuskegee Timeline  
<https://www.cdc.gov/tuskegee/timeline.htm>

*Racial Differences in Incident Heart Failure Among Young Adults.*

Kirsten Bibbins-Domingo 1, Mark J Pletcher, Feng Lin, Eric Vittinghoff, Julius M Gardin, Alexander Arynchyn, Cora E Lewis, O Dale Williams, Stephen B Hulley

<https://pubmed.ncbi.nlm.nih.gov/19297571/>

*Hemodialysis Disparities in African Americans: The Deeply Integrated Concept of Race in the Social Fabric of our Society*

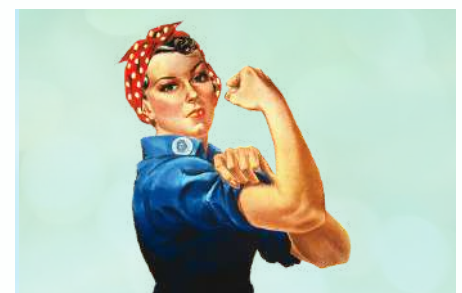
Keith C. Norris,<sup>1</sup> Sandra F. Williams,<sup>2</sup> Connie M. Rhee,<sup>3</sup> Susanne B. Nicholas,<sup>1</sup> Csaba P. Kovesdy,<sup>4,5</sup> Kamyar Kalantar-Zadeh,<sup>3</sup> and L. Ebony Boulware<sup>6</sup>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5418094/>

*Salt Sensitivity and Hypertension in African Americans: Implications for Cardiovascular Disease*

Rosalind M. Peters, MSN, RN, John M. Flack, MD, MPH  
Disclosures Prog Cardiovasc Nurs. 2000;15(4)

[https://www.medscape.com/viewarticle/407741\\_3](https://www.medscape.com/viewarticle/407741_3)



**AAPI WANTS YOU**

**SIGN UP TO BE A MENTOR OR MENTEE**

<https://www.aapiyps.org/Mentorship/>

# 'ENOUGH IS NOT ENOUGH ANYMORE'

## Dealing with Pandemic COVID-19



**MAMTHA BALLA,  
MD, MPH;**

Clinical Assistant  
Professor of Medicine

By seeing several countries and their responses during the COVID-19 pandemic, we must act wisely and smartly so that we will not taste the results of the 1918 Spanish flu pandemic in the 21st century. We need to treat the community as a whole compared to treating a single person. We need to try to decrease the epidemic reproductive number-Rt (Wang H, 2020) to less than one. This should be the government's main goal, by increasing stricter guidelines on social distancing, raising more public awareness, universal masking, and restricting movements between states. We should also place temperature checks at every level, including but not limited to grocery stores, restaurants, airports, and traffic signals along with monitoring positive cases in isolation areas.

The United States is the highest in the world for COVID-19 cases currently. The government is trying their best to help curb the disease, but we have fallen behind. We need to do more than what we are currently doing to stay ahead in controlling COVID-19.

Nations like Taiwan, Singapore, New Zealand, Australia and Vietnam were successful in curbing COVID-19 cases in their respective countries. This might be partly due to their experience with SARS in 2003. In addition to early lockdown, they also implemented screening protocols, universal masking, contact tracing, etc to help decrease the spread of COVID-19 and we as a nation should learn from that.

The reproductive number-R0 represents how contagious a disease is. According to a study by Shi Zhao et al in 2020, the R0 of COVID-19 ranges from 2.24 (95% CI: 1.96-2.55)-3.58(95%CI: 2.89-4.39), which is correlated to eight-fold to two-fold rise in the reporting rate. The R0 is significantly higher than 1, making control of COVID-19 difficult. Furthermore, asymptomatic/pre-symptomatic carriers and the longer incubation period is making it difficult to control COVID-19 spread.

Given the highly contagious nature of COVID-19, the whole world should work together to maximize containment efforts of this virus. In just a few months, this dangerous virus spread from China to the rest of the world. So, if one nation does not implement proper quarantine or preventive methods, then we can undoubtedly get a second wave within a short period of time.

So, every individual should take this as an opportunity and be determined to control this pandemic. Tenacity and determination from the community is the primary determinant for controlling COVID-19.

Giving appropriate personal protective equipment (PPE) to all healthcare personnel plays a pivotal role. PPE production can be quick, but an infected healthcare professional cannot be replaced. So, the government and hospital administrations should make every effort to protect their healthcare providers so they will not get infected. It is possible based on several case reports from Hong Kong and China that proper multidisciplinary protocols and PPE can decrease the infection rate of healthcare workers to 0% (Cheng VC, 2020). So, staying at home, increasing testing, universal masking and following strict quarantine measures can help flatten the curve and decrease the spread of COVID-19.

COVID-19 is a stress test for every individual irrespective of their job, race, or position. Furthermore, with a multidisciplinary approach, using innovative and modern technology and being united at every level by keeping politics aside in every country is the only way we can conquer the COVID-19 pandemic.

### CO-AUTHORS

Ganesh Prasad Merugu, MD, CMD  
Srikanth Naramala, MD, FACR, CCD



*Limited Time Offer!!*  
**Join AAPI For Life  
(Patron Member)**

**Only \$100! Please Visit**  
[www.aapiusa.org/membership](http://www.aapiusa.org/membership)

# BUILDING RESILIENCE IN TIME OF CORONA PANDEMIC



**TARAK VASAVADA, MD**  
AAPI Board of Trustee

This is one of the toughest times that our world has seen since the 1918 pandemic. The situation is evolving daily, and uncertainties abound. Things that we enjoy the most like work, connections, food and financial stability are on hold or facing low tide. No wonder the stress reaction is very common and needs to be recognized early. I have compiled a few quick facts and tips here.

## Common Reactions:

1. **Stress:** physical and psychological symptoms like increased pain, fatigue, insomnia, irritability, obsessiveness
2. **Anxiety:** constant worries and at times panic and obsessive fear of illness
3. **Depression:** Feelings of sadness, excessive guilt or hopelessness, loss of joy in life
4. **Burnout:** Detachment from work, constant doubts about your abilities, sarcasm and cynicism, feeling fatigued at work
5. **Compassion Fatigue and Secondary Trauma:** secondary PTSD and guilt from not being able to help someone or for a negative outcome
6. **Increased substance use**
7. **Increased anger and violence**

## Follow the **BASICS**: How to take care of ourselves

### **B: Body:** Take care of your personal health.

- Take ample sleep and rest.
- Set time for exercise, Yoga, deep breathing.
- Provide good nutrition.
- Curtail alcohol & caffeine intake.

### **A: Affect:** Take care of psychological matters

- Control your perfectionism.
- Work on your cognitive distortions and misbeliefs.
- Daily self-monitoring, mood diary.
- Know your limits: Don't be a sponge.
- Loosen your control and expectations.

### **S: Social:**

- Work on relationships with a loved ones or family.
- Connect with friends, peers.
- Work on the intimacy of marriage.
- Learn how to cope if you are away from family or if you are in isolation.

### **I: Intellect:**

- Know that change is inevitable, but choice and control issues are yours to work on.
- Learn and practice resiliency.
- Take additional medical or non-medical courses.
- Develop other passions: art, music, hobbies, sports.

### **C: Community:**

- Help to build a healthy community. Volunteer for medical and non-medical involvement.
- Take up a social, political or medical cause.
- Reach out to self-help and support groups.

### **S: Spiritual:**

- Practice acceptance, altruism, mindfulness, and meditation.
- Be aware of the greater force that makes you powerless.
- Be humble.
- Keep your faith and moral compass.
- Learn to count your losses, gather your belongings and learn how to move on without getting stuck.

### **Prescription for Self-Care (Based on American Psychiatric Association)**

1. Meet basic needs. As above. Also take a break from your routine and media
2. Stay connected. Giving and receiving support from family, friends, and colleagues can reduce feelings of isolation.
3. Stay updated. Rely on trusted sources of information. Participate in work meetings where relevant information is provided.
4. Self-check-ins. Monitor yourself for signs of increased stress and ask for help.
5. Honor your service. Remind yourself (and others) of the important work you are doing. Recognize colleagues for their service.
6. Limit Media Exposure. Graphics and worrisome messages will increase your stress and may reduce your effectiveness and overall wellbeing.

Keep faith in humankind, science, and higher power. We need to be proactive to cope with these tough times. We have gathered basic skills here and there in our journey during and after medical school. It is time to practice what we have been teaching our patients for years. There was life before COVID and there will be life beyond COVID!

# AAPI EMBRACES TECHNOLOGY: COVID WEBINARS



Even before lockdowns across the nation impacted the way we functioned both professionally and personally, AAPI embraced technology as an essential tool in the fight against COVID. Before most of us had suddenly been thrust into the world of virtual meetings at work and telemedicine in the office, AAPI began regular Zoom calls in March with at least twice weekly calls continuing thereafter. The webinars have been attended by over 10,000 physicians from across the United States.

Initial calls focused on early experience with COVID, advising physicians of the importance of physical distancing, lockdowns and flattening the curve in addition to discussions about response to various treatments around the world. Though many calls still focused on clinical updates, the platform quickly grew to cover all aspects of the impact of COVID.

With Medicare expansion of telemedicine coverage, a webinar focusing on tools and tips to incorporate Telemedicine was organized in March.

In collaboration with the Indian Embassy, National Council of Asian Indian Americans and the Government of India, on March 27th another call was arranged to meet the needs of thousands of immigrants on temporary visas to the US, stranded in the country due to cancellation of flights.

AAPI has also coordinated wellbeing and faith-based sessions with many other organizations including Sri Sri Ravi Shankar's Art of Living, Sadhguru's ISHA foundation, and Brahma Kumaris. Yoga sessions were broadcast to help promote physical wellbeing. In honor of our physicians who have been impacted by COVID, a solemn Candlelight Vigil and Inter-Faith Spiritual Session was held on Sunday, April 12th. Spiritual leaders also stressed the importance of interfaith cooperation and compassion in the face of pandemic.

As a partner with MEDICAL MUN, AAPI was a part of the all-inclusive virtual conference, including keynote speeches, workshops, research presentations, literary and cultural events from May 15 to 18th, 2020. This was attended by over 12,000 live participants from India, the United States and around the world. Drs. Suresh Reddy, Ravi Kolli and Lokesh Edara were keynote speakers at the conference.

In May, AAPI also organized a CEO Round Table by Healthcare Corporate on Resurrection of the Healthcare Landscape in the Post-Covid Era. A virtual Women's Forum, moderated by Asha Rangappa, was well received by the Wonder Women of AAPI. Seema Verma addressed the group in a webinar discussing the state of post pandemic Healthcare.



As we began to learn more about COVID's impact on the body, specialty focused webinars were launched. Webinars on neurology, cardiology, hematology and more were held. As more positive corticosteroid data became available, a special webinar was scheduled to disseminate appropriate information.

All told, over 40 webinars have been made available to AAPI members. These webinars ranged from clinical topics to legislative to physical, mental, and financial wellbeing to hospital administration and education and more. Talks are then posted on the website for future reference at <https://www.aapiusa.org/covid-19/covid-19-webinars/>

Members are also welcome to contact AAPI with recommendations for future forums.



# AAPI 2020 NURSES APPRECIATION INITIATIVE



**ANIL TIBREWAL,  
MD, MS, FRCS, FACS**

Chair, AAPI Nurses Appreciation

We physicians know how important our nursing staff is in the delivery of healthcare. During this COVID-19 pandemic, their role has become even more challenging as they risk their own lives to save others and serve humanity. We feel they are the true heroes in this pandemic.

Hence, we felt it would be a great initiative for AAPI to honor and appreciate our nursing staff. With this in mind, we started the Nurses Appreciation Program at the start of the National Nurses Week at the Methodist Dallas Medical Center, providing 500 meals covering all the nurses at the hospital. Our initial plan was to cover 20 hospitals in major cities which was achieved within a few days. Subsequently, the number of hospitals was increased to 40, and then with popular demand, the funding and the number of hospitals was increased to 100 to be covered in over 30 states.



Today, we celebrate our achievement as we reached the goal of honoring well **over 10,000 nurses in more than 100 hospitals spread over 35 states.** We have covered states in all regions of the nation, and even Alaska and Hawaii. This was achieved with the great support of the dedicated physicians in the team and the financial assistance from National AAPI. Apart from the two co-chairs of the team, Drs. Raghu Lolabhattu and Raj Bhayani; Drs. Anupama Gotimukula, Ravi Kolli, Amit Chakraborty, Malti Mehta, Sunil Kaza, and Satheesh Kathula were the pillars working on the initiative. This was truly a team effort, as there were over 50 physicians involved in this program. Although it is not possible to include all the names in this report, I would like to mention a few: Drs. Manoj Shah, Jhansi Koduri, Arsh Tindni, Pavan Panchavati, Udaya Shivangi, Vinod Sancheti, Sujeeth Punnam, Yasmeen Ansari, Aradhana Pandey, and Poornema Ramaswami. We also had excellent participation from various senior AAPI leaders such as Drs. Chander Kapasi, Sanku Rao, Jayesh Shah and Surender Purohit. Residents and fellows like Drs. Apurva Yeluru and Shikha Gupta, also participated, and organized meals at their hospitals.

The initiative also attracted many non-members and non-active members of AAPI who were inspired by the noble cause and participated in the program.

A few of these physicians include Drs. Subhash Kini, Sudhish Chandra, Subhasini Ladela, Kirti Shetty, Vidhubhusan Gupta and Anuja Bhandari.

This alliance to honor our hardworking true front-liners was another example of increased unity with local chapters. Over the holidays, AAPI worked with local chapters in its "Share a Blanket" program, with local chapters distributing blankets to shelters all over the country. In addition, these efforts fortified efforts to "Bring AAPI to Main Street" and uplift the AAPI image among the medical community.



All these were achieved handsomely with a low cost. We received recognition and appreciation letters from nursing and hospital administrators. Many local chapters and individual physicians collaborated with AAPI for the event, were energetic, enthusiastic, contributed funds to make the event a great success and expressed their gratitude to AAPI. Many non-members also participated and committed to become AAPI members.

It was an awesome moment when we received gratitude and appreciation from everyone. This was only possible due to the great efforts and dedication of the entire team and phenomenal support from Dr Suresh Reddy.

# IMPACT OF COVID-19 ON ANESTHESIA RESIDENCY AND FELLOWSHIP PROGRAMS



**ANAND PREM, MD**  
Associate Professor of  
Anesthesiology

## INTRODUCTION:

To say we live in unprecedented times is an understatement.

While the COVID-19 pandemic rages on in the United States, leaving in its wake families shattered by the untimely death of their loved ones, an economy in free fall and a fearful citizenry unsure of the future, the effect it has had on training programs may appear inconsequential to the general populace.

Workers on the frontline are getting their long overdue recognition, the real-life impact on trainees in healthcare has largely gone unnoticed. We outline the numerous unheralded consequences of the pandemic on our Anesthesiology / Pain trainees, which may likely be shared by other academic programs in USA.

## IMPACT ON CLINICAL EXPERIENCE:

As elective procedures were canceled, our fellows lost 25% of their training time, potentially impacting their preparedness for jobs. The manual dexterity and confidence that an additional 600 interventional procedures could provide is incalculable. Some missed "external rotations" and the exposure to other specialties that directly impact the care of the pain patient and their Board examinations preparation.

## PERSONAL WELLBEING AND WORKPLACE SAFETY:

With significant reduction in elective surgical cases, residents have been reassigned to Intensive Care Units, providing them with adequate PPE and making available Mental Health resources to cope with the added risks they encounter. The education team had weekly one on one "check ins" with the resident/fellow team to ensure personal wellbeing, to recognize and seek help during this crisis, along with checking in on their co-residents and report any concerns to us.

## FUTURE EMPLOYMENT:

Most academic faculty have received calls from potential employers of our trainees inquiring about the impact of this lockdown on their skill. As educators, we should give them an honest appraisal of their "skill level" and serve as a guide to the employer for proctorship in the early days.

Cadaver labs and simulation techniques can be used to "coach up" trainees. Employers may still renegotiate salaries to account for this shortcoming.

Board exams are canceled for now, impacting their Board Certification status. Employment contracts often have reimbursement clauses tied to Board status, impacting future jobs.

## GRADUATION:

After the rigors of residency, trainees look forward to celebrating the end of their "apprenticeship". Unfortunately, most academic institutions like ours switched from traditional graduation to "virtual ceremony".

## UPCOMING INTERVIEW SEASON:

The Residency "interview season" for the next academic year will begin soon. "External Rotations" and Step 2 USMLE have been

canceled, robbing students of the ability to impress faculty for potential residency slots. Residency programs will have to interview candidates with minimal credentials available to separate them, as in-person interviews are unlikely.

## THE SILVER LINING:

While the COVID-19 pandemic has affected training programs adversely there are several positives that have come from this situation as well. Here we enumerate some consequences of this public health calamity that has bolstered the knowledge and resolve of our trainees.

## TELEHEALTH:

Learning to use Telehealth to provide patient care is one of the few positives, especially in the setting of Chronic pain, preventing feelings of abandonment that patients may otherwise feel during this pandemic.

## DIDACTICS AND SCHOLARLY ACTIVITY:

As our clinical responsibilities are down, our trainees have found the much-needed time to complete Research/Quality Improvement projects. Our didactic schedule moved to Web-based platforms with greater learning in this aspect.

## CONCLUSION:

While the true impact of the COVID-19 pandemic is yet to be determined, based on the resilience and the "can do" attitude displayed by our trainees, it is obvious that the future of our Anesthesia and Pain Specialties are in great hands.

Thanks to the SARS- CoV 2 pandemic for letting us truly appreciate them.

**References available upon request**

## CO-AUTHORS:

**Suwarna Anand, MD**  
Assistant Professor of Anesthesiology  
**Arvind Chandrashekar, MD**  
Fellow, Interventional Pain Mgmt

# ELECTIVE ORTHOPEDIC SURGERY IN COVID-19 ERA: ARE NEWER MODIFICATIONS HERE TO STAY?



**VITHAL SHENDGE MD,  
MRCS (EDINBURGH)**

Asst. Prof Orthopedic Surgery  
Dept of Orthopedic surgery  
University of Toledo Medical  
Center, Toledo OH

During the COVID-19 era, orthopedics had screeched its brakes due to state and Centers for Disease Control (CDC) guidelines: all elective surgeries were deferred to direct sufficient attention to the containment of the pandemic and conservation of PPE. Now with the re-opening of global markets, elective procedures are done, but with some modifications. The “3 day preoperative COVID-19 test” is a new part of routine standard preoperative workup. Negative patients proceed, while positive patients are treated and quarantined for 2 weeks and then re-evaluated until they test negative in 4-6 weeks, prior to elective orthopedic surgery.

While attending a few emergency polytrauma cases recently, I realized that the biggest concern of postop care is the high risk of exposure due to frequent follow up visits required for X-rays to properly assess healing. Use of proper masks by both the provider and patient is the new normal and is thought to reduce transmission by almost 75%.

Various experts are considering the trajectory of the virus and its patterns; moreover, many predict that the virus will be a recurring problem. If this is true, it is imperative to plan for alternative ways to perform elective procedures, so patients struggling to ambulate due to arthritis, spinal issues, or any musculoskeletal disorders are treated without delay.

Alternative safer methods could include protocols for preoperative office visits, required testing—including reliable, rapid COVID-19 test and medical clearance under one roof, prior to proceeding with surgery. To ensure the reduction of unnecessary contact, most patients in the perioperative period can be monitored with telemedicine and remote physical therapy.

Further modifications of follow up procedures could be implemented by minimizing physical visits ranging from 2-3 months, 6 months, or a year depending on the progress of individual patients. For instance, smokers, patients with metabolic syndromes, and elderly patients with osteoporosis may need to space out in person office visits further, as X-rays done earlier, may not show much callus or healing. Mobile radio-diagnostic systems with decreased X-rays would work best. Wound care management with tele-monitoring measuring the size, exudate and eschar formation, and technology enable remote care by the provider’s team.

In addition, “intubation rooms” would need to be in the antechamber or vestibules prior to taking patient to OR for surgery. These are not feasible in high volume hospitals as they pose multiple areas of concern. Laminar flows with exhaust systems during surgery, space suits, and helmets will need modifications to be self-breathable without relying on the “recycled air around the patients”. Options to minimize aerosols generated by high-speed saws and burrs with novel built-in-suction systems is the need of the hour.

All mobile medical transport would benefit with built-in exhaust systems to divert the air around the perimeter of COVID-19 positive patients into a rapid “virucidal sterilization system” prior to recycling. Stretchers, spinal boards, cervical collars, orthotics and prosthetics may need to be sent to these systems to reuse.

Overall, it is crucial to think of long term, preventative solutions that will make postop care flexible in the current situation. The frequency of being able to see the “T-zone” (eyes, nose, and mouth) of the patient, gauging the emotional trauma, and changes from “bedside medicine” to “virtual medicine” must be molded into a “new normal.”

## MY COVID-19 EXPERIENCE IN INDIA



**P K VEDANTHAN MD**

Camp: Mysore, India

Residence: Colorado, USA

This has been one of the most unusual, interesting, and unique experience of my life in India. I am a Non Resident Indian (NRI) and I spend 4-5 months every year in India. I happen to be in India during one of the nation's most historic events - the world's "largest and inflexible National Lockdown" to contain the COVID-19 pandemic which began in March. The Indian Government under the able and almost authoritarian rule of Prime Minister Narendra Modi, initiated innocuously by requesting all the citizens (1.3 billion of them) to observe "just 14 hours of voluntary curfew" on March 21, 2020. The next day, PM Modi requested the nation to thank healthcare workers by ringing on plates and vocally calling positive slogans from millions of homes, ranging from the cities to rural villages. It was a GRAND success! At that time there were only 500 positive cases of COVID-19 reported in India. On March 23, 2020, Mr Modi thanked the whole nation on national television for their warm response. He then "shocked" all of us with the announcement of **complete lockdown** across the whole nation starting in **just three hours**, at the ring of the midnight bell.

I could REALLY imagine the magnitude of this sudden announcement taking effect with "just 3 HOURS" notice.

The world's largest railways coming to a grinding halt; all roads, highways and railway crossings closed for traffic; the sky being "closed" for flights; all waterways closed for boats and ships; all shops, tea stops, roadside chaat places, cobblers, hair cutters, health or medical facilities closed except for emergencies. Only medications and groceries were to be available.

If you get sick or injured, you were not sure where to go to get proper care. Maybe big corporate hospital emergency rooms? However, people are scared to go to hospitals given the potential of contracting COVID-19.

The "Lockdown" was very strictly implemented by health workers, law enforcement, administrative and judicial services. Many people were punished, received mild capital punishment, put behind bars, and cases filed under the draconian law of 1800s ([Epidemic Diseases Act, 1897](#) (EDA)). Everything around us became suddenly quiet. No more Royal Enfield bullet bikes blasting on our streets; none of the hourly trains loudly honing through the local stations; no cars moving anywhere; even the "trin trin" bicycles were taken away. However, the flower and vegetable vendors with their conveyance are still active waking us all up early around 6 am. Their deep self trained voices surpassing any vocalist I can recall.

People were nervous to even look at each other, let alone talk or touch one another. People are not recognized through the ever present "face masks". Everyone is home bound and nobody wants to see anybody, except on zoom!

However, the next few weeks were actually getting more pleasant – clean air due to less pollution, more pleasant sounds with parrots perching, King Fishers and Bulbuls reappearing, crows and pigeons feeling more homely, monkeys freely playing in our gardens, frogs reappearing after a decade, grass looking suddenly greener (maybe due to less pollution), sky getting clearer with no planes flying, and overall a feeling of calmness and quiet rejoicing.

My schedule suddenly changed. No more early morning hikes in Chamundi hills, which had been our daily routine for two decades. No more morning newspaper. No more music or Morning lessons. No more driving. No more evening music concerts or walks around the Kukkenahalli tank. Instead, I started doing yoga, free hand exercises, walking in our own yard and circumambulating our house twice a day, which was effective in toning my body. We also started our own mini Corona parties in our house, preparing "special" snacks every evening occasionally with some wine too.

Life actually has become more routine, more disciplined and people are behaving better with the strict social isolation in place: no sneezing, no coughing, no spitting, no touching, no patting, no hand shaking, no close quartering, no loud talking, but of course always with a mask on!

I actually like this "new" norm!

**THANK YOU**



To my AAPI family:

I would like to take this opportunity to thank you, from the bottom of my heart, for your support in my candidacy for Secretary of AAPI.

This win does not belong to me - it belongs to all of us. Without your encouragement, assistance and unwavering belief in me, this would not have been possible. I hope to make you all proud of me as Secretary of our esteemed organization, I will maintain the values that I campaigned on during my term. I vow to be sincere, honest, and transparent with all members of AAPI. I will rise to the challenge that this role offers and accomplish our shared goals towards making this AAPI a harmonious and productive organization.

Most of all, I promise to win your trust in me every day as Secretary. Not because I am owed it, but because I know I have to work for it. No words are sufficient to thank you all for your confidence in me. I hope that this message conveys a fraction of the gratitude I feel towards all of you.

With warmest regards

**Amit Chakrabarty, MD, MS, FRCS, FICS**

**Your incoming Secretary of AAPI**

[www.amitforaapi.com](http://www.amitforaapi.com)



## BUILDING BRIDGES



**ABHAY K. SUDA MD, FACP, FACE  
ANJALI SUDA MD, FAAP**

During our AAPI Antarctica trip we discussed the need to help the next generation of Foreign Medical Graduates (FMGs). My wife and I shared with the group a program we started in our office to help FMGs obtain positions in United States residency programs.

Five years ago, we started hiring FMG MDs to work as Medical Assistants (MAs). Candidates were initially selected by word of mouth and interviewed based on their ability to pass the United States Medical Licensing Examination (USMLE). They were paid MA salaries. We learned that we needed to increase the Full Time Equivalent (FTE) by 20-30% to have our office run efficiently. We called them "MD interns" so that the patients gave them their deserved respect. Their initial duty was to take the history of the patients, review medications, and update medication lists. This taught them the brand and generic names and doses of medications commonly used. Pertinent physical exam findings were demonstrated to them after getting patient permission.

For interesting patients, they were required to review recent medical literature and present this to us and their other colleagues in our office. We were actively involved in guiding the discussion in these sessions. Our MD Interns were also taught how to critically analyze scientific data and follow evidence-based guidelines.

During the day patients would have certain complaints and questions that could not be answered by any of us. Medical interns were given the task of finding the answer after review of medical literature and asked to explain the information to the patients.

Patients were thrilled with the answers they received, and it was very gratifying to everyone in the practice. Every week pertinent articles from top medical Journals (i.e. NEJM, JAMA, LANCET) were distributed and presented to all the physicians to read and discuss at the end of the workday.

Medical interns were also expected to review the patient's hospital discharge summary to gain a sense of inpatient medicine in America. We learned that all the FMGs we hired had very limited exposure and knowledge of the American medical system before working with us. However, by the end of the year, we found that due to their efforts and hard work, they developed a lot of confidence for their interviews with residency programs.

Our medical interns not only enriched us and our patients, but 90% of them matched into primary care residencies in the United States! Furthermore, several received "Outstanding Resident of the Year" awards!

Based on our experience, we feel AAPI can be a great facilitator in moving this program forward. Many parts of the country need primary care physicians. There is a dire need to provide medical care to underserved populations in this country. In fact, governors of some of these states are allowing FMGs without training to work in certain communities to meet these needs. AAPI could connect to local politicians in their states to see if they can reserve seats in primary care residencies for FMGs who can commit to serve these regions. I think AAPI has the connections and the platform to be able to meet the needs of many of our citizens living in rural/underserved areas. These physicians will contribute not only to the health of our communities but also to the vitality of AAPI.

### ENDOWMENT FUND DONORS

#### GOLD DONOR (VVIP): \$25,000

*Dr. Suresh Reddy (Paid \$15,000)*

*Dr. Anupama Gotimukula (Paid \$25,000)*

#### SILVER DONOR (VIP): \$10,000

*Dr. Saraswathi Muppana (Paid \$10,000)*

*Dr. V.K. Raju (Paid \$5,000)*

*Dr. Soumya Neravetla (Paid \$5,000)*

*Dr. Ravi Kolli (Paid \$10,000)*

*IMC of St. Louis: (Paid \$10,000)*

*Congratulations*

**SURESH REDDY, MD**

**AAPI President 2019-20**

**SEEMA ARORA, MD**

**AAPI Chair Board of Trustees, 2019-20**

**WELCOME**

**SUDHAKAR JONNALAGADDA, MD**

**AAPI President 2020-21**

**SAJANI SHAH, MD**

**AAPI Chair Board of Trustees, 2020-21**

We want to sincerely thank all our AAPI members for their support and confidence in us to be elected. Your votes and your support made all the difference in our victory



**JAGDISH GUPTA, MD**



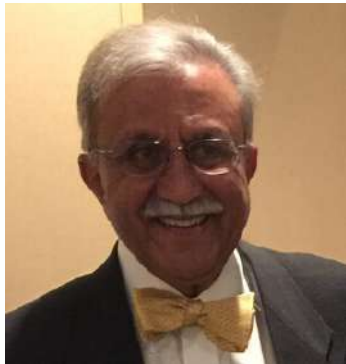
**V. RANGA, MD**



**RAGHU LOLABHATTU, MD**

**AAPI BOARD OF TRUSTEES 2020-23**

## CHARITY



**ONALY KAPASI, MD, PhD,  
FAOS, FAANOS (HON)**  
Orthopedic Surgery

### **Book Videos of Author's Publications**

#### **Mind's Eye**

<https://youtu.be/kStBI0LSXbk>

#### **Kashmir on Fire**

<https://youtu.be/wZDmPbpYOqA>

#### **Tectonic Dyssynchrony**

[https://youtu.be/wklji\\_asNlw](https://youtu.be/wklji_asNlw)

True charity emanates from deep within our heart  
To give is not to part but to impart  
This unique ability of sharing  
Is not just a token but an expression of caring

The period between birth and death encompasses all  
Life's relentless journey will rise and will fall  
Give generously today that you may receive tomorrow  
Give generously today that you may never need to receive tomorrow

Give not to glorify your being  
True giving is without others hearing or seeing  
Measure all giving not by the size of the gift  
But the love that makes your soul uplift

Each incarnate passage of life an attempt to cleanse the Aatma  
A sequential purification to reach all that is pure- Parmatma  
Each of us will live a life of our own choosing  
Each life an attempt to ascend without losing



**B.K. Kishore, M.D., Ph.D., MBA**  
Co-Founder, CEO & CSO

There are opportunities for private investors to purchase units of small equities. Interested parties can contact the CEO at [nephron369@yahoo.com](mailto:nephron369@yahoo.com)

The logo for ePurines features a stylized green leaf icon to the left of the word "ePurines" in a bold, green, sans-serif font.

FIGHTING DISEASES FOR YOU

<https://www.epurines.com/>

- ePurines was founded by internationally recognized experts in purinergic signaling and exclusively focuses on the development of purinergic-based therapeutics.
- ePurines is developing innovative purinergic-based therapies for obesity, metabolic syndrome, and renal and liver diseases.
- The core technologies of the ePurines were developed in the VA labs and are patented by the US Department of Veterans Affairs.
- The first value proposition of ePurines is: "To Promote the Health of Those Who Served Our Country".
- ePurines is located in Salt Lake City, Utah, the nationally leading state for technology commercialization.



# YEAR OF PETRA, PUNJAGUTTA, PENGUINS, PANDEMIC, AND PRIME MINISTER OF INDIA

*“Teamwork Makes the Dream Work”*



**SARASWATHI MUPPANA, MD**  
Pulm CCM, Sleep, Obesity

My journey with AAPI started a decade ago, when as a fellow at Sloan Kettering and Cornell, I attended an AAPI event and was delighted to see the highly accomplished medical professionals, and wondered always if I can ever get to their medical achievements – that is a long road. Then life got busy, until I got re-introduced to AAPI through AAPIOs 6 years ago and attended the Convention in Columbus Ohio. Later, I got more involved with AAPI as the President of IMANE - 2019) and attended all GB meetings since.

Then along came AAPI - ISRAEL, JORDAN trip. During the spiritual and fun Holy Land trip (top of my bucket list), I felt comfortable with the group and made new friends. I was lost & found, literally, at the Wailing wall, Jerusalem. PETRA, Jordan, (Rose City), and named as “New Seven Wonders of the World”, was such a treat along with floating experience in Dead Sea. This was followed by the GHS at Hyderabad, which was my father’s stomping ground. I met with extended family there and gave CME presentations.

Then came the trip of a lifetime, AAPI to Antarctica. My family & friends thought I was crazy to go there; I got my life insurance and will sorted out before the trip. Words cannot describe the mixed feelings I experienced while travelling through the Drake passage, Lemaire Channel, Iceberg Graveyard, & watching the seals, whales & PENGUINS. My anxiety & fear was overcome by the polar plunge, the beauty of the land & by living in the moment. It was made memorable by the chartered ship, Indian food and music.

When I thought the trips and the excitement were over for now, the PANDEMIC arrived with a huge bang. I had never seen or heard anything like this before and realized that it was a war between us: humans against COVID-19. It was amazing to see how AAPI members and leaders came together to share their knowledge, help each other and strangers, pray for family & friends, fill prescriptions, raise funds, supply PPE, shake hospital boards & political societies to implement new policies, form different collaborations, recognize health care heroes, and bring spiritual leaders together.

While I was scared taking care of these patients, and felt totally out of control not knowing how this COVID -19 behaves, AAPI webinars reminded me that my fear was valid and I was not alone in this fight and made me be more aware of what was going on in the rest of the country and world. They gave me perspective on different aspects of fighting this virus while maintaining my sanity.

I attended the majority of these sessions, my favorite ones are Dr Susan Bailey, President of AMA, Dr Jerome Adams, Surgeon General of USA, Dr Soumya Swaminathan, Chief Scientist at WHO, and the one which is etched in my memory is, when the Prime Minister of India, Sri Modiji addressed the AAPI family. I was touched and pleasantly surprised that AAPI was able to bring him virtually for the summit and felt humbled to hear him acknowledge us, and empowered to know that we have his support in these unprecedented times. It was indeed a blessing.

Last but not the least, all of this was made possible by the entire AAPI team, under the leadership of Dr. Suresh Reddy, as acknowledged by members saying, “If the Captain is efficient – he /she can navigate the ship even in the storm!”, “...his leadership has united AAPI, brought worldwide recognition to the organization, conducted the first virtual meeting, and tirelessly streamlined marathon COVID-19 & other educational sessions.” Given the nature of this year, global crisis & how it was handled with humility & grace, hard work done by entire AAPI membership, his presidency will be remembered for a long time.

My idea of AAPI after this quick year, is one of UNITY FOR GREATER GOOD, being kind & appreciative of each other. Thank you AAPI for making me feel that you belong to all of us through friendships, learning, music, mindfulness and help me continue with my new normal.

**Full version available online**

*With Heartfelt Gratitude!*

My sincere thanks to the esteemed members of AAPI  
for electing me as Treasurer for 2020-21.  
I truly appreciate your trust and confidence in me and  
I look forward to serving you!



**SATHEESH KATHULA, MD, FACP**  
**TREASURER-ELECT, AAPI**

**Clinical Professor of Medicine, WSU- BSOM, Dayton, Ohio**

**MAN OF THE YEAR - 2018**

**The Leukemia and Lymphoma Society**

**Chair, IT Committee, AAPI**

**Editor, AAPI E-Newsletter**

**Board of Trustees, AAPI 2014-17**

**Regional Director, AAPI 2012-14**

**Past President: ATMGUSA, AIPO and MVAPI**

12 Nights  
13 Days

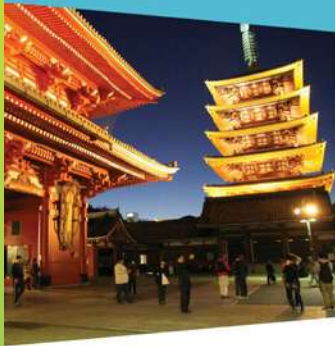
April 13-25, 2021

# Explore Wonderful Japan

INCLUDES:

- All 5 Star Hotels with Breakfast
- All Lunches and Dinners
- Transfers and Site Seeing in air-conditioned Private Coach
- 2 Trips by Bullet Train
- All Meals Included
- All visits are with private guide and in English.
- Free Banquet Room and Audio Visual Devices' made available for 8-12 hours of CME & two 3-4 hour sessions of 'AAPI's Got Talent' entertainment shows by AAPI members

\$4,950  
/Person



## Tour Highlights:

### Okayama Tour

### Tokushima Tour

### Kobe Tour

### Osaka:

Osaka Castle  
Dotonbori Shopping  
Umeda Sky Building

### Hiroshima:

Visit Famous Museum

### Kyoto:

In Nara: Todaiji Temple  
Kinkakuji Temple  
Nijo Castle  
Ryoanji Temple  
Old Gion District  
Dress-up in Kimono  
(10 dresses provided/guest)

### Tokyo:

Ginza Shopping District  
Tour of Tokyo: Meiji Shrine  
Imperial Palace  
Asakusa Kannon Temple  
Ginza: Neon Lit District  
Samurai Show  
Sumo Training

### Your Tour Chairs:



Dr. Subhakar Jannagalki  
President (Sect. Organizer)



Dr. Suresh Reddy  
President



Dr. Anupama Gokimalka  
Vice - President



Dr. Alita Das  
Chair for the Trip



Dr. Tada Shirogi  
Chair for Entertainment



Dr. Bhawan Sobhani  
Co-Chair for the Trip



Vandana Agarwal, MD  
Co-Chair for the Trip



Dr. Lina Jannagalki  
Chair Food/Catering



Dr. Prachi Das  
Co-Chair Entertainment



Dr. Krishna Kumar  
Chair CME

## Book Your Tour!

Call ATG Tours:  
630 599 0595  
INFO@ATGTUR.COM

Payment: Checks payable to ATG Tours.  
Credit Cards will be subject to 4% Fee.



ATG TOURS  
ACROSS THE GLOBE

# AAPI 14TH GLOBAL HEALTHCARE SUMMIT

## NOVOTEL VISAKHAPATNAM



January 1-3, 2021



**AMERICAN ASSOCIATION OF  
PHYSICIANS OF INDIAN ORIGIN**  
600 Enterprise Drive, Suite 108  
Oak Brook, IL 60523

Non Profit Org.  
US Postage Paid  
Carol Stream  
IL 60188  
Permit Number 2398

## ARCTIC CIRCLE NORTH POLE

Save the  
date

~~Penguins off the bucket list~~



*Polar bears next*



12 -24th July 2021

Contact :

[arctic@atgtours.com](mailto:arctic@atgtours.com)

(630) 599-0595

Stay tuned for more info



*registration opens on August 1st 2020*